CARSON+ SUCCESS

MAJ Cynthia Anderson, chief nursing information officer for General Leonard Wood Army Community Hospital, oversees the in-processing of trainees into MHS GENESIS.

On April 26, 2021, MHS GENESIS went live with Wave CARSON+ and more than doubled its footprint in a single day! The widest geographically dispersed Wave to date and with more MTFs than all previous Waves combined, this was the largest deployment yet. Wave Carson+ included 25 total MTF commands, which brings the total number live on MHS GENESIS to 42.

"This Wave is particularly significant, as it featured the highest number of MTF commands deployed simultaneously," explained Holly Joers, PEO DHMS program executive officer. "Wave CARSON+ places us at approximately 30% completion."

Wave CARSON+ was the fifth deployment Wave led by the DHMSM® program office. DHMSM uses a pay-it-forward model, which assigns experienced MHS GENESIS users as peer assistants and trainers for new users at MTFs preparing to go live. This model continues to be successful even with the increased complexity of larger deployments.

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 October 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."

Last March, McDonald assisted during Wave SAN DIEGO at NMCSD. During Wave CARSON+, she was assigned to assist at GLWACH, the first Army MTF with an initial entry processing mission to go live with MHS GENESIS. At GLWACH, the 43rd Adjutant General Battalion receives, stages and in-processes soldiers beginning initial entry training. Here, trainees have blood drawn and receive appropriate immunizations.

MESSAGE FROM THE PROGRAM EXECUTIVE OFFICER

Thinking back to last summer, there were many COVID-19-inspired uncertainties; however, our team's aptitude for agility and adaptability was never in doubt. We continued our work with dedication and focus, while simultaneously maintaining our versatility. While we continue to be agile to address the tasks of the moment, numerous examples reveal preparation is at the forefront of our minds. The combination of agility and preparation is a winning thematic approach to many areas of life, and just like in health best practices, our team responds accordingly.

Holly S. Joers

With the smooth deployment of Wave CARSON+, programs such as the pay-it-forward model proved successful, and experienced users now prepare future users for a seamless transition to MHS GENESIS. You'll note in the adjacent article, MHS GENESIS documents the vaccination process through its MassVax digital archive. While identifying patients' needs for inoculation, this initiative shows that conscientious engagement with data furthers the long-term well-being of our service members.

EIDS continues to promote efficiency and preparation through its development of LDCS and management of data visualization platforms. With an insatiable drive to advance accessible and actionable health data, EIDS utilizes their years of experience to retire legacy data systems and connect disparate systems, while facilitating the adoption of a single, common record in MHS GENESIS. JOMIS also maintains readiness and preparation in their continuous advancements in OpMed ensuring our service members receive the right data no matter where they are in the world. These two programs maintain an interplay of information and implementation, and I am thankful for their commitment to getting the right data into the right place at the right time.

Finally, PEO DHMS continues to prepare for the challenges of the future through new innovative tools such as the HIVE. As a truly communal platform for traditional and non-traditional partners, the HIVE moves industry development to a digital space. Read how you can join our community on page 3. This is a prime example of how PEO DHMS adapted to the requirements of a digitally working world, while also preparing to usher in the accomplishments of the future. Thank you for your support of PEO DHMS. We look forward to continued work with you.

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

MASSVAX: HELPING THE FIGHT AGAINST COVID

Now, MHS GENESIS documents the vaccination process. MHS GENESIS's mass readiness module, which accommodates medical processing of large numbers of patients at one time, greatly speeds up the intake process. Referred to as "MassVax," this digital archive accurately tracks and ensures that DoD's patient population receives their necessary vaccinations, including COVID-19. MassVax is viewable in the MHS GENESIS Patient Portal, and it continuously updates readiness systems.

MassVax went live during Wave NELLIS on September 28, 2020 at Robert E. Bush Naval Hospital at Marine Corps Air Ground Combat Center in Twentynine Palms, CA, the largest Marine Corps base in the world. That day, the hospital screened 700 active-duty Marine records, identifying 79 service members who required specific vaccination updates. Providers quickly adapted to the workflow, ending the day with an average service time of 4 minutes and 45 seconds per patient.

GLWACH was the first Army site with the Training and Doctrine Command requirement that used the mass readiness module. On the first day of Wave CARSON+ Go-Live, GLWACH successfully processed 30 recruits through immunizations and optometry with seven of them going through audiology. It took approximately one hour to process the 30 patients. MHS GENESIS proved its commitment to patient safety on the first recruit processed that day. Barcoded medication administration prevented a 17-year-old patient from getting the wrong (adult) Hepatitis B vaccine. Overall, 1,682 new recruits completed mass registration at GLWACH during the first two weeks following CARSON+ Go-Live.

The mass vaccination module was so successful that the vendor, Cerner Corp., made the module part of its commercially available baseline product.

HIMSS RECAP: PATIENT-CENTERED IT SOLUTIONS

The Federal Health Pavilion at the 2021 HIMSS Global Health Conference in Las Vegas, NV, opened its doors on August 9th 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 on 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 actively asked several important questions, and LTG Place emphasized the necessity of determined leadership in critical times. You can see his full speech *here*.

Also, Ms. Sonja Lemott, chief engineer of PEO DHMS, kicked off a conversation with Mr. Bill Tinston, director, FEHRM program office, and Ms. Holly Joers, program executive officer for PEO DHMS. Mr. Tinston and Ms. Joers highlighted joint initiatives between DoD and VA like telehealth services and the joint HIE, which are vital to effective patient care and positive health outcomes. Ms. Joers noted, "People are separated by time and place, but technology bridges those gaps, putting the patient at the center." Mr. Tinston echoed the future potential of their work: "What is 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."

To hear more, watch Ms. Joers and Mr. Tinston on *HIMSS TV* as they discuss the necessity of surmounting IT challenges for the benefit of patients.


Top Left: *LTG Place stops by the EIDS booth to discuss their HIMSS presentation.* **Left:** *EIDS SMEs tend the PEO DHMS booth.* **Above:** *Ms. Joers and Mr. Tinston present to partners and stakeholders.*

LDCS: FROM LEGACY TO MHS GENESIS

The LDCS project enables multiple legacy systems to be decommissioned and replaced by MHS GENESIS: AHLTA CDR, CHCS, Essentris®, ARMD, S3 and EBMS-T. LDCS includes retaining and storing legacy system data within the MIP, ensuring a stable and enduring storage solution for legacy data. This improves MIP users' ability to quickly and cheaply access clinical data for secondary uses. LDCS provides the analysis, strategy, design, acquisition, implementation testing and deployment of a solution to capture and retain legacy data, provide a records management capability and bring forward legacy data to a single longitudinal health record via the FHIR interface.

The LDCS team hosted vendor demonstrations for a solution needed to consolidate legacy EHR data from sunsetting legacy EHR systems while the next generation, single EHR solution rolls out across the MHS. On June 25, the CHCS node at Fairchild was decommissioned. Ongoing data migrations and cutovers are planned so that implementation of LDCS closes the gap and mirrors the MHS GENESIS roll out schedule. Program executive officer Holly Joers, notes that "CHCS has and continues to serve our MTFs well, and it is the product of countless hours of devoted work from our data teams. Decommissioning our legacy products is a great step forward in our transformation to MHS GENESIS and into the next few decades of data management."
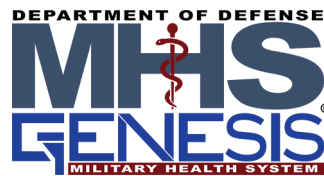
HIVE: SEE IT TO BEE-LIEVE IT!

PEO DHMS continuously drives innovation in change management, especially when it comes to the ever-evolving digital spaces in which we work. With that in mind and with prescience, the CD-DHMS created 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 June 8, 2021 and conceived through the metaphor of a hive of bees all working together for their collective benefit, HIVE is a truly 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 the service of our service members. Catch the buzz *here*, and sign up to join our online HIVE community.

A BUSY AWARDS SUMMER

Several DHMS teams received awards this quarter, headlined by teams from JOMIS and EIDS receiving FedHealthIT Innovation Awards! These awards, nominated and selected by their peers, recognize and celebrate programs for driving innovation and results across VA, MHS, HHS, and the Centers for Medicare and Medicaid Services.

JOMIS' Theater Blood team was awarded the FedHealthIT Innovation Award for their work in developing a prototype product that will extend donor blood management capabilities into the disconnected, intermittent, low-bandwidth environment. It will allow users to perform processes and functions locally to ensure the availability, documentation and visibility of blood products across the operating environment of the U.S. Armed Services.

EIDS' NIWC Atlantic received the FedHealthIT Innovation Award for their work bringing state-of-the-art technology to delivery in support of the MIP. This EIDS/NIWC Atlantic partnership allowed for rapid responses to emerging threats such as COVID-19 and cyber vulnerabilities resulting from an aging infrastructure. This partnership enabled a 16-week rapid migration to the cloud and achievement of four ATOs in an unprecedented 12-week period.

Congratulations to all recipients for their awards and for their continued commitment to the well-being of service members and their families.

CHILDHOOD IMMUNIZATION CATCH-UP

While COVID-19 has been a focus of the past year, DHA would like to highlight the importance of fighting against other childhood illnesses with preventive care and immunization shots. Childhood immunization rates fell by 15% since the start of the pandemic. It is important for our community to prioritize protection against disease, COVID-19 or otherwise. Bearing this in mind, the DHA provides guidance and tools to better childhood immunization rates. This includes hosting an Immunization Registry via CarePoint, involving MTF staff in plans to make vaccinations convenient, and having MTF staff involved in messaging to help more children receive vaccines.

OPMED CAPABILITY ROADMAP SUMMIT II

The OpMed community convened at a summit in late July to discuss its priorities. The interviews that JOMIS conducted over the last several months with subject matter experts during OpMed Capability Roadmap development informed many of these discussions.

The JOMIS program focused its presentation on leveraging recent efforts to drive capability enhancements and sunset legacy systems. In addition, JOMIS offered an evolutionary, iterative methodology for delivering new capabilities using tailored, small-batch efforts focused on the needs of its users.
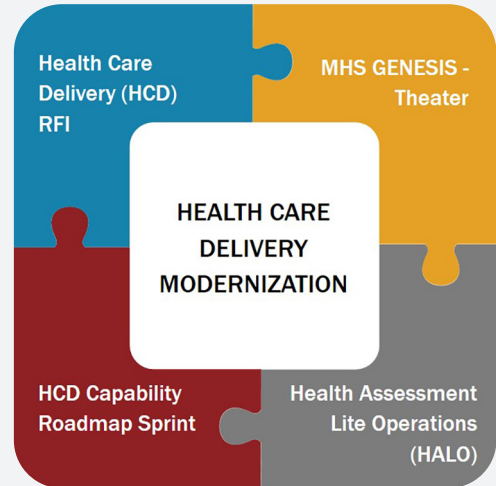
JOMIS seeks to reimagine how technology supports the OpMed community by delivering smaller, easy-to-use, modular, high-quality products that align with unique user needs. The future of HCD modernization efforts regarding data aggregation, automation and visibility will rest on a bidirectional data exchange with MHS GENESIS to create "one view" of the patient and a single EHR. This will provide an intuitive user-centric solution for providers as well as the ability to access or update essential patient data or records of care and view data from higher roles when connectivity allows. The summit furthered JOMIS' task of responding to evolving mission needs with agility and continuous product delivery cycles.

NEW VERSION OF JLV RELEASED IN AUGUST

With Release 10 of JLV on August 25, 2021, JLV users will access a new application with a more modern framework. This new framework replaces JLV's now-outdated framework and enables enhancements in configurability, usability and accessibility. While JLV underwent a significant rework with this update, the development team carefully constructed the changes so the user experience remains familiar. The design changes are both intuitive and more closely aligned with commercial best practices. The new React framework also paves the way for even more exciting changes in future releases!

Changes in Release 10 include:

- A more flexible tab workspace for laying out widgets
- The ability to adjust widgets' width within tabs
- The ability to add all available data columns to a minimized widget
- Filtering for all data columns in the minimized and expanded widgets
- A new "This Announcements" splash screen
- A redesigned widget tray
- The ability to move the Report Builder window
- New icons
- Widget name and labeling refinements
- More patient data
- Defect fixes

For up-to-date details, visit the DMIX milSuite page at https://www.milsuite.mil/book/community/spaces/mhs-genesis-mtf/dmix/overview or click the Help icon in JLV.
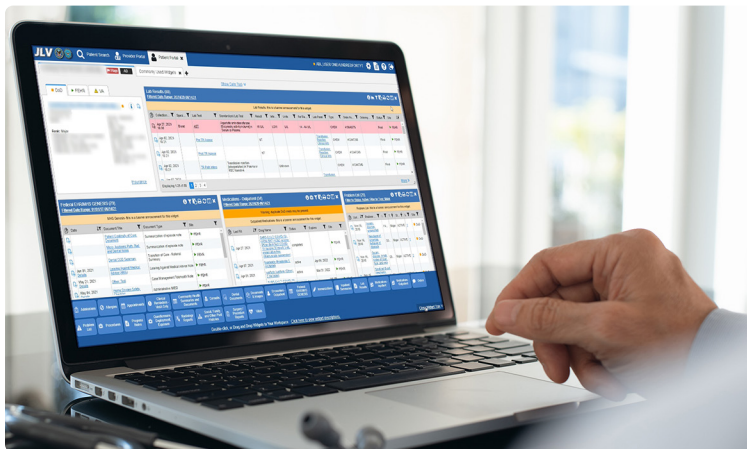
TRAINING RESOURCES AND CONTACT INFORMATION

Operational Medicine
Access Operational Medicine CBT Courses on JKO

The following courses provide training on operational medicine health IT software, to include documentation of care in the electronic health record and use of medical logistics, medical command and control, medical situational awareness software, and radiology imaging systems.

DHA-US053 JLV New User Training (30mins)
DHA-US054 JLV Advanced User Training (1hr)
DHA-US322 DMLSS Customer Assistance Module (DCAM) (FOUO) (1 hr)
DHA-US424 TMDS: Theater Medical Data Store
DHA-US425 MSAT: Medical Situational Awareness in the Theater (3 hrs)
DHA-US691 AHLTA-T Computer Based Training (3 hrs) other topics;
DHA-US691-A AHLTA-T Security and Navigation (1hr)
DHA-US691-B AHLTA-T Encounter Workflow (2 hrs)
DHA-US691-C AHLTA-T Ancillary Services (1 hr)
DHA-US691-D AHLTA-T Data Manager (1 hr)
DHA-US1100 Medweb DTRS Provider Course (2 hrs) other topics;
DHA-US1101 Medweb DTRS Radiologic Technologist Course (2.5 hrs)
DHA-US1102 Medweb DTRS Radiologist Course (2.5 hrs)

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
Find the latest JLV information on the DMIX page on milSuite or click the Help (?) icon in JLV to visit the Information Portal.

Data Analytics
DHA Survey Portal Training on Health.mil

GLOSSARY

ATO – Authority to Operate

ARMD – Anesthesia Reporting Monitoring Device

BAMC – Brooke Army Medical Center

CCMDs – Combatant commands

CD-DHMS – Contracting Division of PEO DHMS

CDR – Clinical Data Repository

CHCS – Composite Health Care System / Cache

DHA – Defense Health Agency

DHMSM – DoD Healthcare Management System Modernization

DoD – Department of Defense

EBMS-T – Enterprise Blood Management System

EHR – Electronic Health Record

EIDS – Enterprise Intelligence and Data Solutions

FEHRM – Federal Electronic Health Record Modernization

FHIR – Fast Healthcare Interoperability Resources

GLWACH – General Leonard Wood Army Community Hospital

HIE – Health Information Exchange

HCD – Health care delivery

HHS – Department of Health and Human Services

HISP – Health Information Service Provider

IMRs – Immunization Record Systems

ITSC – Information Technology Steering Committee

JLV – Joint Longitudinal Viewer

JOMIS – Joint Operational Medicine Information Systems

LDCS – Legacy Data Consolidation Solution

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

NMCSD – Naval Medical Center Sand Diego

OpMed – Operational Medicine

PEO DHMS – Program Executive Office, Defense Healthcare Management Systems

NIWC – Naval Information Warefare Center

RRD – Remote Report Distribution

S3 – Surgical Scheduling System

TMDS – Theater Medical Data Store

USCG – United States Coast Guard

VA – Department of Veterans Affairs