MHS GENESIS: Transforming the Delivery of Healthcare

Session 26, February 20, 2017
Ms. Stacy A. Cummings, Program Executive Officer, Program Executive Office, Defense Healthcare Management Systems
Speaker Introduction

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Program Executive Officer, Program Executive Office, Defense Healthcare Management Systems

Speaker Introduction: Ms. Stacy Cummings is the Program Executive Officer for the Program Executive Office, Defense Healthcare Management Systems. As Program Executive Officer, Ms. Cummings oversees the Department of Defense electronic health record modernization including the operational, data exchange and interoperability initiatives, and provides direction to three program management offices.
Conflict of Interest

Ms. Stacy A. Cummings has no real or apparent conflicts of interest to report.
Agenda

• Mission and organization
• Our modernization journey
• End user engagement
• Moving toward full deployment of MHS GENESIS
Learning Objectives

• Identify capabilities of MHS GENESIS
• Discuss lessons learned and plans for future deployments
• Manage user expectations for full deployment of MHS GENESIS
An Introduction of How Benefits Were Realized for the Value of Health IT

MHS GENESIS, the Department of Defense’s single electronic health record, recently deployed to its first initial deployment site, Fairchild Air Force Base.

MHS GENESIS is an integrated inpatient and outpatient EHR that will facilitate the safe transitions of care across the spectrum of military operations, enable data sharing with the Department of Veterans Affairs and private sector partners, and transform how the Military Health System delivers healthcare.
Video Placeholder
Mission and Organization
Military Health System

**A Year in the Life of the MHS**

- 128 MILLION Prescriptions filled in Military and Network Pharmacies and Home Delivery
- 70.5 MILLION Outpatient Visits
- 1 MILLION+ Inpatient Admissions
- 119,000 Births

**MHS by the Numbers**

- 205,000+ Healthcare Professionals and Support Staff
- 9.4 Million Eligible Beneficiaries
- 55 Military Medical Centers and Inpatient Hospitals
- 373 Health Clinics
- 245 Dental Clinics
- 5 Theater Hospitals
- 199 Forward Deployed Sites
  - 141 Army
  - 45 Navy
  - 11 Air Force
  - 2 Marine Corps
- 300 US Navy Ships
- 2 Hospital Ships
PEO DHMS Mission

To transform the delivery of healthcare and advance data sharing through a modernized electronic health record for service members, veterans, and their families.
Continuum of Care

CONTINUUM OF CARE

Levels of Care

Role 1
Combat Casualty
First Responders
Medics/Corpsman

Role 2
MEDEVAC
Aid Stations
Medical Capabilities
Afloat
Forward Surgical Teams

Role 3
In Theater Hospital
Combat Support Hospitals
Hospital Ships
Expeditionary Medical Facilities

En Route Care
Patient Staging Facilities
Critical Care Air Transport Teams
“Care in the Air”

Role 4
DoD Military
Treatments
Private Sector
Department of Veterans Affairs

Programs

JOMIS/TMIP-J
MHS GENESIS

JLV

IPO Standards (Policy)
VA & HIE
Our Modernization Journey
Why Modernize?
What is MHS GENESIS?

MODERN
inpatient and outpatient EHR to replace select DoD legacy healthcare systems

SECURE
health data across the DoD, Department of Veterans Affairs and commercial providers

CONNECTED
with select legacy systems to meet the unique needs of the military

LEGACY MILITARY SYSTEMS

DoD MEDICAL INFORMATION EXCHANGE

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Single DoD Electronic Health Record

Garrison

Operational

Benefits

- Incorporate dental capability
- Replace legacy operational components
- Two-way communication
- Train like we fight
Collaborative Delivery

Deliver a modern EHR to garrison and operational points of care and transform how the Military Health System provides healthcare.
End User Engagement
Guiding Principles

- Standardize clinical and business processes across the Services and the MHS
- Design a patient-centric system focusing on quality, safety, and patient outcomes that meet readiness objectives
- Flexible and open, single enterprise solution that addresses both garrison and operational healthcare
- Clinical business process reengineering, adoption, and implementation over technology
- Configure not customize

- Decisions shall be based on doing what is best for the MHS as a whole – not a single individual area
- Decision-making and design will be driven by frontline care delivery professionals
- Drive toward rapid decision making to keep the program on time and on budget
- Provide timely and complete communication, training, and tools to ensure a successful deployment
- Build collaborative partnerships outside the MHS to advance national interoperability
- Enable full patient engagement in their health
Impact of MHS Functional Communities

The MHS functional communities collaborated to develop enterprise leading order sets and workflows to ensure a high quality of care across the DoD.

Developed scenarios reflecting MHS current state to guide test script development

More than 650 Tri-Service members developed 680 future state enterprise-wide standardized workflows and made 2,500 design recommendations

More than 750 specialists participated in the design of 450 order sets and 300 content sets
Full Deployment of MHS GENESIS
### MHS GENESIS Deployment

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<tr>
<th>Initial Deployment</th>
<th>Inpatient Deployment</th>
<th>Full Deployment</th>
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<td>February 2017</td>
<td>As early as June 2017</td>
<td>Target 2022</td>
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- **Initial deployment of MHS GENESIS** commenced at Fairchild Air Force Base
- **Deployment at remaining inpatient facilities** in the Pacific Northwest
- **Enterprise wide wave deployment** to all Military Treatment Facilities and Dental Treatment Facilities

Training and Change Management Activities
A Summary of How Benefits Were Realized for the Value of Health IT

**Key Takeaways**

MHS GENESIS integrates inpatient and outpatient health records

Provides data access and decision support across the spectrum of military operations

Health data shared across the VA and commercial providers to improve delivery of healthcare

Onsite deployment activities continue, including training and change management
Questions

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