DHMS
Program Executive Office

The Scope

2023 Edition 1

MHS GENESIS WELCOMED IN NEW WAVES

Walter Reed National Military Medical Center leadership, MHS GENESIS team members and staff cut the ribbon welcoming MHS GENESIS during a ribbon-cutting ceremony, March 25. (Photo, far left, by Rick McNamara.) Fort Belvoir Community Hospital adopted the go-live mascot, GENI the caterpillar, who officially sprouted wings and became a butterfly at the enactment of the new EHR. (Photos, middle and far right, by Fort Belvoir Community Hospital.)

Waves WALTER REED/BELVOIR – National Capital Region

The DoD Healthcare Management System Modernization Program Management Office, Leidos Partnership for Defense Health and local site deployment teams successfully deployed MHS GENESIS on March 25, adding 14,000 new users across nine parent Military Treatment Facilities in the District of Columbia, Maryland and Virginia.

"We're thrilled that MHS GENESIS is now operational in the National Capital Region," said Ms. Holly Joers, Program Executive Officer of the Defense Healthcare Management Systems. "The local commanders and our 600 Pay-It-Forward volunteers who provided at-the-elbow support helped make this a successful deployment." She noted that DHMSM and LPDH are marching toward full deployment within the continental United States this summer, bringing improved system scalability and capabilities with each new wave.

The 12-day go-live for Waves WALTER REED/BELVOIR ended on April 6 and staff are becoming more comfortable with the new workflows. U.S. Navy Rear Admiral Anne Swap, NCR Director said, "The NCR market is excited about our new electronic health record platform and committed to ensuring access to care for all our beneficiaries." In-network partners are assisting NCR medical facilities during the temporary reduction of available appointments throughout the initial adjustment period.

Rear Admiral Swap visited Fort Belvoir Army Community Hospital where the go-live mascot, GENI the Caterpillar, officially sprouted wings and became a butterfly when the hospital activated MHS GENESIS on March 25. MHS GENESIS is now used by over 154,000 providers and administrative personnel serving 6.6 million of 9.6 million DOD beneficiaries at 81% of military hospitals and clinics.

The MTFs taking part in the Waves WALTER REED/BELVOIR go-live reported positive progress and adoption of MHS GENESIS during the go-live, receiving praise from DHMSM for its high level of organization and preparedness.

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MHS GENESIS WELCOMED IN NEW WAVES (CONT.)

The director of the Tidewater Market, Naval Medical Center Portsmouth leadership and the local MHS GENESIS team cut a ribbon marking the launch of MHS GENESIS. (Photo by Robert K. Lanier, Defense Visual Information Distribution Service.)

Waves PORTSMOUTH/DRUM

High training attendance and a strong focus by local commanders and their support staff are the backbone to the MHS GENESIS deployment that occurred at Waves PORTSMOUTH/DRUM in January. The LPDH training team executed 16 go-live adoption sessions attended by more than 1,400 participants, which is among the highest training attendance of any go-live. Zero critical patient safety incidents were reported.

Success is attributed to local leadership, the daily engagement of commanders with their support staff and outstanding support from "Pay-It-Forward" volunteers on site. The Pay-It-Forward team at Keller Army Community Hospital received a Commander's Coin in recognition of using their knowledge and experience to help new users.

Overlapping with Waves PORTSMOUTH/DRUM, Revenue Cycle Expansion deployed at six MTFs within Waves BAMC/LACKLAND on February 1. This go-live featured the highest attendance at Civilian Development Resource Center training. The Defense Health Agency Unified Business Office oversaw 837 enrollments in the electronic data interchange enrollment process before go-live. DHA UBO followed up on March 17 with a 30-day health check confirming smooth operations at the new RevX sites. LPDH Change Management's adoption sessions and workshops strengthened end-user understanding, which provided a transparent platform for success.

Meet Four-Legged "Super User" Luke

Hospital Corpsman 2nd Class Luke, one of the facility dogs at the Walter Reed National Military Medical Center, helped welcome MHS GENESIS to the team.

"The five-year-old German Sheperd made a perfect addition to the MHS GENESIS team, working together with the CORE GENESIS team to increase motivation for training and keeping spirits high," explained Amy O'Connor, Project Manager of the Office of the Assistant Chief of Staff and MHS GENESIS training PM.

"...Luke has attended in-person trainings, was a regular at the sign-on fairs and now he walks the halls bringing joy to our Pay-It-Forward guests," added O'Connor, who is also the facility dog program manager.

MHS GENESIS Pay-It-Forward Team Recognized at Keller Army Community Hospital, January 27. (Photo by Robert K. Lanier, DVIDS.)

MESSAGE FROM THE PROGRAM EXECUTIVE OFFICER

Holly S. Joers

Welcome to the first edition of *The Scope* in 2023. This year promises to be busy and challenging as we continue to modernize health care and advance data sharing for service members, veterans and their families. I'm confident we are up to the challenge.

At the DHMS strategic planning event in December, we slightly revised our mission and reemphasized our goals to reflect our focus on continuous delivery of modern solutions.

- Mission: Transform delivery of patient-centered health care and advance data sharing through modern solutions.
- Goals: Become a world-class technology organization, continuously deliver capability, accelerate health care IT improvements and enhance patient experience through seamless transition of care.

We know it's not about IT, it's about people. We achieve success when our solutions meet the needs of patients and providers. To do this, our teams drive toward continuous capability improvements.

I'm proud of the excellent work by U.S. Air Force Col. Christina Sheets and her deployment team bringing MHS GENESIS to the National Capital Region at Waves WALTER REED/BELVOIR in late March. Ms. Sandy McIntyre and her Joint Operational Medicine Information Systems team are full steam ahead working with the Services and combatant commands designing health care delivery solutions to capture and transmit operational medicine data from the battlefield to next location of care.

You'll see inside the great work of Mr. Chris Nichols and his Enterprise Intelligence and Data Solutions team. This team is curating data from myriad of systems empowering care teams with valuable insights to improve clinical outcomes.

I hope you enjoy this issue and look forward to working together throughout 2023.

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

EIDS PURSUES SCALED AGILE (SAFe) PRODUCT DELIVERY

The EIDS PMO pursues business agility within its DevSecOps transformation to effectively sense and respond to market conditions.

Taking an incremental approach to organizational change, the team continues to prioritize true product management using agile and lean portfolio best practices. EIDS delivers medical data at the speed of relevance, ultimately ensuring readiness and enabling better patient outcomes.

The EIDS enterprise software factory, development kit and burgeoning machine learning capability greatly enhance DOD's ability to rapidly deliver applications and medical insights in an automated fashion.

"We are implementing tools and organizational structures aligned to scaled agile framework enabling radical transparency and collaboration across the business and technical landscape that truly breaks new ground in military health," according to Mr. Robin Russell, EIDS Deputy Program Manager. With SAFe, EIDS decomposes work into small incremental pieces and emphasizes continuous synergy between business planning and technical execution. Through this innovative solution delivery environment, EIDS stands at the forefront of DOD innovation.

ANNUAL REPORT

PEO DHMS achieved unparalleled success in FY2022. The newly released FY2022 *Annual Report* describes how PEO DHMS is "reaching the peak" in MHS GENESIS deployment, spearheading new operational medicine solutions and driving forward data sharing capabilities within military health.

CAPABILITY BLOCK 8 INTRODUCED NEW FEATURES

On February 17, MHS GENESIS Capability Block 8 launched several new features, including an enhanced Patient Identification Process 2.0 and three hands-on scenarios: FirstNet Emergency Department LaunchPoint Design, FirstNet Trauma Documentation and Anticoagulation.

PIP 2.0: Maximizes flexibility allowing the reporting function to reference each field or a combination of fields; improves end-user functionality with all data in one place (each PIP field appears on each encounter); preserves historical values because future visits with differing qualifications do not overwrite historical data and allows service-specific health plans to be collapsed.

FirstNet ED LaunchPoint Design: Streamlines end-user workflow by providing access to all needed tools within a single role is a simple, intuitive view for support staff like the view used by providers and nursing with no change to current functionality.

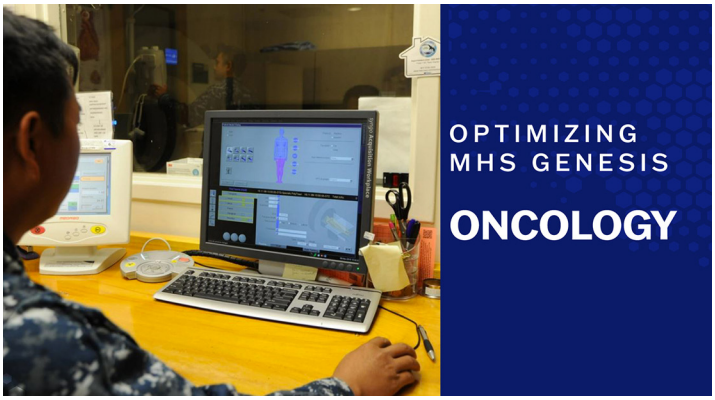
FirstNet Trauma Documentation: Provides a single, dynamic view for clinicians to capture documentation efficiently; saves clinicians time navigating medical records and supports stronger continuity of care beyond the Emergency Department through real-time electronic documentation of care.

Anticoagulation: Enables providers to document care directly into a patient's chart, and provides continuity of care. End-users can access best practices in anticoagulation treatments.

SPOTLIGHT ON OPTIMIZATION: ONCOLOGY

Through regular feedback touchpoints with DHMSM and DHA-Health Informatics, MHS GENESIS oncology module end users identified variations in workflows administering cancer treatments. This gap provided the opportunity to develop an enterprise workflow and a disease-oriented regimen library used by specialists from oncology, pharmacy and the Nursing Infusion Center.

The new workflow and regimen library allows oncologists to safely and accurately enter a treatment plan. Pharmacists verify the treatment plan through a drug selection process and then package the correct medications. Infusion nurses receive clear direction on administering medications, which improve clinical outcomes and patient safety.



PEO DHMS: IN THE NEWS

Federal News Network

Ms. Holly Joers spoke with Federal News Network regarding her role in transforming military health care and the positive outcomes and lessons learned through this process. Watch the full interview: *https://federalnewsnetwork.com/on-dod/2023/03/despite-initial-challenges-dod-on-track-to-finish-deployment-of-new-ehr-by-next-year/*

GovCIO

As information becomes increasingly digital and data operations become commonplace in the federal workforce, agencies turn to data literacy to help. Mr. Chris Nichols, EIDS Program Manager, was featured in the media and research organization GovCIO's article about data literacy.

Read the full story: Federal Data Literacy Programs Improve Health Care Delivery (*https://governmentciomedia.com/data-literacy-programs-are-taking-shape-across-government*)

(Top): The JOMIS team poses at the Operational Medicine Technology Showcase exhibit. (Left): Mr. Martin Sweatt, JOMIS health care delivery consultant and subject matter expert, is shown in the middle demoing BATDOK™ to Retired General James B. Peake, MD, Senior Vice President of CGI Federal and former Army Surgeon General and Secretary of Veterans Affairs.(Right): Ms. Joers gave the closing presentation to nearly 1,000 attendees.

DSI OPMED SYMPOSIUM

The 5th Annual Operational Medicine Symposium & Technology Showcase was held March 28-29 in San Antonio featuring Ms. Holly Joers, who gave the closing plenary presentation.

She spoke about the complete suite of health care delivery/electronic health record solutions that JOMIS will deploy to the OpMed community, allowing documentation and access of care from point of injury on the battlefield to a patient's hospital entry.

"We're not focused just on documenting care where it happens, but on promoting coordinated and connected care as well. We can't provide the tools without the help of this community. It's a team effort," said Ms. Joers.

She also discussed next steps with MedCOP, explaining how JOMIS will deploy to the remaining combatant commands in the coming months and continue to optimize and automate MedCOP.

JOMIS UPDATE

MedCOP

The MedCOP training team traveled to Kuwait from January 9-13 to provide functional training within the U.S. Central Command's Area of Operations. The team provided sustainment training to 36 MedCOP users from forward deployed bases within the CENTCOM's footprint. The training increased the use of MedCOP and the visibility of medical assets in CENTCOM's AOR.

OpMed CDP's Brief in San Diego

JOMIS' OpMed CDP team, along with Air Force Research Laboratory BATDOK™ personnel, briefed Navy and Marine Corps OpMed stakeholders on Health Care Delivery Role 1 and Role 2 solutions at various bases in San Diego on March 1. They provided project updates and solution demonstrations including multiple group forums to discuss application of solutions onboard Navy ships and in Marine land-based environments. After the brief, the OpMed stakeholders expressed immediate interest to experiment with HCD solutions in upcoming exercises.

MHS GENESIS-Theater – Continuing Stakeholder Engagement

February 2023, JOMIS briefed officials from the U.S. Coast Guard on Health Care Delivery Role 3 solution, MHSG-T. JOMIS demonstrated MHSG-T's capabilities and answered specific questions from the Coast Guard SMEs.

OpMed Summit IV

Ms. Holly Joers opened the Operational Medicine Summit IV on February 8-9, which brought together a large contingent of operational medicine stakeholders from the Services and combatant commands.

"We are making rapid progress to deploy our HCD solutions as we march confidently toward our target date in the fall," said Ms. Joers. She explained how the OpMed Care Delivery Platform solutions will enhance operational health care and improve patient outcomes.

BATDOK™: THE FUTURE OF INFORMATION TECHNOLOGY IN COMBAT MEDICINE… TODAY

The JOMIS PMO is conducting demonstrations and training with operational medicine leaders and Service stakeholders across the globe in preparation for health care delivery solution deployment.

The Battlefield Assisted Trauma Distributed Observation Kit, a mobile, voice-activated application, operates solely on Android devices, like smartphones or tablets.

Originally developed by the Air Force Research Laboratory, BATDOK™ is one of the primary tools used by medics and first responders across theatre health care delivery roles. In role 1 combat environments, BATDOK™ treats the wounded quickly and efficiently at the point of injury. It is also used at battalion aid stations and other role 2 locations before the wounded transport to role 3 facilities.

Traditionally, combat medics and first responders relied on pen and paper to document treatment of wounded warfighters without knowing their medical history. Doctors and nurses reviewed the medics' handwritten notes as they treated new patients arriving from the battlefield.

By end of FY23, medics and first responders will use BATDOK™ to scan small fobs attached to the warfighters' uniforms to access not only names but also medical history. Medics clip a device to the warfighters' fingers, similar to the devices used at hospitals, to scan and monitor vital signs. BATDOK™ monitors several patients in the field simultaneously and sounds an alarm if vital signs deteriorate. BATDOK™ is much more than a digital assistant, it is literally a lifesaver!

Medics dictate the medical procedures they perform in the field, and BATDOK™ records and stores the dictation and all corresponding health data. When a secure connection is available, BATDOK™ transmits the encrypted information to the battalion aid station or other echelons of care. When operating in a disconnected environment, BATDOK™ stores the information and transmits immediately upon gaining data access. Nurses and doctors can use this operational medicine data to begin triage planning while the wounded are still enroute.

BATDOK™ provides the following services:

- **Assessment:** Connects with on-body sensors to monitor the vital signs of several patients simultaneously.
- **Documentation:** Interfaces are designed with usability as a top priority. BATDOK™ uses the camera and microphone on Android devices to provide hands-free audio documentation and attach supporting photographs.
- **Collaboration:** Allows an easy device-to-device wireless and secure transfer of patient information. BATDOK™ stores information and transmits immediately and securely at data signal availability.
- **Reference:** Contains a large library of reference materials for medics to quickly access protocols.
- **En-Route:** Supports quick hand-off of data to the next echelon of care.

BATDOK™ is the future of combat point-of-injury and en-route care information technology. JOMIS PMO is excited to deliver this state-of-the-art technology to support deployed servicemen and women.

OPMED CARE DELIVERY PLATFORM

BATDOK™

- Point-of-injury software tool that allows medics to wirelessly monitor multiple patients' vital signs on any Android device
- Enables users to capture a patient's complete medical history from point-of-injury through Medevac and transfer to the next level of care
- Integrates mobile capabilities to assist users in providing greater patient accountability and care through intuitive decision-support interfaces

DAMAGE CONTROL RESUSCITATION/ DAMAGE CONTROL SURGERY

- Stabilizes patient through damage control resuscitation and hemorrhage and contamination control
- Supports mass casualty scenarios and patient-centered care in combat environments
- Promotes informed and data-based decision making through the use of Joint Trauma System graphics and data visualizations
- Improves clinical decision support and enables trauma documentation with intuitive, guided workflows that support adult, pediatric and military working dog care

DISEASE, NON-BATTLEFIELD INJURY/ MEDICAL READINESS

- Enables deployed health care professionals to provide evidence-based care while treating DNBI and document sustained medical readiness in combat and pre-hospital environments
- Assists in medical readiness documentation and workflows (periodic health assessments, post-deployment health reassessments, physicals)
- Allows users to navigate steps of Algorithm Directed Troop Medical Care and/or readiness forms; enter Problems, Allergies, Medications, Procedures and Immunizations data; sign and complete patient encounters

CONGRATULATIONS AWARD WINNERS

Mr. Ken Slaughter is recognized as an FCW Fed 100 award winner celebrating his direction of the $4.3 billion dollar program to globally deploy and optimize DOD's modernized electronic health record, MHS GENESIS. Under his leadership, DHMSM more than doubled its output in 2022 from previous years, completing eight full wave deployments to 45 sites including the largest go-live in program history spanning five states with 18 sites launching simultaneously.

Ms. Lisa Belter is recognized as an FCW Fed100 award winner! Ms. Belter is key to the cybersecurity sector of JOMIS, where she oversees the modernization of data management and integration.

HAILS AND FAREWELLS

Mr. Slaughter retired after 27 years of federal civilian service. He led DHMSM for six years; two years as Program Manager and four years as Deputy Program Manager.

Congratulations to **Col. Christina Sheets**, DHMSM Program Manager following Mr. Ken Slaughter's retirement. She previously served as DHMSM Baseline Sustainment Chief and Acting Program Manager.

Congratulations to **Mr. James Perkins** in his new role as DHMSM Deputy Program Manager. Previously, Mr. Perkins worked at the FEHRM as Chief of Staff and DHMSM Chief of Program Operations.

Ms. Diane Struck retired as DHMS Chief of Clinical Informatics. She served 20 years in the Air Force and five years in the federal civilian service.

Mr. Brian Lee departed as DHMSM Deputy Program Manager.

CONFERENCES AND EVENTS

Leadership is busy spreading the word about the great work being done at PEO DHMS. From the progress made with MHS GENESIS deployment to the innovative work in the EIDS and JOMIS program management offices, this team enjoys sharing good news with its stakeholders.

AFCEA

Mr. Ken Johns, PEO DHMS Chief Technology Officer, joined other senior leaders for a discussion about current and emerging DHA Health IT initiatives at the 15th Annual Armed Forces Communications and Electronics Association Health IT Summit in Bethesda, MD.

AMSUS

MAJ Ryan Costantino, Chief, Data Science & Innovation, EIDS, presented at the Association of Military Surgeons of the United States to demonstrate how the Military Health System Information Platform can be used as a research platform.

MFAN

Col. Christina Sheets, DHMSM Program Manager, participated with Oracle Cerner and Leidos senior executives on a Military Family Advisory Network panel representing women leading military health transformation.

Watch the webinar on YouTube:
https://youtu.be/TAaZMrSb1K4

GLOSSARY

AF: Air Force

AFCEA: Armed Forces Communications and Electronics Association

AFB: Air Force Base

AFRL: Air Force Research Laboratory

AMSUS: Association of Military Surgeons of the United States

AOR: Area of Operations

AOTMC: Algorithm Directed Troop Medical Care

BATDOK™: Battlefield Assisted Trauma Distributed Observation Kit

CDP: Care Delivery Platform

CDRC: Civilian Development Resource Center

CENTCOM: Central Command Area of Operations

DevSecOps: Development Security and Operations

DCR: Damage Control Resuscitation

DCS: Damage Control Surgery

DHA: Defense Health Agency

DHA-HI: DHA Health Informatics

DHA UBO: DHA Unified Business Office

DHMS: Defense Healthcare Management Systems

DHMSM: DoD Healthcare Management System Modernization

DNBI: Disease Non-Battlefield Injury

DOD: Department of Defense

DVIDS: Defense Visual Information Distribution Service

ED: Emergency Department

EHR: Electronic Health Record

EHRM-IO: Electronic Health Record Modernization Integration Office

EIDS: Enterprise Intelligence and Data Solutions

FEHRM: Federal Electronic Health Record Modernization

HCD: Health Care Delivery

IT: Information Technology

JOMIS: Joint Operational Medicine Information Systems

LPDH: Leidos Partnership for Defense Health

MFAN: Military Family Network Advisory

MHS: Military Health System

MHSG-T: MHS GENESIS-Theater

MIP: MHS Information Platform

MTF: Medical Treatment Facility

NCR: National Capital Region

OMDS: Operational Medicine Data Service

OpMed: Operational Medicine

OpMed CDP: Operational Medicine Care Delivery Platform

PAMPI: Problems, Allergies, Medications, Procedures and Immunizations

PCS: Pharmacy Clinical Service

PEO DHMS: Program Executive Office Defense Healthcare Management Systems

PEO: Program Executive Office

PIP: Patient Identification Process

PM: Project Manager

PMO: Program Management Office

RevX: Revenue Cycle Expansion

SME: Subject Matter Expert