



Defense
Healthcare
Management
Systems

FISCAL YEAR 2021

CATALYST FOR CHANGE

ANNUAL REPORT

WELCOME



MESSAGE FROM THE PEO

This past year highlighted the Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) focus, dedication and versatility. While our mission to deliver a modernized Electronic Health Record (EHR) remained unchanged, we grappled with the difficulties presented by social distancing and other constraints brought on by COVID-19. Today, we are proud to say that in Fiscal Year (FY) 2021 we expanded the footprint of MHS GENESIS through four successful deployments across the country as well as evolved to focus on the larger picture as an end state.

You will read how we served as a catalyst for change by adapting our deployment strategy, advancing our data-sharing capabilities and growing our private sector partnerships. Returning to in-person events such as the Healthcare Information and Management Systems Society (HIMSS) 2021 Global Conference proved highly beneficial by providing an opportunity for our leadership to showcase how a new, modernized EHR delivers data at the point of care.

I invite you to read what we've done and continue to do to improve patient care. As the guide to our mission, the patient is at the center of all we do. We wish you continued health and safety as we confidently move through this challenging period in history.

TABLE OF CONTENTS

WELCOME01

MISSION STATEMENT 03

OVERVIEW 04

OUR STORIES 06

 Program Oversight07

 EHR Deployments and Interoperability Expansion 08

 Support to Deployed Forces 12

 Expanded Data Access 14

 Event Support 16

 New Collaborative Outlets 18

AWARDS19

LEADERSHIP20

ACRONYMS22

PATIENT CENTERED CARE



It's not about IT. It's about people.

Ensuring we meet the needs of the patient determines our success. The health and safety of our most important asset-our people-is our highest priority.

MISSION STATEMENT



The mission of the Program Executive Office, Defense Healthcare Management Systems is to transform the delivery of health care and advance data sharing through a modernized electronic health record for service members, veterans and their families.

OVERVIEW

PEO DHMS is an acquisition organization that oversees three program offices: DoD Healthcare Management System Modernization (DHMSM), Joint Operational Medicine Information Systems (JOMIS) and Enterprise Intelligence & Data Solutions (EIDS). These program offices acquire, deliver and support information technology and services that enable data sharing and modernization of the EHR.

Together, these offices transform the delivery of health care for active duty military, veterans and their families by achieving nationwide interoperability and modernization of the Department of Defense (DoD) EHR, MHS GENESIS, as well as other capabilities. MHS GENESIS integrates inpatient and outpatient records, replacing select legacy DoD health care systems and connecting medical and dental information across the continuum of care.

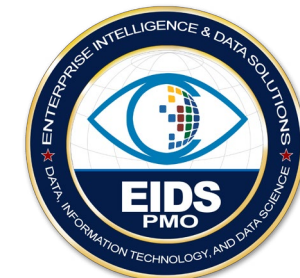
PROGRAM OFFICES



The DHMSM program office oversees the deployment of MHS GENESIS.

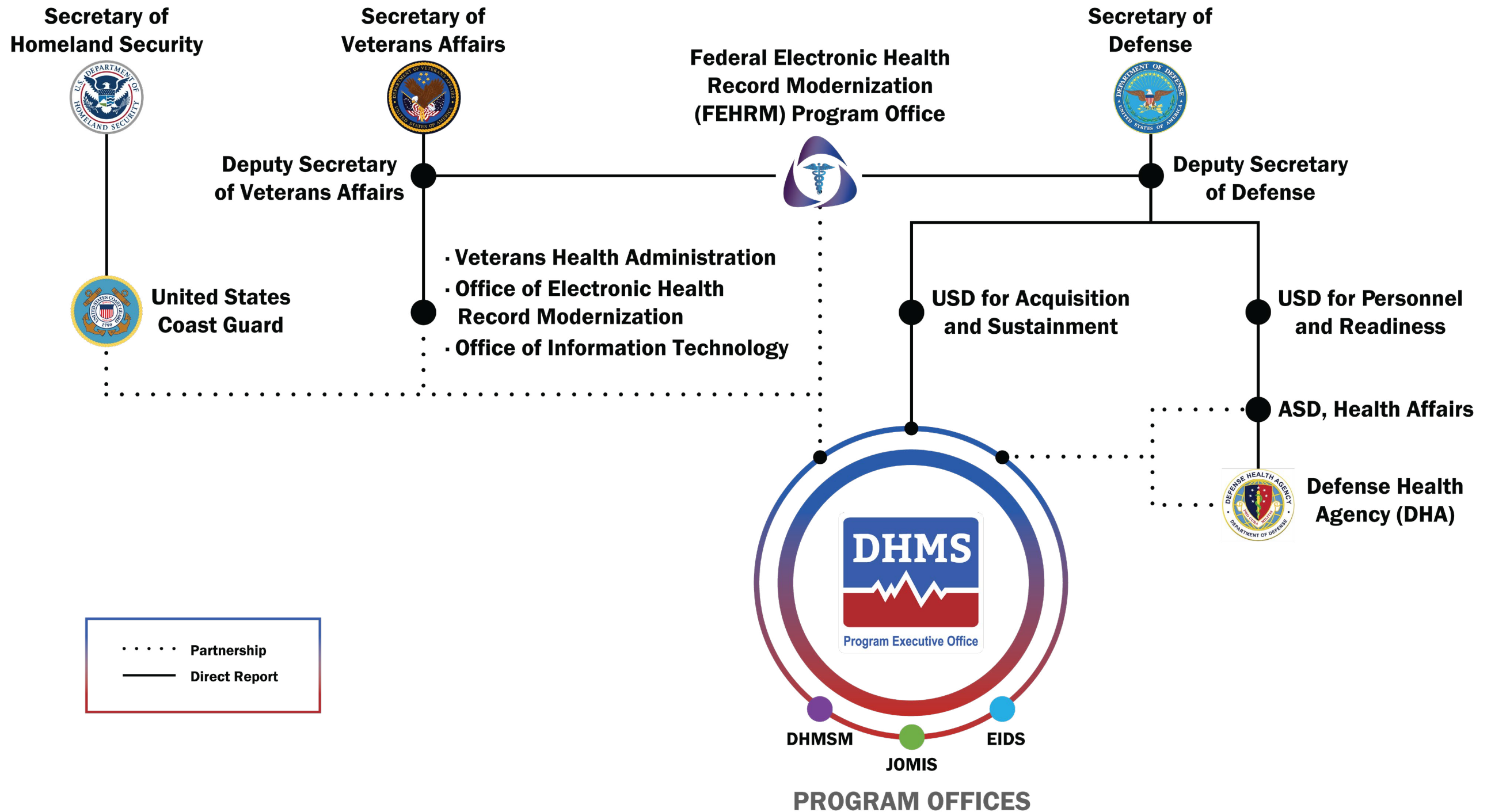


The JOMIS program office provides interoperable medical information technology capabilities to the warfighter across the full spectrum of military operations.



The EIDS program office supports the strategic goals of the Military Health System (MHS) and facilitates informed decision-making through the delivery of robust information services and data in a timely, relevant and actionable manner.

PEO DHMS ORGANIZATION CHART



As of Sept. 30, 2021

OUR STORIES

PROGRAM OVERSIGHT

Program Executive Officer Holly Joers Promoted to SES

In FY2021, Ms. Holly Joers accepted the position as program executive officer and achieved promotion to the Senior Executive Service. Her promotion marked the advancement of a journey beginning in 2018 when Ms. Joers arrived at PEO DHMS as the deputy program executive officer. Ms. Joers then served as interim deputy director of the Federal Electronic Health Record Modernization (FEHRM) program office from 2019 to 2020. She returned to PEO DHMS as acting program executive officer in 2020 and became the current program executive officer in June 2021. Throughout her time at PEO DHMS, Ms. Joers worked tirelessly to transform the delivery of health care and advance data sharing through a modernized EHR for service members, veterans and their families. She continues pursuing the fulfillment of this mission by overseeing the deployment of MHS GENESIS at Military Treatment Facility (MTF) locations across the country. Congratulations, Ms. Joers!



On Oct. 15, surrounded by close friends and loved ones, Ms. Holly Joers was officially promoted to SES by Lt. Gen. Ronald Place at Ft. McNair in Washington, D.C.



EHR DEPLOYMENTS AND INTEROPERABILITY EXPANSION

MHS GENESIS Deployment 35% Complete

The DHMSM program office is moving full speed ahead deploying MHS GENESIS, DoD's name for the single, common EHR. MHS GENESIS integrates inpatient and outpatient records, replacing select legacy DoD health care systems and connecting medical and dental information across the continuum of care. The MHS GENESIS Patient Portal is a secure website, which allows patients to access their health information, manage appointments and exchange messages with their care team.

In September 2019, DHMSM successfully deployed MHS GENESIS at Wave TRAVIS and completed five more successful deployments at Wave NELLIS (September 2020), Wave PENDLETON (October 2020), Wave SAN DIEGO (February 2021), Wave CARSON+ (April 2021) and Wave TRIPLER (September 2021).

Wave SAN DIEGO was a complicated deployment due to the number of users, size and overall complexity of services offered. Drawing on the successes and lessons learned from Wave SAN DIEGO, DHMSM deployed MHS GENESIS to Wave CARSON+, a geographically diverse Wave, encompassing commands across 12 states and 25 MTFs.

DHMSM uses a pay-it-forward model, which assigns experienced MHS GENESIS users as peer assistants and trainers for new users at MTFs preparing for go-live. This model continues to be successful even with the increased complexity of larger deployments.

Wave TRIPLER, the last single-Wave deployment, went live on Sept. 25, 2021 to five commands in Hawaii. As of the end of FY2021, MHS GENESIS successfully deployed to approximately 35% of MTFs across 17 states with over 64,000 active users. The EHR is on track to complete deployment by the end of calendar year 2023.

One of the pay-it-forward trainers is Senior Airman Sabrina McDonald, a medical technician stationed at Nellis Air Force Base, Nevada, which went live with MHS GENESIS in Oct. 2020. She works with patient intake — the initial screening with the patient — and orders labs, works with messaging (Patient Portal) and processes check-ins. She addressed the team saying, "The pay-it-forward members are here for peer-to-peer assistance. I went through the same thing, and I'm here to ensure you succeed."



ESTIMATED ELIGIBLE BENEFICIARIES
SERVED BY MHS GENESIS

2.7M of 9.6M



MILITARY HOSPITALS ON
MHS GENESIS

16 of 63



MILITARY MEDICAL CLINICS ON
MHS GENESIS

322 of 901



DENTAL FACILITIES ON
MHS GENESIS

119 of 396



ACTIVE DUTY
COMMANDS

47 of 139



NATIONAL GUARD &
RESERVE COMMANDS

188 of 609



LOCATIONS

1,009 of 2,981



USERS

64,490 of 212,056

As of Sept. 30, 2021

MassVax Documentation

MHS GENESIS leverages standardized workflows in each clinical area of practice, and these clinical areas proved highly valuable as COVID-19 became a global pandemic. Referred to as “MassVax,” MHS GENESIS’s mass vaccination readiness module enables processing of multiple patients at one time. This digital archive accurately tracks and ensures DoD’s patient population receives all relevant vaccinations, including the vaccination for COVID-19. MassVax shortens the patient intake process by pre-populating registration data directly from a patient’s EHR, saving valuable time and allowing teams to focus on the patient. Providers can administer vaccines quickly while scanning a patient’s identification card to record the exact moment that they receive a specific vaccination.

MassVax, which initially launched with 700 users in Sept. 2020, supports over 800,000 users as of the end of Sept. 2021. The MassVax readiness module is in use at all sites where MHS GENESIS is live. Each month, thousands more service members and their beneficiaries receive vaccinations using MassVax.

“In my experience, MHS GENESIS displays better patient information and orders compared with our existing systems. As a provider, I am looking forward to using a modern EHR that enables better clinical information support tools and better ways for providers to view information, including standard size order sets and allowing for more intuitive ways to document patient care.”

—Navy Capt. (Dr.) Alexander Holston

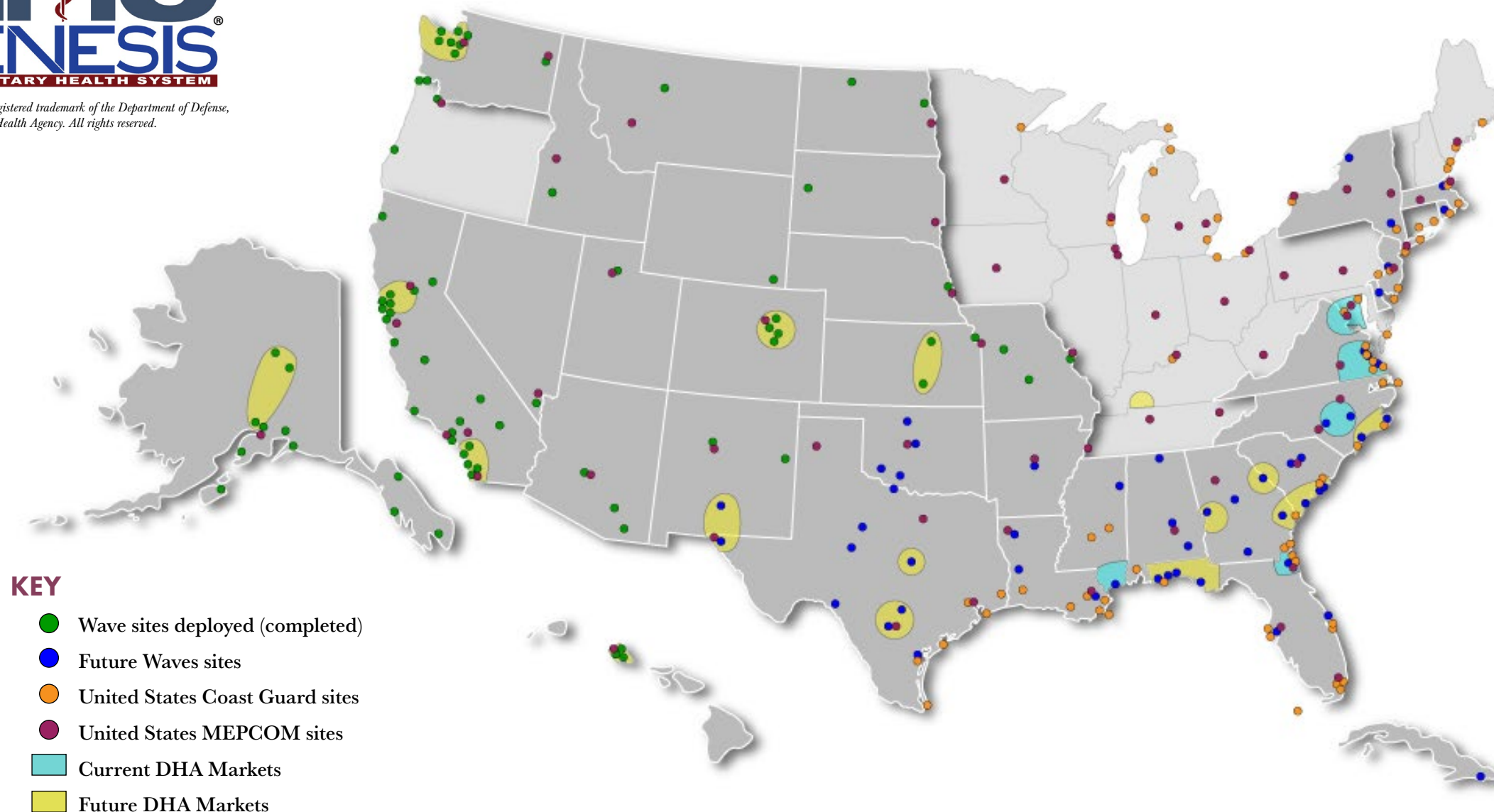


MHS Video Connect

MHS Video Connect is an important step forward in providing virtual health capabilities that empower and actively engage patients to improve health outcomes and support military readiness. MHS Video Connect allows patients to meet with their military health providers through live video on any internet-connected device. MHS Video Connect helps reduce the time and costs related to medical treatment and travel while improving the efficiency and effectiveness of virtual health.

As of September 2021, 46.9% of MTFs use MHS Video Connect, supporting 16 states and 14,262 cumulative participants. The DoD will implement MHS Video Connect at all continental MTFs by the end of first quarter of FY2022.

MHS GENESIS DEPLOYMENT MAP



KEY

- Wave sites deployed (completed)
- Future Waves sites
- United States Coast Guard sites
- United States MEPCOM sites
- Current DHA Markets
- Future DHA Markets

DEPLOYMENT WAVES

- IOC SITES (2017)
- WAVE TRAVIS SITES (2019)
- WAVE NELLIS SITES (2020)
- WAVE PENDLETON SITES (2020)
- WAVE SAN DIEGO SITES (2021)
- WAVE CARSON+ SITES (2021)
- WAVE TRIPLER SITES (2021)

- USCG PILOT SITES (2020)
- USCG PACIFIC SITES (2021)

- WAVE BAMC SITES (2022)
- WAVE LACKLAND SITES (2022)
- WAVE BRAGG SITES (2022)
- WAVE HOOD SITES (2022)
- WAVE BEAUMONT SITES (2022)
- WAVE GORDON SITES (2022)
- WAVE EGLIN SITES (2022)
- WAVE JACKSONVILLE SITES (2022)
- WAVE DRUM SITES (2022)
- WAVE PORTSMOUTH SITES (2022)

• USCG SITES

Wave PILOT Locations: 4
 Wave PACIFIC FY 2021 Locations: 31
 Wave ATLANTIC FY 2022 Locations: 74
 Projected Ships FY 2026: 58
 Projected Users: 1,000+

• US MEPCOM SITES (March 2022)

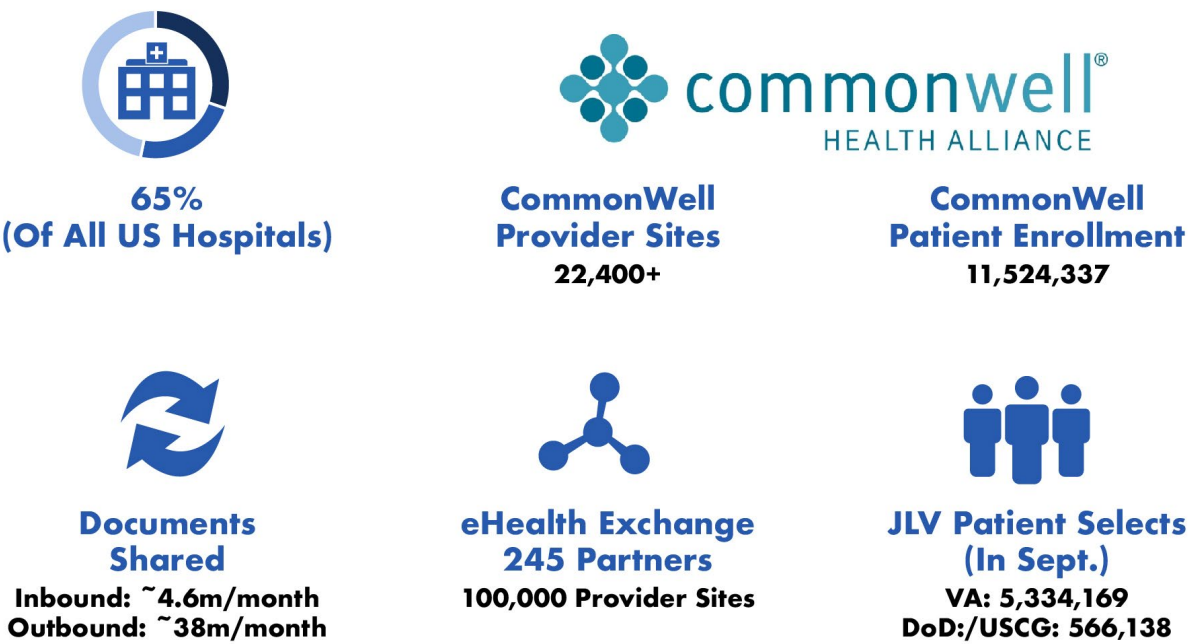
Battalion Command HQs: 1
 Battalion HQs: 2 (Eastern and Western)
 Projected States/US Territories: 45
 Projected Locations: 71
 Projected Users: 1,200

As of Sept. 30, 2021

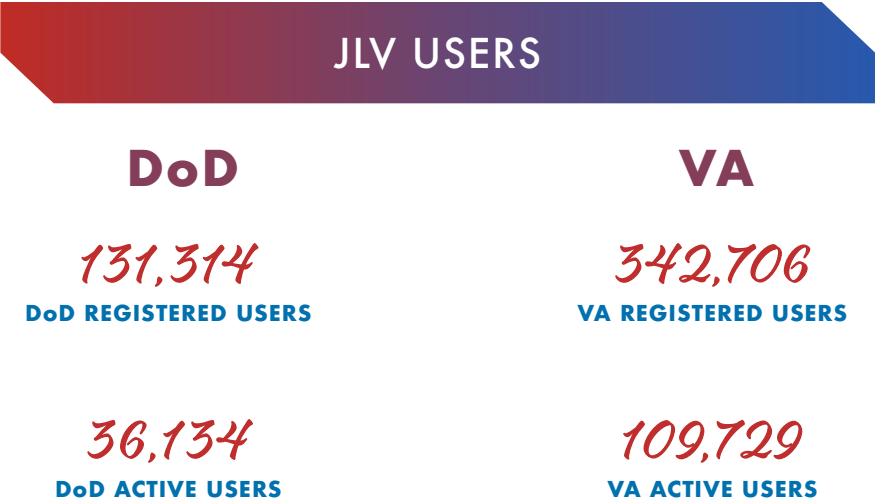
Joint HIE Expansion

In Oct. 2020, the Joint Health Information Exchange (HIE) significantly expanded by connecting to the CommonWell Health Alliance. The ability to share critical health information between clinicians helps beneficiaries minimize the need to share their health histories, undergo duplicative tests or manage printed health records. The Joint HIE enhances both operational readiness and beneficiary access to high-quality care.

The Joint HIE connects to major private sector exchange networks, eHealth Exchange and CommonWell. This partner information is available to DoD and Department of Veterans Affairs (VA) clinicians using the Joint Longitudinal Viewer (JLV). JLV is a clinical application that provides an integrated read-only display of health data from the DoD, VA and private sector partners in a common data viewer. Thousands of DoD and VA clinicians use JLV daily to access real-time medical data in the treatment of their patients. Administrators also use the application extensively as they research patient medical histories to process claims. JLV’s customizable display allows an individual to view patient data through any of JLV’s health information widgets. Users can tailor the display easily to best support their particular work flow(s). Users can access data in summary documents through JLV’s Community Health Summaries widget. As seen below, the number of DoD and VA monthly active users topped 36,000 and 109,000 respectively in September 2021.



As of Sept. 30, 2021



As of Sept. 30, 2021



SUPPORT TO DEPLOYED FORCES

OpMed Capability Roadmap Completed

In FY2021, JOMIS developed an initial Operational Medicine (OpMed) Capability Roadmap, validated by the community at the OpMed Information Technology (IT) Stakeholder Summits. Following Assistant Secretary of Defense for Acquisition's approval of its portfolio acquisition strategy, development occurred in two-week increments, with each increment dedicated to a different capability area. The OpMed community identified its most immediate priorities as health care delivery and electronic health record access, Medical Common Operating Picture (MedCOP), virtual health and medical logistics.



JOMIS Modernization of Health Care Delivery in OpMed

Throughout 2021, JOMIS conducted market research and evaluations to develop its strategy to modernize health care delivery (HCD) and EHR access in the OpMed environment. JOMIS' strategy is to deliver small, easy-to-use, modular, high-quality products that align with unique user needs.

For Role 1 and Role 2, JOMIS evaluated over 30 potential commercial solutions and several government products through industry days and product demonstrations. Following these evaluations, JOMIS established a competitive prototyping bakeoff approach to rapidly deliver a portfolio of HCD solutions matched to the diverse missions and environments across the Role 1 and Role 2 landscape.

JOMIS continued collaboration with our partners on a deployable self-contained version of MHS GENESIS-Theater that reduces the administrative burden on system support staff. This update resulted from user evaluations of MHS GENESIS-Theater build 3 with representatives from each service. Next steps include a joint preliminary design review and clinical evaluation, followed by iterative management and provision of design deliverables for transparent progress and input from stakeholders. JOMIS continues to refine its HCD modernization strategy to provide user-centric, interoperable solutions that share data across OpMed capabilities, including MHS GENESIS.



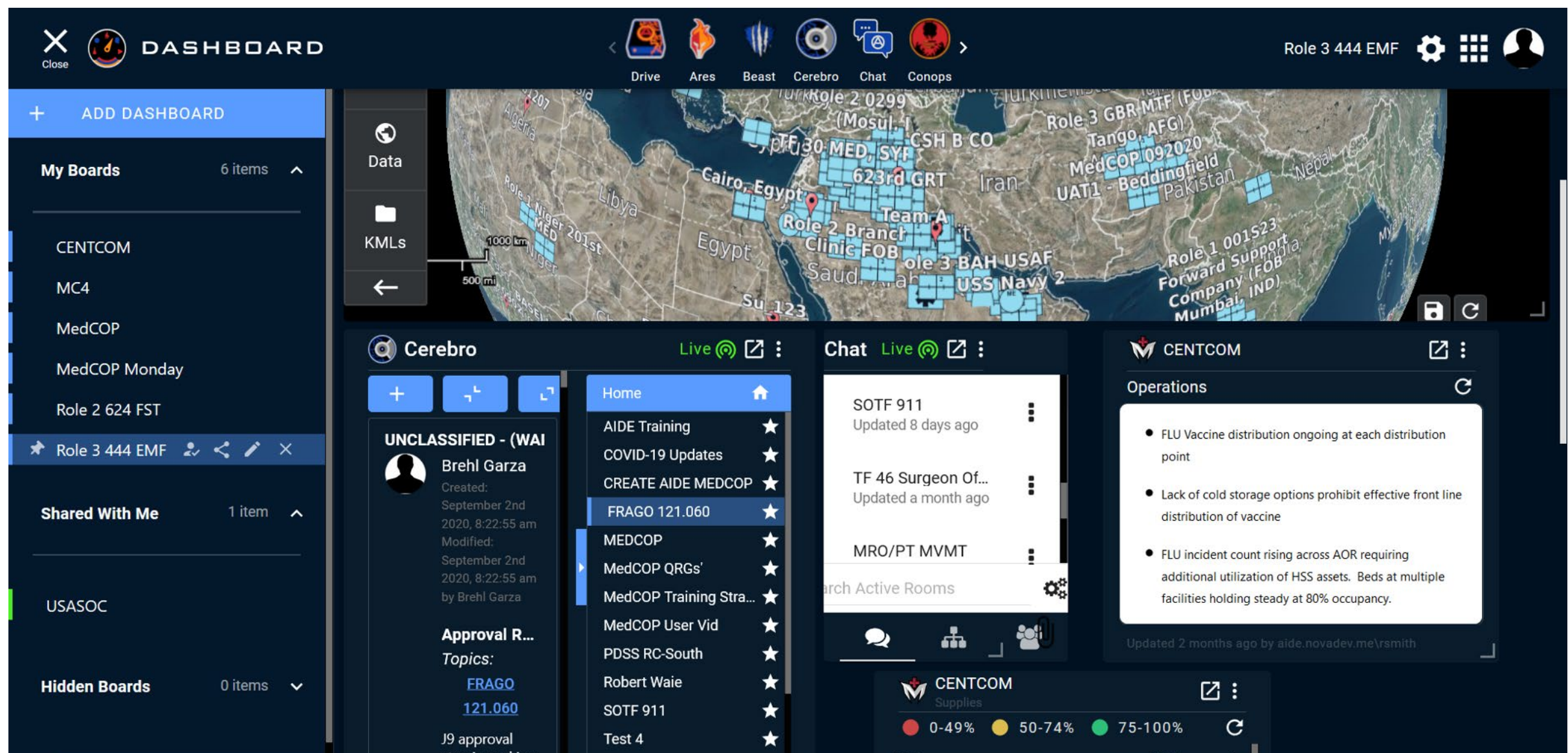
MedCOP Deployment and Expanded Capabilities

JOMIS helped multiple combatant commands (CCMDs) install and adopt MedCOP, a collaborative, interactive decision-support platform released in 2020. MedCOP provides leaders, spanning from tactical to strategic, with advanced decision-support tools, real-time health surveillance and medical operations visibility, enabling enterprise-wide health services that support the full range of military operations.

In FY2021, United States Central Command fully adopted MedCOP and mandated its use as a system of record. United States Africa Command also completed full user adoption. JOMIS will assist other CCMDs with their user adoptions early in FY2022.

MedCOP leverages a secure continuous update pipeline, allowing JOMIS to quickly and efficiently add new and emerging capabilities to the system. For example, in Nov. 2021, JOMIS integrated the Joint Medical Asset Repository to MedCOP, which added visibility of supplies on hand and en route. Upcoming new features will automate the data entry process.

JOMIS deployed 39 new software releases and delivered a patient movement and a blood reporting capability into the MedCOP dashboard. MedCOP also automated the ingestion of CarePoint data. Previously, users manually input data from CarePoint.



EXPANDED DATA ACCESS

Mapping the Vast COVID Response Landscape

Throughout the pandemic, EIDS impactfully contributed to the DoD's response to COVID-19 through vaccination distribution and patient data aggregation. Among other tools, the MHS Information Platform (MIP) immunization portfolio includes the COVID-19 Vaccination Reporting project, Population Risk Assessment Tool (PRAT) and the WorkWell Occupational Health Tool. The immunization data brought together in the MIP facilitates various projects in which the EIDS team of data scientists, engineers, clinicians and functional community representatives work together to create actionable and unified data based on Centers for Disease Control and Prevention (CDC)-defined business rules.

At the start of the COVID-19 pandemic, the DoD tasked EIDS to combine seven systems into a comprehensive immunization record as part of Operation Warp Speed. EIDS pulled all primary system data in disparate inputs and formats to artificially create an interoperable and compatible "Immunization Dataverse." Connecting the immunization data, guided by CDC mandates, created the COVID-19 Vaccination Reporting project, which provides daily reports to CDC, DoD and the White House.

Two essential tools, the WorkWell Occupational Health Tool and the PRAT COVID-19 Dashboard, provide vaccination and workforce medical readiness information to help combat the spread of COVID-19. The WorkWell Occupational Health Tool is a web-based wellness tracker used to report staff availability, work location and COVID-19 status. It provides MTF leadership a visual means to track the status of their personnel and adjust to the ever-evolving COVID-19 pandemic. The PRAT COVID-19 Dashboard allows Defense Health Agency (DHA) staff to see the status of COVID-19 vaccinations at all levels of the organization.



Continuity of care helps us better know our patients right away. The faces may change for our patients every summer as they move to a new base or our doctors move to a new base, but the record system is continuous."

–Air Force Maj. (Dr.) Joseph Migliuri



EIDS Leverages Risk Assessment Tool for Improved Data Analytics

As a data broker for DHA, EIDS owns the Military Health System Population Health Portal (MHSPHP), a flexible application that provides actionable data to clinicians across DoD. The PRAT exists within the MHSPHP and is a comprehensive dashboard of crucial COVID-19 information such as vaccination data, PCR test results and demographics. The PRAT provides leadership with the ability to confirm progress on immunizations across DoD.

The PRAT also provides an overview of beneficiary progress in the vaccination process, allowing clinicians to assess the distribution of the four main vaccines (Pfizer, Moderna, Johnson & Johnson and Astra Zeneca) and determine how to best vaccinate a particular age group or at-risk population.

While the future of COVID-19 is uncertain, the ability to record patient data and support data sharing during these times is critical. Through tools like the Wellness Occupational Health Tool and the PRAT, EIDS will continue to support DoD, ensuring both a medically ready force and a ready medical force.

COVID-19 Registry

EIDS created the COVID-19 registry to pull COVID-19 patient data – including data related to vaccinations – from MHS GENESIS and all relevant legacy systems. The data refreshes daily and flows to the CDC and the MIP.

In its vaccine project effort, the MIP team set up a data connection between DoD's Clinical Data Repository and the MIP to allow for an automated transfer of COVID-19 vaccine data. EIDS built on this change, streamlining and automating the data flow, reducing the processing time by four hours and increasing the frequency of updates. The team leverages improved vaccine data input/output processes to further automate the registry, such as working with the Services to automate data extracts to improve end-to-end processing time.

After establishing the COVID-19 registry, EIDS recognized the increasing importance of health informatics and patient data to support effective COVID-19 response and management. As a result, the COVID-19 registry will be included in a larger capability that can address future pandemics and associated analytics, creating a more encompassing pandemic registry.

EVENT SUPPORT

Federal Leaders Highlight Electronic Health Record Changes at HIMSS

“Be the Change” was the overarching theme for the HIMSS21 Global Health Conference in August 2021. During the conference, DoD leaders showcased numerous examples of how the federal government serves as a catalyst for change across the health care landscape. Ms. Sonja Lemott, PEO DHMS chief engineer, kicked off a conversation with Mr. Bill Tinston, director of the FEHRM, and Ms. Holly Joers.

Mr. Tinston equated the evolution of the new single, common record to the evolution of the telephone. “In the past, you called a place - John’s house - and asked whether he was there. Now, you call John on his mobile phone and can reach him wherever he is. The mobile phone removed the limitation of place from the equation. We’re doing the same thing with the new single, common record.” In the past, a patient received care at a specific facility, and all records associated with that care resided within that facility. The new shared record makes a patient’s records available digitally anywhere a health care team or patient needs them.

The new single, common record will ensure that a patient’s data follows them from accession through veteran status. Ms. Joers described the significance of having a single, common record to access data, “While the new electronic health record is the cornerstone of our digital transformation, our future is tied to the insatiable need for data. In IT, it’s easy to focus on systems and their operations, when we should be talking about the data and where it needs to be. People are separated by time and place, but technology bridges those gaps, putting the patient at the center.”

Mr. Tinston explained that changes continue to evolve within DoD health care delivery. “We know that improved patient care is why we’re doing what we’re doing right now. But, what’s truly exciting is the thought that we don’t yet know what unexpected benefits are in store for patients in the future thanks to what we’re doing today. That’s the change I most look forward to seeing.”



HIMSS Recap: Patient-Centered IT Solution

The Federal Health Pavilion at the HIMSS21 Global Health Conference opened its doors to a vast number of attendees across the health information and technology domain. The PEO DHMS booth provided information on new technological advances and products to interested parties throughout the conference. Additionally, Lt. Col. Peter Easter and Mr. Robin Russell from EIDS garnered attendee interest with their presentations, “Rationalization and Transformation in the Federal Health Data Hub” and “Bringing Actionable Data to the Clinical Team.”

LTG Ronald Place, director, DHA, took the stage to discuss leadership in a global crisis, highlighting the necessary role of trust and transparency of medical information. His engaged audience asked several important questions, and LTG Place emphasized the necessity of determined leadership in critical times. Watch the full speech [here](#).

During Mr. Tinston and Ms. Joers’ speaking panel, they highlighted joint initiatives between DoD and VA like telehealth services and the joint HIE both of which are vital to effective patient care and positive health outcomes.

Ms. Joers further emphasized that DoD is influencing the private sector through initiatives like MassVax. “We had a specific need to vaccinate large numbers of people at a time, so we worked with our vendors to develop MassVax. In 2020, the private sector had a sudden, unexpected need to manage mass vaccinations. Cerner released our mass vaccination tool to the commercial sector; yet another example of how DoD is driving change.”

For more information, watch Ms. Joers and Mr. Tinston on [HIMSS TV](#).



“While many of the services at the military treatment facility can be reduced in the immediate weeks after go-live to accommodate staff learning a new electronic health care record, the mission at the 43rd must continue at current pace and throughput. We have flexed our resources to meet this mission.”

—Maj. Cynthia Anderson

NEW COLLABORATIVE OUTLETS

HIVE: See it to Bee-lieve it!

PEO DHMS continuously drives innovation in change management, especially as it relates to the ever-evolving digital spaces in which we work. With that in mind and with prescience, the Contracting Division - Defense Healthcare Management Systems created Health Information Vision Exchange (HIVE) as a digital arena through which PEO DHMS can pair the needs of the federal health sector with the capabilities of both traditional and non-traditional industry partners. Launched on June 8, 2021, and conceived through the metaphor of a hive of bees all working together for their collective benefit, HIVE is a communal platform that sports a newsfeed, messaging platform, groups and events page. With more than 1,200 users, this digital hub for networking between people and ideas will continue to grow, all in support of our service members. Catch the buzz [here](#), and sign up to join our online HIVE community.



PEO DHMS Opens METIC to Host Health IT Test Events

In FY2021, PEO DHMS opened the Medical Enterprise Test Innovation Center (METIC) to host health IT test events that require physical equipment in a secure, shared, managed facility. The METIC fully integrates with PEO DHMS' virtual testing infrastructure, allowing end-to-end equipment and software testing, other test events and vendor demonstrations. The METIC can host multiple groups simultaneously with each organization running tests concurrently in its 7,700-square-foot open and reconfigurable test space.

During the METIC's inaugural year, customers included the DHMSM and JOMIS teams. PEO DHMS is collaborating with other agencies in the federal health IT community to offer the METIC's services to groups who might benefit from leveraging the METIC's services.

AWARDS & LEADERSHIP

AWARDS

AFCEA Meritorious Rising Star Awards for Achievement in Information Technology

LCDR Darshan Thota

FCW Federal 100 Award

MAJ Ryan Costantino

2021 FedHealthIT Innovation Award

JOMIS' Theater Blood Team

EIDS NIWC Atlantic

2021 FedHealthIT 100 Award

Holly Joers

Chris Nichols

Lance Scott

LEADERSHIP



Holly Joers
Program Executive Officer

As Program Executive Officer of PEO DHMS, Holly Joers oversees the DoD EHR modernization, including the operational, data exchange and interoperability initiatives. Specifically, she provides direction to the program offices: DHMSM, JOMIS and EIDS.



David Norley
Program Manager, JOMIS

David Norley is the program manager for the JOMIS program office. He directs the acquisition, development and deployment of modernized health IT capabilities to the deployed military community. He also oversees the sustainment and development of existing products in the Theater Medical Information Program-Joint portfolio.



Ken Slaughter
Program Manager, DHMSM

Mr. Ken Slaughter serves as program manager for the DHMSM program office. In this role, he provides acquisition leadership and management expertise to support the deployment of the state-of-the-market electronic health record, MHS GENESIS.



Chris Nichols
Program Manager, EIDS

Mr. Chris Nichols serves as program manager for the EIDS program office. In this role, he is responsible for delivering secondary data solutions, orchestrating integration with future state systems, such as MHS GENESIS and providing enterprise clinical intelligence to include clinical support applications, readiness reporting, research, 'big data' techniques and dashboards used for the entire MHS.

FOLLOW US!

MOST LIKED FACEBOOK POST



Defense Healthcare Management Systems - DHMS

October 15, 2020 · 🌐

On Monday, September 28, 2020 Robert E. Bush Naval Hospital at Marine Corps Air Ground Combat Center Twentynine Palms, CA conducted a mass-vaccination screening using the federal EHR mass vaccination process. Providers were able to quickly adapt to the new workflow and averaged a vaccination process rate of 4 minutes and 45 seconds per patient, with one patient being processed in less than 120 seconds. This is a tremendous first-day success in preparation for their first Mass Vaccination Event, and will prove to be invaluable once a COVID19 vaccine is ready for deployment. Mature sites using this process are capable of executing a rate of 1 minute and 45 seconds, averaging 3 to 4 minutes per patient.

The mass vaccination solution was developed by Major Marsh and was informed by the needs of Twentynine Palms and Captain James A. Lovell Federal Health Care Center/Great Lakes Naval Station. Congratulations to everyone that worked hard to implement this process and demonstrate the rapid capabilities of our mass vaccination procedure!



MOST LIKED LINKEDIN POST



Program Executive Office,
Defense Healthcare
Management Systems
(PEO DHMS)

[View full profile](#)



Program Executive Office, Defense Healthcare Management...

8mo · 🌐

We're live at WAVE San Diego!



Follow us on social media



Defense Healthcare
Management Systems



Program Executive Office,
Defense Healthcare Management Systems
(PEO DHMS)

ACRONYMS

CCMD: Combatant Command

CDC: Centers for Disease Control and Prevention

DHA: Defense Health Agency

DHMSM: DoD Healthcare Management System Modernization

DoD: Department of Defense

EHR: Electronic Health Record

EIDS: Enterprise Intelligence and Data Solutions

FEHRM: Federal Electronic Health Record Modernization

FY: Fiscal Year

HCD: Health Care Delivery

HIE: Health Information Exchange

HIMSS: Healthcare Information and Management Systems Society

HIVE: Health Information Vision Exchange

IT: Information Technology

JLV: Joint Longitudinal Viewer

JOMIS: Joint Operational Medicine Information Systems

MedCOP: Medical Common Operating Picture

METIC: Medical Enterprise Test Innovation Center

MHS: Military Health System

MHSPHP: MHS Population Health Portal

MHS GENESIS: DoD Modernized Electronic Health Record

MIP: MHS Information Platform

MTF: Military Treatment Facility

OPMED: Operational Medicine

PEO DHMS: Program Executive Office, Defense Healthcare Management Systems

PRAT: Population Risk Assessment Tool

VA: Department of Veterans Affairs