

2016 Defense Health Information Technology Symposium

Optimizing the Delivery of IT Solutions to the Military Health System



“Medically Ready Force...Ready Medical Force”

Agenda

- SDD Background
- Close Fight
 - Med-COI
 - Secure Messaging
 - HAIMS
 - AT-BOD
 - SDD in EHR Modernization
- Deep Battle
- Agile
- Process Asset Library



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



“Medically Ready Force...Ready Medical Force”

Learning Objectives

- Describe how Solution Delivery Division (SDD) systems directly support the Services in the delivery of health care
- Explain how SDD systems provide support to combat operations in theater
- Communicate how SDD helps the Military Health System (MHS) optimize their clinical and financial operations

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



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

SDD at DHITS



2016 Defense Health Information Technology Symposium

Topic	Wed 3 AUG	Thurs 4 AUG
Optimizing the Delivery of IT Solutions in the MHS <i>COL Rich Wilson</i>	1000-1100	0800-0900
The Holistic Approach to Workflow Evaluation: Team, Tools, and Top Cover <i>COL Kevin Kaps, MSgt Luke Dahn</i>	1000-1100	
Connecting the MHS Through Communities <i>Ms. Cheryl Anderson, CPT Stephanie J. Raps</i>	1000-1100	
EHR Modernization. Transition Planning from Conception to Sustainment <i>Mr. Chris Nichols</i>	1000-1100 1615-1715	
All you need to know about MHS GENESIS Sustainment Training <i>Dr. Brian Jones</i>	1110-1210	
Tri-Service Workflow- The Journey of Innovation- AHLTA's New CORE 2.0 <i>MAJ Matthew Barnes</i>	1110-1210	
Making Interoperability a Reality: Connecting Legacy Systems to the New EHR <i>Ms. Aimee Scanlon, COL Michael Greenly</i>	1440-1540	0930-1030
Performance Management Services for the Military Health System <i>Mr. Wayne Speaks, CDR Clay</i>	1615-1715	

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CJCS

USU(P&R) / ASD(HA)

Defense Health Agency Director
Deputy Director Sr. Enlisted Advisor

DHA OGC

Chief of Staff

Admin & Mgt

EEOO

Manpower

Comptroller

Special Staff

EHR Functional Champion

Combat Support Agency Responsibilities

IPO

PEO DHMS

HA/DHA Liaison

Strategic Mgt

Prog Integration

Component Acquisition Executive

Procurement

Small Business

Communications

Def Health Board

Analytics

Innovation

DoD/VA PCO

Healthcare Operations Directorate (CMO)

Research Development Acquisition Directorate

Health IT Directorate (CIO)

Education & Training Directorate

Business Support Directorate

NCR Medical Directorate

TRICARE Health Plan

Pharmacy

Clinical Support

Public Health

Readiness

Warrior Care Program

Advanced Development

Science & Technology

Clinical Infrastructure Program

Veterans Affairs R&D Liaison

Innovation and Advance Technology Dev (CTO)

Portfolio Mgmt and Customer Relations

Infrastructure & Operations

Solution Delivery

Information Delivery

Cyber Security

Mil Med Ed Consortium

Administrative Support

Academic Review & Oversight

Prof Development, Sustainment and Program Management

Facility Planning

Medical Logistics

Budget & Resource Management

Program Integrity

Walter Reed National Military Med Center

Fl. Belloir Community Hospital

Joint Pathology Center

SDD Mission & Vision

Mission:

To Deliver information technology solutions to the Military Health System through expert acquisition program management, process reengineering, training and integration activities in order to support and advance the delivery of health care to our patients.



Vision:

To become the world class leader in health information technology solutions and integration.

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THE "WHY"



Solution Delivery Division (SDD) Portfolio

Providing functional benefits of IT to drive healthcare to health
Support patient safety, nutrition services, blood programs, occupational health, and more

Business and Administrative Solutions

DMHRSi – medical human resources
DMLSS – medical logistics
ESSENCE – syndromic medical surveillance
JCCQAS – credentialing
iMEDCONSENT – patient consent
S3 – surgical scheduling
PSR – patient safety
eIRB – research support
CCE – medical coding assistance

Clinical EHR Solutions

AHLTA – outpatient EHR
Essentris® – inpatient EHR
CHCS – appointing and ancillary
Secure Messaging and TOL Patient Portal
EHR Sustainment – transition to new, modernized EHR
HAIMS – artifacts and imagery
EBMS – blood product management

Global reach in all Military Treatment Facilities

63 Hospitals, 5,519 beds
413 Medical Clinics
375 Dental Clinics

Beneficiary Impact

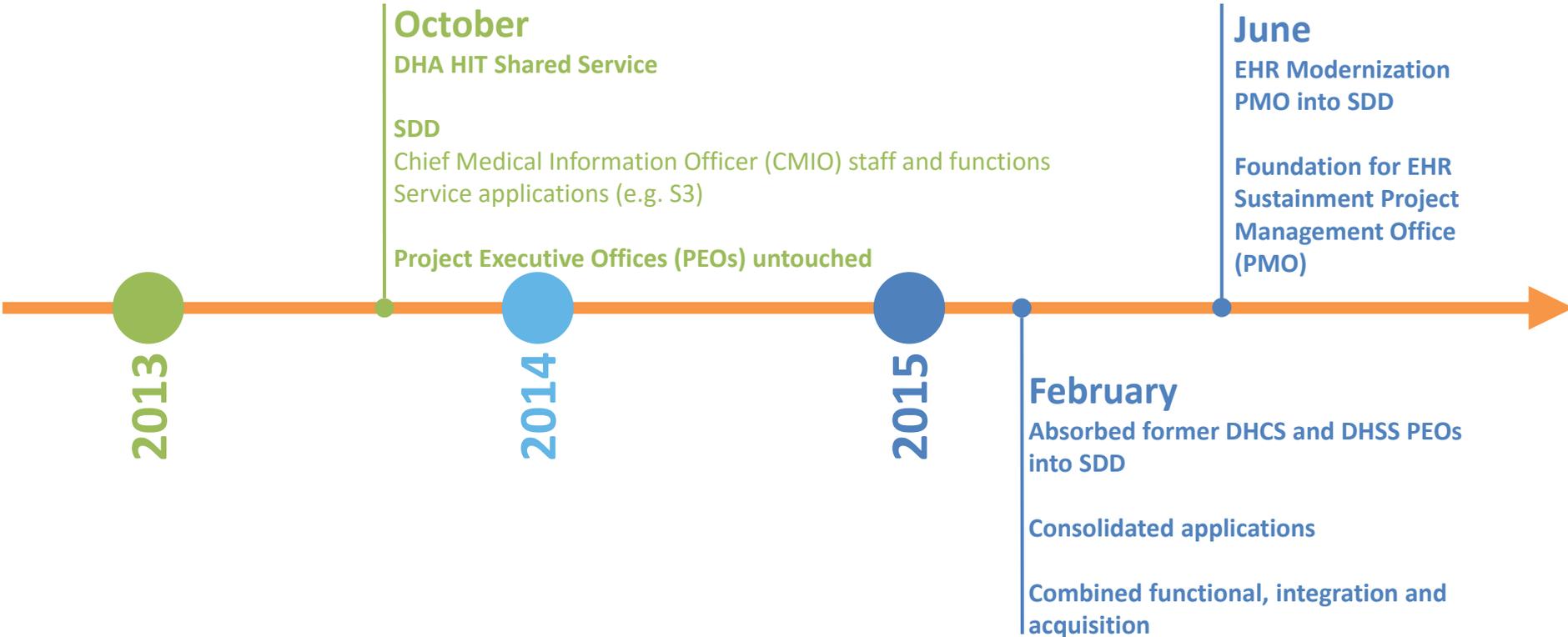
9.5 million beneficiaries with clinical data
95K+ active users, 125K+ end-user devices
150K+ new encounters daily

Medical Requisitions

Process nearly 25K requisitions and \$13M+ in medical supplies and pharmaceuticals daily



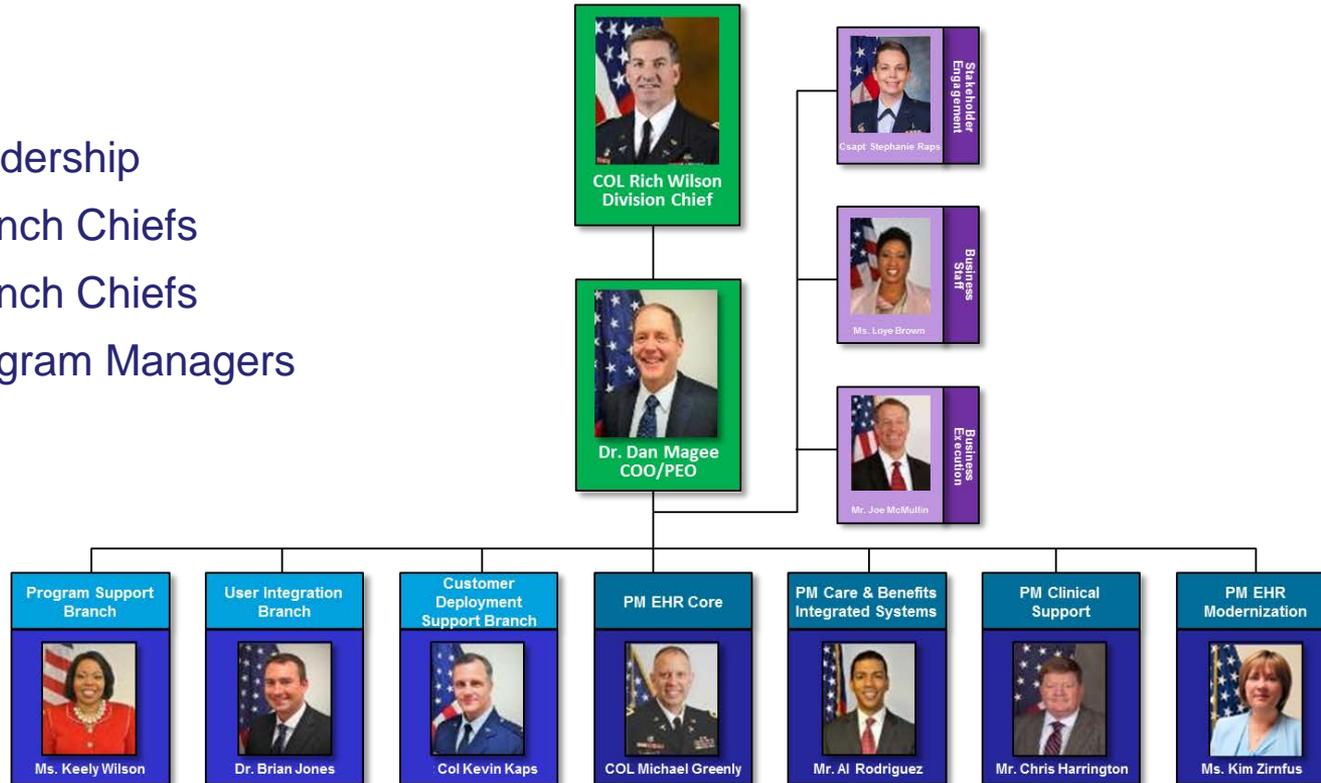
SDD Evolution of the Organization



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Solution Delivery Division

- Leadership
- Branch Chiefs
- Branch Chiefs
- Program Managers



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SDD Support Matrix

COL Michael Greenly, PM
EHR Core

COL Rich Wilson
Deputy Director

Dr. Dan Magee
PEO

Al Rodriguez, PM
Care & Benefits
Integrated Systems

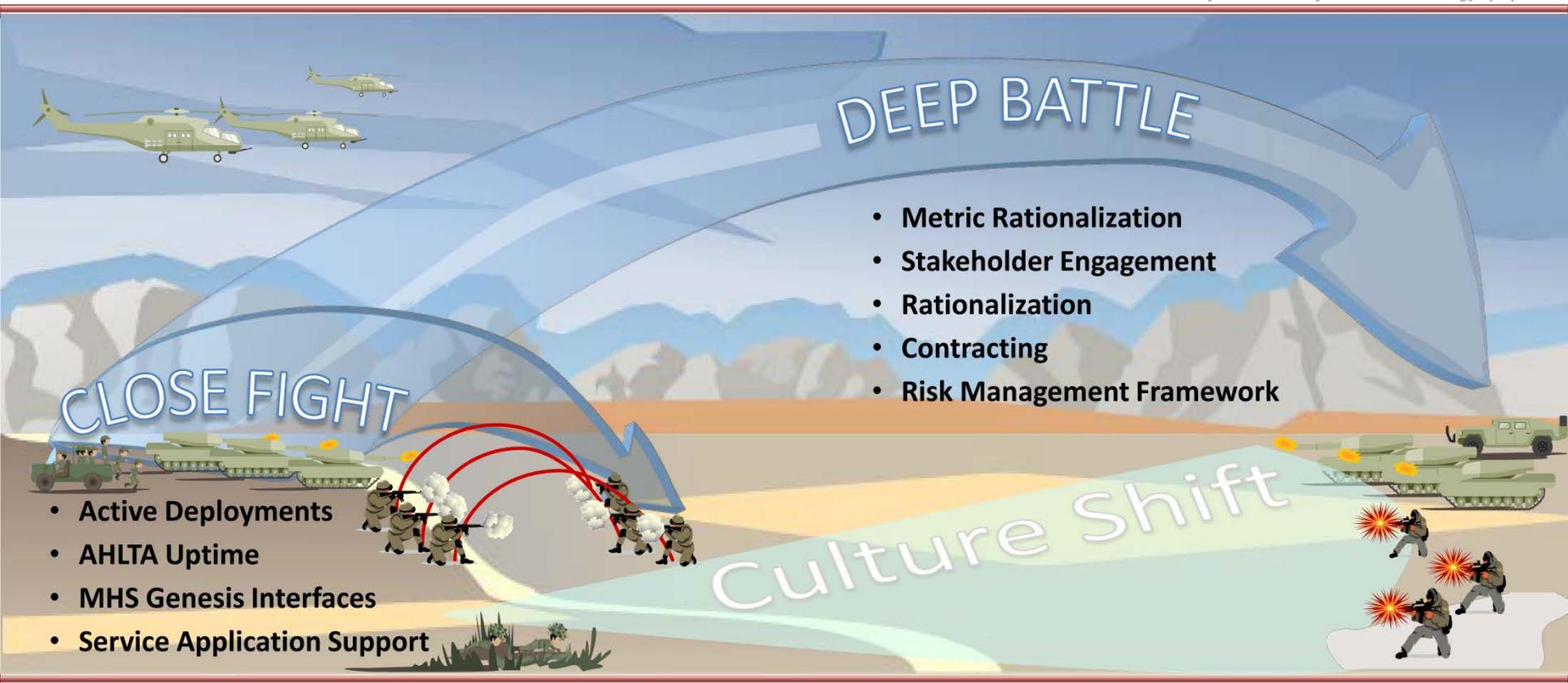
Chris Harrington, PM
Clinical Support

Kim Zirnfus, PM,
EHR Modernization



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Close Fight and Deep Battle



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Close Fight



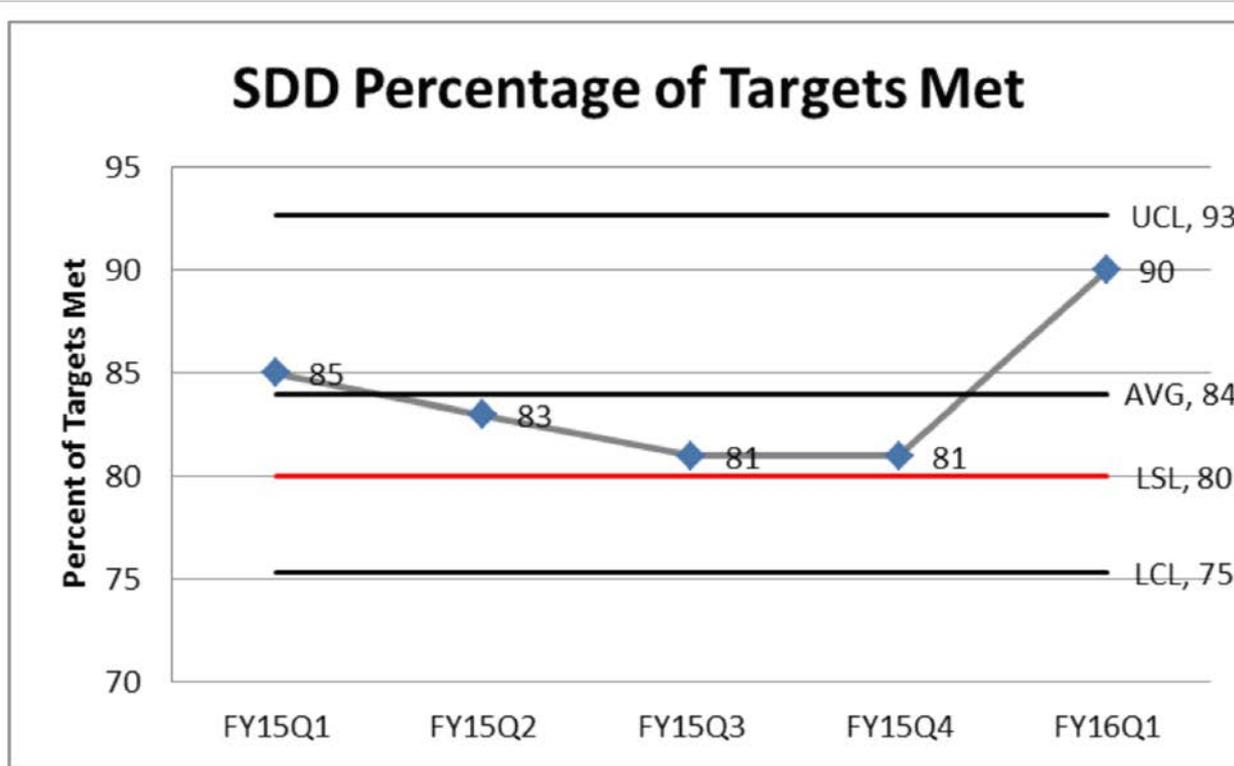
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Close Fight

- Active Deployments
 - ABACUS – billing and collections
 - MED-COI – application migration
 - EBMS
 - Blood Donor
 - Transfusion
 - EIRB
 - APLIS (CoPath Plus)
- AHLTA uptime
- *MHS Genesis* interfaces
- Service application support



SDD Metrics Targets



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Application Migration Medical Community of Interest (Med-COI)

Application Migration

The Application Migration project will migrate CHCS, AHLTA, CHAS, and Essentris from the Service networks to the DHA-managed, Med-COI enclave.



AHLTA/CHCS/CHAS:

Weekend maintenance window

Essentris:

0900–1700 PST, Tues-Thurs



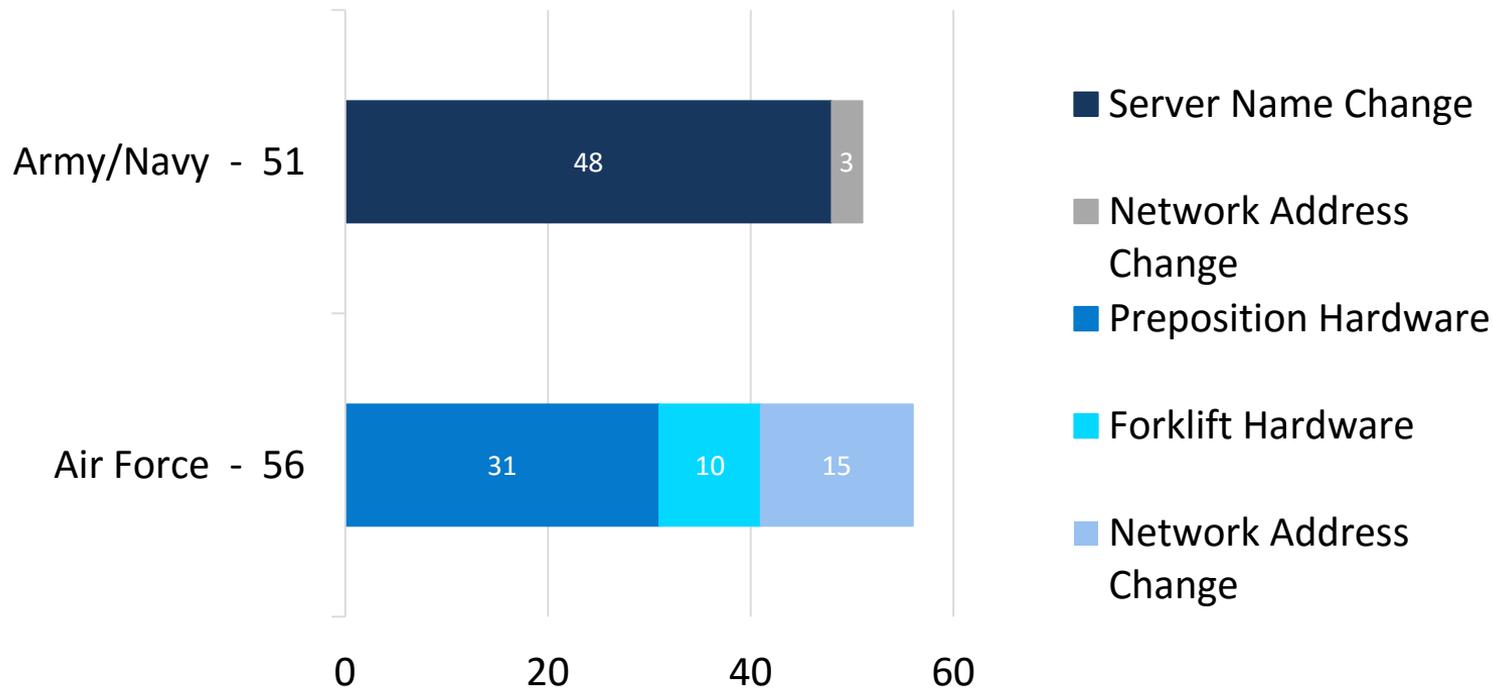
Site system/network administrators & functional personnel will be needed during migration



Network and medical device information due one (1) week after kickoff SIP/PIM meeting

**Successful site migrations to date:
10 AHLTA/CHCS/CHAS | 6 Essentris**

Application Migration (Med-COI)



Application Migration (Med-COI)

No Re-IP – 48 sites

Server Name Change

- Server name suffixes will change (server1.army.health.mil -> server1.health.mil)
- Management network addresses will change at 44 Army/Navy sites

Re-IP – 18 sites

Network Address Change

- Management and data network addresses will change
- Includes all “No Re-IP” tasks

Preposition – 31 sites

Preposition hardware at a MAAG site before migration

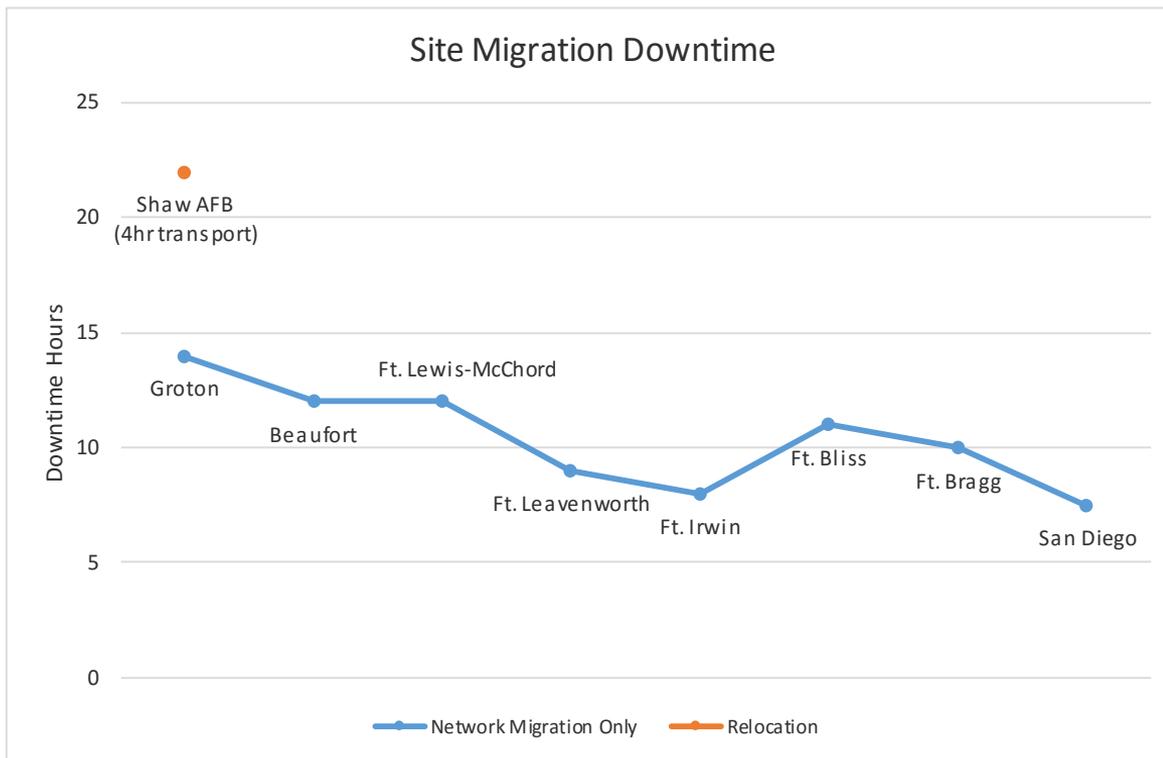
- Only data will be physically transported to the MAAG site
- Includes all “Re-IP” tasks (after transport)

Forklift – 10 sites

Forklift hardware to a MAAG site during migration

- All application hardware will be physically transported to the MAAG site
- Includes all “Re-IP” tasks (after transport)

Application Migration (Med-COI)



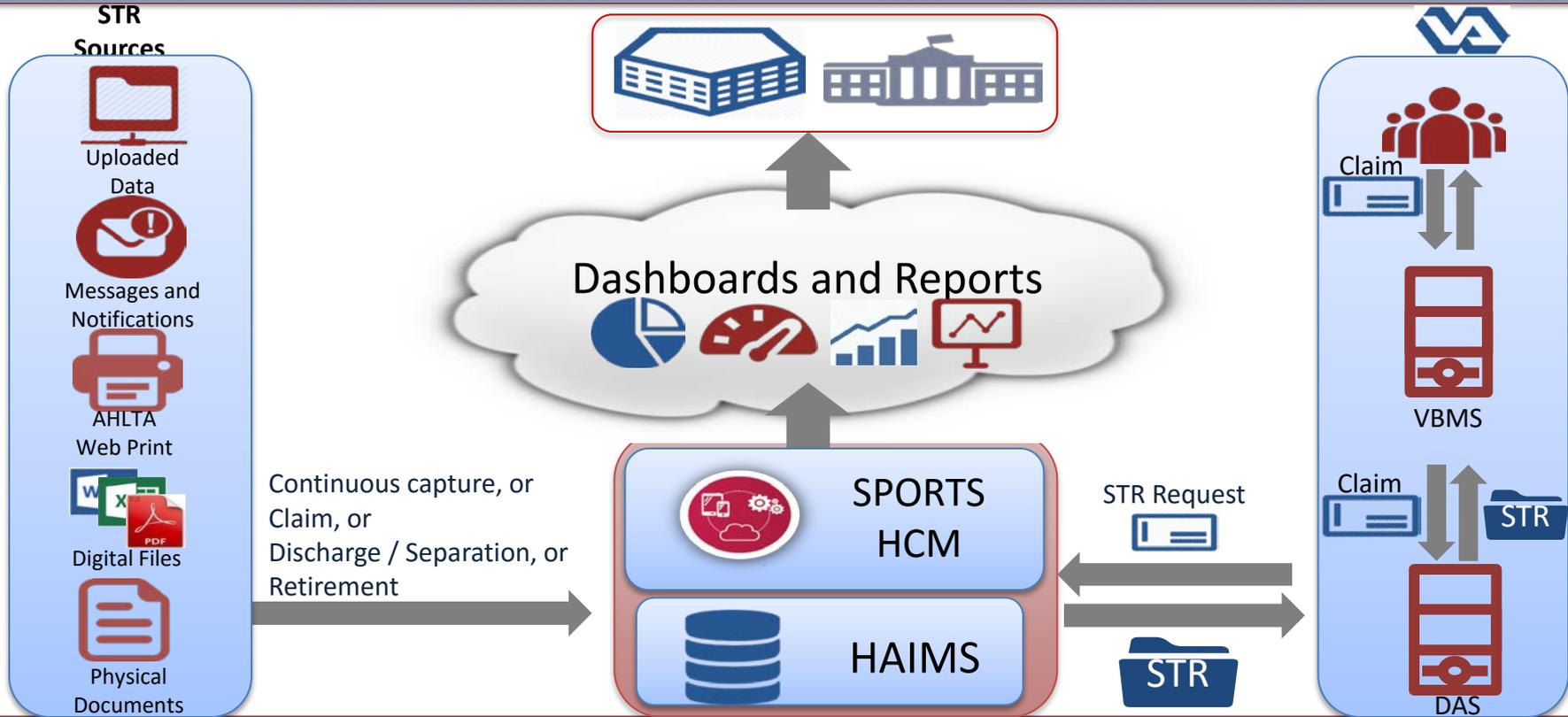
AHLTA/CHCS/CHAS

- ~11.5 hours during normal weekend maintenance window

Essentris

- Occurs during business hours Tuesday – Thursday
 - Re-IP: No system downtime
 - No Re-IP: Brief network interruption on Day 2

HAIMS/SPORTS HCM Concept



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Patient Engagement

Secure Messaging

- Contract awarded on March 24, 2016
- On-Target mitigation of Cybersecurity findings
- Enhanced/Efficient management of 13,000 provider subscriptions
- Training
- Centralized program management

Virtual Patient Access	Health Care Team Messaging to Patients
Patient Education Library	Personal Health Record

Tricare On-line (TOL)

- Patient Portal (as of 1 July)
 - 2 million Appointments
 - 16 million reminders
 - 1 million Pharmacy Refills
 - *29.7 million Blue Button views*

Appointing, Reminders	Pharmacy
Blue Button – Record Access	Portal

Patient Engagement

TRICARE Online.com

Today's Date: Friday, 29 Apr 2016, Last Login: 21 Apr 2016 @ 1540

Your military health care facility is 3/2 SCMH ARROWHEAD CLINIC JELM

Your family sponsor is Cecille Briones

Appointments | Blue Button | Rx Refill | Profile

Logon services will be unavailable beginning 10AM EDT on Saturday, April 30 due to planned Defense Manpower Data Center (DMC)

Secure Messaging | Nurse Advice Line

Quick Links

Announcements | Disclaimers | Privacy & Security Policy | Accessibility/Section 508 | Site Map



PATIENT PORTAL

WELCOME

PERSON'S NAME

PRIMARY CARE TEAM:

MILITARY TREATMENT FACILITY:

NURSE ADVICE LINE

APPOINTMENTS: MAKE, CHANGE, CANCEL, REVIEW, SET REMINDERS

BLUE BUTTON PERSONAL HEALTH DATA: REVIEW, PRINT, DOWNLOAD

RX REFILL: REQUEST A REFILL, CHECK REFILL STATUS

SECURE MESSAGING: REVIEW, PRINT, DOWNLOAD

PROFILE | RESOURCES | SERVICE SEPARATION | QUICK LINKS | CONTACT US

Personal Data - Privacy Act 1974 (PL 93-579)
 For Official Use Only (FOUO)
 Patient Portal is a Department of Defense (DoD) computer system. Use of this site is governed by multiple DoD policies and terms summarized in the TOL Security Policy. Many of these policies are designed to protect the privacy of your personal information. We encourage you to review these policies.

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Application Transfer Board of Directors (AT-BOD)



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AT-BOD Cross Division Cooperation



AT-BOD Accomplishments

- Conducted data gathering and cataloging of projects across branches
- Developed transfer plan templates to be used by the programs
- Worked through merger of AT-BOD project data with Memorandum of Agreement (MOA) funding data
- Utilized Sub-Working Groups to recommend the disposition of systems
- Projected the placement of over 250 projects within the new DHA organizational structure
- Developed realignment of roughly 49 CIV/MIL personnel to appropriate DHA HIT Divisions

AT-BOD By the Numbers



Defense Health Agency

2016 Defense Health Information Technology Symposium

\$ 271,150,140

Non Civilian pay Dollars consolidated

\$ 273,182,000

Non Civilian pay MOA Dollars consolidated

\$ 47,094,000

Civilian MOA Dollars consolidated

*FY2016 totals

“Medically Ready Force...Ready Medical Force”

SDD in EHR Modernization



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Leading Change

- Synchronization of EHR modernization
 - Functional Champion Leadership Group
 - Work-stream Steering Committees
- Leadership - clinical workflow standardization
 - Business Process Management Work Group
 - Design Decisions Work Group
 - Tri-Service Workflow Advisory Groups
 - Medical Device Work Group
- EHR Modernization PMO
- Interface development with legacy
- Sustainment organization for the future



Role of EHR Modernization PMO

- EHR Modernization PMO 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

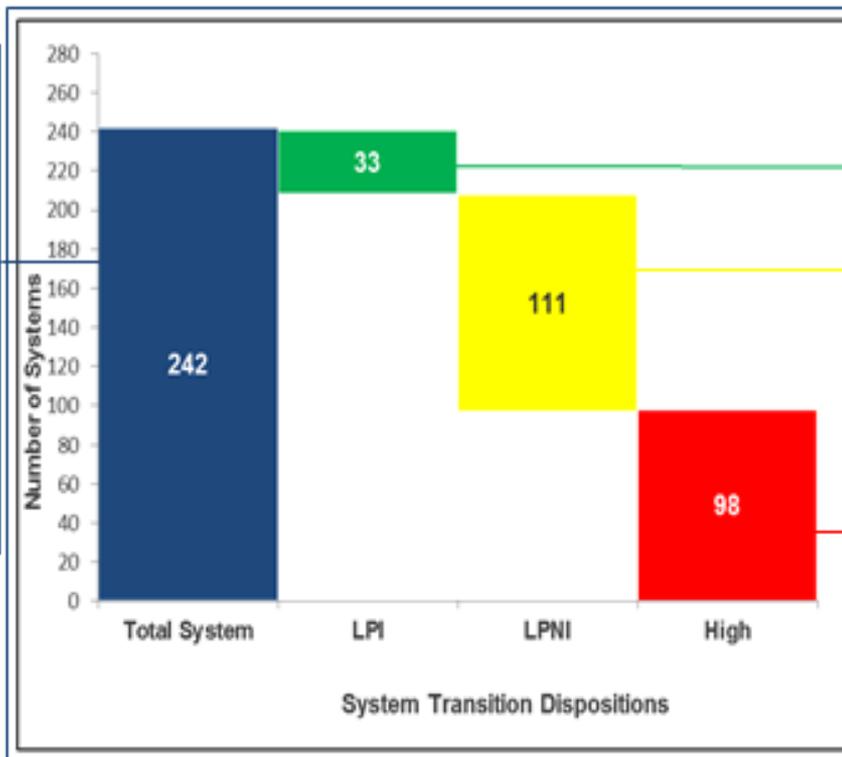


Projected System Dispositions

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

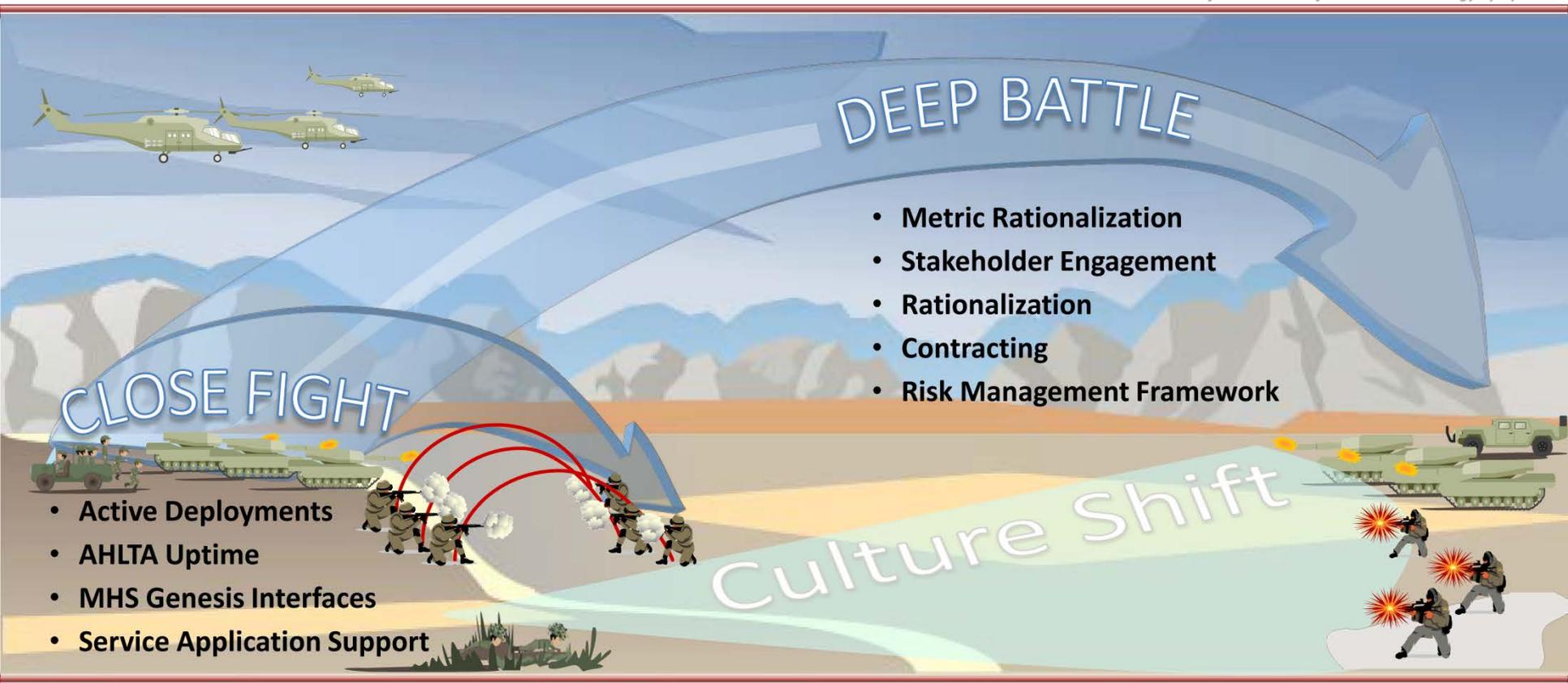
HIGH: Systems that will be replaced by MHS GENESIS and will not interface to the EHR – consolidate or terminate

Deep Battle



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Close Fight and Deep Battle



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Deep Battle

- Metric Rationalization
- Rationalization
 - Governance
 - Zero Based Review
- Contracting
 - CDRL management
 - Rationalization
 - Flexibility
- Risk Management Framework
- Culture Shift!!!



Tri-Service Workflow (TSWF) CORE 2.0

- CORE 2.0 is the next evolution of integration of TSWF
 - Enhanced UI integrates the TSWF Suite of AIM forms
 - Workflow centric ease of access to AIM Forms
 - Integrates VA/DoD CPG AIM Forms
 - Can contribute to MHS Genesis change management
 - Can provide convergence between MHS Genesis and AHLTA
 - Self-teaching
- Enterprise release planned for September 2016

TSWF CORE 2.0 - PREVENTIVE SERVICES

Items in YELLOW copy forward

TSWF Website Navigator
MilSuite Feedback Ver. Sep-Dec 2016

CORE 2.0
QUICK VISITS
Cough
Sore Throat
UTI
CPG AIM FORMS
Chronic Opioid Tx
Cardiovascular
Low Back Pain
Metabolic
Pulmonary
ACTIVE DUTY
IN / OUT
Mil-PHA
OTHER
Clinical Pharmacology
Geriatrics
MHSPHP
Nursing Services
Procedures
STANDALONE
OB
Pediatrics

PREVENTIVE SERVICES Preventive Services

Document date when service completed and/or date due

CHD Risk Assessment Tool

Fracture Risk Assessment (FRAX)

CDC Immunization Schedule

Breast Cancer Risk Assessment

Vaccine Healthcare Centers Network

USPSTF Recommendations

Lipids - 10-yr CVD Risk Assessment - Calculator used -

Diabetes Screening - Aspirin Prophylaxis - HIV Screen - Colorectal Cancer Screening - Colonoscopy FOB x 3 Flex Sig CT Colonoscopy

Tetanus (Td/Tdap) - Influenza Vaccine - Zoster Vaccine - Pneumococcal Vaccine - PPSV23: PCV13: HPV Vaccine -

Women: Cervical Cancer Screen - Pap: HPV: Mammogram - GC/Chlamydia Screen - Osteoporosis Screen - Folic Acid -

Men: Aortic Aneurysm Screen (if ever a smoker) -

Preventive Services Recommendations - Women

Cervical Cancer Screen 21 to 65 cytology every 3 years; 30 to 65 combination of cytology and HPV testing every 5 yrs an option. (USPSTF 2012, Grade A) (Military policy may vary)

Mammogram 50-74 every 2 years, prior to 50, every 2 years based on individual patient (USPSTF 2009, Grade B); (ACS- annually starting age 40)

GC / Chlamydia Screen Screen all sexually active non-pregnant women ages 24 years and younger, and older non-pregnant women who are at increased risk.

Osteoporosis Screen Women 65+ and younger women at increased risk (use Fracture Risk Assessment tool (FRAX)) (USPSTF 2011, Grade B)

Folic Acid All women planning or capable of pregnancy (USPSTF 2009, Grade A)

Preventive Services Recommendations - Men

AAA Screen One time screening by U/S for men 65-75 who have ever smoked. (USPSTF 2005, Grade B)

Prostate Cancer Screen The USPSTF recommends against PSA-based screening for prostate cancer. (2012 Grade D)

Preventive Services Recommendations - All Patients

10-yr CVD Risk Calculation Men >=35; Women >=45 (every 5 years for average risk). Start Screening at age 20 if at increased risk for CVD - use Framingham CVD risk assessment tool. (USPSTF 2008, Grade A)

2014 VA/DoD Dyslipidemia CPG recommends CVD risks screening for men > age 35 and women > age 45, including a lipid profile and a 10-yr risk calculation. (repeat every 5yrs if 10-yr risk is <6%, every 2 years if 10-yr risk is 6-12%).

Diabetes Screening USPSTF recommends screening for abnormal glucose in adults age 40 to 70, every three years, in patients who are overweight or obese.

Aspirin Prophylaxis Men 45-79 and women 55-79 (if potential benefit outweighs potential harm due to increase in GI hemorrhage) (USPSTF 2009, Grade A); use Framingham CVD risk assessment tool.

HIV Screening Screen adolescents & adults age 15-65 yrs and all pregnant women. Rescreening frequency undefined, but should be based on presence of risk factors. (USPSTF 2013, Grade A)

Colorectal Cancer Screening USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing to age 75.

Tetanus Td every 10 years, substitute Tdap onetime for all adults. Administer to pregnant women during each pregnancy, preferably from 27-36 weeks EGA. (CDC 2013)

Influenza Annually for all patients over 6 months of age, (CDC 2013)

Zoster One time 60 years old and up. Consider in ages 50-59 with preexisting chronic pain, severe depression, or other comorbid conditions. (CDC 2013)

Pneumococcal Vaccine (PPSV23/PCV13)

- o Both PCV13 and PPSV23 should be routinely administered in series to all adults aged 65 and older
- o Early Vaccination with PPSV23 (age 19-64) is recommended for persons with:
 - Diabetes
 - Chronic lung disease (including asthma, COPD, smokers, etc)
- o For certain conditions, recommend both PCV13 AND PPSV23. (See link for full recommendations)
- o Repeat vaccination for certain high risk conditions after 5 years

HPV 3 doses for males or females age 11-26. May start at age 9. (CDC 2013)

Hepatitis C All ages: Screening for HCV in persons at high risk for infection. Adults born between 1945-1965: One time screening for HCV infection. (USPSTF 2014; B)

Additional USPSTF A & B Recommendations For Targeted Adult Populations

AGE	FACTOR	RECOMMENDATION	
Age 10-24	Fair skin	Skin cancer behavior counseling (USPSTF 2012; B)	
Born 1945-65	All	One time Hepatitis C screening (USPSTF 2014; B)	
All	High risk	Hepatitis C screening (USPSTF 2014; B)	
All	High risk	Hepatitis B screening (USPSTF 2014; B)	
55 - 80	Smokers	*Low dose CT if >=30 pack-year history & smoking or quit for <15 yrs	* Additional guidance is anticipated after MHS-level review of this recommendation
65 or older	Increased fall risk	Exercise or physical therapy to prevent falls	
65 or older	Increased fall risk	Vitamin D supplementation for fall prevention	
All	High risk sexual activity	Syphilis screening	
All	High risk sexual activity	Counseling to prevent sexually transmitted infections	

TSWF CORE 2.0 Efficiency Pilots

Example of a Potential Saving Estimate following our recommendations

Data represents:

- 3-4 TSWF team members
- 4 days onsite
- Family Practice Clinic
- Medium-sized MTF (1000 -1200 FTEs)
- Implementation of 2 of 71 recommendations given

Localization & Centralization



This represents the estimated time and manpower savings associated with the following three recommendations:

- Standardize Local Forms
- Standardize Exam Rm carts
- Centralize Patient Handouts

AVHE Implementation



This represents the implementation of AVHE (Virtualized AHLTA) into the Family Practice Clinic

Agile & Process Asset Library



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Agile in Solution Delivery Division

2011

Agile first discussed at SDD

536%
Increase

In releases to production of prioritized, funded, and approved Change Requests

440%
Increase

In the number of Change Releases delivered using Agile

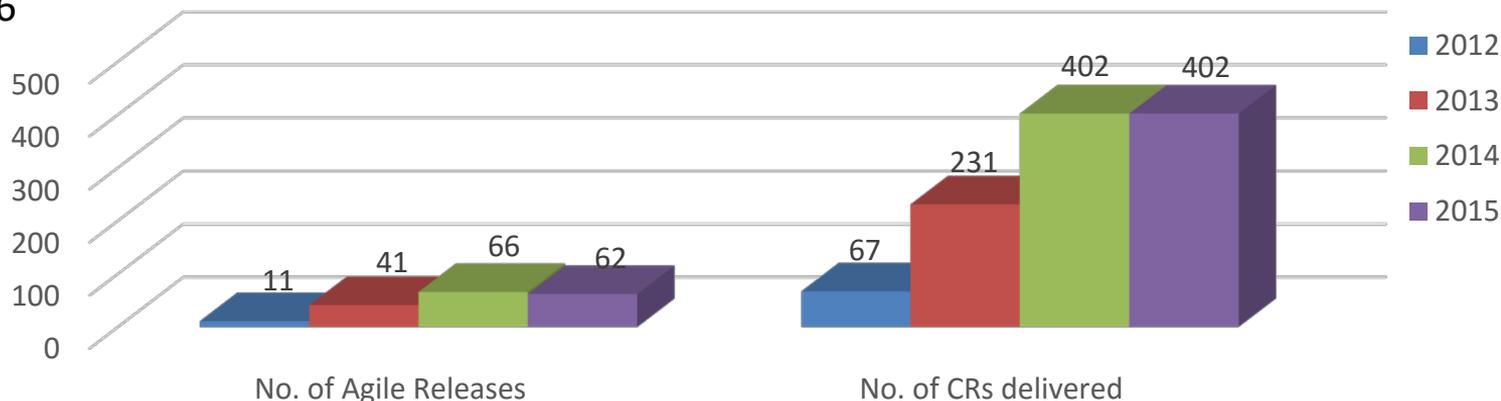
600

Team members trained on Agile Development

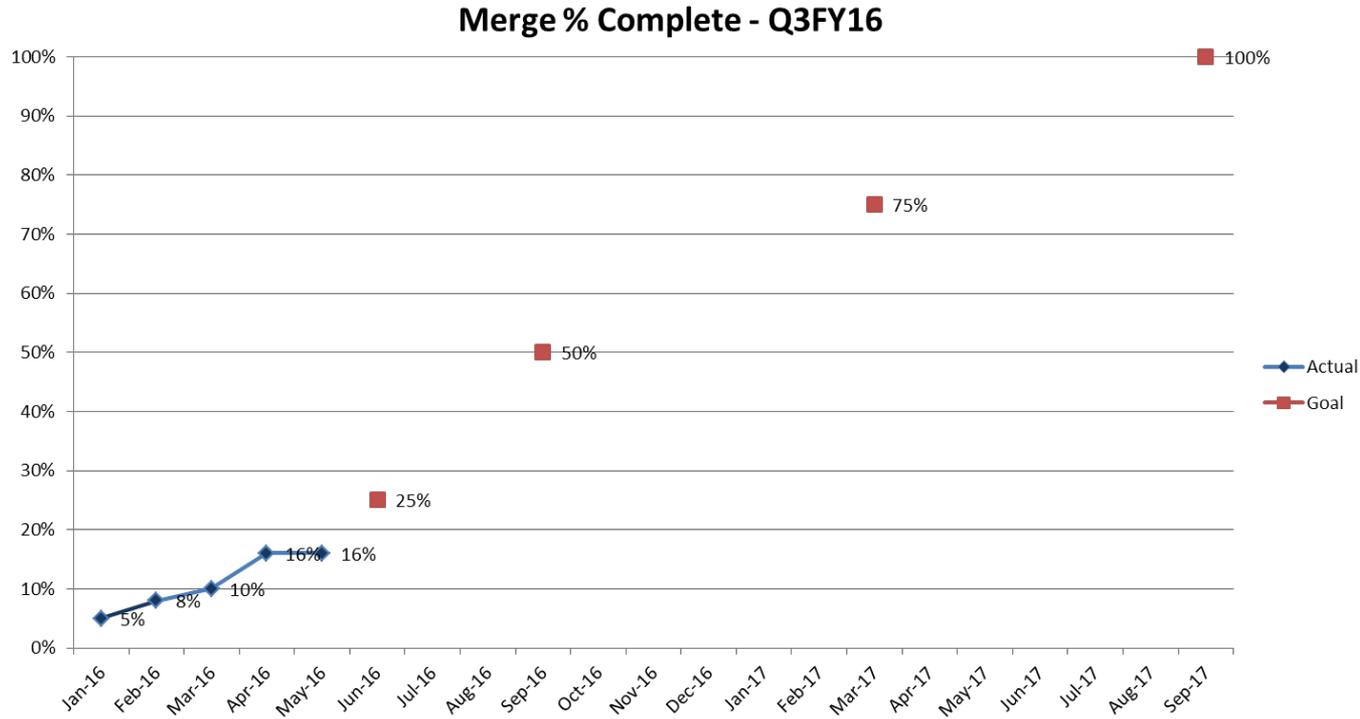


Agile Trends for Clinical Support Division

- Dip in the number of agile releases is a sign of maturity, as there were multiple sprints behind most releases
 - 74 sprints were completed and deployed over 62 releases in FY15
 - Many more sprints completed and shelved in FY15 that will be released in FY16
 - DOEHRS-IH and DOEHRS- HC: worked 115 CRs over 9 sprints in FY15 waiting to be deployed
 - JCCQAS completed 360 Change Requests in FY15 to be released along with circa 500 more in FY16



Process Merge Status Trend Graph



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Stakeholder Engagement

Identification



Define the SDD brand and culture.

- ✦ Logo & Slogan
- ✦ Mission & Vision
- ✦ Corporate Briefing
- ✦ SDD Fact Sheet

Awareness



Create visibility of SDD and it's role in the delivery of military health care.

- ✦ Leadership Messaging
- ✦ VIP Briefings
- ✦ Annual Report
- ✦ SDD at DHITS

Transparency



Foster stakeholder understanding of SDD internal operations to create impactful partnerships.

- ✦ Organizational Chart
- ✦ Catalog of Services
- ✦ IT Governance Overview

Standardization



Develop uniform common processes and tools to increase communication and comprehension.

- ✦ Web Presence
- ✦ External Stakeholder Messaging
- ✦ Monthly Newsletters

SDD Requirements for the Future

- Training support
 - EHR clinical system training
- MHS requirements process
- Technologic generalization
 - SPORTS
 - Cloud
- Application support



Resource Support for EHR Sustainment



150 sustainment training contractors until 2035



Funding for the following roles to be phased in over the Fiscal Years

- Training (120 Full Time Employees [FTE])
- Business Process Management / Workflow Support (30 FTE)



DHMSM resources to be used to

- Lower the ratio of trainers and BPM/workflow support at the MTF's
- Provide "SWAT" team type interventions at locations where issues arise
- Provide Train the Trainer training to current MTF resources on system updates and in the event of trainer turnover



Consolidated Training Contract will support MHS GENESIS in addition to legacy systems not being replaced

- Flexible CLIN structure
- High cap
- Economies of scale

Key Takeaways

- DHA maturing role as a CSA
- Solution Delivery
 - Combined functional, integration and acquisition
 - Service informatics, DHSS, DHCS, and Service systems
 - Single, integrated suite of Enterprise HIT systems
 - Enabling MHS and Services' mission
 - Optimizing approach to HIT delivery with focus on customer
 - Keys to new EHR transition: Interfaces and decommissioning legacy systems
- What can you do:
 - User engagement
 - Make IT work (e.g. TOL, SM)
 - “Decisions are made by the people in the room”
 - “Build the informatics bench”

Questions?



2016 Defense Health Information Technology Symposium

“Medically Ready Force...Ready Medical Force”

Evaluations

Please complete your evaluations

Contact Information

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Defense Health Agency

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<http://health.mil/sdd>

Join SDD on MilSuite: <http://tinyurl.com/SDDmilSuite>

Acronym Dictionary

ABACUS- Armed Forces Billing and Collection Utilization Solution
AFMOA- Air Force Medical Operations Agency
AHLTA- Armed Forces Health Longitudinal Technology
CHCS- Composite Healthcare System
DHCS- Defense Health Clinical Systems
DHSS- Defense Health Service Systems
DMHRSi- Defense Medical Human Resource System internet
DMLSS- Defense Medical Logistics Standard Support
EBMS- Enterprise Blood Management System
eIRB- Electronic Institutional Review Board
HAIMS- Health Artifact and Image Management
NAVMISSA- Navy Medicine Information Systems Support Activity
PSR- Patient Safety Reporting
S3- Simplified System Status Advisor
SEMOSS- Semantic Open Source Software
USAMITC- U.S. Army Medical Information Technology Center