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PEO DHMS Testifies Before the Senate

In March, Ms. Stacy Cummings, Program Executive Officer, Program Executive Office, Defense Healthcare Management Systems (PEO DHMS), joined Lieutenant General (Dr.) Nadja Y. West, Surgeon General, United States Army, Vice Admiral (Dr.) C. Forrest Faison III, Surgeon General, United States Navy, and Lieutenant General (Dr.) Mark A. Ediger, Surgeon General, United States Air Force to testify before the Senate Appropriations Subcommittee on Defense. Colonel Margaret M. Carey, Commander, 92nd Medical Group, Fairchild Air Force Base (AFB) joined Ms. Cummings as a guest.

During the panel discussion hearing, Ms. Cummings praised the successful deployment of MHS GENESIS at Fairchild AFB and PEO DHMS's efforts to transform the delivery of healthcare and advance data sharing through a modernized electronic health record (EHR) for service members, veterans, and their families.

"The successful rollout of MHS GENESIS at Fairchild is an important first step in implementing what will be the largest integrated inpatient and outpatient EHR in the United

States," said Cummings in her testimony. "Because DoD purchased lifetime upgrades with MHS GENESIS, our health care providers will always have the latest advancements in technology in a timely manner."

"The successful rollout of MHS GENESIS at Fairchild is an important first step in implementing what will be the largest integrated inpatient and outpatient EHR in the United States."

– Ms. Stacy Cummings,
Program Executive Officer PEO DHMS

Ms. Cummings' testimony focused on three key objectives: deploy a single, integrated inpatient and outpatient EHR; improve data sharing with the Department of Veterans Affairs (VA) and private sector partners; and successfully transform the delivery of healthcare in the Military Health System through advanced tools that allow beneficiaries more control over their healthcare experience.

During the hearing, Ms. Cummings fielded questions on interoperability with the VA, the full deployment schedule, and cybersecurity.

MHS GENESIS will continue to deploy across the Pacific Northwest at the remaining initial fielding sites, which include Naval Hospital (NH) Oak Harbor, NH Bremerton, and Madigan Army Medical Center. The DoD plans to deploy MHS GENESIS to 9.4 million beneficiaries and 205,000 medical personnel and staff by 2022.



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PEO DHMS SOCIAL MEDIA



PEO DHMS social media accounts serve as engaging electronic sharing resources. Click the icons to follow and like the PEO DHMS social media platforms.

Message from the Program Executive Officer



Welcome to the Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) external newsletter, *The Scope!* This edition comes at an exciting time for our team, as we continue to move forward with our modernization and interoperability efforts to transform the delivery of healthcare for service members, veterans, and their families. Inside this issue you will read the recent accomplishments of the PEO DHMS team.

The cover story highlights my testimony to the Senate Appropriations Committee on Defense. I joined the Surgeons General from the U.S. Army, U.S. Navy, and U.S. Air Force to “Review the Defense Health Program & Military Medicine Funding.”

In our feature story, we showcase the Department of Defense (DoD)/Department of Veterans Affairs (VA) Interagency Program Office, which held the DoD/VA Industry Interoperability Roundtable earlier this month. This semi-annual event featured speakers from the DoD, VA, the Office of the National Coordinator for Health Information Technology, and industry organizations.

On [page 3](#), the training and development story highlights why the Joint Legacy Viewer is the key to access patient information, especially with the initial deployment of MHS GENESIS at Fairchild Air Force Base in February. Also on this page, the Joint Operational Medicine Information Systems (JOMIS) Program Management Office (PMO) shares “Quick Tips” on the Mobile Computing Capability.

On [page 4](#), we note our participation at recent events, such as the DoD/VA IPO’s participation in the 2017 Future Military & Government Electronics Health Records & Health Information Technology Symposium, and we highlight the Deployed Tele-Radiology System’s recent Innovation Award.

In closing, I want to thank you, our users and stakeholders for your continued interest and support as we strive to transform healthcare through acquisition excellence.

– Ms. Stacy Cummings, Program Executive Officer PEO DHMS



DoD/VA Industry Interoperability Roundtable



In May, the Department of Defense (DoD)/Department of Veterans Affairs (VA) Interagency Program Office (IPO), held the DoD/VA Industry Interoperability Roundtable, titled “Care Anywhere: Bridging the Gap between Care and Quality.” The well attended, semi-annual event featured speakers from a cross-section of the healthcare industry including: the DoD, VA, the Office of the National Coordinator for Health Information Technology, and industry.



Highlights from the event included updates from the Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) program management offices, a panel discussion on the Substitutable Medical Applications and Reusable Technology on Fast Healthcare Interoperability Resources, and the ongoing influence of interoperability on the delivery of quality patient care.

During the event, Dr. Lauren Thompson, Director of DoD/VA IPO, and Mr. John Short, Acting Deputy Director of DoD/VA IPO, emphasized the need for continued collaboration with the Departments and external partners to service the unique needs of our deserving beneficiaries. Ms. Stacy Cummings, Program Executive Officer of PEO DHMS, provided closing remarks. The next DoD/VA IPO Roundtable event is scheduled for November 2017.



JLV & You

JLV is Your Key Tool

Why is the Joint Legacy Viewer (JLV) now the key to access patient information? Military Health System (MHS) clinicians at Fairchild Air Force Base (AFB) began using MHS GENESIS this past February—building patient profiles and adding health information, and paving the way for the rest of the MHS to use the new electronic health record (EHR). This critical tool allows clinicians to see health information from legacy sites — systems they can no longer access. This side-by-side view of health information gives clinicians a more complete picture of patient health.

What does this mean for AHLTA users? If you are not located at Fairchild AFB, and you treat a patient previously seen at Fairchild AFB, JLV allows you to see the patient treatment details entered into MHS GENESIS. It displays patient health information from MHS GENESIS alongside information from legacy systems like AHLTA, Essentris®, and more.

Fairchild AFB was the first in a wave of installations migrating to the new EHR. As more installations use MHS GENESIS, JLV will continue to serve as the bridge between the Department of Defense legacy systems and the new EHR.

Let's Try It!

Airman Sanchez moves from Andrews AFB, a legacy system site, to Fairchild AFB, an MHS GENESIS site. A Fairchild AFB clinician treating Sanchez uses JLV to view her health information from Andrews AFB. While at Fairchild AFB, Sanchez travels to Edwards AFB for training and is injured. Her doctor at Edwards AFB uses JLV to see her MHS GENESIS records. Then, when she returns to Fairchild AFB, her doctors use JLV to view her treatment at Edwards AFB. JLV makes this happen, allowing her care team to see all of her health information in one place.

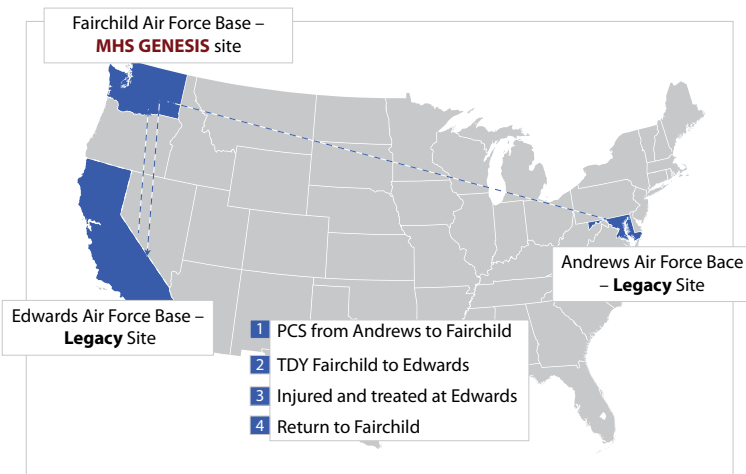
For more information, please visit [milSuite](https://www.milsuite.com):

Joint Legacy Viewer:

<https://www.milsuite.com/book/groups/dmix-resources-training>

MHS GENESIS:

<https://www.milsuite.com/book/groups/mhs-genesis>



Mobile Computing Capability

User Tips – MACE Exams



The Military Acute Concussion Evaluation (MACE) is one of the screening tools available on the Mobile Computing Capability (MCC) platform. MACE uses the Concussion Management Algorithm (CMA) to assess potential concussions based on input. Users should follow these steps to administer a MACE exam.

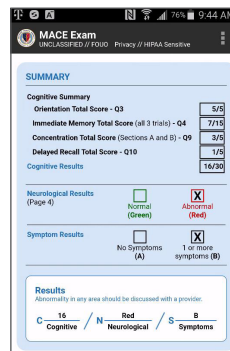
MCC Quick Tips

Step 1 – Description of Incident: User describes the incident, including the time it occurred, the patient or witness description, the type of event, and whether the patient sustained a head injury. The user also denotes if the patient suffered loss of consciousness, altered consciousness, or post traumatic amnesia.

Step 2 – Neurological Testing: User follows instructions as prompted to test the patient's cognitive abilities by evaluating his/her

orientation and performing memory trials. Next, perform tests to evaluate the patient's eyes, speech, motor skills, and balance, followed by testing the patient's concentration and delayed recall of information provided.

Step 3 – Results: User completes the final section to record the patient's symptoms and concussion history. The MACE CMA produces an evaluation like the screen shown above.



MACE Exam
UNCLASSIFIED//FOUO Privacy // HIPAA Sensitive

SUMMARY

Cognitive Summary		
Orientation Total Score - Q3		5/5
Immediate Memory Total Score (all 3 trials) - Q4		7/15
Concentration Total Score (Sections A and B) - Q9		3/5
Delayed Recall Total Score - Q10		1/5
		16/30

Cognitive Results

Neurological Results (Page 4)

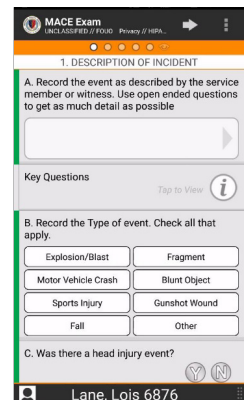
Normal (Green) Abnormal (Red)

Symptom Results

No Symptoms (A) 1 or more symptoms (B)

Results
Abnormality in any area should be discussed with a provider.

C 16 / N Red / S B
Cognitive / Neurological / Symptoms



MACE Exam
UNCLASSIFIED//FOUO Privacy // HIPAA

1. DESCRIPTION OF INCIDENT

A. Record the event as described by the service member or witness. Use open ended questions to get as much detail as possible

Key Questions Tap to View

B. Record the Type of event. Check all that apply:

<input type="checkbox"/> Explosion/Blast	<input type="checkbox"/> Fragment
<input type="checkbox"/> Motor Vehicle Crash	<input type="checkbox"/> Blunt Object
<input type="checkbox"/> Sports Injury	<input type="checkbox"/> Gunshot Wound
<input type="checkbox"/> Fall	<input type="checkbox"/> Other

C. Was there a head injury event?

Lane, Lois 6876

The Joint Operational Medicine Information Systems (JOMIS) Program Management Office deployed MCC – a medical application that allows first responders to document patient status and treatments rendered at the point of injury. MCC operates on Android phones and tablets and allows users to rapidly document care with a high-level of data integrity.

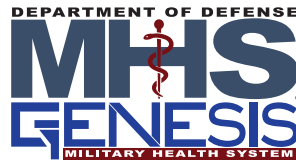
Future Military & Government EHR & HIT Symposium

In April, Dr. Lauren Thompson, Director of the Department of Defense (DoD)/Department of Veterans Affairs (VA) Interagency Program Office (IPO), and Mr. Lance Scott, Program Manager of the Defense Medical Exchange program within the DoD Healthcare Management System Modernization® (DHMSM) Program Management Office (PMO), participated in the 2017 Future Military & Government Electronics Health Records (EHRs) & Health Information Technology (HIT) Symposium. This year's event brought together more than 120 key HIT experts from the military, government, and industry to discuss EHRs and other emerging technologies to improve healthcare. During Dr. Thompson's keynote address, she highlighted DoD and VA's ongoing efforts to enhance interoperability between the two Departments and their private partners. Mr. Scott emphasized the successes of the DHMSM PMO and the importance of the continued collaborations with the DoD to achieve world-class healthcare for our beneficiaries. Click [here](#) to learn more.



DHMSM Prepares for Next Go-Live

Since the deployment of MHS GENESIS at Fairchild Air Force Base (AFB), the DoD Healthcare Management System Modernization® (DHMSM) Program Management Office (PMO) worked to improve MHS GENESIS deployment activities performed at Fairchild AFB. These include issue resolution, testing, training, and change management in preparation for deployment at subsequent initial fielding sites across the Pacific Northwest, including Naval Hospital (NH) Oak Harbor, NH Bremerton, and Madigan Army Medical Center.



The DHMSM PMO led the Pre-Operational Assessment (OA) testing efforts at the Fixed Facility Government Approved Laboratory in Auburn, Washington. Verification of the connectivity to medical devices, peripherals, and interfaces was conducted in preparation for Go-Live at NH Oak Harbor on July 15. Additionally, the program participated in the MHS GENESIS OA Rehearsal of Concept Drill, and the DHMSM Testing and Evaluation team briefed the OA community on preparing for the OA Readiness Review.



Let's **TALK ABOUT** it

MHS Military Health System health.mil

May is Mental Health Awareness Month

DTRS Wins Innovation Award

In May, former federal and industry leaders honored the Deployed Tele-Radiology System (DTRS) with a FedHealthIT Innovation Award in the Summer Edition of FedHealthIT Magazine. DTRS, a Theater Medical Information Program-Joint system managed by the Joint Operational Medicine Information Systems Program Management Office, transfers medical images from warfighters to the electronic health record.

FedHealthIT Innovation Awards celebrate top programs that drive innovation and results across Veterans Affairs, Military Health, Health and Human Services, and the Centers for Medicare & Medicaid Services. Recipients are nominated and selected from peers within the Federal Health IT sector. The award ceremony is June 6 at Woolly Mammoth Theatre Company in Washington, D.C. Click [here](#) to read more.

2017 Public Sector Innovation Summit

In May, Dr. Lauren Thompson, Director of the Department of Defense (DoD)/Department of Veterans Affairs (VA) Interagency Program Office (IPO), participated in a discussion with top officials and experts from the government IT community at FedScoop's Public Sector Innovation Summit. The event facilitated dialogue on high-priority healthcare issues including cost-effective cloud security to mobility solutions and transforming IT environments. Dr. Thompson highlighted IPO's efforts to enhance health data interoperability between the Departments, the importance of exploring innovations and emerging standards, and the metrics used to determine the progress and interoperability's impact on our wounded warriors, men and women in uniform separating from service, as well as the general population health. Mr. Wyatt Kash, Vice President of Content Strategy for FedScoop, also interviewed Dr. Thompson in a live segment. Click [here](#) to learn more.

