The Scope

winter 2021

DHMS Program Executive Office

COVID-19 REGISTRY

At the end of March and early April, the EIDS team stood-up the COVID-19 registry that continues to pull COVID-19 patient data – including those related to vaccinations – from MHS GENESIS and all relevant legacy systems. The data refreshes no less than daily and flows to the Centers for Disease Control and DOD's analytics tool, MIP, every day.

In its vaccine project effort, the MIP team set up a data connection between DOD's CDR and MIP to allow for an automated transfer for COVID-19 vaccine data. The EIDS team built on this change, streamlining and automating the data flow. These changes reduced processing time by four hours and improved updates from five to seven days per week. The team continues to leverage improved vaccine data input/output processes to automate the registry as much as possible. Working with Service IMRs to automate and schedule their data extracts helps eliminate manual processes and improve end-to-end processing time.
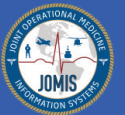
After establishing the registry, EIDS recognized the increasing importance of health informatics and patient data to support effective COVID-19 response and management. In response to that awareness, the COVID-19 registry will be included in a larger capability moving forward that can address future pandemics and associated analytics, creating a more encompassing pandemic registry.

JOMIS INSTALLS MEDCOP FOR U.S. CENTRAL COMMAND

The JOMIS program office recently assisted multiple CCMDs with the installation and adoption of MedCOP, a joint interactive decision-support platform. This new capability provides leaders, spanning from tactical to strategic, with 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. JOMIS developed and released the tool in 2020 and addressed gaps in senior medical leaders' visibility across the DOD that the COVID-19 pandemic brought to light. MedCOP provides full MedSA and MedC2 capabilities and immediate assistance with COVID-19, providing leaders with visibility about information such as available beds and equipment and supplies at each reporting site.

JOMIS helped U.S. Central Command implement MedCOP across its area of responsibility and helped U.S. Africa Command and U.S. European Command with their MedCOP installations. JOMIS will assist other CCMDS with MedCOP adoption in 2021.

MedCOP leverages a secure continuous update pipeline, allowing JOMIS to quickly and efficiently add new and emerging capabilities to the system. In November 2020, 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.

MESSAGE FROM THE ACTING PROGRAM EXECUTIVE OFFICER

Happy new year!

I enjoy January. It offers an opportunity to reflect on the closing year's achievements and envision the wealth of successes ahead. We accomplished some remarkable feats in 2020, some of which you'll read in this issue. Find more in our recently released *annual report!*

Our deployment schedule for the new EHR is in full swing through the coming year. We're set to complete three Waves and kick off another 10 before the end of December. The schedule is both ambitious and amazing, and we can't wait to see the results!

This EHR deployment and its successes belong to a team of remarkable professionals. I want to take this opportunity to acknowledge one, in particular, DHMSM® program manager, Craig Schaefer. He dedicated nearly a decade of service to this project. He transformed the Military Health System's approach to deployment. He built partnerships and drove change across stakeholder groups from the test community to the clinical community. He set us up for success in the coming years, and I can't thank him enough for his contributions to this epic undertaking. We wish him well in all future endeavors.

> *"As I look ahead, I see countless opportunities to build on partnerships across stakeholder groups from the operational medicine community to our partners at VA, USCG and in the private sector."*
>
> **HOLLY JOERS, ACTING PROGRAM EXECUTIVE OFFICER, PEO DHMS**

The DHMSM program is now in the very capable hands of Ken Slaughter and James Perkins, interim program manager and interim deputy program manager, respectively. I have full faith they will continue to build on the solid foundation of our accomplishments across the federal and private sector.

As I look ahead, I see countless opportunities to build on partnerships across stakeholder groups from the operational medicine community to our partners at VA, USCG and in the private sector. We are poised to improve and expand our data analytics in the coming year with the help of EIDS, DMIX and our partners at the FEHRM. I believe this will be a year for big data insights and innovation driven by those insights. I look forward to sharing more in the coming months!

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

MHS GENESIS CAPABILITY BLOCK 4 UPGRADES

On January 22, 2021, DHMSM® deployed a broad set of technological upgrades across nine different capability areas in MHS GENESIS. These upgrades, collectively known as Capability Block 4, build on previous upgrade efforts to keep the system up to date with the commercial standard; increase commonality and enable enhanced operability between DOD and VA; ensure compliance with pharmacy regulations; and increase the security and efficiency of interfaces with sites using legacy systems.

- MPages and Bridge Medical enable the same version of each capability for DOD and VA, simplifying future upgrades and allowing more efficient coordination between the two agencies moving forward.
- The Clairvia upgrade advances DOD's capability regarding efficient planning for care team coverage.
- Pyxis ES, an automated medication dispensing system supporting decentralized medication management, and LaunchPoint Nursing extend and enhance existing functionality for DOD.

MHS GENESIS DEPLOYMENT SCHEDULE BACK ON TRACK

To absorb COVID-19 impacts, DHMSM accelerated two MHS GENESIS deployments back-to-back to stay in alignment with its original schedule, ensuring system delivery at military hospitals and clinics worldwide by the end of 2023. With the recent Wave PENDLETON Go-Live on October 31, 2020, DOD welcomed 5,300 additional users – bringing the total number of MHS GENESIS users to more than 18,000 at sites across Washington, California, Idaho, Nevada and Alaska. MTF Commanders and providers expressed their gratitude for a successful Go-Live event. The program office will apply lessons learned from the Wave PENDLETON deployment to Wave SAN DIEGO Go-Live scheduled for February 2021.

The program's pay-it-forward model continues to provide highly effective support to end users at each new Wave as staff from existing MHS GENESIS sites assist at subsequent deployments. Personnel at new Waves learn directly from an experienced MHS GENESIS user in their equivalent role, driving even faster 'return to normal' timelines. The DHMSM team continues preparations for MHS GENESIS deployments scheduled for calendar year 2021 by assessing readiness in terms of infrastructure, management, user readiness and system usability for each site in time for their Go-Live date.

2021 FedHealthIT 100 Winners

Congratulations to our PEO DHMS team members recognized by FedHealthIT for their positive, impactful health IT contributions.

Holly Joers
Acting program executive officer, PEO DHMS

Chris Nichols
Program manager, EIDS

Lance Scott
Assistant program manager, DHMSM Interoperability and Data Systems

DHA RECOGNIZES PEO DHMS STAFF

DHA recognized Lance Scott, assistant program manager, DHMSM Interoperability and Data Systems, with the Distinguished Civilian Service award. This incredible achievement exemplifies his outstanding commitment to serve PEO DHMS' mission and our nation's service members and their families. Cori Hughes and Robert Brooks also received leadership and good steward awards, respectively. Congrats to the recipients and all PEO DHMS staff honored this year!

JOINT HIE BENEFITS ALL SERVICE MEMBERS

In 2020, the FEHRM program office launched the joint HIE, enhancing the network of community health care providers across the United States who agreed to securely share clinical information with DOD, VA and USCG providers. The FEHRM significantly expanded its joint HIE partners in October 2020 by connecting to the CommonWell Health Alliance. The ability to share critical health information between clinicians helps minimize the number of times service members, veterans and their families need to repeat their health histories, undergo duplicative tests or manage printed health records. The joint HIE, and the recent CommonWell expansion, will enhance both operational readiness and beneficiary access to high quality care.

To see the full article, visit our *LinkedIn page*.

CERNER ADOPTS MHS' NEW MASS VACCINATION PROCESS FOR THEIR COMMERCIAL EHR

Major Brad Marsh, US Army, with the FEHRM program office, refined the MHS GENESIS mass vaccination process which expedites everything from pre-deployment vaccine delivery to annual flu shots. The vaccination process was so successful that Cerner incorporated it into the commercial product. Initially used at The Robert E. Bush Naval Hospital at Marine Corps Air Ground Combat Center in Twentynine Palms, CA, medical teams conducted a mass vaccination screening on September 28, 2020, just two days after the facility's MHS GENESIS Go-Live. The hospital screened 700 active duty Marine records, identifying 79 service members who required specific vaccination updates. Providers quickly adapted to the new workflow process throughout the day, culminating in a 4 minute and 45 seconds per patient vaccination process rate with one patient being processed in just 1 minute and 53 seconds. At the end of this cycle, no additional administrative effort was required. Unlike legacy vaccine procedures that require batch loading of data into immunizations, the MHS GENESIS Mass Vaccination process provides immediate viewing

in the MHS GENESIS Patient Portal, and updates readiness systems frequently throughout the day. Mature sites using MHS GENESIS can execute mass vaccinations at a rate of 1 minute and 45 seconds per patient. The new mass vaccination process helps track and report COVID-19 vaccinations administered to our nation's service members, veterans and their families.
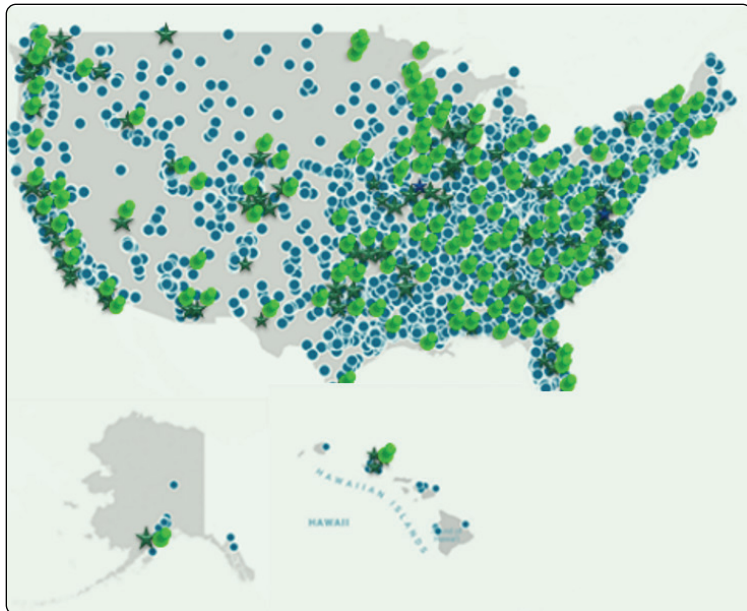
HOW JLV HELPS PROVIDERS

JLV is a clinical application that offers an integrated, read-only display of health data from DOD, VA and private sector providers in a common data viewer. DOD users can easily access JLV via AHLTA, MHS GENESIS, TMDS or the web. As the new EHR deployment expands, JLV allows non-MHS GENESIS users to view patient information stored in MHS GENESIS.

To access JLV from MHS GENESIS, AHLTA or TMDS, first select a patient and then select the JLV link provided by the application. JLV users can access all their patients' available health care data regardless of whether they received care from DOD, VA or participating private sector providers. While JLV initially loads a subset of patient data that includes allergies, medications and immunizations, users can configure the widgets to display data that best matches their needs. Users can select their preferred widgets to display data such as Clinical Reminders, Consult Encounters, Dental Documents, Inpatient Medications, Outpatient Encounters, Procedures, Progress Notes, Radiology Reports and many more.

Thanks to the joint health information exchange, JLV now displays data from thousands of private sector partners across the country.

TRAINING RESOURCES AND CONTACT INFORMATION

Find training resources, points of contact and more through the details in this section.

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
Visit the DMIX page on milSuite or click the Help (?) icon in JLV to visit the Information Portal

Operational Medicine
Access Operational Medicine CBT Courses on JKO

Data Analytics
DHA Survey Portal Training on Health.mil

CBT – Computer-based training

CDR - Clinical Data Repository

DHA – Defense Health Agency

DHMSM - DoD Healthcare Management System Modernization

DMIX – Defense Medical Information Exchange

DOD – Department of Defense

EHR – Electronic Health Record

EIDS – Enterprise Intelligence and Data Solutions

FEHRM – Federal Electronic Health Record Modernization

HIE – Health Information Exchange

ILT – Instructor-led training

IMRs – Immunization Record Systems

JKO – Joint Knowledge Online

JLV – Joint Longitudinal Viewer

JOMIS – Joint Operational Medicine Information Systems

MedC2 – Medical Command and Control

MedCOP – Medical Common Operating Picture

MedSA – Medical Situational Awareness

MIP – MHS Information Platform

MHS – Military Health System

MTF – Military Treatment Facilities

PEO DHMS – Program Executive Office, Defense Healthcare Management Systems

TMDS – Theater Medical Data Store

USCG – United States Coast Guard