Conflict of Interest

Richard N. Terry, Colonel, USAF, MSC

Has no real or apparent conflicts of interest to report.
Agenda

• Supporting the Military Health System (MHS) – A Diverse Enterprise
• Health Information Technology (HIT) Transformation – Modernizing MHS Management
• Moving to a Shared Services Model
• HIT Shared Services Business Cases
  – Areas of Savings
• Consolidated Infrastructure Services
  – Objectives, Near Term Goals, and Role in Supporting the Modernized EHR
• Creating a Culture of Change
• The Defense Health Agency’s (DHA) Role in Sustaining Legacy Systems and the New EHR
• EHR Modernization Guiding Principles: Guideposts for Ensuring Standardization of Clinical and Business Processes
Learning Objectives

By the end of this presentation, the audience should be able to:

• Describe the important changes, direction and benefits of the MHS HIT Transformation
• Discuss the enterprise focus for the HIT Directorate and the Concept of Shared Services
• Explain how a culture of change is needed to ensure operational success
A Summary of How Benefits Are Being Realized for the Value of Health IT

Consolidating and optimizing MHS HIT infrastructure will deliver a **single, secure, interoperable infrastructure** for DoD medical communications and IT operations that:

- Replaces duplicative Service Medical and MHS networks
- Reduces overall network maintenance costs
- Enables standardization of clinical and business processes
- Provides robust, secure and highly available service
- Improves access to health care information within the Military medical community
- Promotes effective, efficient health operations
Military Health System: What We Currently Support

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theater Hospitals</td>
<td>6</td>
</tr>
<tr>
<td>Naval Ships</td>
<td>117</td>
</tr>
<tr>
<td>Hospital Ships</td>
<td>2</td>
</tr>
<tr>
<td>Medical Centers</td>
<td>57</td>
</tr>
<tr>
<td>Dental Clinics</td>
<td>281</td>
</tr>
<tr>
<td>Ambulatory Care Clinics</td>
<td>364</td>
</tr>
<tr>
<td>Veterinary Facilities</td>
<td>255</td>
</tr>
<tr>
<td>Submarines</td>
<td>17</td>
</tr>
</tbody>
</table>

1,099 Locations in 16 countries
153,000 employees
HIT Transformation: Modernizing MHS Management with an Enterprise Focus

Through establishment of the DHA, we are:

• Creating a more globally integrated health system
• Driving enterprise-wide services and standardized clinical and business processes that produce better health and better health care
• Implementing future oriented strategies and technologies to create a better, stronger, more relevant medical force
Moving to a Shared Services Model

The Shared Services model organizes support functions to optimize delivery of reliable, flexible and cost effective services to customers in accordance with performance targets or service level agreements.

Army, Navy and Air Force Medical Service Lines “All In” on HIT Shared Services from Day 1
Moving to a Shared Services Model: October 2013 to October 2015

HIT Shared Service consolidates functions from the Army, Navy, Air Force and the former TRICARE Management Activity to centralize HIT management

- Service IT management functions transitioned into DHA
- DHA becomes single provider/coordinator of HIT services
- Focus is on customer service optimization
HIT Shared Services Business Cases

Areas of Savings

Re-engineering of IT management functions and processes
- Consolidate management and management resources across the Services

Infrastructure Consolidation
- Inventory and consolidation of duplicative contracts across product lines
  - Identity Management, Engineering Services, Testing & Evaluation, Hosting Services, Network Operations, End User Support, Communications and Messaging, and Information Assurance

Rationalize the MHS HIT application portfolio
- Identify duplicative applications
- Consolidate requirements, evaluate solutions
- Decide on a single solution, decommission the others

$10M
Cost Avoidance from Hardware and Software Contract Consolidation
HIT Shared Services Business Cases:
Cost Savings for the DoD and Improved, Simplified IT Support for the MHS

Consolidate and standardize IT infrastructure
• One Forest: Active Directory and Enterprise Management
• One Network: consolidate multiple networks
• One E-mail: put everyone on the same e-mail system
• One Datacenter: a single datacenter hosting strategy
• One Web: a single web hosting solution
• One Desktop: a single desktop configuration and strategy
• One Help Desk: a single help desk capability
• One AV/Comm: a single AV/communications strategy
Consolidated Infrastructure Services

Objectives:

• Improve the quality of health care by implementing a single IT infrastructure from Desktop to Datacenter (D2D)
• Eliminate IT redundancies across the enterprise to maximize effectiveness and achieve financial efficiencies
• Increase IT responsiveness through a centrally managed and maintained technical architecture to support the military medical community
• Support the requirements of the new EHR – implementing first in the Pacific Northwest (PNW) to achieve Initial Operating Capability (IOC)
Key PNW Infrastructure Services
Milestones for FY16

Network
DHA Single Wide Area Network (Med-COI), as well as Local Area and Wireless Network transition by end of Q2 FY16

Desktop
DHA manages standard Desktop by end of Q3 FY16

Enterprise Management
DHA Single Enterprise Management by end of Q2 FY16

IT Support
DHA manages the IT support model by end of Q3 FY16
Infrastructure Services
Supporting the EHR Modernization

<table>
<thead>
<tr>
<th>INFRASTRUCTURE SERVICE</th>
<th>BUSINESS IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Security Management Service</td>
<td>Seamless integrated Wide, Local, and Wireless Network Management</td>
</tr>
<tr>
<td></td>
<td>Single Security Architecture and centralized Designated Accrediting Authority, standardized monitoring and management resulting in Lower Costs and Improved Uptime</td>
</tr>
<tr>
<td>Directory Services/Enterprise Management</td>
<td>Centralized and secure access and authentication capability to network resources</td>
</tr>
<tr>
<td></td>
<td>A Provider will be recognized on the network anywhere within the MHS</td>
</tr>
<tr>
<td>Desktop as a Service</td>
<td>Desktop design standardization service across the application, desktop and server environments</td>
</tr>
<tr>
<td></td>
<td>Standardized desktop configuration and application virtualization capabilities across physical and virtual desktops for lower acquisition and management costs and improved problem resolution</td>
</tr>
<tr>
<td>Global Service Center</td>
<td>Consolidated MHS enterprise IT service desk</td>
</tr>
<tr>
<td></td>
<td>One number to call for help – from anywhere! Lower operating cost, 24 X 7 operation across the globe</td>
</tr>
</tbody>
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IOC Infrastructure End State: Increased Bandwidth, Route Diversity and Backup Capability

Physical Topology: Pacific Northwest Wide Area Network (WAN)
Creating a Culture of Change

Success of the EHR implementation is equally dependent on technology AND change management.

Key change management steps include:

- Reengineering Business Processes
- Decreasing variation from site to site
- Optimizing clinical community involvement to facilitate integration of the new EHR into the clinical workflow
DHA’s Dual Hatted Role:
Legacy and Sustainment Support

DHA HIT is responsible for maintaining legacy systems and the new EHR in tandem.

DHA HIT will support the clinical community throughout the transition period when both the new and legacy EHRs will be in use in different facilities by providing:

- Secure Messaging capabilities
- Clinical lookback thru Joint Legacy Viewer (and the follow on solution)
- Migration of data associated with key data domains into the new EHR
- Refresher training for staff moving between sites with new EHR and legacy systems
- Measurement of quality impacts using enterprise-wide business analytics capabilities
Preparations for EHR IOC Rollout: Modernization and Synchronization

Coordination across Services, DHA HIT and DHMS requires that we:

• Synchronize activities
• Align decision making
• Effectively partner with each other and the EHR vendor

DHA HIT and DHMS have built a strong partnership:

• Eight (8) EHR Synchronization Workstream Steering Committees maintain synchronization, make decisions and ensure optimal communication
EHR Modernization Guiding Principles

- Standardization of clinical and business processes across Services and 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

Approved by the ASD (HA) and Surgeons General July 2014
A Summary of Benefits Realized for the Value of Health IT

Establishing and investing in HIT as a shared service has enabled DHA to begin to consolidate and standardize HIT infrastructure and management; simplify information sharing through common enterprise-wide services; and increase effectiveness and efficiency of health operations.

- Consolidation promotes the ability to create processes and systems that facilitate identification, capture, dissemination and use of knowledge to support the MHS in its efforts to improve performance and efficiency and to decrease costs.

For example, the resulting $10M in cost avoidance from consolidation of hardware and software contracts.
Questions

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