

Mr. Robert Ward

Panel Members: Army: Ms. Karen Chin, Navy: CDR Angelica Klinski,
Air Force: Ms. Angela Grubbs



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Requirements Management, A Key to MHS Transformation



“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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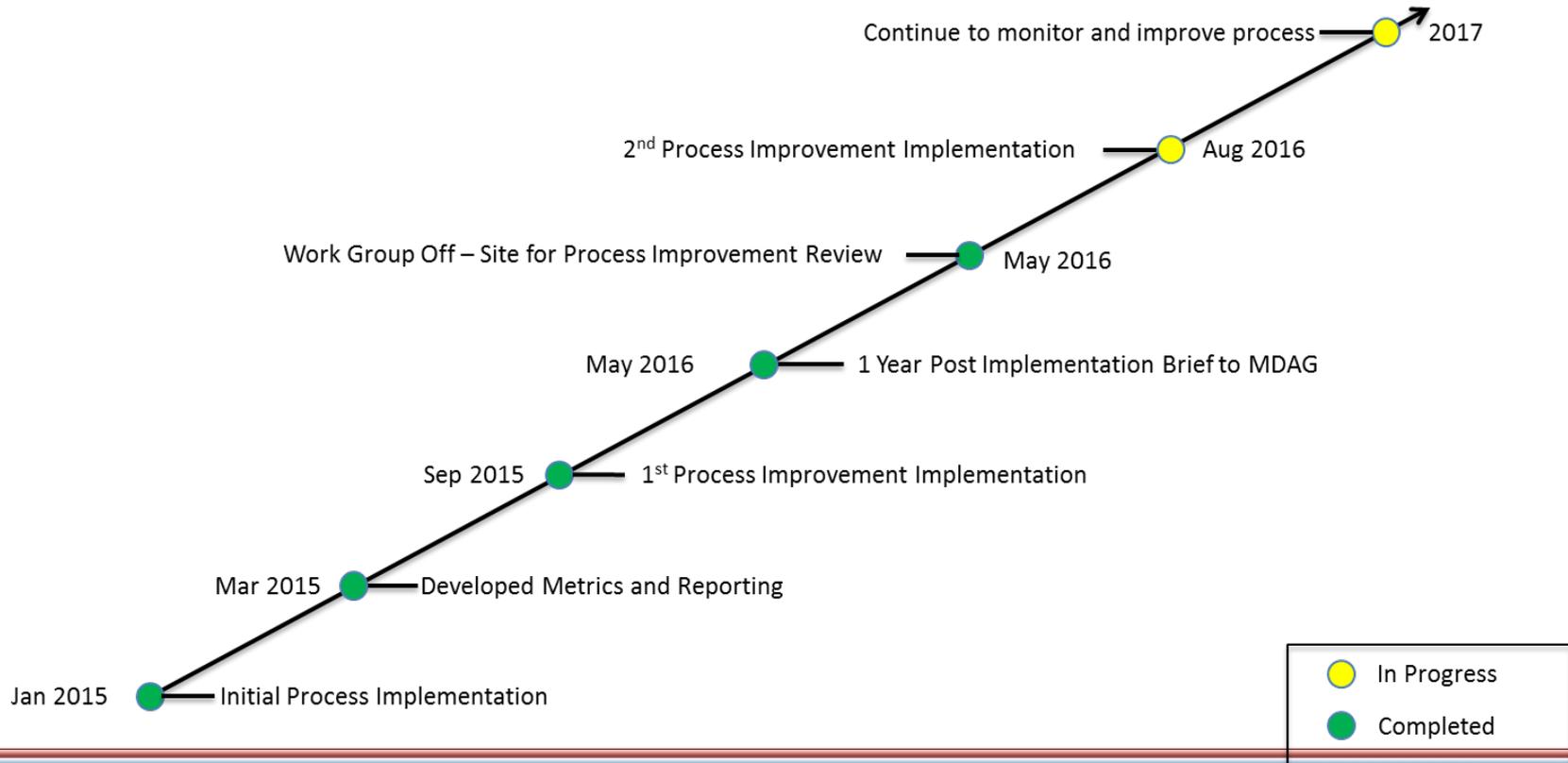
Learning Objectives

- Recognize recent accomplishments
- Discuss recent changes to the MHS Requirements Management Process
- Discuss and understand how Service Processes engage with the MHS Requirements Management Process
- Understand impacts of recent guidance and memorandums
- Describe when, how and what happens during the process
- Outline how to execute service funding and tips on speeding up the certification process

Agenda

- MHS Requirements Management
 - Process Improvement
 - Framework and Governance Process
 - Off Site Results
 - CFR Management Process
 - Requirements Development Process
- DHA Interim Procedures Memo
- Speeding the Process
- Service Funded Projects
- Ongoing Efforts

MHS Requirements Management Process Improvement Timeline



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MHS Requirements Management Continued Process Improvement



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Issues Identified:

- The process is taking too long
- It is unclear to the Services what needs to go through the process

Resolution:

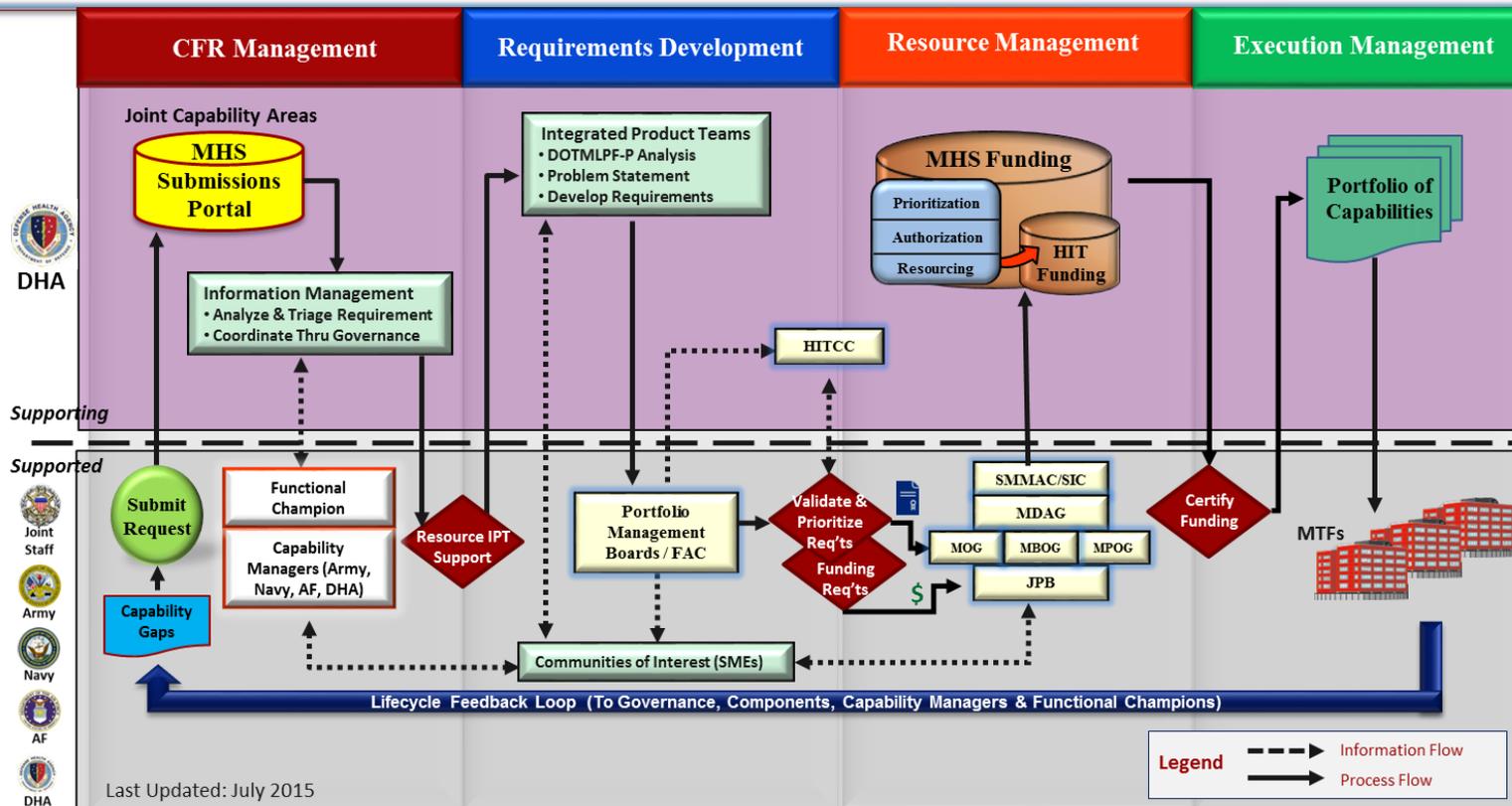
The Service-led off-site focused on areas of efficiencies in the MDAG-approved MHS Requirements Management Process, removing duplicative efforts between the Services and DHA, standardizing documentation, and identifying areas of greater collaboration.

MHS Requirements Management Framework and Governance Process



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MHS Requirements Management Off-Site Results

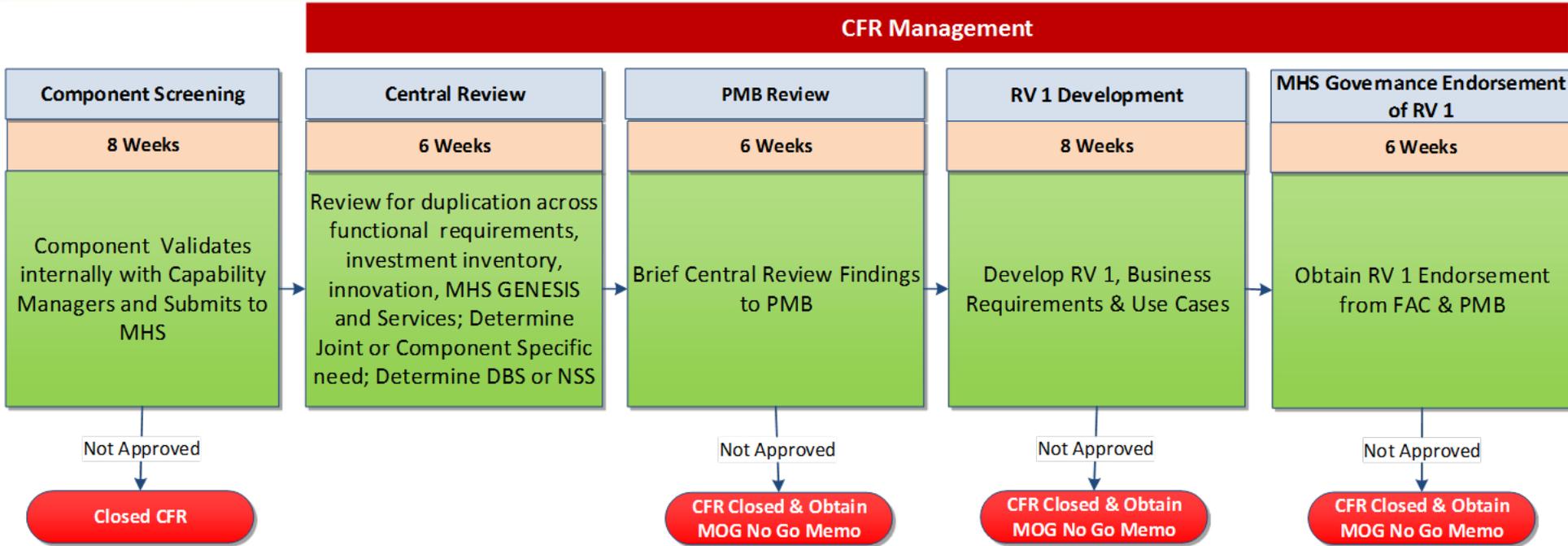


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- Less up front work done by the Services prior to submission into the portal
- Standardizes documentation that is developed during the Component Functional Requirement (CFR) and Requirements Management phases
 - Use of Requirements Validation Part 1 and 2 documentation
- Moves the development of Requirements Validation Part 1 early on in the process to provide a more robust analysis of the functional needs
- Submitting Components have more ownership throughout the CFR Management Process than before
- Formalized reinforcement of Central Governance priorities to manage workload
- Identified business rules and methodologies to streamline Service-funded needs

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CFR Management Phase

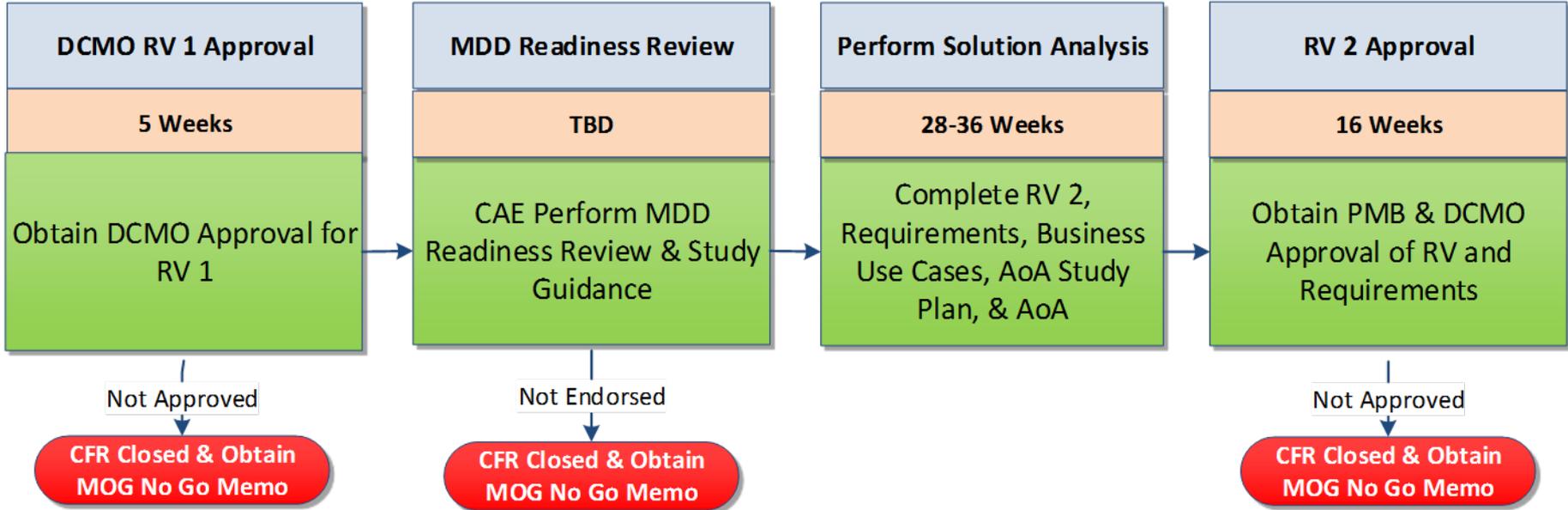


Timelines above are the maximum. Timeline varies based on size and complexity

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Requirements Development Phase

Requirements Development



Timelines above are the maximum. Timeline varies based on size and complexity

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DHA Interim Procedures Memo IPM 15-002



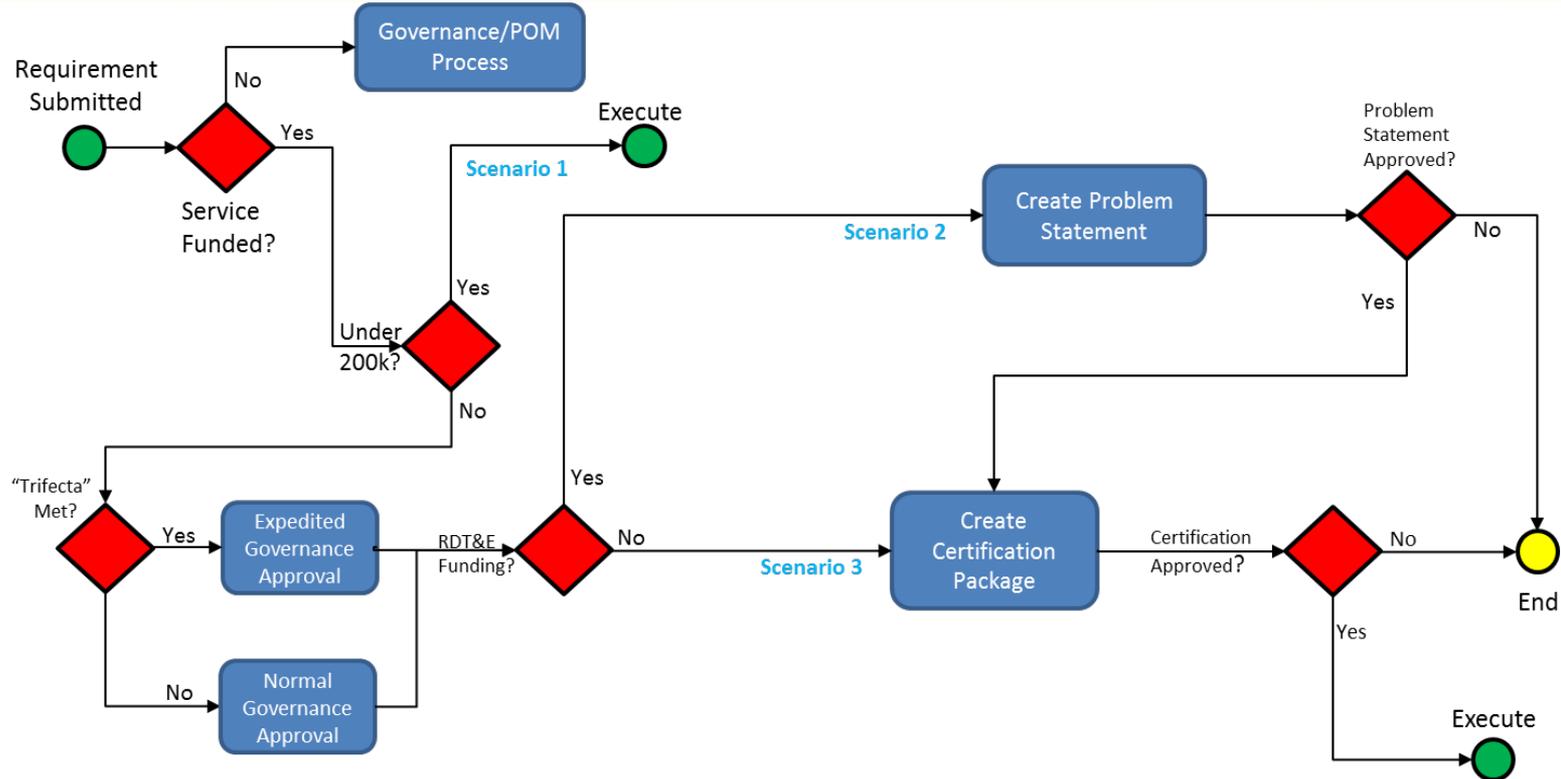
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- **DHA Interim Procedures Memorandum IPM 15-002** signed 1 Oct 2015 defines business rules when governance approval is/is not required for Services to use their own funding for HIT projects; criteria endorsed by Military Deputies Action Group (MDAG) 9 Oct 2014, based on FY 2013 National Defense Authorization Act (NDAA) Section 906
- **FY 2016 NDAA Section 883** raised budget authority for the Defense Business Council in excess of \$50M
 - Personnel and Readiness has decided that DHP items in DHA will still be held against the \$1M threshold
- **FY 2017 NDAA** proposes more unified command of Military Health Services

Speeding the Process

- If under \$200k, Services do not need governance approval to use their own funding for IT projects; joint requirements not a prerequisite
 - Services are encouraged to submit all requirements to enterprise portal to improve visibility, avoid duplication, and provide pathway for Service funded proof of concept projects to enterprise solutions for greater good
- If over \$200k, then meeting the below criteria (“Trifecta”) will improve speed to DCMO certification of Service Funding:
 - Functional/clinical relevancy with Tri-Service SME consensus
 - No duplication across enterprise or MHS GENESIS
 - Service funding available

Service Funded Projects



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Ongoing Efforts

- Rationalize Service and DHA submissions portal which will provide greater transparency across the enterprise
- Improve stakeholder communication on the expectations of the stakeholder's initiatives
- Effectively manage resources expended on efforts that do not follow central governance approved priorities and strategy
- Clearly communicate MHS Requirements Management Process changes and expectations throughout the Services and Components to obtain buy in
- Identify ways to fill resource gaps within the Services and DHA to fulfill the role of the requirements management in the acquisition process

Panel Discussion



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Name: Robert Ward

Organization: Health Care Operations
Directorate, Clinical Support Division,
Clinical Requirements Management

Title: Tools, Training and Process Manager

Biography: DoD Acquisition Professional for over 10 years. DAU Level 3 Certified in Information Technology and Requirements Management with a background in Computer Science from UNC

Name: Karen Chin

Organization: MEDCOM HQ, G6 Requirements

Title: Requirements Manager

Biography: Civil Servant and involved in DoD Acquisitions for over 25 years. Ms. Chin's experience ranges from local initiatives to the Joint MHS level. Her requirements knowledge stretches from 1st inception of initiatives through development, production, and sustainment to program disposal. Her current mission is to develop, validate and manage the Army MEDCOM, G-6 requirements process.

Panel Discussion (Cont)

Name: Angie Klinski

Organization: Bureau of Medicine and Surgery ,
Information Management & Technology (M6)

Title: Department Head, Capability &
Requirements Management

Biography: Commander Klinski is a commissioned officer in the US Navy. She holds a Doctor of Pharmacy, MS in Pharmacy Administration and Certificate in Clinical Informatics. She is also certified in Project Management, Change Management, and is a Certified Professional in Health Information Management Systems. She is DAU-certified and currently serves as the Lead Requirements Manager for Navy Medicine and Pharmacy IT Capability Manager.

Name: Angela Grubbs

Organization: Air Force Medical Support Agency

Title: Chief, Requirements and Resources Division

Biography: Colonel (ret.) Angela D. Grubbs has been a DoD Acquisition Professional for over 20 years and is DAU Level III certified Program Manager and DAU Level C certified Requirements Manager. She holds a BS in Biology and several Masters degrees to include an MA in Information Management, MA in Medical Health Administration, MA in Procurement and Acquisition Management and she also holds a CIO Certificate from the National Defense University. Colonel (Ret) Grubbs served over 20 years of active military service in the Air Force as a Medical Service Corps Officer and also served as a Missile Launch Officer in the Titan II, ICBM system.

Summary

The MHS Requirements Management Process is a Tri-Service developed process that standardizes what is required in order to take a capability gap through implementation. This process is continuously being improved based on feedback, metrics, leadership direction and legislative changes.

Key Takeaways

- The sooner capabilities enter the process the sooner governance decisions will be made
- Process ensures the right stakeholders and decision making bodies are engaged to avoid future roadblocks
- Process provides greater transparency into existing initiatives that can be leveraged to improve speed to market
- Process encourages an enterprise perspective for resolving capability gaps but accommodates service specific needs

Questions?



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Evaluations



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Please complete your evaluations

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Michael Holmes (Ctr)

Patti Kinder (Ctr)

Cheryl Ann Kraft (Gov)

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Portal for Component Review:

Navy: <https://es.med.navy.mil/bumed/m6/governance/SitePages/Home.aspx>

Army: <https://impact.amedd.army.mil/impactmain.aspx>

MHS Submissions Portal:

<https://info.health.mil/hit/portfolio/invest/gov/isp/SitePages/Home.aspx>

For more information about the MHS Requirements Management Process (navigate to Internal IM Tab):

<https://info.health.mil/hco/clinicsup/cim/CIM/IMRL/SitePages/Home.aspx>

Back Up



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Breakdown of DHA IPM 15-002 Business Rules:

Governance expenditure approval is NOT required for:

1. Expenditures included in approved spend plan.
2. HIT expenditures less than \$200,000 that are within the existing scope and approved IT spend plan, if:
 - (a) MHS Component has planned and programmed funding for sustainment.
 - (b) Item purchased does not require a new Authority to Operate or Certificate of Networkiness.
 - (c) The item is a normal replacement item (i.e., keyboard, mouse, telephone, surge protector)
 - (d) The item is an annual refresh item included in approved spend plan.
 - (e) System software included in the baseline desktop image (i.e., MS Office).
 - (f) Medical equipment and devices procured/managed/tracked through the Medical Logistics community.

DCMO Problem Statement & Certification Not Required



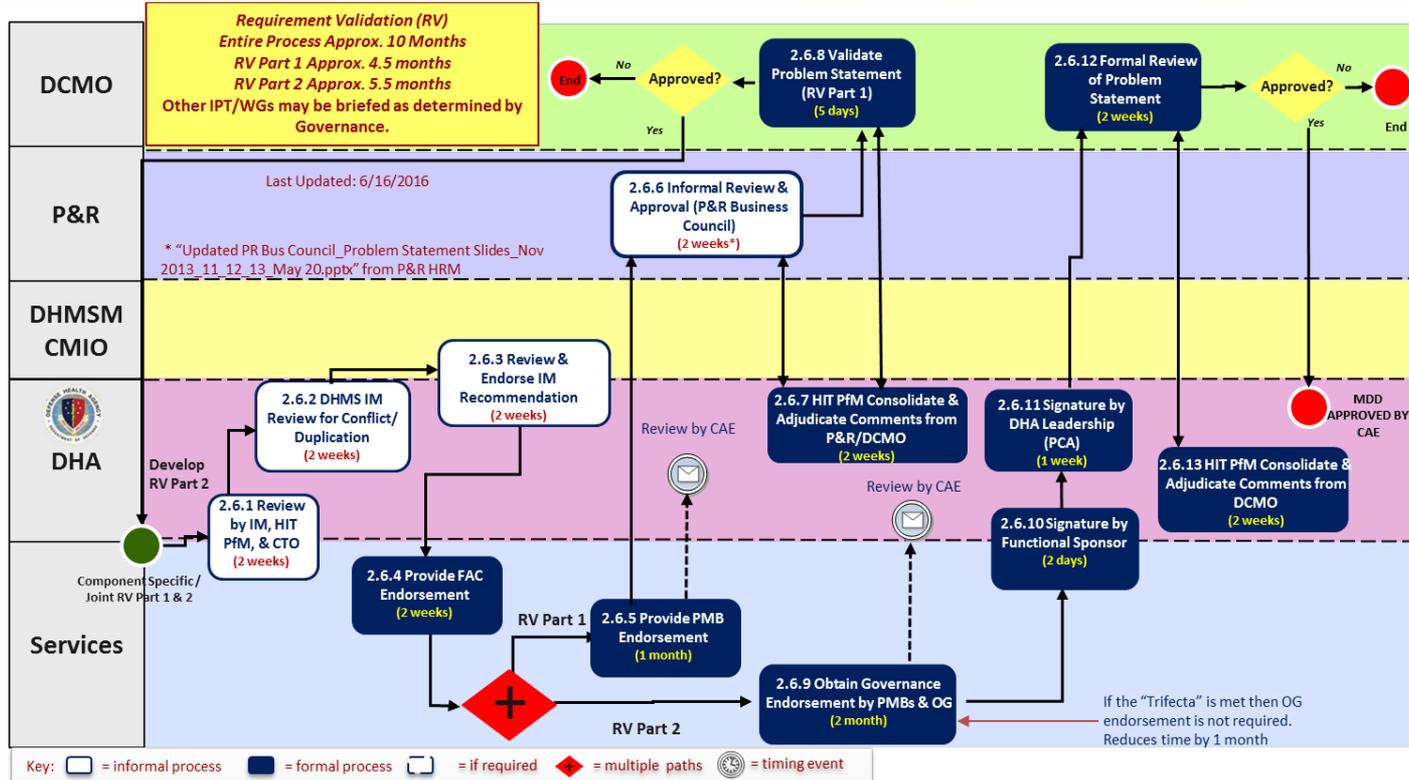
DHA-IPM-15-002

Governance expenditure approval is required for:

1. Expenditures outside of approved IT spend plan over \$200,000, including:
 - (a) IT development and modernization efforts
 - (b) Acquisition of new IT systems
 - (c) IT systems requiring RDT&E or procurement funding
2. Items requiring interfaces with any legacy Electronic Health Record System
3. Items requiring Defense Business System funds certification

DCMO Certification required;
DCMO Problem Statement Required for RDTE

Problem Statement Approval Process



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Roles and Responsibilities

Submitting Components	<ul style="list-style-type: none">• Has responsibility and authority to drive standardization and reengineering of the CFR Management Process to improve performance• Guides CFR through the IPT/WG and presents to the Portfolio Management Board• Provides recommendations and identifies Subject Matter Experts, as needed
Non-Submitting Components	<ul style="list-style-type: none">• Drives standardization of the CFR Management Process to improve performance• Guides CFR through the IPT/WG and presents to the Portfolio Management Board• Coordinates resources to provide information for the CFR• Reviews CFR to determine Joint/Component-specific status• Provides recommendations and identifies Subject Matter Experts, as needed
Capability Manager	<p>Represents Services' functional communities and users in the processes necessary for managing the Health Information Technology (HIT) portfolio. This representation involves:</p> <ul style="list-style-type: none">• Providing input in the development and delivery of HIT capabilities across the Military Health System that meet the users' requirements• Participating in processes to better inform HIT investment decisions and portfolio rationalization, leading to greater standardization and efficiencies
Service Requirements Manager	<ul style="list-style-type: none">• Supports the Submitting and Non-Submitting Component Capability Managers (CMs) in performing their respective activities within the CFR Management Process• Provides recommendations and identifies Subject Matter Experts, as needed

Roles and Responsibilities (Cont)

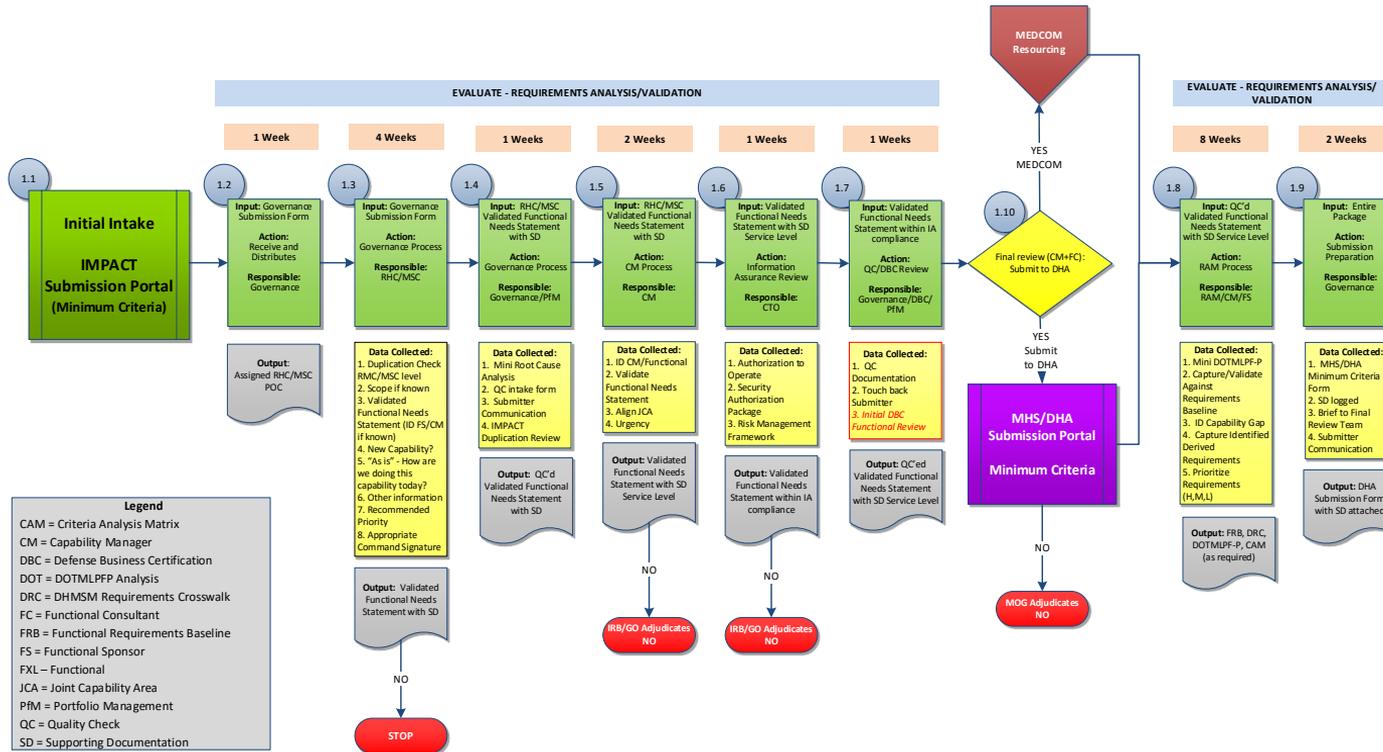
IM Request Manager	<ul style="list-style-type: none">• Monitors overall status of the CFR throughout the MHS CFR Management Process• Performs initial routing of the CFR the appropriate DHA Division• Routes the CFR to the appropriate DHA Requirements Manager
IM Requirements Manager	<ul style="list-style-type: none">• Coordinates the CFR review for duplication with the Capability Managers (CMs), Health Information Technology Portfolio Management & Customer Relations (HIT PfM&CR), and Electronic Health Record (EHR) Functional Champion• Identifies duplication within MHS-approved requirements database• Gathers CFR Functional Information• Coordinates and facilitates the CFR through the Work Group/Integrated Product Team/Subject Matter Expert (WG/IPT/SME) analysis and Portfolio Management Board presentation
DHA HIT PfM & CR/Account Manager	<ul style="list-style-type: none">• Performs routing of technical CFRs to the appropriate HIT Divisions• Coordinates information gathering for CFR assessment• Acts as the liaison for the customer and HIT (Account Manager)• Assists customer during submission of CFR or DHA-HIT shared services (Account Manager)
IPT/WG & Portfolio Management Board	<ul style="list-style-type: none">• IPT/WG supports the CMs in the analysis and formulating recommendation(s) for the CFR• The Portfolio Management Board (PMB) provides decisions on recommendations

Army Component Review Process



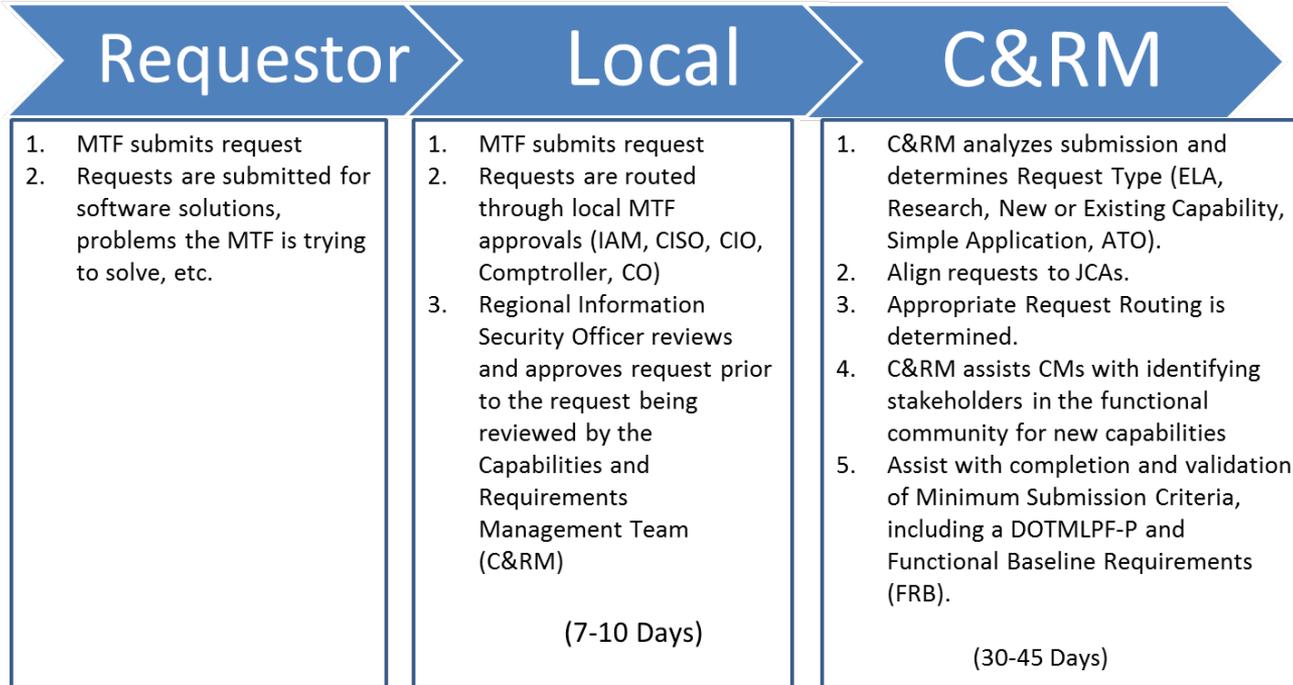
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Navy Component Review Process



Navy Request Classification and Routing



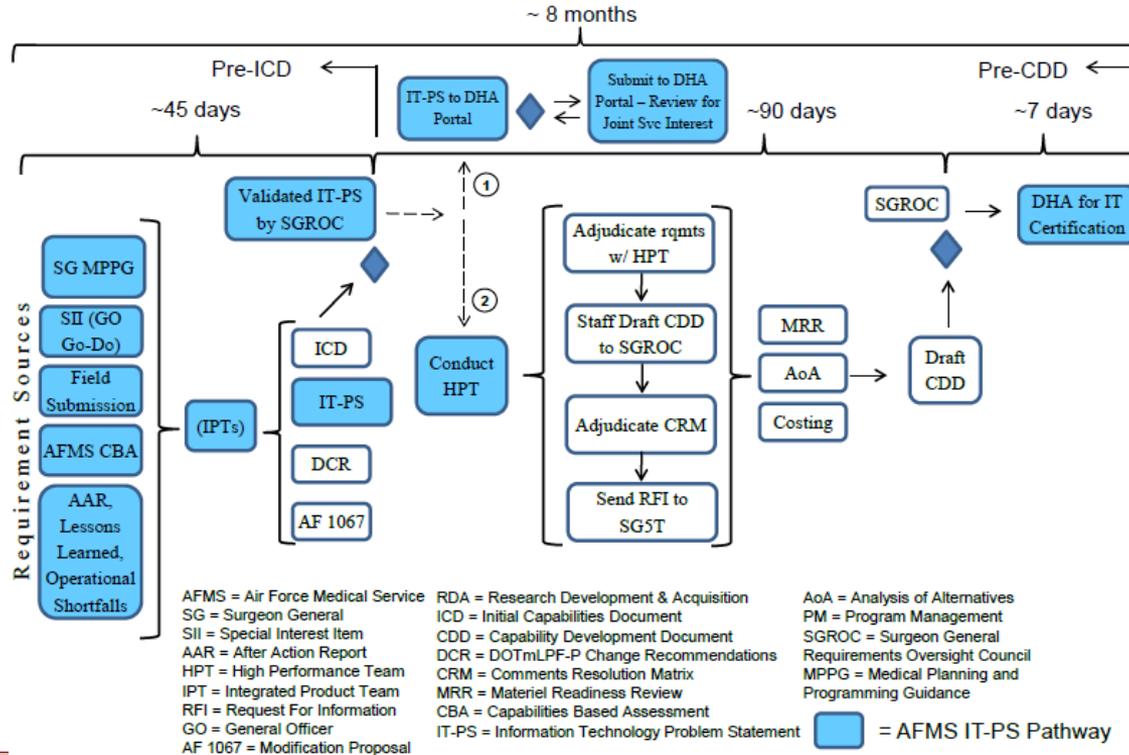
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Request Type	Routing Destination
Enterprise License Agreement	Submitted to the ESLM team for processing and distribution of Enterprise Licenses.
Research Request	Request communicated with Research command POCs to determine if requests need to be submitted to DHA Governance or can be executed locally.
New Capability	Review request with the appropriate Capability Manager to begin the requirements management process prior to submission to the DHA.
Existing Capability	Review request with the appropriate Capability Manager to determine the current enterprise solution, and assess whether or not capability gaps exist that need to be addressed with a new solution.
Simple Application	Submitted to the DHA Shared Services Portal for Cyber Security Review.
ATO / Assessment and Authorization	Submitted to the DHA Shared Services Portal for Cyber Security Review.

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Air Force Component Review Process

AFMS IT – Problem Statement Process



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