DHMS Program Executive Office

The Scope

2022 Edition 1

DoD SUCCESSFULLY DEPLOYS MHS GENESIS TO MILITARY SITES ACROSS TEXAS

Team members implement MHS GENESIS in the Emergency Operations Center at Brooke Army Medical Center, Joint Base San Antonio-Fort Sam Houston, Texas, Jan. 22, 2022. Photo by Lori Newman.

On January 22, Waves BAMC/LACKLAND Go-Lives began after extensive training and preparation from the MHS GENESIS team, including staff from the DHMSM program office and DHA-HI. These Waves brought six new MTF Commands online with MHS GENESIS: BAMC, Corpus Christi, Dyess AFB, Goodfellow AFB, Lackland AFB (59th MDW) and Laughlin AFB. Waves BAMC/LACKLAND bring the total number of MHS GENESIS deployments to 12 as the deployment team continues its mission of deploying MHS GENESIS to securely standardize, integrate and manage records across DoD, USCG and VA.

While BAMC is the Army's largest hospital, Wilford Hall Ambulatory Surgical Center (59th MDW), also located at Joint Base San Antonio-Lackland, is the DoD's largest outpatient ambulatory surgical center. Housing more than 25 outpatient clinics and clinical services, with various treatment facilities throughout the city, it provides a full spectrum of health care services to more than 240,000 beneficiaries in the San Antonio metropolitan area. More than 11,000 MHS GENESIS users came on board to the enterprise system during Waves BAMC/LACKLAND.

Air Force Brig. Gen. Jeannine M. Ryder, 59th MDW commander and San Antonio market director said, "Our medics are engaged, positive and flexible while adapting to this new electronic medical record." Brig. Gen. Ryder was not alone in her complementary language regarding the deployment. Brig. Gen. Clinton Murray, BAMC commanding general and San Antonio market deputy director, said, "I'm pleased to say the implementation is going very well." He explained that "the team helping to implement MHS GENESIS and the staff, as a whole, are doing a wonderful job." As he visited various departments and services throughout the Go-Live event, he said he "was incredibly impressed by

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DHMS Program Executive Office

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PEO DHMS

MESSAGE FROM THE PROGRAM EXECUTIVE OFFICER

Holly S. Joers

This winter highlighted the resilience of our team. Not only did we make it through the cold of another D.C. winter, we also greeted the New Year with passionate drive in order to weather the often unforeseen challenges of the season. The ever-presence of COVID-19 pervaded both our work and personal lives with its ramifications of limitation, anxiety and frustration; however, through our personal experiences with this pandemic and with empathy, we recognized the critical nature of our work, and through determination, we realized many of the goals that we hoped to achieve. From contact tracing data initiatives to deployment vaccine reporting to telehealth options, I've seen how the hurdles in our personal lives translate to leaps in our work.

I look forward to sharing details regarding the strides EIDS is making with data utilization and consolidation in the MIP, DHMSM's deployment success at Waves BAMC/LACKLAND, the testing efforts of engineering at the METIC and JOMIS' advancements in MedCOP.

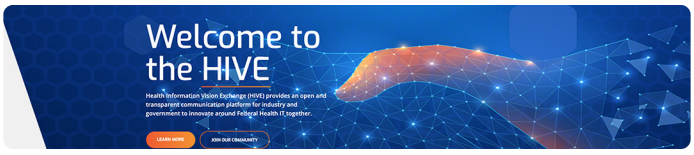
In Orlando, we spoke about our critical initiatives and showcased key products at HIMSS 2022. Connecting with partners and stakeholders at the conference accelerates advancements in Health IT that ultimately enhance the relationships between providers and patients. Thank you to our teams for their participation and communication with industry leaders.

Lastly, it's no surprise that many team members were honored with awards for their work in advancing our efforts. Thank you to everyone for making this winter a successful one, and we look forward to our continued work together.

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

THE HIVE: ENGAGE WITH US!

HIVE.gov is buzzing with acquisition activity. Sporting newsfeeds, direct messaging and groups, the HIVE provides an opportunity to learn about government activities, share ideas and connect with industry leaders. Get in touch and get involved at HIVE.gov.



DOD SUCCESSFULLY DEPLOYS MHS GENESIS TO MILITARY SITES ACROSS TEXAS (CONT.)

everyone's enthusiasm and positive feedback. The time between turning systems off and on can be tricky with paper orders, labs and X-rays, but the team did it flawlessly."

DHMSM®
DoD Healthcare Management System Modernization

To help ensure a smooth transition from legacy systems to MHS GENESIS, DHMSM enlisted support from pay-it-forward volunteers. BAMC also created an emergency operations center with clinical and support teams to ensure system stability and patient safety during Go-Live. Col. Patrick Osborn, chair of BAMC's Informatics Steering Committee said that ahead of Go-Live "the entire health care team [had] been diligently training on the system… modernizing the electronic health record improves the quality, safety and continuity of care for our patients."

Waves BAMC/LACKLAND brought new complex service offerings to MHS GENESIS, notably BAMC's Level I Trauma Center, comprehensive burn specialty care and comprehensive Extracorporeal Membrane Oxygenation (ECMO) programs and a higher population of patients enrolled in the Secretarial Designee (SECDES) program. BAMC's Level I Trauma Center serves San Antonio and the surrounding region, caring for more than 4,000 military and civilian trauma patients and 80,000 emergency department visits annually. As the sole Level I Trauma Center within the MHS, it serves as the premier medical readiness training platform for both the Army and the Air Force. Forty of BAMC's hospital beds are designated for the US Army Institute for Surgical Research Burn Center, which serves alongside the Level I Trauma Center to provide emergency services for residents from 22 separate counties in South Texas. BAMC's hospital campus also houses the Center for the Intrepid (CFI), a preeminent extremity injury rehabilitation center, which advances rehabilitation and recovery for severely injured combatants. Monumental advances in prosthetic care for amputees and functional restoration for patients undergoing limb salvage are among the hallmarks of the CFI.

Multiple units at BAMC shared their appreciation of the support during the Go-Live while highlighting a number of successes. General care providers at BAMC's mass COVID testing site reported the completion of 1,540 COVID-19 tests in the first week of Go-Live using the system's mass vaccination module. Also, providers in the Trauma Unit expressed their appreciation for enhanced safety features, including the ability to rapidly detect missed or delayed doses.

As we continue to deploy the new EHR across the country in 2022, the new functionalities demanded by BAMC's unique medical capabilities will benefit the entire MHS.

EXPERIENCING, ENHANCING AND EVOLVING THE FEDERAL EHR

Left to right: Mr. Pat Flanders, Dr. Terry Adirim, Ms. Holly Joers and Mr. Bill Tinston speak at the Experiencing, Enhancing and Evolving EHR panel at HIMSS 2022.

Government leaders emphasized the benefits of a single, common federal EHR to patients and providers during a panel presentation at the HIMSS Global Health Conference and Exhibition held March 14-18, 2022 in Orlando, FL.

Dr. Neil Evans, M.D., moderated the four-member panel focused on experiencing, enhancing and evolving the federal EHR. Dr. Evans performs the duties of the assistant secretary for information and technology and chief information officer within the VA, overseeing its digital transformation supporting health care benefits delivery to more than 9 million enrolled veterans.

Mr. Bill Tinston, director of the FEHRM office, which delivers capabilities to meet the needs of providers and patients and evolve the federal EHR, opened his remarks by highlighting that the DoD, VA and USCG are implementing a single, common federal EHR, not integrating different record solutions. Mr. Tinston explained the Departments are committed to ensuring that Service members and their families have one EHR that follows them from active duty through veteran status no matter where they receive care. "We need to create the tools to allow them to make the best decisions on delivering health care," said Mr. Tinston. "Our job is to make IT disappear from the conversation. IT you don't need to think about."

Ms. Holly Joers, program executive officer of PEO DHMS, proudly announced that DoD kicked-off its final CONUS Commanders' Workshop at Wright-Patterson. This marks the beginning of preparations for the last wave deployment within the continental United States. DoD will complete deployments outside the continental United States in 2023. Momentum continues to build with each wave deployment, and at the time of the panel discussion, Waves HOOD and BRAGG were only three days away from going live on March 19, 2022.

"We are approximately 50% complete with the deployment of MHS GENESIS across the country," said Ms. Joers. "We are rapidly improving our coordination of care system throughout the enterprise so that patients know what to expect regardless of where that care is delivered. Families should no longer be forced to 'crack the code' at each new facility to access care. Our workflows using MHS GENESIS are standardized and repeatable at all locations."

"In order to transform how we coordinate care, we must leverage local commander support," explained Ms. Joers. "It really does take a village. Our commander leadership is the secret sauce that makes MHS GENESIS rollouts a success—we are implementing WITH them, not FOR them or TO them. They are the change leaders."

Dr. Terry Adirim, program executive director of the VA's Electronic Health Record Modernization Integration Office, confirmed that engaged and effective local leadership is critical to deployment success. Moreover, since DoD is further along, the VA is leveraging the success seen through DoD's deployments.

"The VA's largest challenge is in supporting VA personnel through this very big change in how they will be delivering health care," said Dr. Adirim. She further explained the VA is heavily invested in shepherding providers and staff through the changes in workflows they will experience to help them with successful adoption when the federal EHR arrives at their locations prior to optimizing the record.

Mr. Pat Flanders, chief information officer for the DHA, stated that in order to replace legacy systems across DoD sites, a critical factor to successfully implement the new EHR is rooted in upgrading IT infrastructure from using local area networks to wide area networks. The Services agreed to streamline their IT networks using accreditation that applies to all medical facilities, regardless of whether they reside at an army post, air force base or naval station.

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EXPERIENCING, ENHANCING AND EVOLVING THE FEDERAL EHR (CONT.)

Once these infrastructure upgrades and connections are in place, large streams of data will flow faster to providers and staff, making coordination of care easier, improving the patient experience.

The panel emphasized that improving the patient experience is central to their mission, which demands enhancing and evolving new capabilities and responding to end-user needs. During the pandemic, the need for expanded telehealth capabilities surfaced immediately. DoD leveraged the VA's robust telemedicine platform to quickly offer MHS Video Connect as a mechanism to connect patients and providers, and in the near future, it will connect primary care physicians with specialists to formulate care plans with the patient simultaneously. The MHS GENESIS record evolves with each wave deployment as workflows optimize to support unique clinical capabilities. For example, the recent deployment at BAMC at Joint Base San Antonio - Ft. Sam Houston in Texas brought several advanced workflows online to support DoD's only trauma 1 and specialty burn unit. These advanced capabilities are implemented across the entire enterprise so national standards support future deployments and ensure consistency throughout the federal EHR.

Mr. Tinston shared that during the FEHRM's Federal EHR Annual Summit, providers expressed that seeing a patient's entire medical record across all modes of health care delivery is essential. The federal EHR will streamline the process of gathering information normally scattered across multiple systems or worse, on paper.

"Success is clear: no service member or their family should carry a mountain of paperwork into a doctor's office ever again, and veterans should not spend months gathering paper records from each facility where they've received care throughout their career in order to transfer their medical data into the VA system," said Mr. Tinston.

The federal EHR not only improves the patient experience, but it also saves providers time by documenting medical encounters more efficiently and uses AI to pre-populate relevant data into the record. This allows providers to access the information they need without lifting a finger. In short, the federal EHR provides access to more relevant, reliable, timely and usable patient data to make informed decisions faster.

The joint HIE is one mechanism that revolutionizes the way DoD, VA and USCG provide care. Soon the joint HIE will connect to approximately 90% of civilian networks, enabling health data to be shared automatically no matter where care is provided. This will be transformational for referrals inside and outside the TRICARE network.

The DoD, VA and USCG provide a single EHR that continuously delivers new capabilities to meet advanced health care standards. Thank you to HIMSS for the opportunity to keep stakeholders abreast of past accomplishments and future endeavors.

EIDS AT HIMSS 2022

PEO DHMS showcased EIDS in the exhibit hall at HIMSS. Subject matter experts, Clint Finch and Adrienne Martens, introduced visitors to exciting projects underway at EIDS, including the MIP-ITR & COVID Vax Strategy – tracking and unifying immunizations to protect tomorrow's forces; Digital Biobank – linking data from across military health systems using a cloud solution; EIDS Service Catalog – a tool to simplify the process for clients to find EIDS products and services; and WORKWELL, Contact Tracing & Active Duty QR Code – applications to report work availability, work locations, COVID-19 and other vaccination statuses.

DHA Director LTG Ronald Place visited the kiosk and engaged with the team on the new capabilities and health care advancements provided via the EIDS program office.

Mr. Clint Finch and Ms. Adrenne Martens host visitors at the EIDS kiosk.

HOLLY JOERS PODCAST WITH GOVCIO AT HIMSS 2022

On March 17, 2022, PEO DHMS Program Executive Officer, Ms. Holly Joers, participated in a podcast with Sarah Sybert of Government CIO Media & Research onsite at Orlando during HIMSS. Ms. Joers spoke about the state of the DoD's MHS GENESIS deployment, enhancements in the change management and deployment processes, the Joint Health Information Exchange and her excitement about the DoD's partnership with VA and USCG.

Holly Joers speaks with Sarah Sybert of GovCIO.

To listen to the "Live from HIMSS: DHMS is Evolving EHR to Meet Patient Needs" podcast, click here.

FIGHTING COVID THROUGH ADVANCEMENTS IN CONTACT TRACING WITH WEARABLES

The ability to track COVID-19 positive contacts is not an easy process. Many organizations use sign-in sheets or computer applications that require a person to enter information manually. These methods track single entry into an area but not to specific individuals they interact with throughout the day.

An ongoing contact tracing effort with the Joint Emergent Operational Need uses wearable devices and a network of receiving devices called anchors to record collected data from the wearable devices as it relates to the CDC's COVID-19 close contact phrase "too close too long." This contact tracing system completed efforts to meet all CDC requirements and entered into the final phase of testing and independent validation and verification. Testing is being conducted at the METIC, PEO DHMS' secure, shared and managed facility that provided hosting services for federal health IT test events that require physical equipment and hands-on testing. PEO DHMS expects to deploy a full capability solution in September 2022.

The team can reuse the WorkWell architecture as the basis for this contact tracing design. WorkWell reports work availability, work location and COVID-19 status, and reuse of this architecture allows the team to shorten development time. The front-end application allows MTF administrators to provision wearable devices to service members simply and easily and

provides near real-time views on devices that were "too close to long." Additionally, the system delivers contact information for service members who test positive for COVID-19, providing invaluable information in the fight against the spread of the COVID-19 virus.

The wearable devices can also be used onboard a ship in a "disconnected" mode. This mode allows the information to be captured and monitored locally while service members are deployed. Upon return, the system reconnects to a military network and offloads the contact information to the central databases.

The contact tracing system is only the start of a larger effort to enter the 'Internet of Things' world securely and safely. The information gained in this project supports future efforts to expand the potential use of other devices to capture data otherwise unavailable.

INTRODUCING JOMIS' THEATER BLOOD PROGRAM

The Theater Blood program, a FedHealthIT 2021 Innovation awardee, supports the wartime missions of the Armed Services Blood Program to provide blood, blood products and blood services to US deployed personnel across the globe. This solution replaces the current legacy web-based application and creates a new theater system capable of performing highly synchronized and complex tasks to ensure the availability, continuous documentation and visibility of blood products (donor, inventory and transfusion).

Feedback from user acceptance events ensures the Theater Blood team delivers the utmost value to our warfighters, which is crucial to improved blood operations across the enterprise. In the near term, the team will analyze participants' feedback with the ultimate goal of making blood services easily comprehensible and accessible to support our warfighters.

WHAT IS MHS VIDEO CONNECT?

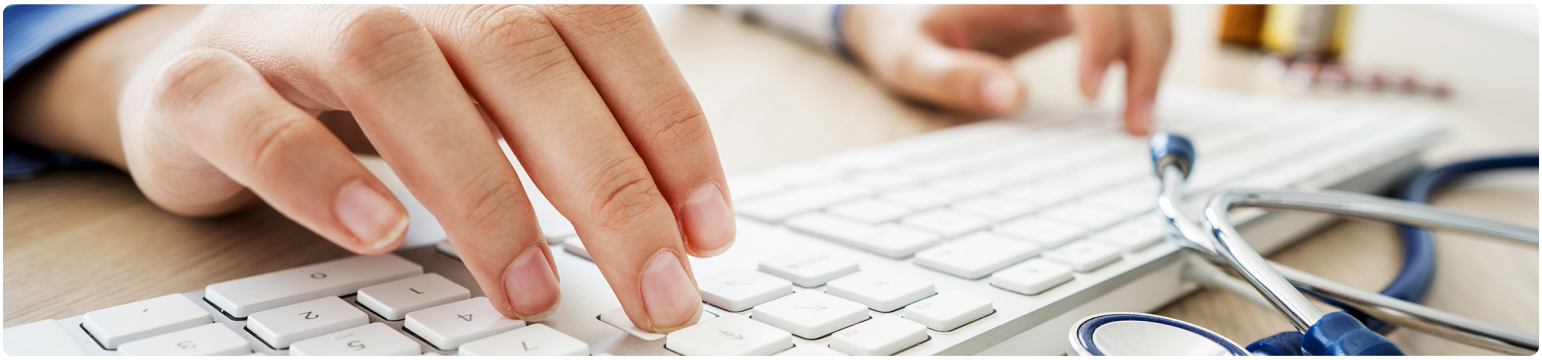
MHS Video Connect, a secure audio and video conferencing solution, integrates with MHS GENESIS for scheduled clinical appointments with military health providers. MHS Video Connect uses any internet-connected mobile phone, tablet or personal computer and dynamically allocates bandwidth to optimize audio and video quality. All MTF's currently using MHS GENESIS provide MHS Video Connect to patients, advancing virtual health capabilities that empower and actively engage patients to improve health outcomes and support military readiness. MHS Video Connect helps reduce the time and costs related to medical treatment and travel, while improving the efficiency and effectiveness of virtual health.

Metric	Totals
US Parent MTF Rolled-out (%)	100%
Supported States/Markets	37
Cumulative Participants	64,702
Cumulative Conferences	36,823
Weekly Conferences	1,824
Weekly Participants	3,542
Maximum Concurrent Conferences	42
Provisioned Users	34,737

As of February 2022

Plans are underway with INDOPACOM to test MHS Video Connect along with other capabilities to evaluate its viability in a deployed environment as well as its fulfillment of INDOPACOM's user needs.

THE MIP AT A GLANCE



Have you heard of the Military Health System Information Platform (MIP)? While many of us are familiar with its presentation on CarePoint, the MIP offers so much more!

Since 2019, DoD treats data as a digital asset that directly affects the health outcomes of our men and women in uniform as well as other beneficiaries; however, how this data is aggregated, organized and transferred often stays behind the CarePoint screen. MIP to the rescue - it is all about data convergence within an agile system focused on data use. According to Program Manager Chris Nichols, the MIP provides "better tools, better use of tools, more tools and improved user access."

To use a metaphor, think of the MIP as the heart of the MHS data circulatory system. It pumps data from a vast repository to a variety of destinations including MHS GENESIS, clinical markets, MTF's, research communities, managed support contractors, CCMDs and Joint HIE partners, including the VA. This consolidation and movement of data allows for both diagnostic as well as predictive capabilities. With regard to diagnostic capabilities, the MIP continuously improves its agility so that data lands in front of a clinician as quickly as possible to improve outcomes. With regard to predictive capabilities, the MIP allows data sets to interact with and learn from other data sets, creating the ability to predict future risks for patients based on historical and population data. Through EIDS ingenuity, upgrades and consolidation efforts happen continuously in this 'data circulatory system,' and PEO DHMS will continue to update you on advancements within the MIP, as this system has a number of revolutionary initiatives in store!

HAPPY BIRTHDAY TO THE METIC: DHMSM TESTING SUCCESS CONTINUES

DHMSM T&E recently celebrated its one-year anniversary at the METIC. In March 2021, DHMSM T&E relocated their fixed facility government-approved laboratory to the METIC and conducted their first test event at the facility in April 2021. The METIC provides hosting services in a secure, shared and managed facility to support federal health IT test events that require physical equipment and hands-on testing. The METIC fully integrates with PEO DHMS' virtual testing infrastructure, allowing end-to-end testing of equipment and software, leveraging connections to the MedCOI and other external entities. The METIC can accommodate software development, integration, a variety of test events as well as meetings and demonstrations. This facility hosts multiple groups concurrently, with each organization running their tests in its open and reconfigurable test space. At the METIC, groups can easily share connections to one another's environments when needed for test events.

METIC testing facility in Chantilly, VA

The DHMSM T&E team recently used PEO DHMS' virtual testing infrastructure and the METIC facility in Chantilly, VA to conduct scheduled maintenance and testing for several capabilities. Additionally, the DHMSM T&E team brought a second Pyxis automated medication dispensing emulator and additional barcode scanners online at the METIC to increase testing capacity. The team leveraged the METIC to support recent CB 6.0 testing. CB 6.0 is a group of new, updated capabilities integrated into MHS GENESIS that enhance productivity for providers and improve patient safety.

PEO DHMS testing infrastructure and METIC services exemplify how the agency applies modern IT to federal health initiatives by transforming the delivery of health care and advancing data sharing through a modernized EHR for service members, veterans and their families.

NEW DEVELOPMENTS FOR MEDCOP

The COVID-19 pandemic highlighted the need for greater visibility of deployed operational medicine (OpMed) capabilities. OpMed commanders need access to all available tools to combat the pandemic. MedCOP answered the call, providing tactical and strategic OpMed leaders with advanced decision support tools, real-time health surveillance and medical operations visibility, enabling enterprise-wide health services supporting the full spectrum of military operations. This globally replicating architecture and interactive decision support platform provides near real-time information and data sharing capabilities to decision-makers in order to more adequately leverage medical capabilities.

There were many notable OpMed medical capabilities incorporated into the MedCOP dashboard in 2021. JOMIS deployed the tactical and operational Patient Movement Application under guidance of Joint Trauma Systems (JTS) and a theater blood reporting capability into the MedCOP dashboard. Additionally, the Disease Non-Battle Injury and Battle Casualty tracking module for symptomatic and syndromic surveillance also deployed in 2021. MedCOP integrates with several external systems, such as CarePoint, and automates the ingestion of CarePoint data, which users previously input manually.

Several CCMDs now have access to enhanced OpMed capabilities available through their adoption of MedCOP. CENTCOM was the first CCMD to fully adopt and mandate MedCOP as their system of record. Both EUCOM and AFRICOM followed thereafter mandating MedCOP as their primary system for medical command and control. JOMIS deployed MedCOP servers to DHHQ, EUCOM, AFRICOM and Joint Staff J7. JOMIS also launched the MedCOP application to existing servers at CENTCOM and SOCOM.

JOINT HIE REACHES PINNACLE

The Joint HIE is now the largest e-health exchange in the country, available at more than 22,400 provider sites, 75% of all hospitals, with 45 eHealth Exchange partners and 11.5 million patients enrolled. The Joint HIE is a modernized health data sharing capability that enhances the ability of DoD, VA and USCG to share bidirectional EHR data quickly and securely with participating community health care providers.

Partner information from Joint HIE is available using the JLV. JLV provides an integrated read-only display of health data from federal and private sector partners in a common data viewer. Thousands of 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.

THIS WINTER'S AWARD WINNERS

WashingtonExec's Pinnacle Award Winners

Ms. Holly Joers: The WashingtonExec Pinnacle Awards celebrated Ms. Holly Joers, program executive officer for PEO DHMS, as the DoD Government Executive of the Year for her executive management and leadership essential to the successful deployment of MHS GENESIS.

Mr. Richard Husk: Mr. Richard Husk won the Pinnacle Award for the Government Cloud Executive of the Year for his work on the MHS Information Platform Accelerated Migration Project, which allows data systems to function in a consolidated manner and with greater agility. The Pinnacle Awards honor government and private sector executives that make a substantial impact on their industries, specifically recognizing Mr. Husk as an elite data steward.

DHA Advanced Professional Engagement & Exploration Competitive Achievement Award

Mr. Robin Russell: With Mr. Russell's expertise and direction, EIDS became a powerhouse in modernizing MHS Health IT, supporting data-driven decision making at the strategic, operational and tactical levels. Mr. Russell is highly deserving of the Defense Health Agency's Advanced Professional Engagement & Exploration Award for his work orchestrating integration for systems such as MHS GENESIS and providing enterprise clinical intelligence to include clinical support applications, readiness reporting, research, 'big data' techniques and dashboards for the entire MHS and other federal partners.

DHA Excellence in Leadership Competitive Achievement Award

Lt Col Peter Easter: As a healthcare professional (pediatrician), data advocate and strategy lead, Lt Col Easter is an incredible leader who shares an immense and irreplaceable role on the team. Always keeping the customer as the highest priority, Lt Col Easter not only meets but exceeds user asks by providing above and beyond service in the final delivered product, whether that includes recommending CarePoint site enhancements for better usability, registry creation for patient data and clinician insight or supporting EIDS business operations and program governance. Congratulations Lt Col Easter for a well-deserved award.

WHAT'S NEW IN JLV?

JLV continues to increase and improve access to patient health records from community partners. On December 15, 2021, JLV released an enhancement that includes additional data, as well as performance and usability improvements. JLV's widgets can access new data and organize it in a useful way. Specifically, the Immunizations widget now displays pharmacy immunizations data received from the Pharmacy Data Transaction Service (PDTS), which provides immunizations records from community partners like CVS, Rite Aid, Walgreens and Walmart. The Allergies widget now displays allergies data received from the Theater Medical Data Store (TMDS). On the Demographics widget, DoD ID replaces the Social Security Number, eligibility and subscriber information are now included in the details view, and the Federal HIE tab is no longer displayed when no Federal HIE data is available.

The CarePoint Information Portal houses an interactive map of community partner facilities that contribute patient data to JLV. Map users can filter the view to display DoD, VA, USCG, eHealth Exchange and/or CommonWell associated treatment facilities. Access to this dashboard requires DHA VPN connection.

There is also a new interface between the JLV and the Individual Longitudinal Exposure Record (ILER) that enables the exchange of exposure data as part of the federal EHR, enhancing care for those potentially exposed. We have an opportunity to drive more accurate exposure information into ILER, create better outcomes and a more holistic picture of the exposure.

TRAINING RESOURCES AND CONTACT INFORMATION

Operational Medicine

Access Operational Medicine CBT Courses on Joint Knowledge Online

MHS GENESIS

Visit the MHS GENESIS training page on milSuite

Joint Longitudinal Viewer

Visit 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

It's National Ocupational Therapy Month! Occupational Therapists are a vital piece of the recovery process and are there to empower patients to improve their ability to complete activities of daily life.

When it comes to oral cancer, there are several risk factors including tobacco use poor oral hygiene, unprotected oral sex or a diet low in fruits and vegetables. Take care of your oral health this and every month.

AFRICOM – U.S. Africa Command

AMP – Accelerated Migration Project

ATO – Authority to Operate

ARMD – Anesthesia Reporting Monitoring Device

BAMC – Brooke Army Medical Center

CB – Capability Block

CCMDs – Combatant Commands

CD-DHMS – Contracting Division of PEO DHMS

CDR – Clinical Data Repository

CENTCOM – U.S. Central Command

CHCS – Composite Health Care System

CIT – Component Integration Testing

CONUS – The Continental United States

DHA – Defense Health Agency

DHA-HI – Defense Health Agency Health Informatics

DHHQ - Defense Health Headquarters

DHMSM – DoD Healthcare Management System Modernization

DISA – Defense Information Systems Agency

DIT – Development Integration Testing

DoD – Department of Defense

EHR – Electronic Health Record

EIDS – Enterprise Intelligence and Data Solutions

ESS – Enterprise Software Services

EUCOM – U.S. European Command

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

HIMSS – Healthcare Information and Management Systems Society

HISP – Health Information Service Provider

INDOPACOM – U.S. Indo-Pacific Command

IT – Information Technology

JLV – Joint Longitudinal Viewer

JMAR – Joint Medical Asset Repository

JOMIS – Joint Operational Medicine Information Systems

JTS – Joint Trauma Systems

LDCS – Legacy Data Consolidation Solution

LPDH – Leidos Partnership for Defense Health

MedCOI – Application Migration Project

MDG – Medical Group

MDW – Medical Wing

MedC2 – Medical Command and Control

MedCOI – Medical Community of Interest

MedCOP – Medical Common Operating Picture

MedSA – Medical Situational Awareness

MIP – MHS Information Platform

MHS – Military Health System

MSAT – Medical Situational Awareness in Theater

MTF – Military Treatment Facility

NIWC – Naval Information Warfare Center

NMCSD – Naval Medical Center San Diego

OpMed – Operational Medicine

PEO DHMS – Program Executive Office,
Defense Healthcare Management Systems

SOCOM – United States Special Operations Command

RRD – Remote Report Distribution

S3 – Surgical Scheduling System

SIT – System Integration Testing

TMDS – Theater Medical Data Store

USCG – United States Coast Guard

VA – Department of Veterans Affairs