

2016 Defense Health Information Technology Symposium

Infrastructure Lessons Learned in the Pacific Northwest



“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

- List the key components of the Desktop to Datacenter (D2D) solution
- Describe the key infrastructure improvements underway and planned for the Pacific Northwest (PNW) in advance of MHS GENESIS
- Identify the key issues associated with the PNW infrastructure improvements

- What is Desktop to Datacenter (D2D)?
- Why is the Military Health System (MHS) implementing D2D?
- D2D schedule for the MHS
- D2D implementation in the Pacific Northwest (PNW)
- Introduce Panel (PNW Site CIOs)
 - Lessons learned and advice
- Conclusions

Value Proposition: The D2D Solution

D2D enables the medical mission to be achieved through a platform that allows providers to access systems, move seamlessly, and exchange health information and medical records across the enterprise.

D2D provides the programmatic and architectural detail to support the key HIT objectives in support of the IT infrastructure readiness: cost savings, operational efficiency, and achievement of the medical mission.

Standardization (Savings)

D2D is vital to removing sources of variance that undermine efforts to implement standard clinical capabilities and workflows . Through standardization of the desktop, end-to-end control of the network, and centralization of a supporting infrastructure, D2D will achieve the operational efficiency required to support DHMSM.

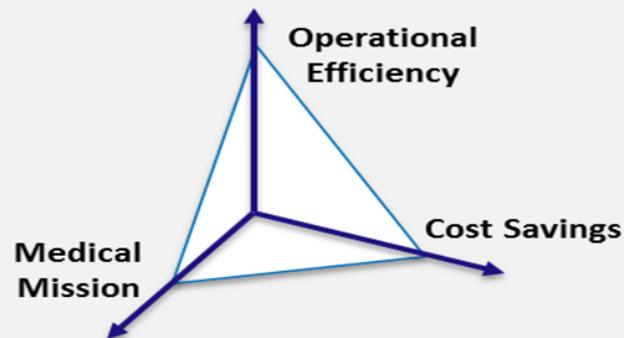
Operational Efficiency

Through selection of the appropriate architecture, reduction in unused or duplicative resources and the leveraging of economies of scale across enterprise procurement D2D will achieve improved service levels and reduced costs for IT infrastructure.

Achievement of Medical Mission

D2D will provide a platform that allows providers and beneficiaries to access health records, move seamlessly, and exchange health information across the enterprise.

D2D IT Infrastructure Objectives



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Desktop to Datacenter (D2D) Infrastructure Value Proposition

Desktop to Datacenter (D2D)

D2D is the umbrella that encompasses the below existing initiatives. The success of D2D is dependent on all aspects of its design. These solutions are already proven at a Service-wide level in our environment and are being expanded to the rest of the Enterprise.

 <p>Network Security Management Service (NSMS)</p>	 <p>Desktop as a Service (DaaS)</p>	 <p>Compute and Storage Management (CSMS)</p>	 <p>Directory Services Enterprise Management (DSEM)</p>	 <p>Global Service Center (GSC)</p>
<p>Seamless integrated Wide, Local, and Wireless Network</p> <p>Health care providers and staff will be able to move from hospital to hospital and be able to authenticate to all IT services without needing new accounts.</p>	<p>Desktop design standardization service across the application, desktop and server environments</p> <p>All desktops will be standardized so providers and staff will be able to move within the medical facility and have access to their information resources.</p>	<p>Centrally managed, integrated, and robust computing: infrastructure</p> <p>Provides a standard method to host applications and the ability for the DoD health care system to use single applications to support all care encounters.</p>	<p>Centralized and secure access and authentication capability to network resources</p> <p>Health care providers and staff will be able to move from hospital to hospital and be able to authenticate to all IT services without needing new accounts.</p>	<p>Consolidated MHS enterprise IT service desk</p> <p>Provides a single point of contact for all customers to obtain support for all systems regardless of physical location.</p>

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Why is the MHS Implementing D2D?

- Establishing seamless medical information sharing
- Prepare for implementation of MHS GENESIS
- 2013 National Defense Authorization Act establishing the DHA and a subsequent business case for IT integration
- Providing IT services as a best business practice



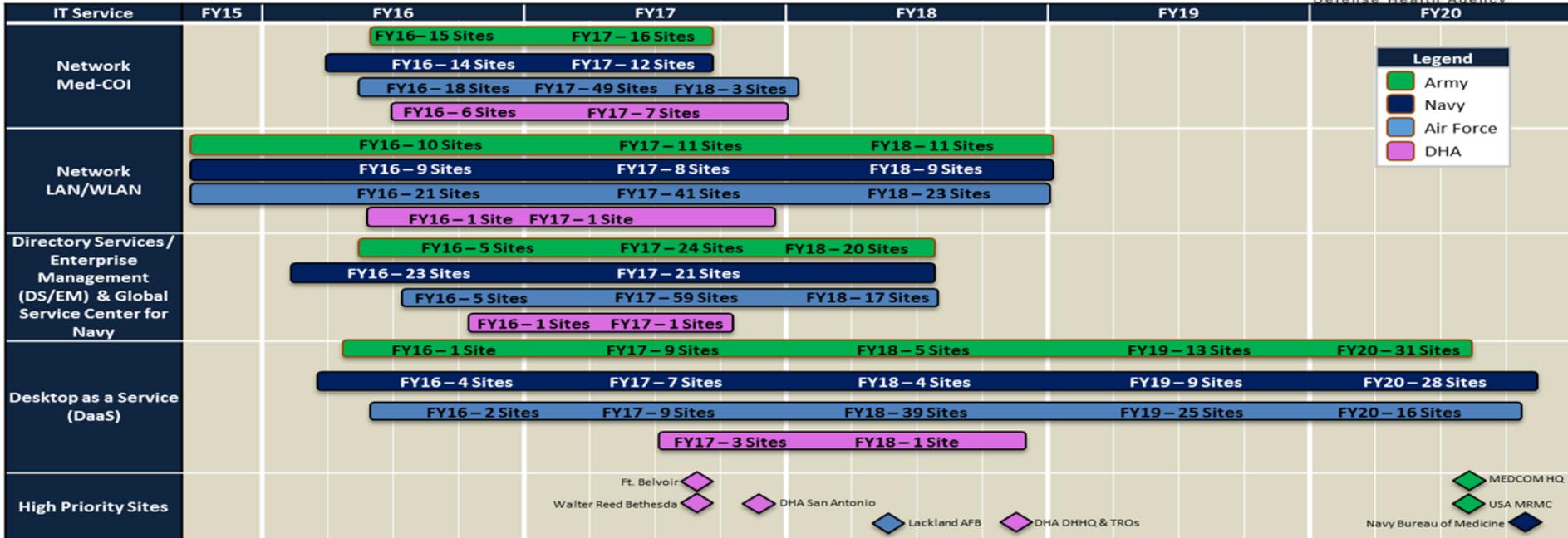
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Health IT Standardization: Other Organizations



	Kaiser Permanente	Inova	Intermountain Healthcare
Size	177,445 employees, 38 hospitals, serving 10.1 million members	16,500 employees, 5 hospitals, serving 2 million patients	40,000 employees, 22 hospitals, 185 clinics serving 750,000 SelectHealth members and over 1.5 million patients
eHR Deployment	Completed 10-year roll-out of largest civilian eHR in US history, using EPIC-based system KP HealthConnect. Encompasses desktop standardization, datacenter management and network integration*	Completed two-year, multi-phase go-live of the completed EPIC eHR suite in 2012, EpicCare, across hospital network to include a standard desktop and centrally managed network	iCentra rollout began in January 2015 and continued in October. Tool integrates 350 custom products, data center management, eHR management, and revenue cycle system*
Results	<p>Credited with:</p> <ul style="list-style-type: none"> Financial savings across infrastructure network, one region saved over \$1.4m on print expenses alone 54% reduction in archival storage space translated to \$200,000 savings in one year** Awarded HIMSS Analytics Stage 7 Award in 2011+ 	<p>2014 financial statements show:</p> <ul style="list-style-type: none"> .1% decrease in operating costs in first six months of financial year A decrease in Epic-supported eHR IT staff Increase in end-user satisfaction** 	<p>By the end of 2015, rollout using Agile methodology tool was complete at 4 hospitals and over 60 clinics. Further rollouts by region are planned throughout 2016.</p>

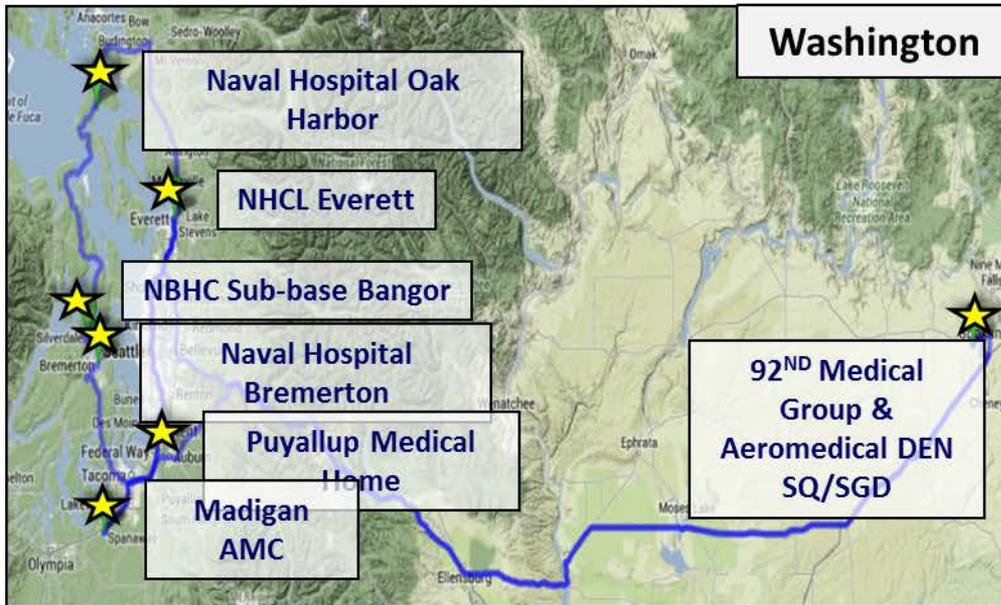
DHA Infrastructure Deployment Schedule



D2D FOC Deployment Metrics (EHR-Ready Sites by FY)

Service	Total	FY16	FY17	FY18	FY19	FY20
Army	59 Army MTFs + MSCs: 82,531 Acc 98,384 EUDs	1 Army MTF: 6,003 Accounts, 7,521 EUDs	9 Army MTFs: 13,554 Accounts, 16,720 EUDs	5 Army MTFs: 16,561 Accounts, 17,764 EUDs	13 Army MTFs: 21,659 Accounts, 26,275 EUDs	31 Army MTFs: 24,754 Accounts, 30,104 EUDs
Navy	52 Navy MTFs + MSCs: 60,574 Acc 51,755 EUDs	4 Navy MTFs: 2,378 Accounts, 2,221 EUDs	7 Navy MTFs: 16,258 Accounts, 14,006 EUDs	4 Navy MTFs: 5,156 Accounts, 4,269 EUDs	9 Navy MTFs: 20,828 Accounts, 16,657 EUDs	28 Navy MTFs: 15,954 Accounts, 14,602 EUDs
Air Force	91 Air Force MTFs: 52,393 Acc 49,480 EUDs	2 Air Force MTFs: 770 Accounts, 477 EUDs	9 Air Force MTFs: 8,097 Accounts, 7,992 EUDs	39 Air Force MTFs: 24,761 Accounts, 25,544 EUDs	25 Air Force MTFs: 12,673 Accounts, 9,232 EUDs	16 Air Force MTFs: 6,092 Accounts, 6,235 EUDs
DHA	4 DHA MTFs + HQ: 20,417 Acc 22,295 EUDs	N/A	3 DHA MTFs: 15,417 Accounts, 17,295 EUDs	1 DHA MTF: 5,000 Accounts, 5,000 EUDs	N/A	N/A
Total	206 Total MTFs: 215,915 Acc 221,914 EUDs	7 Total MTFs: 9,151 Accounts, 10,219 EUDs	28 Total MTFs: 53,326 Accounts, 56,013 EUDs	49 Total MTFs: 51,478 Accounts, 52,577 EUDs	47 Total MTFs: 55,160 Accounts, 52,164 EUDs	75 Total MTFs: 46,800 Accounts, 50,941 EUDs

DHMSM Initial Operational Capability Sites



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Panel Introductions

- DHA HIT Infrastructure and Operations
 - Mr. Wayne Speaks – Branch Lead, Operations and Sustainment
 - Mr. Albert Dickson – Branch Lead, Engineering, Design and Deployment
 - Mr. Fernando Echon – Branch Lead, Network Security Operations
- Pacific Northwest Chief Information Officers (CIOs)
 - LTC Eric Drynan – CIO, Madigan Army Medical Center
 - Mr. Patrick Flaherty – CIO, Naval Hospital Bremerton
 - Mr. Greg Carruth – CIO, Naval Hospital Oak Harbor
 - Capt Thomas Gangi – CIO, Fairchild Air Force Base

Key Takeaways

- Vision of DoD Health integrated infrastructure
- Partnership is key
- Collectively, we are changing the delivery of healthcare

Questions?



Defense Health Agency

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Evaluations

Please complete your evaluations

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