MHS Announces Name for New EHR

The new system to transform military health records has an official name. Military Health System (MHS) officials say the new electronic health record (EHR) will be called MHS GENESIS\textsuperscript{SM} and will launch at the end of calendar year 2016. To keep pace with medical advances and innovations in technology, the Department of Defense (DoD) purchased a new state-of-the-art EHR that will support us in our mission to continue to provide high quality healthcare to our beneficiaries, as well as an agile, responsive system for our healthcare professionals.

The configuration and deployment of MHS GENESIS constitute a multi-year effort to provide a state-of-the-market system of sharing health records electronically and documenting the continuum of care. The new EHR will begin implementation in the Pacific Northwest at the end of this calendar year, followed by a pre-planned, programmed installation expected to be completed over a several-year period. Whether on a ship at sea, at a local clinic, or in a major hospital, MHS GENESIS will be available throughout all DoD facilities, and accessible to all members of the DoD healthcare team.

While on the surface it appears just a system for health records, Dr. William M. Roberts, a retired Navy rear admiral who serves as the MHS functional champion, said it really reflects a whole new way of doing business for the MHS.

“We’ve looked at this process as finding what is best for the MHS as a whole, not just in individual areas,” said Roberts. “We see this as the latest step in making sure patients are able to be fully engaged in their own health.”

More information, including graphics and usage guidelines for the logo and brand name are available by downloading the MHS GENESIS Brand Style Guide.

PEO DHMS Program Overview
Established in 2013, the Program Executive Office Defense Healthcare Management Systems (PEO DHMS) positively impacts the health outcomes of active duty military, Veterans, and their beneficiaries. Administratively attached to the Defense Health Agency, PEO DHMS and its four program offices directly report to the Office of the Under Secretary of Defense for Acquisition, Technology, and Logistics. To learn more about PEO DHMS, visit http://www.health.mil/DHMS.
Message from the Program Executive Officer

Welcome to our first edition of the Program Executive Office Defense Healthcare Management Systems (PEO DHMS) external newsletter, The Scope! I send this May edition with great pride as we continue to move forward with our modernization and interoperability efforts to improve the lives and healthcare for active duty military, Veterans, and their beneficiaries. The Military Health System (MHS) recently announced the accomplishment of the Joint Interoperability Certification letter between the Department of Defense (DoD) and Department of Veterans Affairs (VA) healthcare systems, marking a significant milestone for our organization.

Inside this issue you will read about recent accomplishments of the PEO DHMS team. First, our cover story highlights the announcement of MHS GENESIS™, the Department’s new electronic health record, which securely shares electronic health information between the DoD, VA, and other external healthcare providers. Also, you will note in our feature story the implementation efforts of MHS GENESIS to Initial Operating Capability sites in the Pacific Northwest. I recently traveled there to meet with leadership and to gain awareness of challenges and opportunities directly from Military Treatment Facility leadership and clinicians. Transparency and consistent communication with stakeholders are key priorities for me.

In our training and development story, we showcase the DoD and VA enterprise health information portal, the Joint Legacy Viewer. Whether you are a patient or a provider, each of you will benefit from this life-saving application, as it provides an integrated, real-time, read-only display of medical records from the DoD, VA, and private sector partners.

In closing, I want to thank Mr. Christopher Miller for his leadership as Program Executive Officer of PEO DHMS. As I recently transitioned into this role, his superior leadership and dedication to the success of PEO DHMS inspires me to enhance warrior healthcare.

Thank you for the opportunity to serve such a committed team of professionals. We support a great mission, and I look forward to success as we continue on our interoperable healthcare data journey.

– Ms. Stacy Cummings, Program Executive Officer PEO DHMS

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April Initial Operating Capability Site Visits

Following the MHS GENESIS™ announcement in April, the DoD Healthcare Management System Modernization® (DHMSM®) Program Management Office traveled to Initial Operating Capability sites in the Pacific Northwest to present MHS GENESIS to clinicians and conduct general sessions and Model System Reviews (MSRs). The site visits kicked off at Madigan Army Medical Center (MAMC) on April 4, and continued throughout the month at Naval Hospital (NH) Bremerton, NH Oak Harbor, Naval Branch Health Clinic Everett, and the 92nd Medical Group, Fairchild Air Force Base.

The site visits marked an important milestone in the Department of Defense (DoD) efforts to provide a state-of-the-market electronic health record supporting documentation of the continuum of care. The general sessions provided an overview of the program and its key deployment activities. Results of the MSRs will identify gaps, enable change adoption, and address subsequent change management and training requirements.

The deployment of MHS GENESIS will begin in the Pacific Northwest by the end of the 2016 calendar year and will continue across all DoD facilities over a period of several years. To learn more about DHMSM, visit http://www.health.mil/DHMS.

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JLV Usage Statistics

Total Assigned JLV Keys (as of May 2016)

<table>
<thead>
<tr>
<th></th>
<th>DoD</th>
<th>VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>JLV</td>
<td>42,299</td>
<td>109,672</td>
</tr>
</tbody>
</table>

Total users = 151,971

Assigned JLV at Sites

<table>
<thead>
<tr>
<th>Date</th>
<th>Assigned JLV</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP 2015</td>
<td>1,306</td>
</tr>
<tr>
<td>JAN 2016</td>
<td>32,627</td>
</tr>
<tr>
<td>MAY 2016</td>
<td>42,299</td>
</tr>
</tbody>
</table>

3139% Increase (SEP 2015)
In January 1995, a nine-year-old girl unexpectedly lost her father to a heart attack. At just 49 years old, a recently retired Army Colonel and Ranger underwent several diagnostic tests. Those tests revealed issues with his heart valves. When his heart attack occurred, his emergency medical team discovered a 90 percent blockage of his coronary arteries. However, his complete medical history was not immediately available to his emergency care team. Today, that information is easily accessible via the Joint Legacy Viewer (JLV).

What is JLV? JLV provides care teams with real-time, read-only access to their patients’ geographically dispersed data from more than 300 sources managed by the Department of Defense (DoD), Department of Veterans Affairs (VA), and participating private sector partners. Originally piloted by Tripler Army Medical Center and the VA Pacific Island Health Care System, the Defense Medical Information Exchange (DMIX) Program Office, under the Program Executive Office Defense Healthcare Management Systems, now manages the application.

What does JLV mean for Veterans and providers? JLV reduces the need for patients to carry hard copies of their health records when they visit different healthcare facilities. By seeing a patient’s combined medical data, medical teams can immediately access patients’ medical information, including care received in an operational environment.

Having real-time access to a patient’s complete medical history enables medical teams to make more informed decisions about patient care. For example, if a Veteran requires emergency surgery to repair a broken bone, the medical team evaluates the patient’s health history to determine whether the operation could potentially endanger the patient’s life. Through JLV, medical teams can immediately review the patient’s medical history for any recorded events that may affect the outcome of the surgery, such as additional medical conditions or medication allergies.

Over the course of the next year, DMIX will travel to multiple Military Treatment Facilities across the country, providing hands-on training and deployment activities for new and existing users. Today, JLV provides information to more than 152,000 registered users from the DoD and VA. Usage increased tremendously between October 2015 and May 2016 with more users actively utilizing the life-changing tool on a daily basis (See Page 2 for JLV Usage Statistics).

Where can I find JLV training information? Registered JLV users can access virtual and on-site training. To schedule a virtual or on-site training demonstration, please contact the DMIX Deployment and Training team at dha.ncr.hie.mbx.dmix-deployment-training@mail.mil.

We want your feedback! Are you actively using JLV on a daily basis? Click here to visit the JLV interactive feedback page. We encourage users to ask questions and share JLV success stories by contacting dha.ncr.hie.mbx.dmix-deployment-training@mail.mil.

Need additional information? Contact the DHA Global Service Desk at 1-800-600-9332 or DHAGSC@mail.mil.

**OVERALL BENEFITS OF JLV**

- Faster and more complete understanding of patient health status
- Improved usability, latency, and system efficiency compared to existing viewers
- Decreased costs via improved workflow efficiencies including reduced printing, scanning, and faxing of records
- Supports DoD, Veterans Health Administration (VHA), and Veterans Benefits Administration (VBA) users and workflows
- No onsite hardware or software installation
- Quick user startup with virtual on-demand self-paced training and online user community support
In early March, U.S. Navy Vice Admiral Raquel Bono, Director of the Defense Health Agency, spoke to an audience of contracting and government executives at the Potomac Officers Club to address the military’s goals and visions for Health Information Technology, and the importance of interoperability and cybersecurity for Service Members, Veterans, and their beneficiaries. Following Vice Admiral Bono’s opening remarks, Dr. Thompson participated as a panelist in a facilitated discussion with other healthcare data leaders. While each speaker addressed their agencies’ advancements and future challenges, Dr. Thompson highlighted the Interagency Program Office’s recent interoperability accomplishments and the continued need for collaboration between the public and private sector.

On March 17, Dr. Lauren Thompson, Director of the Department of Defense (DoD)/Department of Veterans Affairs (VA) Interagency Program Office, participated as a panelist at the Healthcare Information and Management Systems Society-National Capital Area Chapter’s education and networking event, “Solving the Data Journey – Data Mapping.” Additional leaders from the health data community participated in the discussion to address their Department’s evolving health data journey and challenges faced in addressing the need to integrate disparate government data systems. Dr. Thompson specifically noted the DoD and VA’s recent interoperability efforts and continued infrastructure improvements, such as expanding Joint Legacy Viewer usage to provide an integrated display of both DoD and VA health data by more than 20,000 users throughout the first quarter of FY2016.

On March 22, Dr. Lauren Thompson, Director of the Department of Defense (DoD)/Department of Veterans Affairs (VA) Interagency Program Office (IPO), and Ms. Aimee Scanlon, Acting Program Manager for the Defense Medical Information Exchange (DMIX), participated as panelists at Johns Hopkins University Alumni Healthcare & G2Xchange’s event “Putting it All Together: Public and Private Sector Perspectives on Achieving Interoperability of Electronic Health Records.” Joining several leaders from across the Health Information Technology (HIT) community, including Steven Posnack, Director of the Office of Standards and Technology within the Office of the National Coordinator for HIT and Mark Scrimshire, Entrepreneur-in-Residence at the Department of Health and Human Services, Dr. Thompson and Ms. Scanlon discussed the recent interoperability efforts of the DoD and VA, as well as highlighted the successes of DMIX and IPO.

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On February 29 with keynote speakers Ms. Sylvia Matthews Burwell, Secretary of the Department of Health and Human Services and Mr. Michael Dell, Chairman and Chief Executive Officer of Dell, Inc. Both discussed the importance of health IT and information exchange in the continuing evolution of value-based patient care. On March 1, the Assistant Secretary of Defense for Health Affairs, Dr. Jonathan Woodson, outlined his vision to improve the quality of life for warfighters and the importance of collaboration with civilian and federal health organizations to advance medicine and strategies for patient care. PEO DHMS also provided several briefs at the conference including presentations of “Meet SSG Joe Garcia” to showcase the new Department of Defense electronic health record.

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The Program Executive Office Defense Healthcare Management Systems recently attended the National Defense Industrial Association’s and U.S. Army Medical Research, Development and Acquisition in Support of the Warfighter Conference. The theme of this year’s conference, “Military Medicine in a Complex Environment,” provided a great opportunity for science and industry representatives to learn about the importance of medical research, development, test and evaluation missions, and program areas from across the Department of Defense.

The event began April 19 with speakers, Dr. Terry M. Rauch, Director of Research & Development Policy & Oversight, Office of the Assistant Secretary of Defense (Health Affairs) and Dr. Timothy Bentley, Deputy, Force Health Protection, Office of Naval Research from the U.S. Navy. Each speaker addressed their unique perspectives on complex military medicine environments and pertinent advancements in medical research from a Veteran’s point of inception into their current healthcare status.