

SEPTEMBER MHS GENESIS “GO LIVE” MARKS IMPORTANT MILESTONE



CAPT Sharon House, Naval Hospital Jacksonville director and Navy Medicine Readiness and Training Command Jacksonville commander, together with the command’s MHS GENESIS team, prepare to cut the ceremonial ribbon for the new electronic health record, MHS GENESIS, on September 24. (U.S. Navy photo by Yan Kennon, Naval Hospital Jacksonville/Released)

The success of Wave JACKSONVILLE/EGLIN go-live marks an important milestone — MHS GENESIS deployment hit 67% completion, adding 18 new Medical Treatment Facility (MTF) commands across five states. Ninety-two MTF commands and 5.6 million Department of Defense (DoD) beneficiaries now use the single, common federal electronic health record (EHR).

The Wave JACKSONVILLE/EGLIN launch proved the most complex deployment to date for many reasons. It marked the first time that new features of the Revenue Cycle Expansion (RevX) project integrated into a wave deployment. Additionally, deployment activities took place as Hurricane Ian plowed its way through Florida, prompting mandatory evacuation of several deployment sites. The team remained agile and quickly adapted, allowing deployment activities to continue virtually when Pay-It-Forward volunteers and support staff evacuated. Virtual and in-person support teams leveraged the Defense Health Agency (DHA) Global Service Center and Pay-It-Forward teams channel to stay connected through the post go-live period. The team’s ability to pivot during a natural disaster, coupled with zero critical patient safety reports, demonstrates the maturity of deployment processes and the hard work contributed by DoD Healthcare Management System Modernization (DHMSM), DHA-Health Informatics (DHA-HI), Leidos Partnership for Defense Health and MTF staff.

Wave JACKSONVILLE/EGLIN go-live yielded significant feedback about MHS GENESIS. Many users commented on how the transition to “work out of one system” improves clinical workflows. Lt Col Michelle Bray from Shaw Air Force Base (AFB) in South Carolina highlighted one advantage of MTFs across the country using the same EHR by saying, “It was a win for [my] patient that [I] was able to easily order his meds for pickup at the local MTF pharmacy in Texas since they are all on MHS GENESIS now.”

CAPT Sharon House said, “MHS GENESIS enhances our ability to better serve our patients, while making life a lot easier for our providers.”

These few examples illustrate how MHS GENESIS creates great outcomes and improves patient and provider experiences across the enterprise.

The team gathered valuable lessons learned from the Wave JACKSONVILLE/EGLIN launch, which will apply to future go-live events. For example, establishing communication syncs prior to and during go-live with site points of contact will enhance distribution of required materials. Additionally, at least 72 hours prior to go-live, stakeholders will confirm builds are complete, enabling go-live decisions by DHMSM and DHA-HI.

DHMSM is preparing for the next go-live at Waves PORTSMOUTH/DRUM scheduled for January 2023.

INSIDE THIS ISSUE

Message From the Program Executive Officer

2 NOAA Joins the Federal EHR

Revenue Cycle Expansion Now Available

3 JOMIS’ Agile Transformation

OpMed HCD Solutions

4 EIDS Team Hard at Work

2023 FedHealthIT100 Winners

5

Hail and Farewell

6

Conferences and Events

9

Acronym Glossary

MESSAGE FROM THE PROGRAM EXECUTIVE OFFICER



Holly S. Joers

As 2022 closes, we celebrate many accomplishments, most notably our latest go-live in September, marking MHS GENESIS as 67% deployed across the enterprise! As each site launches MHS GENESIS, we near the end of only the beginning of our journey.

The next milestones planned for 2023 excite me. DHMSM charges full steam ahead wrapping up

deployments, optimizing system performance, refining capabilities and improving the user experience. Joint Operational Medicine Information Systems (JOMIS) plans to release its newly acquired health care delivery (HCD) solutions in 2023. Enterprise Intelligence and Data Solutions (EIDS) continues rapid innovation, harnessing the power of data and enabling the gradual shutdown of legacy systems.

I hope you enjoy time with friends and family and return in 2023 rested and recharged! Thank you for all you do.

Here's to a wonderful 2022 and an even better 2023!

— **Holly S. Joers**, Program Executive Officer,
Program Executive Office, Defense Healthcare
Management Systems (PEO DHMS)

NOAA JOINS THE FEDERAL EHR

On November 22, the National Oceanic and Atmospheric Administration (NOAA) joined the Federal Electronic Health Record Modernization (FEHRM) office, DoD, Department of Veterans Affairs (VA) and Department of Homeland Security's U.S. Coast Guard (USCG) in the collaborative effort to implement the federal EHR. Staffed by U.S. Public Health Service commissioned officers, NOAA medical officers work to maximize deployment readiness and minimize medical-related disruptions to fleet, aircraft and diving operations. NOAA's seven sites serve 300 officers and 400 divers.



REVENUE CYCLE EXPANSION NOW AVAILABLE

New RevX capabilities featuring enhanced medical coding and patient accounting deployed as part of the MHS GENESIS baseline in September. When planning MHS GENESIS deployment activities, DoD decided to implement clinical functionalities first before optimizing business functions. RevX uses a clinically driven revenue cycle to seamlessly integrate business operations functions with clinical workflows in MHS GENESIS. The new revenue cycle capabilities leverage commercial best practices, replace outdated, paper-based processes, and streamline patient administration from check-in to check-out. Enhanced medical coding enables staff to calculate the actual cost of care from the patient's first encounter through completion of care and improves claims processing for patients shared with other health care delivery systems. The new RevX capabilities also allow DHA to reduce dependencies on legacy systems such as ABACUS and more to effectively manage information technology (IT) system costs.

The RevX capability:

- Simplifies the patient identification process improving data accuracy
- Improves consistency of other health insurance/third-party revenue capture
- Improves reliability of charge and workload data for providers
- Increases standardization and accuracy of charges for orders and clinical services
- Increases standardization, traceability and security of coder-clinician communication
- Improves coding efficiency and accuracy
- Enhances reporting capabilities for monitoring and improving coding error rates
- Improves work queue capabilities to manage and track denials
- Provides an itemized financial accounting for every medical activity within an encounter
- Reduces demand on billers to manage and resolve encounter issues, improving claims accuracy
- Decreases manual processing of statements and letters

Unveiled in April 2022, Initial Operational Capability (IOC) sites Bremerton and Oak Harbor provided valuable lessons learned, such as initiating the electronic data interchange enrollment process earlier with the MTFs and educating the clinical community and senior business advocates about their roles. Future deployments will incorporate changes focused on effective management of work queues, charge conversions, self-reporting and timelines to complete. As of December 1, the full revenue cycle suite of capabilities is available at IOC sites (Bremerton, Oak Harbor, Madigan and Fairchild) and 10 Waves (JACKSONVILLE, EGLIN, TRAVIS, PENDLETON, NELLIS, SAN DIEGO, TRIPLER, CARSON/CARSON+, BEAUMONT and GORDON). Implementation will continue through calendar year 2024.

JOMIS' AGILE TRANSFORMATION: LEADING THE WAY TO BETTER SOLUTIONS, FASTER

The JOMIS Program Management Office (PMO) continues its transformation journey to an agile delivery program that modernizes operational medicine (OpMed) capabilities on an accelerated delivery schedule. Agile methodology enables rapid prototyping and development and continuous interaction with the functional and clinical stakeholder communities throughout the development lifecycle.

As part of the JOMIS strategy to fully use the Software Acquisition Pathway, the JOMIS HCD team recently conducted a commercial solutions offering (CSO) event, which allows rapid prototyping and selection. The CSO event was held at PEO DHMS Medical Enterprise Test Innovation Center where more than 10 vendors demonstrated software solutions, culminating with two vendors separately demonstrating Role 1 and Role 2 software solutions to OpMed stakeholders from JOMIS, DHA and military services. The vendors demonstrated their prototype solution while disconnected from the network simulating the point-of-care theater environment. The vendors explained how their solution works, demonstrated theater scenarios, answered stakeholders' questions and received feedback. The successful CSO allowed for a down select to a final solution within a short six-month timeframe.

The JOMIS product development team leverages end-to-end Development, Security and Operations (DevSecOps) processes and customer experience principles to support users with change management activities. JOMIS engages end-users to collect and incorporate customer feedback throughout the development lifecycle. Agile transformation remains in the early adoptive stages, but JOMIS is making real strides in tailoring strategies to deliver solutions while meeting user needs at the speed of relevance.

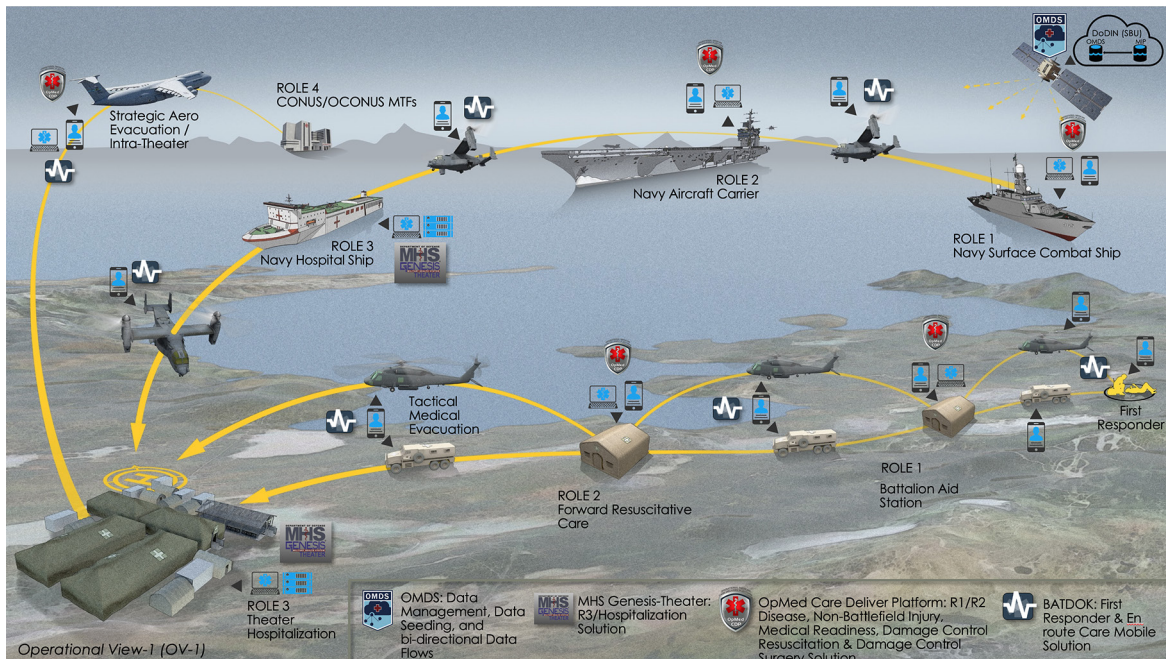
OPMED HCD SOLUTIONS: BRINGING DATA FROM THE BATTLEFIELD TO THE BEDSIDE

JOMIS works with the OpMed community to develop solutions that will connect data collected across the OpMed theater to the military's modernized EHR, MHS GENESIS.

PEO DHMS and the OpMed Functional Champion approved the selection of a hybrid solution using both commercial off-the-shelf and government off-the-shelf products. The selected solutions provided by vendors ViiMed® and T6® form the basis of the Operational Medicine Care Delivery Platform (OpMed CDP), providing core functionality at Role 1 and Role 2, enabling disease non-battlefield injury, damage control resuscitation, damage control surgery and medical readiness documentation. OpMed CDP will be complemented by Battlefield Assisted Trauma Distributed Observation Kit (BATDOK), an Android mobile device application providing point of injury/illness documentation for first responders, as well as tactical and strategic en route care.

The MHS GENESIS-Theater (MHS-G-T) software solution delivered as a black-box hardware appliance, called Theater EHR-in-a-Box (T-EHRiB), will support Role 3 health care delivery. The T-EHRiB appliance hosting MHS-G-T is a change from the original approach of delivering a software gold disk for install on existing Service hardware. Delivering MHS-G-T on the T-EHRiB appliance helps address many concerns expressed by stakeholders, including system administration burden on Role 3 sites. T-EHRiB mitigates the software Gold Disk delivery approach and enables MHS-G-T to run on tactical edge devices, leading the way for agile delivery and operations. Regardless of patient location, from the point of injury through movement from one role of care to the other and back to base, the Operational Medicine Data Service interface facilitates on-the-fly diagnostics and updates while maintaining data security.

Operational Medicine Health Care Delivery Solutions Across the Continuum of Care



EIDS TEAM HARD AT WORK

Health Information Archive

EIDS launched the Health Information Archive (HIA) this summer, enabling the archival and decommission of DHA legacy systems, supporting the full deployment to MHS GENESIS. HIA provides clinicians with direct access to a single source of patient longitudinal historical medical records including, Composite Health Care System (CHCS)/Cache, AHLTA Clinical Data Repository, Clinical Information System (CIS)/Essentris, Surgical Scheduling System (S3), Anesthesia Reporting Monitoring Device (ARMD) and Enterprise Blood Management System – Transfusion (EBMS-T). As the legacy data migration expands, more end users will be able to maximize the HIA's highly-anticipated features and functionalities.

The HIA is the user interface for MTF users to access Military Health System (MHS) Legacy Electronic Health Record Systems to fulfill legal medical record access and point of clinical care use cases. The Legacy Data Consolidation Solution project is delivering the archive interface while HIA is the tangible interface.

HIA launched in July 2022 with an initial data set including EBMS-T data as well as CHCS legacy data from Madigan [Naval Hospitals (NH) Oak Harbor and Bremerton], Fairchild AFB, Mountain Home AFB and NH Lemoore. In August, EIDS successfully completed the official Joint Legacy Viewer (JLV) cutover for Mountain Home AFB, which pointed the Data Exchange Service interface to the MHS Information Platform (MIP) for retrieving Mountain Home CHCS legacy data.

On August 26, the team completed a pivotal milestone in which end users are now access patient information utilizing the HIA application on the CarePoint Information Portal. User traffic to the application will significantly increase as additional CHCS sites decommission. Legacy CHCS successfully decommissioned at Mountain Home AFB September 1 and at NH Lemoore on September 20. Following Lemoore, Madigan held a “cord cutting” ceremony celebrating CHCS decommissioning on September 29.

Additionally, on September 19, the Pipeline 1A Data Release finished ahead of schedule allowing HIA end users to view legacy data for two

systems: 1. S3 at Mountain Home AFB, NH Bremerton, NH Lemoore; and 2. ARMD at Mountain Home AFB, NH Bremerton, NH Lemoore, and NH Oak Harbor. Training sessions with more than 300 clinicians proved effective, connecting end users with the data needed to deliver care to military beneficiaries.

Future HIA initiatives include creating data ingestion pipelines, bringing data sets from in-scope systems into the solution, and allowing additional legacy systems to sunset thus increasing DHA's cost savings. HIA data will be available to end users via a web-based application, with further integration with external partners such the JLV and MHS GENESIS planned.

Paving the Way for the Future of the MIP

At the start of fiscal year 2022, EIDS made a significant investment in its foundational technologies to support both research and rapid development, deployment, and sustainment of applications leveraging the MIP. Through this significant research, development, test and evaluation contribution over the course of the last year, the technical and cyber foundation was laid that will enable continuous development and integration in support of the EIDS transition to agile product development. These enhancements to the MIP's software delivery capability enable an enterprise code repository and agile release trains that facilitate an enterprise approach to continuous development, security, and operations of current and future applications. Additionally, the Software Factory and Software Development Kit, the initiatives used in tandem will modernize the MIP and build economies of scale for our development teams. Additionally, a Virtual Data Environment prototype was approved for use in the MIP enclave ensuring a secure, de-identified and anonymized space for data sharing with external partners. Finally, exploration and initial MVP for a machine learning capability is also being developed that, in concert with the software factory, will enable the training and use of data models in the MIP. These advancements speak not only to the diligent efforts of the team to drive forward MIP modernization but also the foresight into the needs of the enterprise and how we can better enable a medically ready force.

What's next with WorkWell?

WorkWell is a web-based application used by DHA staff to report daily staff work availability and location. DHA staff can login to WorkWell from any smart device to report their status using the questionnaire. The questionnaire can be customized to respond to emerging workplace health safety issues (e.g., COVID-19, influenza) and is DHA's only daily touchpoint/feedback mechanism with teams who are working both remotely and onsite. WorkWell allows DHA to use an automated, standardized method of collecting information from staff members that is immediately tallied and reflected on internal dashboards for team leadership insights. WorkWell uses the Site Summary Dashboard to display an aggregated view for data collected from all teams for leadership insights and strategic decision-making.

(Continued on page 5)



Maj. Gen. (Dr.) George “Ned” Appenzeller, the deputy commanding general for Operations of the U.S. Army Medical Command; Thomas “Pat” Flanders, the program executive officer for Medical Systems and chief information officer (J-6) for the DHA; and Col. (Dr.) Jonathan Craig Taylor, the director of the Puget Sound Market and commander of Madigan Army Medical Center, (L-R) “cut the cord,” decommissioning CHCS.

EIDS TEAM HARD AT WORK

(Continued from Page 4)

More than 3400 registered users from across Defense Health Headquarters (DHHQ)-based organizations, regardless of location, use WorkWell to report work status/accountability. Currently, MTFs are not using WorkWell, but this valuable application can be easily modified for use by any DoD agency.

Data and Better Outcomes

MAJ Ryan Costantino led a two-year research study leveraging patient data within the MIP, concluding that patients coprescribed Naloxone within five days of an opioid prescription had fewer emergency department visits within 60 days post-prescription. The study highlights the importance of expanding opioid recipient access to Naloxone (which blocks the effects of opiates on the brain to restore breathing) in order to reduce emergency department events and decrease opioid use adverse outcomes. The Naloxone study validates the important work DHA is doing to improve the lives of MHS beneficiaries made possible by tapping into the wealth of data accessible in the MIP.

Thank you to research partners, MAJ Laura Tilley, MD, Assistant Professor, Uniformed Services University School of Medicine; Krista Highland, PhD, Deputy Director of Science, Defense and Veterans Center for Integrative Pain Management; and numerous DHA Medical Affairs colleagues for their work on the Opioid Registry, Naloxone Dashboard and Patient Lookup Tool, which proved integral to this life-saving research.

Read the article abstract: <http://ow.ly/ou6m50Llxkp>.

Data and Better Outcomes

Naloxone Prescribing Associated With Reduced Emergency Department Visits in the Military Health System.

Medical Care (2022)
Official Journal of the Medical Care Section,
American Public Health Association

Chief of Data Science & Innovation, EIDS

Chief of Data Science & Innovation, Enterprise Intelligence & Data Solutions (EIDS), PEO DHMS

DHMS

2023 FEDHEALTHIT100 WINNERS

PEO DHMS congratulates the following 2023 FedHealthIT100 Award winners! These individuals represent a select group within the federal health IT community who are making an impact, going above and beyond, driving innovation and positive outcomes, challenging conventional wisdom and giving back to the larger community.



Ms. Holly Joers

Program Executive Officer, DHMS

Mr. Chris Nichols

Program Manager, EIDS

Ms. Sandra McIntyre

Acting Program Manager, JOMIS

Mr. David Norley

Program Manager, JOMIS

Mr. Max Ramirez

Assistant Program Manager to Roles 1 and 2, JOMIS

Mr. Kevin Abraham

Chief, Adoption Integration, DHMSM

The Seventh Annual FedHealthIT100 Awards and Holiday Celebration, held December 7, brought together senior health care executives from across the Federal Government and industry to discuss the year ahead and initiatives and programs driving Federal Health IT in 2023. The event also honored the 2023 FedHealthIT100, Hall of Fame and Lifetime Achievement Award recipients. The full list of awardees: www.FedHealthIT.com.

HAIL AND FAREWELL

Congratulations to **Mr. David Norley**, JOMIS' Program Manager, as he journeys to his next venture! JOMIS is recognized as a government leader in Agile software development due to David's strategic leadership. Thank you David!

Congratulations to **Mr. Ken Johns** on his selection as PEO DHMS, Chief Technology Officer.



CONFERENCES AND EVENTS

Leadership stays busy spreading the word about the great work being done at PEO DHMS. From the progress made with MHS GENESIS deployment to the innovative work in our EIDS and JOMIS program management offices, this team enjoys sharing good news with our stakeholders.

2022 Defense Health Information Technology Symposium

The annual Defense Health Information Technology Symposium (DHITS) began August 16 in Orlando, FL. The three-day conference provides a venue for knowledge sharing, innovative ideas, discussions of lessons learned and the introduction of exciting new developments within the MHS.

PEO DHMS, DHMSM, JOMIS, and EIDS leaders and experts, participating in panel discussions and live demonstrations, showcased the exciting innovations being developed to support and transform patient-centered care.

During the senior panel, Ms. Holly Joers explored the conference theme, “Transforming Health Care Delivery Together,” providing her take on connecting operational medicine and garrison health care delivery.

“I talk a lot about operational medicine and readiness and how MHS GENESIS will connect care end-to-end. Our focus is to not think of them [operational medicine and garrison] as two separate things but rather a continuum of care journey that we will go on together.”



Ms. Holly Joers
Program Executive Officer,
PEO DHMS

Mr. Ken Slaughter, discussed the current status of MHS GENESIS, providing an overview on the transition from deployment to continuous capability delivery.



Mr. Kenneth Slaughter
Program Manager,
DHMSM

“We embraced the enterprise wave approach. We’ve progressed from implementing one wave in 2019, two waves in 2020, three waves in 2021, and now eight – four sets of dual waves – in 2022. I’m really proud of our team.”

During the “Operational Medicine EHR Modernization Update: Roles 1 to 3” panel discussion, attendees learned about the new solutions that will connect data across the OpMed landscape and into the federal EHR. Mr. Max Ramirez and Mr. Tracy Dockiewicz stated they have one goal in mind: reducing uncertainty and increasing readiness in the delivery of health care for service members.



“We are providing fit for purpose solutions that the Services can deploy where they need them.”

C. Max Ramirez
Assistant Program Manager
to Roles 1 and 2,
JOMIS

Tracy Dockiewicz
Lead Engineer Healthcare Delivery,
JOMIS

Mr. Chris Nichols participated on multiple panels focused on health data, discussing the vision for data sharing between the federal health care system and community partners. In the session, “The Nexus of Secondary Data: MIP,” Mr. Nichols provided an expedition through a living data ecosystem with innovative products and projects, taking us to the next level of patient care. Conference attendees viewed MIP demonstrations in the DHA/MHS GENESIS Pavilion.

The PEO DHMS booth showcased demonstrations of Coordinated Clinical Care: PowerChart/First Net, Mass Readiness/Mass Vax and RevX. In the DHA/MHS GENESIS Pavilion, kiosks featured JOMIS MedCOP, Health Care Delivery Role 1-3, Dental OPMED, the MIP and MHS Video Connect.

In high demand at DHITS, Mr. Chris Nichols, shared his knowledge and insight at the following panel discussions:

- Interoperability: A Global Perspective
- Bringing Health Data from the Frontline
- The Nexus of Secondary Data: MIP
- The Secret Sauce: Collaboration, Scalability & Innovation



Chris Nichols
Program Manager, EIDS

(Continued on page 7)

CONFERENCES AND EVENTS

Oracle Cerner Health Conference 2022

The annual Oracle Cerner Health Conference took place at the Kansas City Convention Center. On October 18, panel members explored how a single, common federal EHR reshapes the way federal agencies deliver health care and benefits patients and providers. During the DoD/VA/FEHRM leadership fireside chat, “Experiencing, Enhancing and Evolving the Federal EHR,” Ms. Joers described how DoD overcame early challenges to successfully deploy MHS GENESIS and shared her excitement about enhanced capabilities leveraging best practices between federal and commercial health systems. “I am over the moon about our symbiotic relationship from one another on this long journey to transform health care delivery throughout the enterprise.” said Ms. Holly Joers.



Ms. Holly Joers
Program Executive Officer,
PEO DHMS



Mr. Bill Tinston
Director,
FEHRM



Dr. Terry Adirim
Program Executive Director,
EHRM-IO, VA

Leading for Impact: Women in Leadership Conference



On November 1, female leaders from across the federal sector and military gathered at the Leading for Impact, Women in Leadership Conference at the National Press Club in Washington, DC. Ms. Cori Hughes participated in a panel celebrating Women in Leadership to discuss the culture of cultivating technology and impacting change.

The conference concluded with the recognition of the 2022 Leading for Impact, Women in Leadership awardees. Congratulations to Ms. Hughes, one of this year’s award winners. This award recognizes her outstanding work leading the planning, marketing and execution of the 2021 Federal EHR Summit, which collected stakeholder feedback directly from more than 500 participants to enhance the single, common federal EHR.

OPMED Summit 2022

During the mid-October OpMed Stakeholder Summit in San Antonio, the JOMIS HCD team met with more than 100 OpMed subject matter experts to capture deployed medicine best practices in documentation. This will inform its OpMed CDP and BATDOK development roadmap.

Second Annual Federal EHR Summit a Success

The FEHRM hosted the Second Annual Federal EHR Summit on October 25, providing a forum for the government to elicit valuable end user feedback about the federal EHR. Ms. Joers spoke on a panel with Mr. John Windom, FEHRM, Dr. Leslie Sofocleous, VA, and Ms. Sonja Rodrigues, USCG, highlighting achievements to date with MHS GENESIS and future enhancements to the user experience.

“It is an honor to be recognized among so many talented leaders. Serving our military, veterans and their families is a humbling experience, and I will forever be thankful for the opportunity to positively impact their future.”



Ms. Cori Hughes
Program Integration Director,
PEO DHMS and FEHRM

(Continued on page 8)

CONFERENCES AND EVENTS

FEHRM Round Table Discusses Change Management and Health Information Technology Modernization

FEHRM hosted its 13th Industry Round Table on November 16. Participants provided valuable insights focused on the event's theme, 'Change Management and Health Information Technology Modernization.'



Mr. Bill Tinston
Director, FEHRM



Dr. Leslie Sofocleous, PhD
Executive Director,
EHRM-IO, VA



Mr. Kenneth Slaughter
Program Manager, DHMSM



Mr. John Allen
Division Chief, Office of Health
Systems Administration,
USCG



Mr. Avinash Shanbhag
Executive Director, Office of
Technology, ONC



Ms. Cori Hughes
Moderator
Program Integration Director,
PEO DHMS and FEHRM

Ms. Cori Hughes moderated the senior government leader panel discussion, focusing on change management and health IT modernization. Panelists shared current initiatives, discussed the role change management plays in health IT efforts and gave advice for breaking through resistance to change.

The event concluded with a second change management panel discussion, moderated by Ms. Kim Heermann-Do, Acting Interoperability Director, FEHRM. Participants included Dr. James Ellzy, II, MHS GENESIS Clinical Functional Champion, DHA; Mr. Andrew Wilson, Change Management Leader, Electronic Health Record Modernization Integration Office (EHRM-IO), VA; Ms. Theresa O'Brien, Supervisory Associate Program Manager for Operations and Support, DHMSM PMO; LCDR Swati Singh, Chief Medical Informatics Officer, USCG; and Ms. Suzanne Williams, Vice President for Organizational Optimization, Oracle Cerner. Panelists shared successful change management tools and strategies, mechanisms to measure change adoption and challenges they overcame during deployment.

The event was a success and all participants agreed that while change is hard, strong leadership buy-in and local engagement help overcome resistance to change during EHR modernization.



Mr. Kenneth Slaughter
Program Manager,
DHMSM

Change management is easier now that we have momentum. One of the best ways we removed resistance to change is through our Pay-It-Forward program. Uniformed and civilian providers – peer experts – from previous MHS GENESIS deployments provide “at-the-elbow” support to new users at Go-Live, increasing their comfort and confidence using MHS GENESIS.”

“Feedback from key leaders is invaluable from an adoption perspective. Also, providing training based on the enterprise workflow is extremely helpful. It allows people to make connections between the work they do and the overall objectives met by [MHS GENESIS].”



Ms. Theresa O'Brien
Supervisory Associate
Program Manager, DHMSM

G L O S S A R Y

AFB: Air Force Base

ARMD: Anesthesia Reporting Monitoring Device

BATDOK: Battlefield Assisted Trauma Distributed Observation Kit

CHCS: Composite Health Care System

CIS: Clinical Information System

CSO: Commercial Solutions Offering

DevSecOps: Development Security and Operations

DHA: Defense Health Agency

DHA-HI: DHA-Health Informatics

DHHQ: Defense Health Headquarters

DHITS: Defense Health Information Technology Symposium

DHMS: Defense Healthcare Management Systems

DHMSM: DoD Healthcare Management System Modernization

DoD: Department of Defense

EHR: Electronic Health Record

EHRM-IO: Electronic Health Record Modernization
Integration Office

EIDS: Enterprise Intelligence and Data Solutions

EBMS-T: Enterprise Blood Management System-Transfusion

FEHRM: Federal Electronic Health Record Modernization

HIA: Health Information Archive

HCD: Health Care Delivery

IOC: Initial Operational Capability

IT: Information Technology

JLV: Joint Legacy Viewer

JOMIS: Joint Operational Medicine Information Systems

MHS: Military Health System

MHSG-T: MHS GENESIS-Theater

MIP: MHS Information Platform

MTF: Medical Treatment Facility

NH: Naval Hospital

NOAA: National Oceanic and Atmospheric Administration

ONC: Office of the National Coordinator for
Health information Technology

OpMed: Operational Medicine

OpMed CDP: Operational Medicine Care Delivery Platform

PEO DHMS: Program Executive Office, Defense Healthcare
Management Systems

PMO: Program Management Office

RevX: Revenue Cycle Expansion

S3: Surgical Scheduling System

T-EHRiB: Theater EHR-in-a-Box

USCG: United States Coast Guard

VA: Veterans Affairs