CONTINUED DEPLOYMENT SUCCESS IN WAVE TRIPLER

Photo By Senior Airman Alan Ricker | 15th MDG members cut cord during the MHS GENESIS launch ceremony at Joint Base Pearl Harbor-Hickam, HI.

The DHMSM program office and LDPH deliver MHS GENESIS more smoothly with each deployment, and Wave TRIPLER is a prime example. On September 25, the DHMSM program office and LDPH successfully delivered MHS GENESIS to an additional 4,800 clinicians and other providers throughout 130 locations in Hawaii. Known as Wave TRIPLER, this was the department's seventh wave. It brings the total number of locations live on MHS GENESIS to over 1,000 and the number of active users to approximately 65,000. Holly Joers, PEO DHMS, applauds the teams for their commitment and says, "In the midst of the pandemic, the MHS GENESIS team along with the staff at these locations remain committed to delivering a single, common federal EHR." The new EHR provides enhanced and secure technology to manage health information and serves as a focal point for all military branches. The DHMSM team deploys MHS GENESIS across the continental United States and overseas through a total of 23 waves, each targeting a specific region. This approach enables the DoD to take full advantage of lessons learned from prior Waves to streamline subsequent Waves. PEO DHMS expects full deployment of MHS GENESIS by the end of the calendar year 2023.

The five MTF Commands in Wave TRIPLER are Tripler Army Medical Center, Desmond Doss Health Center, Hickam Air Force Base, 15th MDG, 21st Dental Company and Navy Medicine Readiness and Training Command -- Pearl Harbor. Clinicians at these Commands relayed their enthusiasm to implement MHS GENESIS. "From technology hardware upgrades throughout the facility to more than 30 hours of training for each end user to improve our workflow, our team has been preparing for this transition for close to two years," said Lt. Col. Daniel Watson, 15th Healthcare Operations Squadron commander. MHS GENESIS's Patient Portal capability, in particular, is something leaders look forward to. "The Patient Portal will be a key benefit for our patients," said Master Sgt. Samuel Ortiz, 15th MDG, MHS GENESIS project coordinator. "This application will allow patient access to their health record, ease communication with their providers and enable patients to fill out their forms before appointments."

INSIDE THIS ISSUE

MESSAGE FROM THE PROGRAM EXECUTIVE OFFICER

Holly S. Joers

This fall reaffirmed my belief in our teams' dedication to diligence, implementation of innovation and passion for problem solving. COVID-19 continues to affect our lives with new variants, school and daycare challenges; however, our team continues to flourish in implementing a single, common federal record that will help ease the strain this virus puts on our service members and their families. Showcasing testing initiatives as well as new capabilities, this edition of our Scope illustrates how PEO DHMS proves a leading force in health IT.

In late September, we accomplished our most successful Wave deployment of MHS GENESIS to date, Wave TRIPLER. Our work is more precise and efficient than ever. Deploying to Hawaii's Tripler Army Medical Center, Desmond Doss Health Center, Hickam Air Force Base, 15th MDG, 21st Dental Company and Navy Medicine Readiness and Training Command-Pearl Harbor, Wave TRIPLER presented logistical challenges including a 2,500 mile separation, shipping delays and a time zone difference; however, DHMSM and LDPH rose to the challenge, making the Wave an impressive one. During the Go-Live, Wave TRIPLER boasted a staggering 96% training completion rate.

EIDS continues to innovate through creative data consolidation efforts that streamline efficiencies for MIP users across the MHS. Through Operation Helios, the EIDS team developed a hybrid data warehouse solution that creates a central information catalogue in order to consolidate and expedite data flows throughout the MIP including CarePoint. While complex, our engineers and project managers work behind the scenes through projects such as Operation Helios to get the right data to the right people as quickly as possible.

JOMIS continues to expand health IT capabilities to deployed personnel by deploying MedCOP to the combatant commands. INDOPACOM users adopted MedCOP in SEPT, joining CENTCOM, which adopted it as its system of record for medical situational awareness. I look forward to seeing this revolutionary product expand to other areas of the DoD. As seen throughout this Fall Scope, our teams work to improve the well-being of service members and their families, and while much of their work goes on behind the scenes, I am grateful for their contributions to overall better health outcomes for millions of beneficiaries. We look forward to continued work with you.

– Holly S. Joers, Program Executive Officer, PEO DHMS

CONTINUED DEPLOYMENT SUCCESS IN WAVE TRIPLER (CONT.)

Deploying MHS GENESIS to these locations presented unique challenges. TRIPLER sites are nearly 2,500 miles away from the continental USA, with a six-hour time difference from Eastern Standard Time. The distance impacted communications with the Command Center in Virginia, and it affected shipping, especially for items requiring shipping by ocean freight. Resources at TRIPLER sites were limited. Tripler Army Medical Center serves as a central referral location for many clinics and hospitals throughout the Pacific region (Guam, Japan, Korea and more). State and county travel and assembly restrictions, in the midst of a COVID-19 spike, also presented a challenge which the team overcame. Leadership tracked specific travel access policies that regularly update with minimal lead time. Because of these challenges, DHMSM made special workflow considerations, sometimes requiring further collaboration with DHA.

Despite these challenges and a high volume of daily patient encounters, user adoption and readiness were very successful. Wave TRIPLER sites experienced no critical or patient safety incidents. The training portion of this Go-Live proved even more successful than previous Waves, with Hickam AFB reaching 100% training completion. Overall, Wave TRIPLER's training completion percentage is 96%, the highest percentage of any wave to date, and well above the 80% requirement for Go-Live.

On the final day of Wave TRIPLER Go-Live, Ken Slaughter, the DHMSM program manager, shared his appreciation for leadership and staff in Hawaii, calling the team on the ground "phenomenal." He said, "I surely want to acknowledge all those that have been a part of your family, as you became a part of our family." He felt that this Wave Go-Live had "set the bar, and it's due to the hard work that the Commanders, the leadership staff and the clinical staff have done." Wave TRIPLER MTF Commands transitioned to sustainment in the last week of Go-Live by hosting workshops focused on IT and biomedical topics. These workshops continued through the last day of Go-Live, October 6. A wider audience received subsequent workshops, and they focused on enterprise issue resolution, connection to patient safety, routing tickets, training and adoption of tools. LPDH, DHMSM and MTFs identified several lessons learned and successes for future Wave Go-Lives, including hosting Clinical Adoption Sessions around pertinent issues earlier and implementing a collaborative and team-based structure for pre-Go-Live clinical readiness activities.

USCG COMPLETES MHS GENESIS DEPLOYMENTS ASHORE

The USCG completed its Wave ATLANTIC deployment in November, becoming the first organization to adopt MHS GENESIS at all its ashore locations! DHMSM, LPDH and the FEHRM all assisted USCG in this implementation, using lessons learned from the Wave PACIFIC Go-Live to successfully deploy MHS GENESIS to 26 clinics and 48 sickbays at Wave ATLANTIC. The Coast Guard worked closely with Col. Christina Sheets, Shanell Guardo and other members of the DHMSM deployment team who were readily available to help USCG with the Go-Live. "The process of transitioning the Coast Guard's health records from paper to electronic is a tremendous undertaking. We ensured that the rollout of MHS GENESIS to the Pacific and Atlantic Waves went as smoothly as possible," said Willie J. Davis, the Electronic Health Records Acquisition program manager.
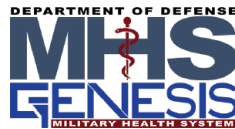
The USCG previously deployed MHS GENESIS to 31 Pacific Area medical facilities on August 21. This Wave, known as PACWAVE, officially expanded MHS GENESIS from its initial four pilot sites to 14 clinics and 17 sickbays, and marked the first significant implementation of an EHR system for the Coast Guard. The Coast Guard launched MHS GENESIS at four pilot sites in August 2020, which were chosen due to the wide array of services performed and their proximity to the DoD sites. Being in close proximity to DoD resources meant more streamlined and easily accessible support for the Coast Guard's Go-Live efforts.

As the Coast Guard's pilot site deployment occurred during the height of the pandemic, it successfully pivoted to a virtual training environment as safety measures implemented in response to the pandemic required the Coast Guard to limit the number of people on-site for Go-Live preparation. The Coast Guard applied this experience to the Wave ATLANTIC deployment, as it continued to prioritize the health and safety of its workforce and maintains COVID-19 precautions. "Our m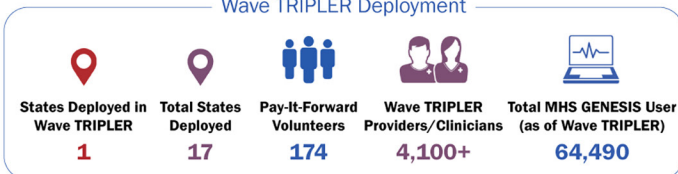embers have been working diligently to adopt the new electronic health record system while balancing the Coast Guard's mission during a global pandemic," said Adm. Dana Thomas, director of health, safety and worklife for the Coast Guard.

Rear Adm. Thomas went on to say, "Leveraging lessons learned from the pilot wave deployment has helped us continue to carry momentum forward into the Pacific and Atlantic Waves." During PACWAVE Go-Live, users filed approximately 200 total tickets. Most tickets addressed issues related to end-users still gaining familiarity with the system and system configuration, typically hardware and system menus. Some of these issues were anticipated, and the Coast Guard addressed ways to minimize these types of tickets for Wave ATLANTIC. Training sessions for end-users also enabled a smooth MHS GENESIS transition for Wave ATLANTIC, and the USCG continues to assess their lessons learned to identify and implement enhancements that will benefit future deployments.

The PACIFIC and ATLANTIC Waves and associated support activities are known as "Segment A" of the Coast Guard EHR acquisition program. With Segment A complete, 43 ashore clinics and 66 ashore sick bays use MHS GENESIS. Segment B includes the modernization of the Coast Guard's entire medical and dental radiology system, and the targeted completion date is June 2024. Finally, segment C will extend an EHR capability to all afloat sickbays, and a hurdle will be connectivity offshore. The Coast Guard is coordinating with DHMSM to tackle this challenge, and they are in alignment with JOMIS to acquire and modernize units afloat.

Once MHS GENESIS deployment is complete, the resulting single, common, federal EHR will support providers and patients across DoD, VA and the USCG. MHS GENESIS will streamline accessing and sharing patient information, enhance patient record retrieval and facilitate the seamless exchange of health care information between many providers. In addition, MHS GENESIS will allow providers to access notes from across the MHS to include geographically distanced Coast Guard clinics.

MHS GENESIS Deployment Update

Wave TRIPLER Deployment

States Deployed in Wave TRIPLER	Total States Deployed	Pay-It-Forward Volunteers	Wave TRIPLER Providers/Clinicians	Total MHS GENESIS User (as of Wave TRIPLER)
1	17	174	4,100+	64,490

Active Duty Commands	National Guard & Reserve Commands	Locations	Users
47 of 139	188 of 607	1,009 of 2,968	64,490 of 212,056

Estimated Eligible Beneficiaries Served by MHS GENESIS	Military Hospitals on MHS GENESIS	Military Medical Clinics on MHS GENESIS	Dental Facilities on MHS GENESIS
2.7M of 9.6M	16 of 62	321 of 797	119 of 392

THE NECESSITY OF HEALTH IT TESTING

PEO DHMS provides an integrated and secure software testing infrastructure as well as software testing support services through its ESS program.Testing is an integral part of the software development process. Software testing helps minimize defects and allows for compliance with government requirements and regulations. If a system contains defects or does not meet requirements, testing enables teams to identify and resolve matters in advance of delivering to the end users.

The DoD understands the necessity of testing when it comes to health matters, implementing it into their policies and processes. Properly tested health IT software systems contribute to better patient outcomes and help ensure DoD has a medically ready force to respond when called.

Sonja Lemott, PEO DHMS Chief Engineer, explains that "PEO DHMS' testing infrastructure enables efficient and successful delivery of innovative software solutions to the medical user base at the speed of relevance and reduced cost, contributing to better care and better health for service members, veterans and their families, including the warfighter on the battlefield."

PEO DHMS' testing infrastructure is a hybrid cloud combined with a physical DoD accredited facility. This integrated solution enables testers and developers to leverage legacy EHRs virtual environments and physical components such as medical and mobile devices, workstations and servers and connectivity to external EHR-related environments (e.g., MHS GENESIS, VA EHR systems, HIE partners, etc.). The infrastructure also offers a variety of software tools along with managed and professional services for software developers, testers, integrators and cybersecurity professionals.

The PEO DHMS virtual testing infrastructure is hosted at a data center and extends to the METIC, an integrated DoD accredited facility owned and managed by PEO DHMS. The METIC provides a 16,000 square-foot secure facility to host health IT test events that require physical equipment. The METIC fully integrates with PEO DHMS' virtual testing infrastructure, allowing end-to-end testing of equipment and software and leveraging connections to the MedCOI and other external entities. The METIC can accommodate CIT, SIT, DIT and other test events and vendor demonstrations. It hosts multiple groups, with each organization running tests concurrently in its 7,700-square-foot open and reconfigurable test space.

As health IT system capabilities continue to advance, testing must always progress with it in order to protect the well-being of our service members, veterans and their families as well as the security of our country. The DoD's commitment to testing is unwavering, and it will maintain the most robust procedures possible for the 9.6 million who depend on an agile and integrated health system.

JOIN THE CONVERSATION ON HIVE!

Join the HIVE to hear the buzz at PEO DHMS! The Contracting Division of PEO DHMS (CD-DHMS) created a revolutionary means of communicating with stakeholders and partners and accelerating this communication. With more than 1,200 users, we hope to work with you through this innovative digital acquisition space to solve current challenges and maximize future opportunities. With a newsfeed, messaging platform, groups and events page, HIVE encourages vendor partnerships while giving insights into governmental thoughts and priorities. Check out the HIVE here, and see what it's all about.
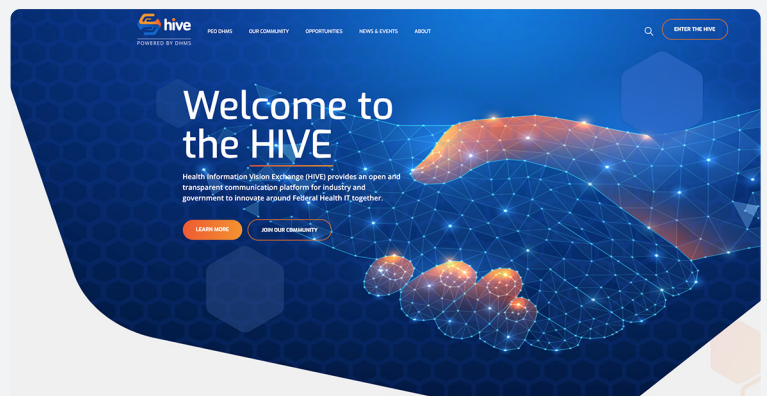
OPERATION HELIOS: A DATA MANAGEMENT HYBRID

EIDS makes concerted efforts to address the clear strategic and operational need to improve the efficiency of the client experience while accessing dispersed MHS health data. Operation Helios' increases the data management maturity of the MHS Management Analysis and Reporting Tool (M2)/ MHS Data repository (MDR) & Data Warehouse Modernization to increase end user satisfaction, reduce data duplication and create a single, authoritative source of truth for consolidated MHS data. Although data exists within the MHS databases and across systems of record, the access speed and lack of a central user interface to access the MIP ultimately restricted optimal utility of the data. To gain greater data access and user efficiencies, leadership and technical teams identified the need to migrate off a Teradata warehouse system to a hybrid solution.

Operation Helios creates the modern requisite secure location to consolidate storage of MHS data for use by all MIP users through this hybrid data warehouse solution. The M2/MDR modernization and further activities migrate existing data, metadata, queries and more into a dedicated warehouse and onto cloud storage systems such as Amazon Redshift. Operation Helios enables an opportunistic first wave upgrade to the data architecture and execution within the MIP. The initiative will leverage the existing data layer and implement recent components to build out a centralized data catalog within the MIP. This addition of new enterprise features and newly incorporated and merged legacy MHS data will enable an increased scope of data use within the MIP as well as the expansive EIDS portfolio. These features advance data management, reduced data duplication, ensured end-to-end encryption and augment user privacy and security. Through the relinquishment of certain licenses and overall consolidation, Operation Helios recouped $1 million. As the most prominent secondary data use repository for the DHA, the MIP provides points of mediation, governance and visibility throughout enterprise data flows. Operation Helios expands the MIP's functionality to build further capabilities for access of combined medical data to the organization under the issuance of the DoD and under the control and guidance of the DHA. At the completion of Operation Helios, critical DHA systems (i.e., M2, MDR and Teradata) will be modernized and migrated to unite the MIP from DISA Capacity Services via the Talend tool as well as key infrastructure updates while targeting a zero-net negative impact to current users and stakeholders.

DHA QUARTERLY ACHIEVEMENT AWARD WINNERS!

Once again, it has been a busy awards season, and we want to take a moment to acknowledge the exceptional efforts of members of our team. Each of these recipients shows continuous dedication to their missions, and they are well-deserving of these honors.

Advance Professional Engagement and Exploration Award (APEX) – **Chris Nichols**

The EIDS program office has become a powerhouse in modernizing MHS health information technology and supporting data-driven decision-making at the strategic, operational and tactical levels under Mr. Chris Nichols' leadership as program manager. His work towards a Digital Health Hub will revolutionize many of the operations and efficiencies of the MHS. Congratulations Mr. Nichols!

Excellence In Leadership Award (EILA) – **Richard Trice**

Mr. Richard Trice works on a variety of initiatives as project lead for EIDS. Mr. Trice's professionalism and superior leadership empower and focus his teams to be accountable data stewards. Among his program management accomplishments include cost avoidance, on-time product delivery and premier customer satisfaction in a relevant and timely manner. We congratulate him on this award!

Innovation Award (IA) – **Ceasar Parazo**

Mr. Ceasar Parazo acts as not only a leader within EIDS but also technical lead for several projects as the application integration and consolidation deputy branch chief. Mr. Parazo's work tangibly impacts the lives of members of the defense community, and the engineering efforts he leads with the MIP directly improve patient care by breaking down data silos in the current environment and joining disparate clinical data to provide better visibility across the life of the patient. Thank you for your work Mr. Parazo!

Positive Spirit Award (PSA) – **Sean Steffensen**

As PEO DHMS Human Capital Lead, Mr. Sean Steffensen leads a talented and diverse group of professionals who are willing and able to tackle challenging and often unforeseen problems with diligence and creativity. Mr. Steffensen's constant thirst for knowledge and willingness to find a way to "yes" propelled the Acquisition Demo (AcqDemo) Project through the first mid-year assessment cycle, setting up initial pay pool training and identifying and overcoming hurdles in the recruiting process. His work will help PEO DHMS grow and thrive into the future. We congratulate him on his well-deserved award!

Congratulations to all recipients not only for their awards but also for their continued commitment to our service members and their families.

TRAINING CORNER

WHAT'S NEW IN MEDCOP?

JOMIS continues to work with the combatant commands to rapidly deploy MedCOP to meet user needs, with INDOPACOM joining CENTCOM - which already adopted MedCOP as a system of record - as CCMDS that fully adopted MedCOP. AFRICOM will complete its MedCOP user adoption before the end of the year, with EUCOM following by early 2022. MedCOP is a joint interactive system that provides leaders advanced decision-support tools, real-time health surveillance and medical operations visibility, enabling them to manage enterprise-wide health services that support the full range of military operations. MedCOP expands on the capability set that MSAT previously provided. COVID-19 highlighted a number of gaps in senior leaders' visibility such as full MedSA and MedC2 capabilities and immediate assistance with the pandemic.

MedCOP aggregates data from a variety of sources, providing leaders with visibility about information such as available beds, equipment and supplies at each reporting site. MedCOP is intuitive and customizable so commanders can receive the real-time information they need, which is tailored to their specific operations.

MedCOP resides on an operating platform called the Automated Information Discovery Environment (AIDE). Its architecture is built to globally replicate enabling systems, sharing data in the most agile manner available. This forward-looking and adaptable system will serve the specific needs of commanders for years to come.

TRAINING RESOURCES AND CONTACT INFORMATION

Operational Medicine
Access Operational Medicine CBT Courses on JKO

The following courses provide training on operational medicine health IT software, to include documentation of care in the electronic health record and use of medical logistics, medical command and control, medical situational awareness software, and radiology imaging systems.

DHA-US053 JLV New User Training (30mins)
DHA-US054 JLV Advanced User Training (1hr)
DHA-US322 DMLSS Customer Assistance Module (DCAM) (FOUO) (1 hr)
DHA-US424 TMDS: Theater Medical Data Store
DHA-US425 MSAT: Medical Situational Awareness in the Theater (3 hrs)
DHA-US691 AHLTA-T Computer Based Training (3 hrs) other topics;
DHA-US691-A AHLTA-T Security and Navigation (1hr)
DHA-US691-B AHLTA-T Encounter Workflow (2 hrs)
DHA-US691-C AHLTA-T Ancillary Services (1 hr)
DHA-US691-D AHLTA-T Data Manager (1 hr)
DHA-US1100 Medweb DTRS Provider Course (2 hrs) other topics;
DHA-US1101 Medweb DTRS Radiologic Technologist Course (2.5 hrs)
DHA-US1102 Medweb DTRS Radiologist Course (2.5 hrs)

MHS GENESIS
Visit the MHS GENESIS Training page on milSuite.

Approximately four to five months prior to MHS GENESIS Go-Live at your site, you will receive an email detailing your CBT assigned courses, including a link to JKO where you will enroll in these courses. Following completion of your CBTs, your manager will enroll you in ILT courses.

Please contact your manager or onsite training coordinator with additional questions regarding roles and responsibilities. For an introduction to MHS GENESIS, you may access training resources and 100-Level courses on JKO without enrollment.

Joint Longitudinal Viewer
Find the latest JLV information on the DMIX page on milSuite or click the Help (?) icon in JLV to visit the Information Portal.

Data Analytics
DHA Survey Portal Training on Health.mil

GLOSSARY

AFRICOM – U.S. Africa Command

ATO – Authority to Operate

ARMD – Anesthesia Reporting Monitoring Device

BAMC – Brooke Army Medical Center

CCMDs – Combatant Commands

CD-DHMS – Contracting Division of PEO DHMS

CDR – Clinical Data Repository

CENTCOM – U.S. Central Command

CHCS – Composite Health Care System

CIT – Component Integration Testing

DHA – Defense Health Agency

DISA – Defense Information Systems Agency

DIT – Development Integration Testing

DHMSM – DoD Healthcare Management System Modernization

DoD – Department of Defense

EBMS-T – Enterprise Blood Management System

EHR – Electronic Health Record

EIDS – Enterprise Intelligence and Data Solutions

ESS – Enterprise Software Services

EUCOM – U.S. European Command

FEHRM – Federal Electronic Health Record Modernization

FHIR – Fast Healthcare Interoperability Resources

GLWACH – General Leonard Wood Army Community Hospital

HIE – Health Information Exchange

HCD – Health Care Delivery

HHS – Department of Health and Human Services

HISP – Health Information Service Provider

INDOPACOM – U.S. Indo-Pacific Command

JLV – Joint Longitudinal Viewer

JOMIS – Joint Operational Medicine Information Systems

LDCS – Legacy Data Consolidation Solution

LPDH – Leidos Partnership for Defense Health

MedCOI – Application Migration Project

MDG – Medical Group

MedC2 – Medical Command and Control

MedCOP – Medical Common Operating Picture

MedSA – Medical Situational Awareness

MIP – MHS Information Platform

MHS – Military Health System

MSAT – Medical Situational Awareness in Theater

MTF – Military Treatment Facility

NMCSD – Naval Medical Center San Diego

OpMed – Operational Medicine

PEO DHMS – Program Executive Office, Defense Healthcare Management Systems

SIT – System Integration Testing

NIWC – Naval Information Warfare Center

RRD – Remote Report Distribution

S3 – Surgical Scheduling System

TMDS – Theater Medical Data Store

USCG – United States Coast Guard

VA – Department of Veterans Affairs