

2016 Defense Health Information Technology Symposium

EHR Modernization: Transition Planning from Conception to Sustainment



“Medically Ready Force...Ready Medical Force”

“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”



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Learning Objectives



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Define from both an enterprise view and a site level view which IM/IT business and clinical systems are expected to be replaced by the new EHR, which will need to interface with the new EHR, and which require modernization but will not exchange data with the EHR

Explain how the decommissioning of a system that is to be replaced by the new EHR will occur and the timeline associated with that sun-setting.

Inform stakeholders on the data collection process and the analytics platform (SEMOSS) being used for transition planning and portfolio rationalization

- Role of EHR Modernization
 - Office of Transition Management
 - MHS GENESIS Sustainment PMO
- Role of Transition Management
 - TAP End to End Process
- Demonstration
- Sustainment Planning

- **Current Roles and Responsibilities Include:**
 - Enterprise Portfolio Analysis
 - Ongoing support for the integration of the SEMOSS analytics platform
 - DHA HIT/DHMSM Liaison
 - Develop a comprehensive plan to transition legacy DHA and Services applications to the future-state environment
 - Act as Solution Delivery Division Conduit for Portfolio Rationalization
 - Strategic Data Provenance - Provide analytic support for EHR deployment from IOC to FOC
 - Provide support for the DHMSM Program Office for timely integration of legacy capability
 - Develop a comprehensive plan to terminate legacy capabilities
 - Provide program sustainment for MHS GENESIS
 - Medical device integration analysis and strategic planning



Office of Transition Management (OTM) is responsible for

- Managing predictive transition of legacy business functionality to MHS GENESIS
- Influence new investment decisions to be non-duplicative and complimentary
- Identify cost avoidance through de-duplication across the enterprise

OTM Maturation Overtime

2011

- **June** - Received ICDs for DHIMS and DHSS Systems
- **September** - Issued Tasker for DHIMS and DHSS TAP Data Collection



2012

- **September** - Received TAP Data for DHIMS & DHSS Systems
- **November** - TAP iteration 1 Transition Recommendations



2013

- **April** - DHCS and DHSS Validation of TAP Estimates
- **June** - Issued Tasker for Tri-Service TAP Data Collection to include information on the System, Interfaces, Data Objects, Data Elements Hardware, Software, Deployment, Sustainment



2014

- **April** – FAC Round 1 & 2 Disposition Decisions
- **June** – Services Data Collection Effort Completed
- **August** – FAC Reviewed Data Sources



2015

- Strategic Portfolio Rationalization Analysis
- DHMSM Economic Analysis
- Medical Devices Tasker
- Detailed Transition Planning Activities for LPI Systems

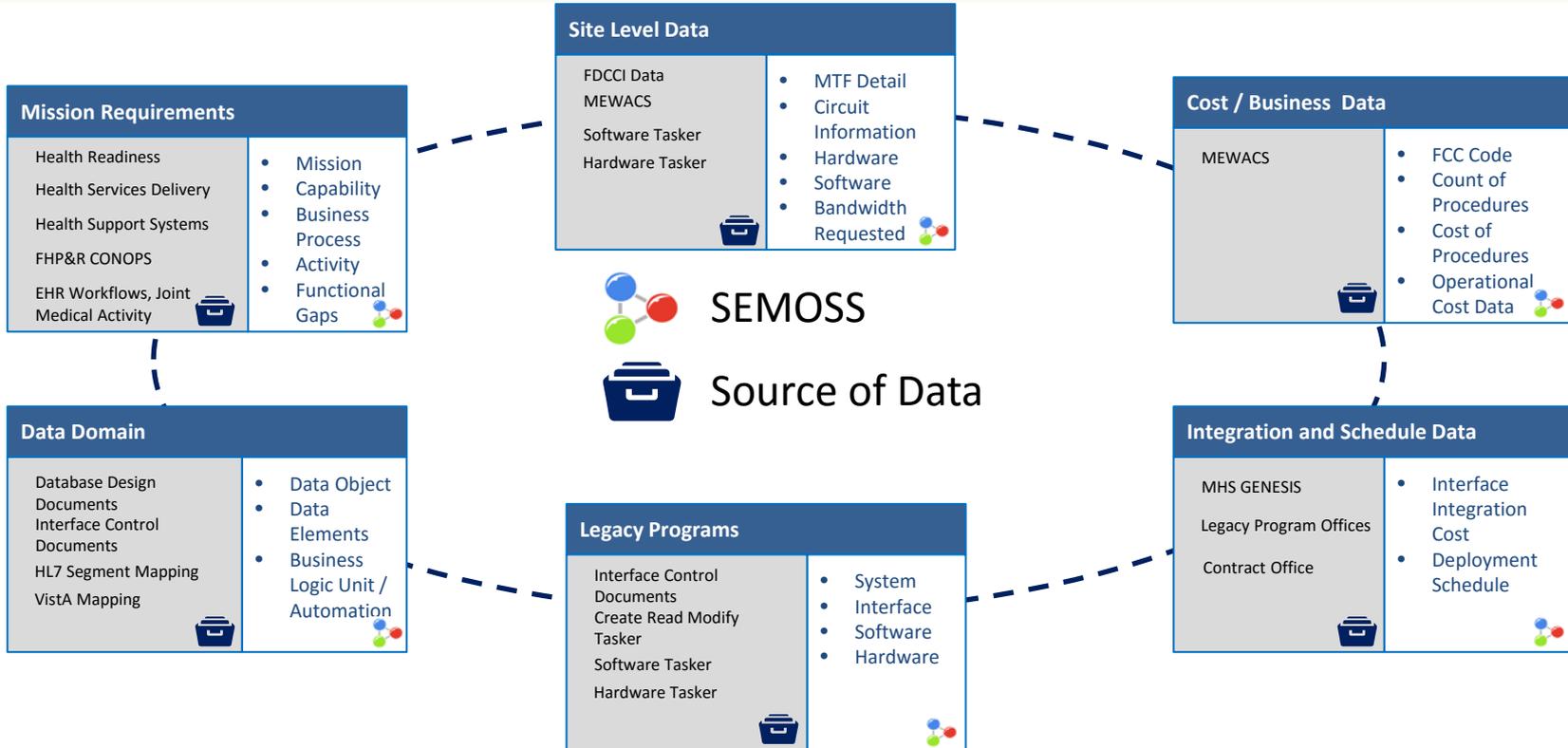


2016

- Medical Device Validation at IOC Sites
- Coordinate Development of Interfaces for IOC
- Prioritize Post Go-Live Interfaces



How Does OTM Make Recommendations

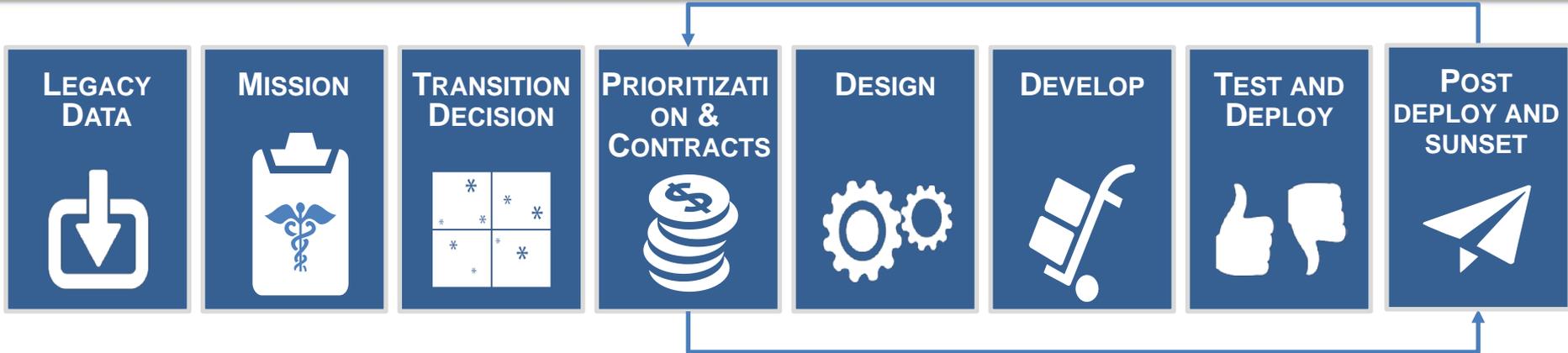


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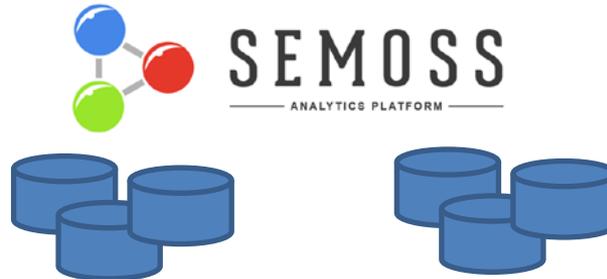
Transition Application Program (TAP) End to End Process



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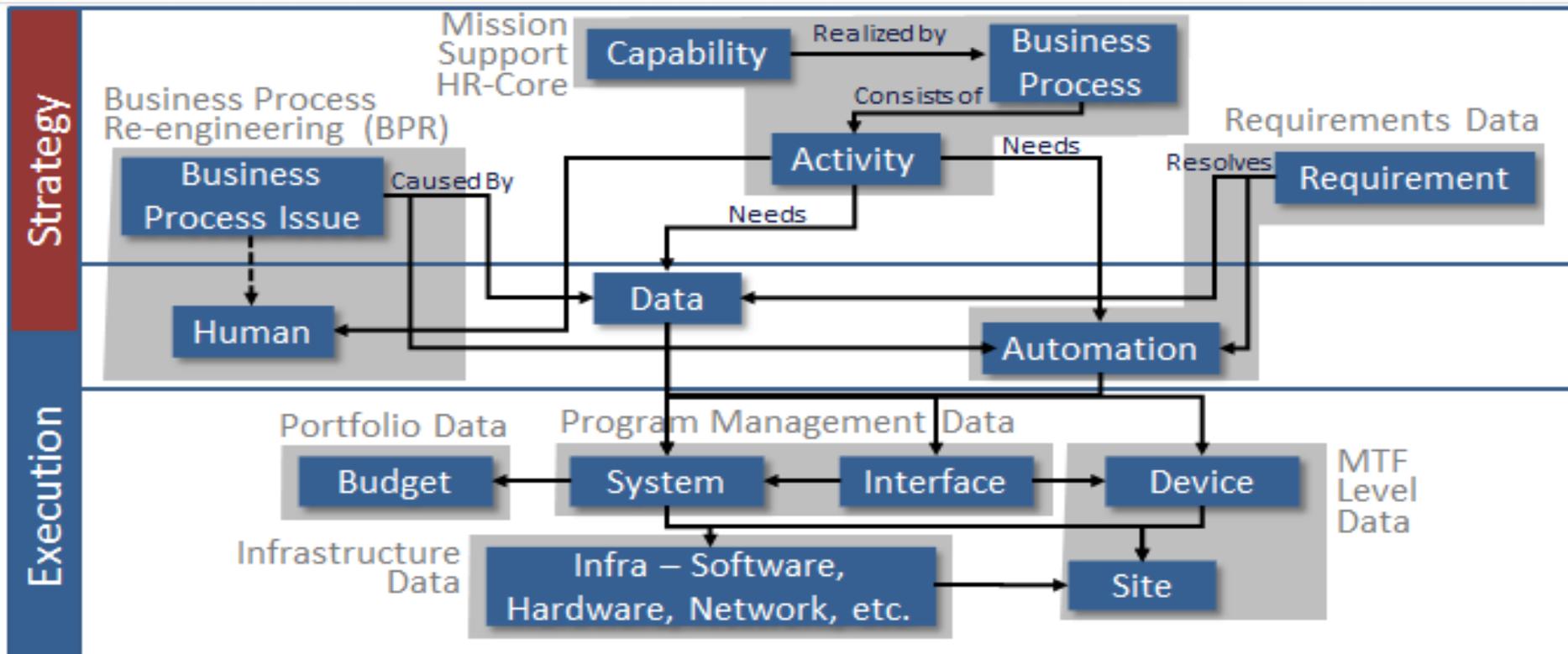


Data Driven Decisions



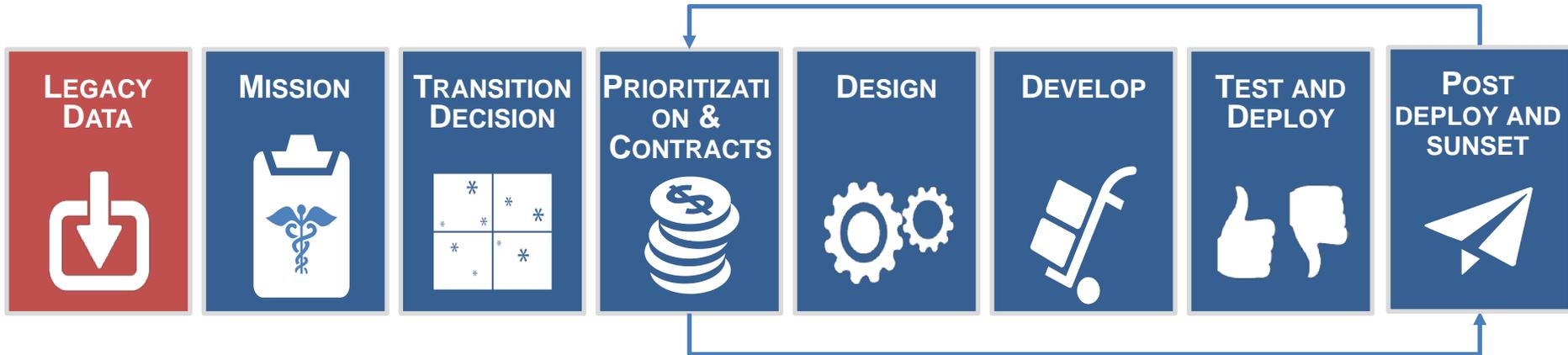
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Meta-model - DHA data in SEMOSS



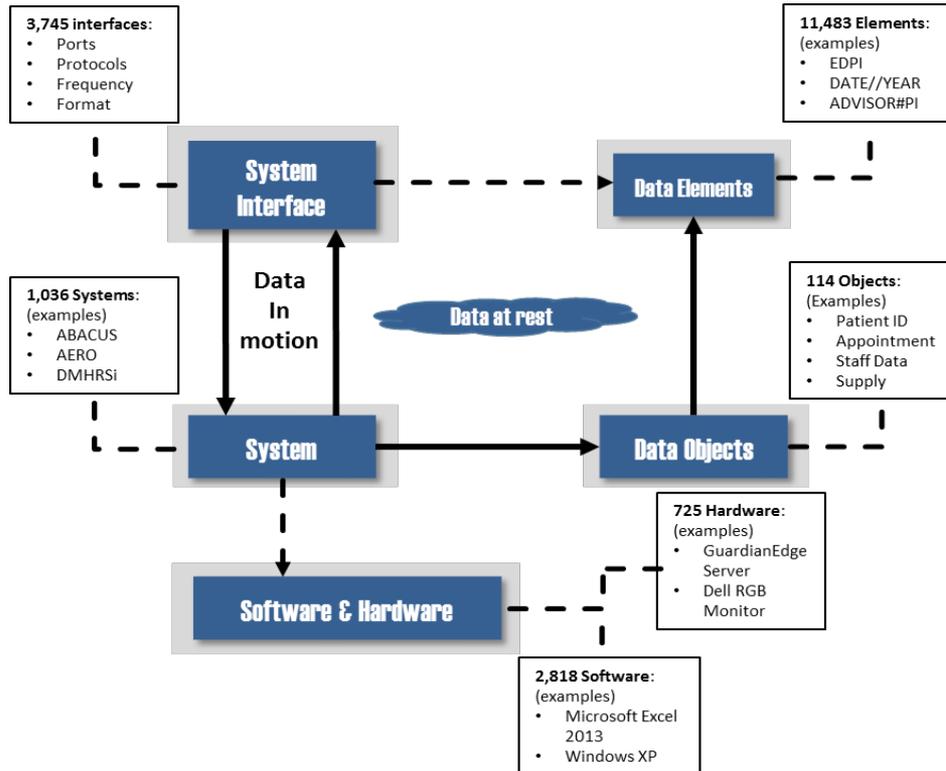
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Legacy Data



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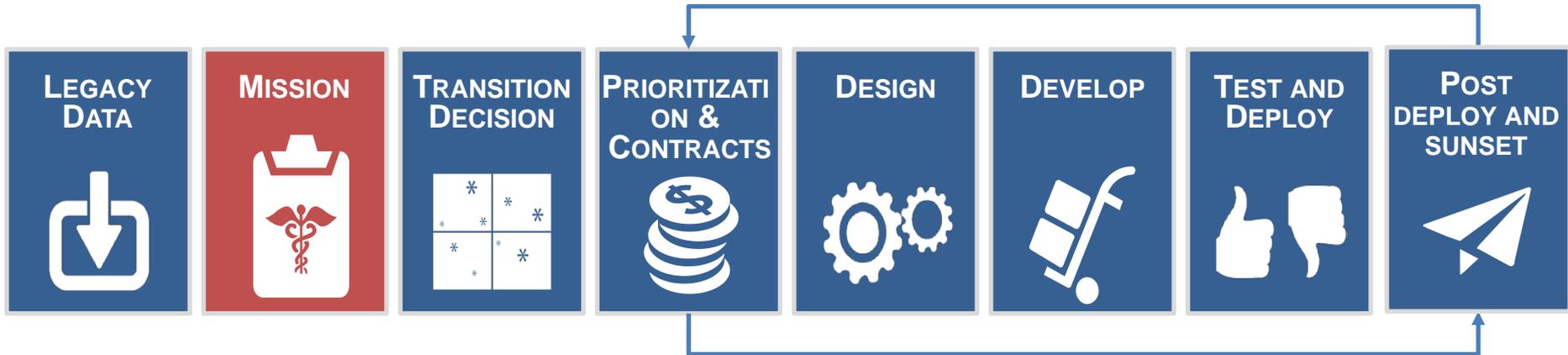
Meta Model



Results:

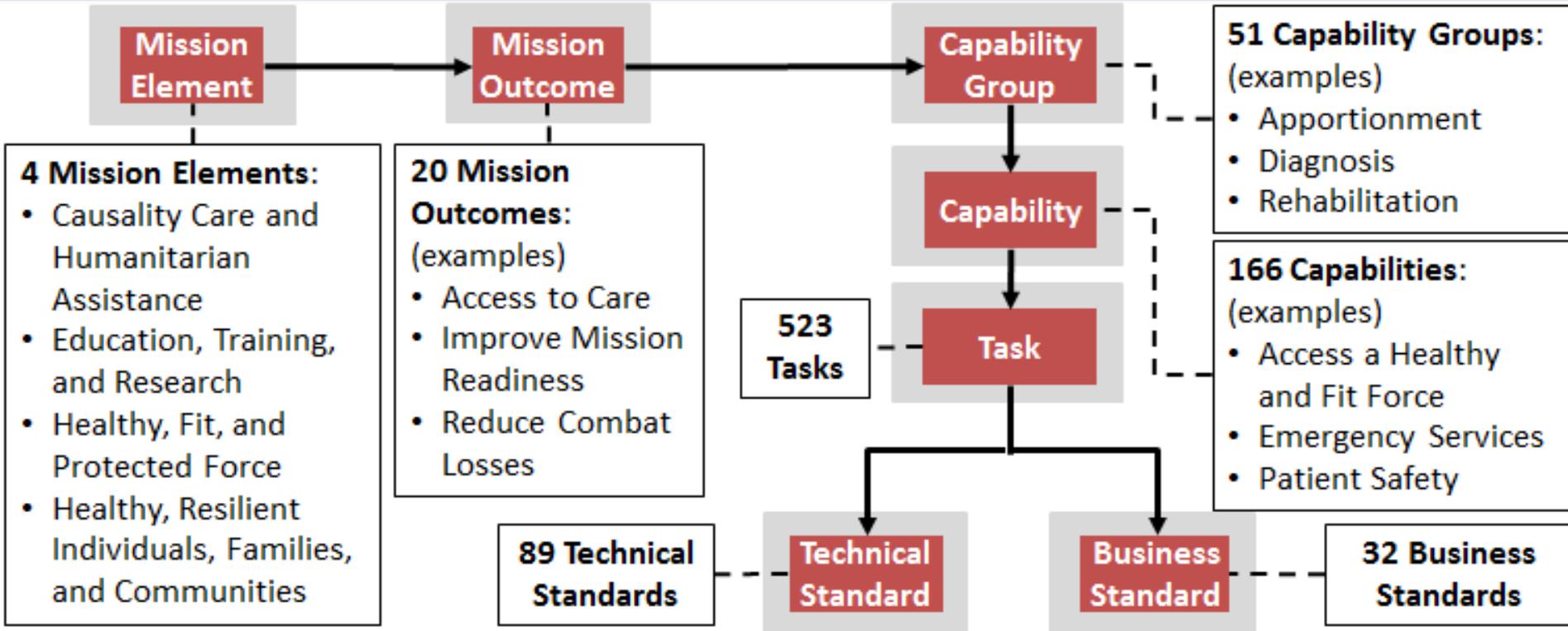
- OTM Identified the termination and realization of **\$58 million** in savings
- OTM Identified an additional **\$300M** annual in potential savings post MHS GENESIS deployment
- OTM Identified transition dispositions and timelines for 242 systems
- OTM Identified the necessary modernization activities and cost/timeline for 33 systems

Mission



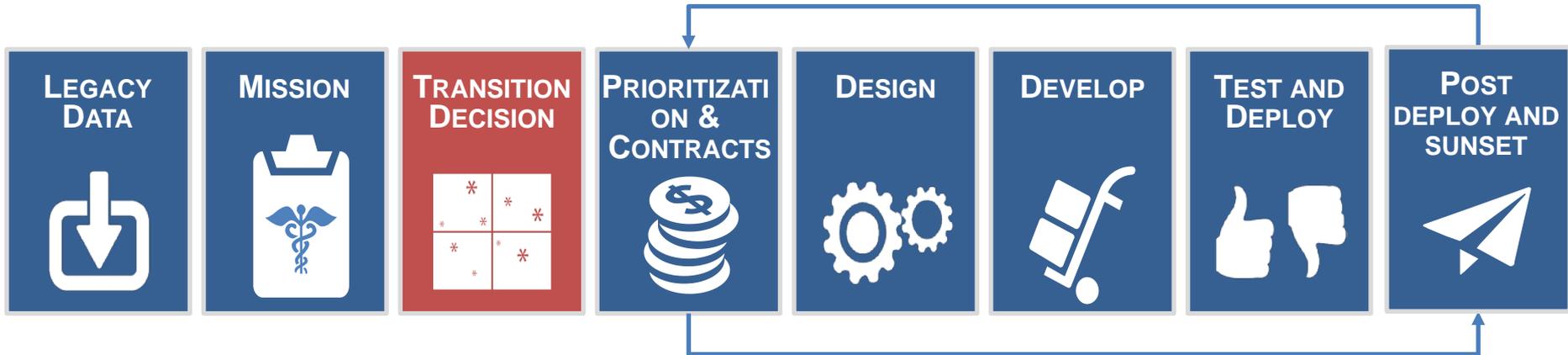
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HR Concept of Operations (CONOPS) as Foundation



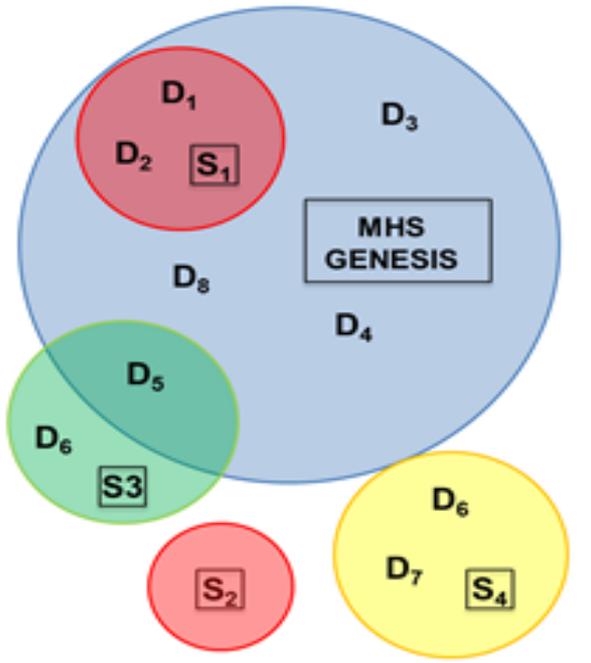
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Transition Decision



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Probability of MHS GENESIS replacing legacy systems



High
S1 & S2
(System 1
System 2)

LPI
S3
(System 3)

LPNI
S4
(System 4)

- Systems that have a **HIGH** probability of being replaced by MHS GENESIS. The data objects created are **DUPLICATE** of MHS GENESIS or they **DO NOT CREATE ANY DATA OBJECTS**
- Systems that have a **LOW** probability of being replaced by MHS GENESIS. These systems create additional objects which MHS GENESIS does not create
- Systems that have a **LOW** probability of being replaced by MHS GENESIS. They supplement DHMSM
- Systems with insufficient data received are categorized as **QUESTIONABLE**

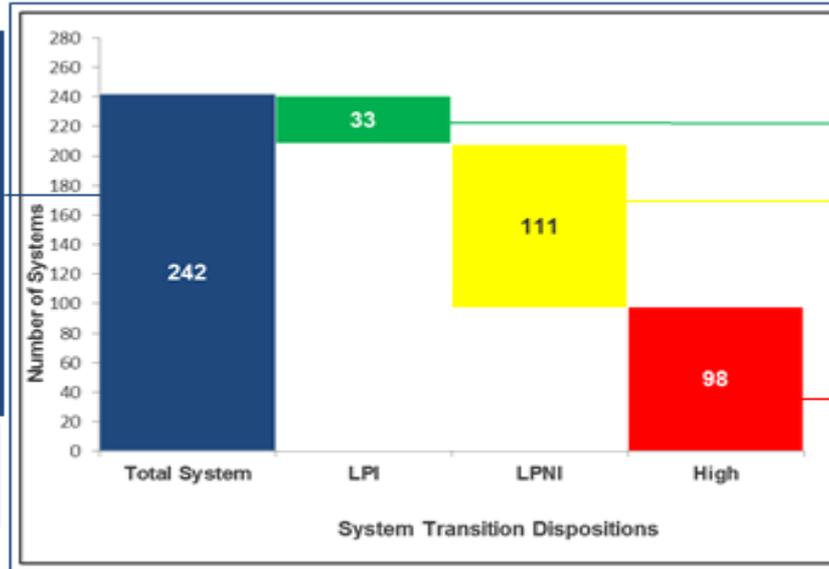
*The probability of a legacy system being replaced by MHS GENESIS depends upon the functionality (data objects) that the legacy systems do not compete with MHS GENESIS to create.

System Transition Disposition Decisions

- The OTM and FAC leveraged the legacy system data collected to identify the interface strategy for integrating the portfolio with the DHMSM solution and developing comprehensive recommendations for the 242 (and growing) systems

242 Total Systems Reviewed (medical devices excluded) based upon input from:
1. SDD (Clinical & Business)
2. IDD
3. Army/Navy/AF

**UPDATED AS OF
MAY 20, 2016**

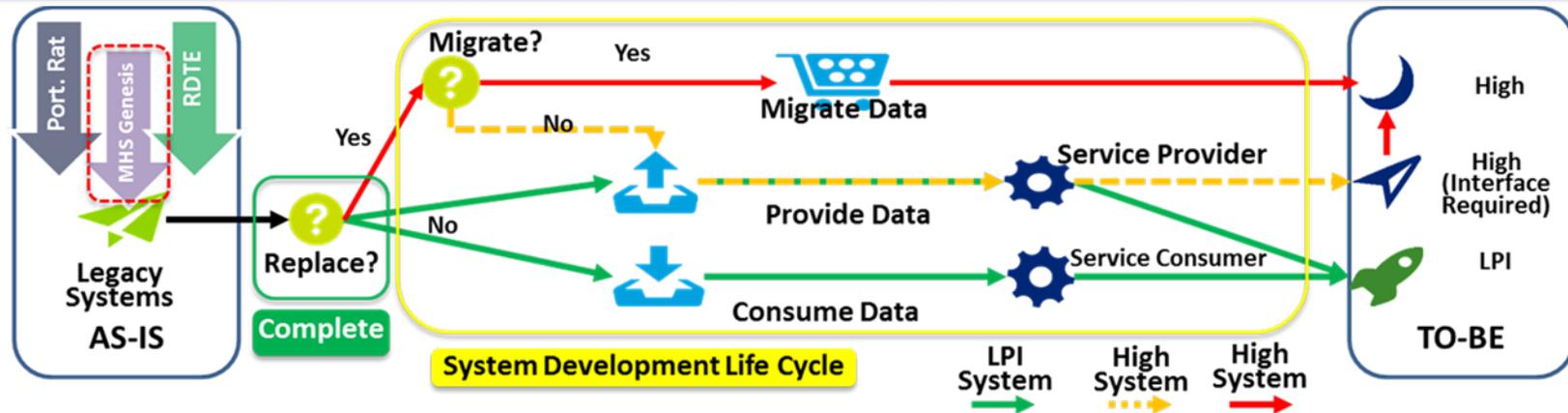


LPI: Systems with a low probability of being replaced by MHS GENESIS and **will require** an interface to the EHR

LPNI: Systems that have a low probability of being replaced by MHS GENESIS **will not require** an interface to the new EHR

HIGH: Systems that will be **replaced** by MHS GENESIS and **will not interface** to the EHR – consolidate or terminate

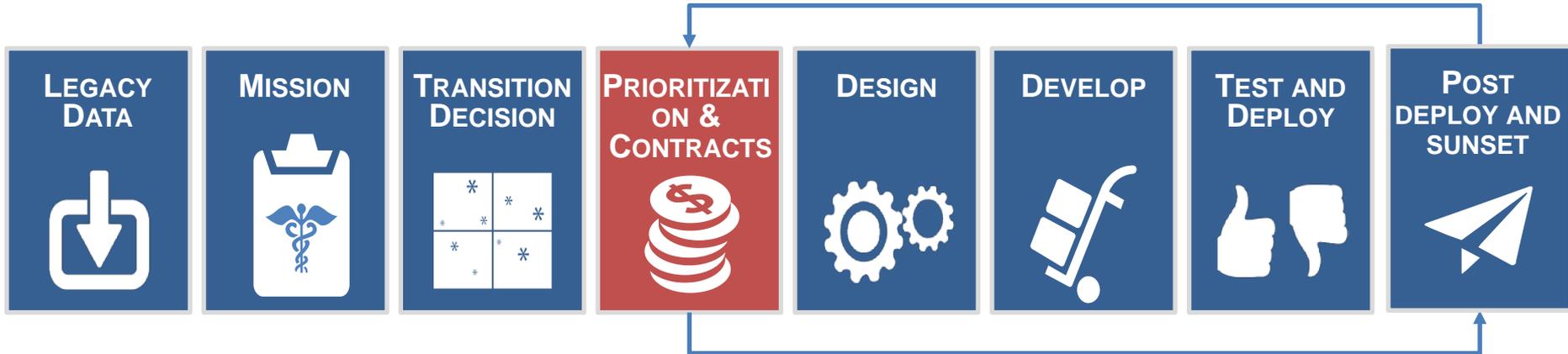
What Happens to a System?



We will not have a full understanding of MHS GENESIS and its capabilities until a complete analysis of MHS GENESIS in the production environment occurs. Until then, dispositions for systems may change:

- Detailed gap analysis will follow IOC to determine if sun-setting a high system will result in a requirements gap & identify threshold for acceptance by the functional community
- Associated costs for LPI interface development and cost 'savings' for High systems will be considered
- Termination costs for decommissioning a system were not included within the sun-setting 'cost savings' within the Economic Analysis and associated High Systems

Prioritization & Contracts



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Prioritization and Contracts (cont)

Level 1: Categorize Systems

Level 2: Prioritize Post
Go-Live LPI Systems

Level 3: Develop
System Interfaces

IOC

-IOC LPI systems are targeted to have basic interface functionality
-Post IOC Go-Live system interfaces will be completely developed

Post IOC Priority 1

Post IOC Priority N

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Level 1: IOC vs Post Go-Live Explanation



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- **LPI Systems referred to as ‘at IOC’ have been agreed to through the FCLG and the Leadership WSC**
 - LPI = Systems with a low probability of being replaced by the new EHR and require an interface
- **Systems referred to as ‘Post Go-Live’ are the remaining systems that need to either have development on the interface begin or have additional work completed since scope was limited for IOC. These fall into three non-exclusive categories:**
 1. LPI Systems that currently have interfaces in development for IOC with a limited scope and will need additional **enhancements** provided post IOC (ex. ABACUS)
 2. LPI Systems that are already **on contract** with Leidos Partnership for Defense Health (LPDH) for an interface but were deferred from IOC
 3. LPI Systems on the FAC/FCLG approved LPI list **but not on the LPDH contract** for interface development to MHS GENESIS

Level 2: Post Go-Live Prioritization

The OTM Prioritization Criteria Analysis

is predicated upon the quickest way to achieve functional completeness based on understanding of the *MHS business processes*, the *legacy EHR systems*, and agreed upon **MHS GENESIS capability and integration**

Assign Quantitative Score

MEPRS, MEWACS EHRWA, CMIOs PMOs, ICD, CRM

The estimated \$ attributed to performing an Activity



Data required to perform the Activity



Data provided by proposed interfaces

System Impact Score

Assess Qualitative Issues

Scheduling

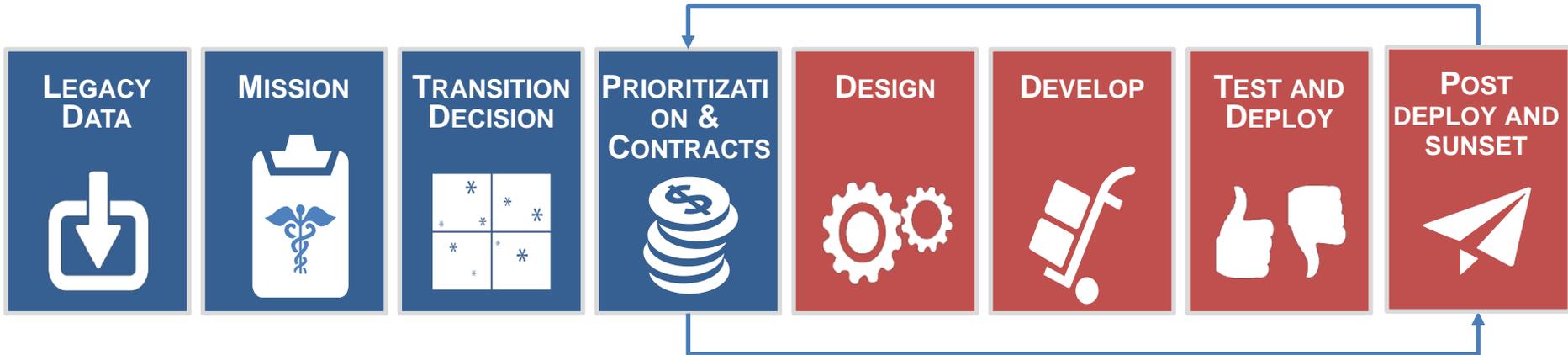
Political Necessity

Functional Demand

Establish Priority - Governance

The recommended system impact scores and other analysis will be used as a tool to facilitate discussions FAC for final system post Go-Live LPI prioritized list. The System Impact Score is necessary to provide a quantitative base to a politically and emotionally charged decision.

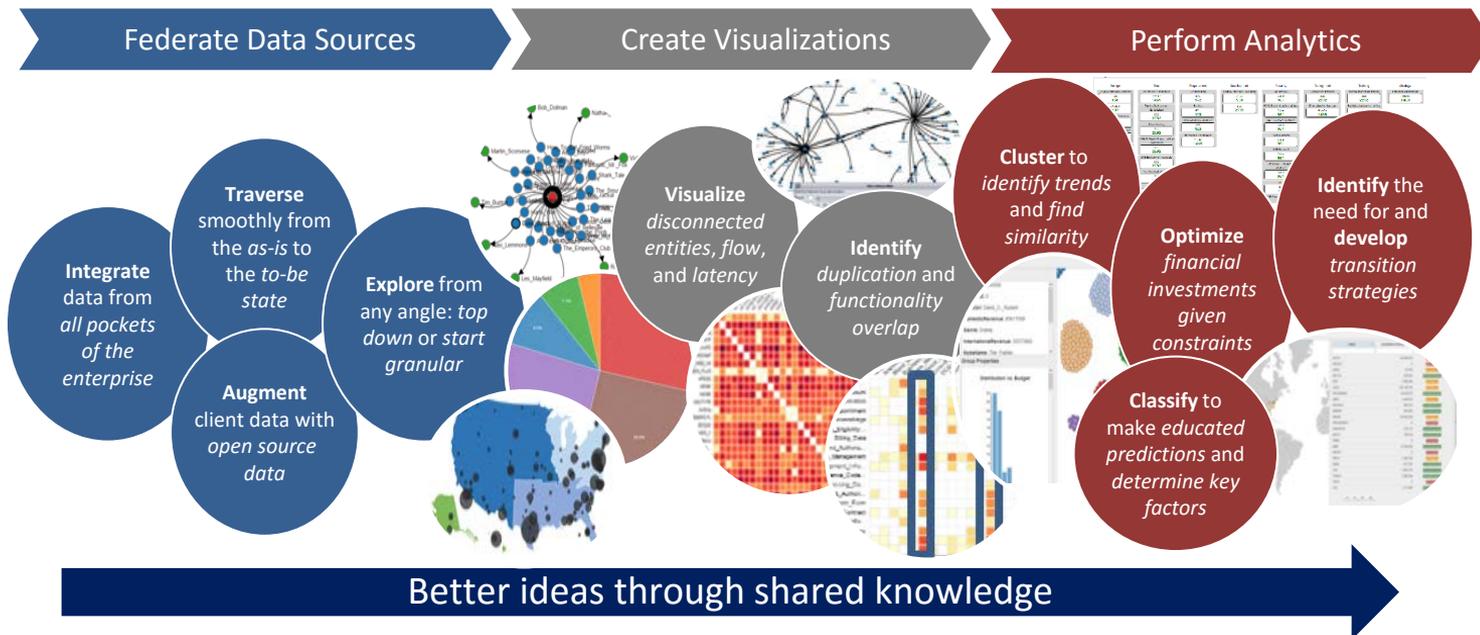
Software Development Lifecycle (SDLC)



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SDLC – Dashboard and Demonstration

SEMOSS is an innovative, data-driven application that allows users to **explore** and **uncover connections** to *help solve challenging problems* through custom algorithms and tailored visualizations.



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EHR Modernization Sustainment PMO

DHMSM will transition Sustainment Management to DHA HIT – Solution Delivery Division (SDD) 90 days post Go Live. Current agreed upon roles and responsibilities include:

- **Training for local System Administrators / Tier 0 Help Desk to be provided prior to Go Live**
 - Provide touch support for local hardware and software listed in the DHMSM Implementation Plan
 - Perform DHMSM account creation and roles assignment functions in alignment with local site processes
- **Centralized infrastructure support will be provided by DHA HIT I&O**
 - Initiation / support generation and tracking of user ticket requests to the DHAGSC (centralized help desk)
- **Training for site training staff will occur prior to IOC Go-Live in order to support the MTF**
 - Onsite Sustainment training for new users
 - Onsite Sustainment training for major releases and minor system upgrades

EHR Modernization Sustainment PMO (cont)

- **Current agreements are being developed on roles and responsibilities between SDD, Infrastructure and Operations (I&O), Services and Vendor on future site support model for sustainment. Discussions include:**
 - Sustainment PMO structure
 - Personnel
 - Hand-off transition to sustainment measures
 - Programmatics - schedule management, requirements, deliverables (enterprise down to Services and MTFs)
 - Management of capabilities and future releases to field
 - Local sustainment support model (IT and Functional)

- **EHR Modernization is helping the MHS enterprise with the following:**
 - Managing the predictive transition of legacy business functionality to MHS GENESIS
 - Influencing new investment decisions to be non-duplicative and complimentary
 - Identifying cost avoidance through de-duplication across the enterprise
 - Providing ongoing support for the integration of the SEMOSS analytics platform
 - Providing program sustainment for MHS GENESIS
 - Developing Medical device integration analysis and strategic planning

Questions?



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Evaluations



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Please complete your evaluations

Thank You!



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Come visit the **Solution Delivery Division** team!

Kiosk #4	Kiosk #5	Kiosk #6
AHLTA, CHCS, HAIMS, Essentris	CORE 2.0, Patient Engagement Portal, SPORTS, Application Migration (Med-COI)	ABACUS, EBMS, SEMOSS

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