Military Health System Functional Champions: Enabling Transformation
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RADM (Ret) William Roberts, MD, USN

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Conflict of Interest

RADM (Ret) Roberts, William, MD, USN

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

• A High Reliability Organization: Coming Together as One

• Enabling Change

• Standardizing Business & Clinical Operations

• The Effort Ahead
Learning Objectives

• Understand the responsibilities and roles of the Functional Champions

• Recognize how clinical workflow standardization efforts enable the MHS to achieve a High Reliability Organization (HRO)

• Discuss the Military Health System Guiding Principles

• Describe the expected roles of all end users across the EHR Modernization timeline
A High Reliability Organization: Coming Together as One
MHS Review: Evolving to an HRO

“[High Reliability Organization] HRO: Within 90 days, the Assistant Secretary of Defense for Health Affairs will lead the development of a specific plan to implement the necessary changes to move to a top performing health system and address all recommendations in the MHS Review. The report will include any necessary organizational or infrastructure changes; education and training requirements; changes to existing policy or any required new policies; a plan to engage accrediting bodies and academic and professional organizations that can help facilitate this action and improve knowledge sharing across the enterprise; and include any additional resource requirements.”
What is a High Reliability Organization (HRO)?

• An organization that consistently performs complex, high risk, and highly technical tasks under conditions of tight coupling and extreme time, with minimal to no error

• Key characteristics include organizational factors (i.e., rewards and systems that recognize costs of failures and benefits of reliability), managerial factors (i.e., communicate the big picture), and adaptive factors (i.e., become a learning organization) (Grabrowski & Roberts, 2000)

• HROs actively seek to know what they don't know, design systems to make available all knowledge that relates to a problem to everyone in the organization, learn in a quick and efficient manner, aggressively avoid organizational hubris, train organizational staff to recognize and respond to system abnormalities, empower staff to act, and design redundant systems to catch problems early (Roberts and Bea, 2001)
MHS By The Numbers

- 9.5 million beneficiaries
  - 94% stationed or residing in the United States (U.S.)
  - 6% stationed or residing outside of the U.S.

- 205,000+ Health Care Professionals and Support Staff

- 1,230+ worldwide locations across 16 countries
  - 55 inpatient hospitals and medical centers
  - 373 ambulatory care clinics
  - 245 dental clinics
  - 300+ expeditionary units

- 1 million inpatient admissions per year
- 95 million outpatient encounters per year
- 128 million prescriptions filled per year

Source: Factsheet for Defense Healthcare Management Systems Modernization Program Office
Functional Champion Governance

- **FC Leadership Group:**
  - Chair Dr. William M. Roberts
  - Maj Gen Roosevelt Allen (USAF)
  - MG Margaret Wilmoth (USA)
  - CAPT Daniel Zinder (USN)

- **BPM WG** – Business Process Management Work Group
- **HIE WG** – Health Information Exchange Work Group
- **TSWAGs** – Tri-Service Workflow Advisory Groups
Establishing Cross Service Representation

- **“Council of Colonels”: Functional Advisory Council (established 2013)**
  - Provides forum to represent functional interests of MHS
  - Liaison with the functional (clinical, business, operational readiness and force support) and technical communities
  - Validates, prioritizes, and recommends disposition of functional requirements

- **Functional Champions Leadership Group (established 2014)**
  - Represents Service interests for garrison and operational environments
  - Collaborates with other MHS governance groups
  - Promotes the transformational vision on re-engineered workflows
Functional Champion Scope of Responsibility

The Functional Champions have prioritized involvement of the functional community, either in facilitation or advisory, in the following activities:

- Change Management & End User Adoption
  - Business Transformation
  - Clinical Content Standardization
  - Workflow Redesign
  - Strategic Communications
  - End User Training
  - Develop Change Agent Network

- Technology Activation & Optimization
  - Testing
  - End User Device Usability
  - Human Factors
  - Measurement

Single Voice of the Customer
Collaboration Across Communities

- Functional Community (End Users)
- Program Executive Office (Acquisition)
- Health Information Technology (Infrastructure & Legacy Systems)
Enabling Change
**EHR Modernization 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**
A Global Network of Subject Matter Experts

+850 Subject Matter Experts

Representative of 100+ clinical, business & operational roles

Inclusive of Army, Navy, Air Force, and DHA personnel

Spans CONUS and OCONUS locations
The Big Rocks Collaboration Process

*The Big Rocks dialogue and resolution matrix helps facilitate discussions to tackle the changes that need to be made to ensure that the product remains agile*

- The Health IT community, Functional Champion, and Program Executive Office serve as a 3 legged stool when it comes to issue identification and programmatic recommendations.

- When a critical path decision point is identified, each stakeholder group is responsible for documenting its position on the matter, with all endorsements and decisions obtained through consensus.

- Subject specific Workstream Steering Committees (WSCs) serve as multidisciplinary working teams responsible for progressing the initiatives and priorities outlined by the SSG.
Standardizing Business & Clinical Operations
Future State Process Design

Undertaking a multiphase approach in the standardization of clinical and business processes, both pre and post contract award

Workflow Standardization Accomplishments:

- Organized Subject Matter Experts (SMEs) across 29 Clinical and Business Domain Workgroups
- Engaged 850+ Tri-Service clinical military SMEs across 3 distinct week-long in-person process design workshops
- Designed 500+ Future-State, standardized Tri-Service clinical business processes
Clinical Content & Order Set Validation

Undertaking a multiphase approach in the standardization of clinical and business processes, both pre and post contract award

Order Set Validation Accomplishments:

- **250+ SME taskforce** convened in the effort to review and adjudicate over 400 order sets provided by our vendor partners
- Multidisciplinary advisory groups participated in 15 distinct specialty validation tracks, as well as 27 horizontal order sets
- Review and validation facilitated through week long in-person workshops, as well as through ongoing remote, asynchronous analysis
The Effort Ahead
Harnessing the Expertise of our Subject Matter Experts

• Agility in the ability to source SMEs for rapid response to clinical, operational, or business process considerations will play a critical factor as we progress down the path of implementation

• Given the breadth of the MHS organization, ensuring we have the right people, representative of all impacted stakeholder groups, to answer the right questions

• Continued SME network coordination is required to tackle the magnitude of design and validation considerations expected throughout implementation
Functional Community Engagement in End User Training

• The MHS Functional Community will participate in the review and validation of over 800 training artifacts

• These artifacts include computer based training content, instructor led training content, job aids, quick guides, etc.

• Process agility is crucial in the review and adjudication of content, given a very narrow timeframe for deliverable sign-off
Change Control Process Management

- Functional Community engagement in the Change Control process will continue to be a priority through IOC and beyond

- We intend to initiate a feedback and review process as we acknowledge there are likely to be gaps identified between future state business processes and what can be supported through our technology

- As clinical content and order sets continue to be designed and validated, considerations will need to account for Wave prioritization

Source: 20151027 FACx presentation. Process is notional.
Service Functional Champion Discussion
Questions
Presenter Contact Information

- MHS Functional Champion
  - Dr. William M. Roberts
  - William.M.Roberts2.civ@mail.mil

- Air Force Chief Medical Information Officer
  - Col Ray Jeter
  - Ray.S.Jeter.mil@mail.mil

- Navy Functional Champion
  - CAPT Daniel Zinder
  - Daniel.J.Zinder.mil@mail.mil

- Army Functional Champion
  - MG Margaret Wilmoth
  - Margaret.C.Wilmoth.mil@mail.mil