

## FINAL CONTINENTAL U.S. WAVE LAUNCHES MHS GENESIS



Col Thomas J. Cantilina, DHA Chief Health Informatics Officer and Col Dale Harrell, 88<sup>th</sup> Medical Group commander, address the audience during the MHS GENESIS launch at Wright-Patterson Medical Center, June 3, 2023. (Air Force photo by Kenneth J. Stiles.)

On June 3, MHS GENESIS went live with Wave WRIGHT-PATTERSON, adding 6,800 Department of Defense health care providers spanning seven Military Treatment Facilities in Illinois, Indiana, Kentucky, Ohio and Virginia. Wright-Patterson Medical Center, the Air Force's second largest medical center, joined facilities at Fort Campbell, Fort Knox, Fort Gregg-Adams, Pensacola Crane, Scott Air Force Base and Sheppard AFB in the launch. MHS GENESIS is now 86% deployed at over 3,200 locations reaching 164,000 providers and 6.9 million of 9.6 million DOD beneficiaries.

Col Christina Sheets, DOD Healthcare Management System Modernization Program Manager, congratulated the team on deploying the last planned wave in the continental U.S. "I am extremely proud of the monumental accomplishment of the DHMSM deployment team, our vendor partners, pay-it-forward volunteers and local champions and staff who successfully flipped the switch on MHS GENESIS at WRIGHT-PATTERSON sites in early June," she said. "Looking back to where we started and the challenges we tackled together over the past five years to get us to this pivotal milestone, leaves me in awe. MHS GENESIS is truly transforming health care delivery across the Military Health System, and I look forward to continuing our success overseas and at joint sites with our federal partners."



Airman 1<sup>st</sup> Class Bryce Jensen, 88<sup>th</sup> Operational Medical Readiness Squadron, flips the switch launching MHS GENESIS inside Wright-Patterson Medical Center, June 3, 2023. (Air Force photo by Kenneth J. Stiles.)

The DOD will deploy to Europe and the Pacific Rim in the fall, followed by synchronous deployment with the Department of Veterans Affairs at the James A. Lovell Federal Health Care Center in March 2024.

"It's super exciting! We are at the end of the beginning," said Ms. Holly Joers, Program Executive Officer, Defense Healthcare Management Systems. "I'm so proud of my team. They continue to raise the bar and each wave is better than the one before." Beyond reaching deployment milestones, the DHMSM team continues releasing updates and enhanced capabilities optimizing the patient and provider experience.

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## MESSAGE FROM THE PROGRAM EXECUTIVE OFFICER



*Holly S. Joers*

Welcome to the 2023 second edition of *The Scope*. Congratulations to the DHMSM team, vendor partners and local champions who successfully deployed MHS GENESIS at Wave WRIGHT-PATTERSON in early June.

I'm very excited the end of the beginning of our electronic health record modernization journey is here. With MHS GENESIS

live across the majority of the enterprise, we are focusing on capability enhancements and improvements to the patient and provider experience. This summer we will release usability improvements and dental upgrades in capability block 9.

Enterprise Intelligence and Data Solutions continues to unlock the incredible potential of data contained within the MHS Information Platform, such as helping Walter Reed National Military Medical Center and the Uniformed Services University identify patients who are at a high risk for rare blood cancers, ending years-long diagnosis odysseys. EIDS data services and infrastructure are opening many opportunities to enhance patient care and advance research. The MIP is expanding at a record pace! EIDS recently completed the largest MHS data migration in history by moving the MHS Data Repository, which processes 60 billion records annually, into the MIP.

Lastly, I'm happy to share news from the Joint Operational Medicine Information Systems that the Office of the Joint Staff Surgeon became the Medical Common Operating Picture product owner, enabling them to drive development priorities and adoption across the combatant commands.

I hope you enjoy reading the great progress we've made in the last quarter. Thank you for your support, and we look forward to our continued success together.

— *Holly S. Joers, Program Executive Officer, PEO DHMS*

## NOAA DEPLOYS FEDERAL EHR



*Commissioned Corps officers pose in front of NOAA Ship Henry B. Bigelow.*

The Department of Commerce's National Oceanic and Atmospheric Administration deployed MHS GENESIS to its sites on June 3, going live simultaneously with Wave WRIGHT-PATTERSON. NOAA became the fourth federal agency to adopt the federal EHR, joining DOD, VA and the U.S. Coast Guard. NOAA's Office of Marine and Aviation Operations will use MHS GENESIS for 300 Commissioned Corps officers and 400 divers operating research and survey ships and aircraft.

"We've got the closest thing to a complete record about a person that I think has ever existed (in the military), which is amazing to be a part of and I'm thrilled that the members of NOAA covered by the EHR will gain these advantages as well," said Federal Electronic Health Record Modernization Director Bill Tinston in a recent GovCIO Media & Research Healthcast podcast.

CAPT Joe Newcomb, Physician Assistant and U.S. Public Health Service Director of Aviation Medicine for NOAA, explained in the podcast how NOAA did not use a centralized EHR prior to adopting MHS GENESIS. NOAA officers carried paper records to and from points of care, including at DOD MTFs, and exchanged health information via secure fax. MHS GENESIS brings instant interoperability between NOAA and DOD ensuring seamless data sharing.

NOAA deployed MHS GENESIS at seven sites in Hawaii, Maryland, Florida, Oregon, Washington and Virginia. DHMSM and the FEHRM shared valuable lessons learned and boots-on-the-ground strategies with NOAA aiding their change management, communication and deployment activities.



*Listen to the [GovCIO Media & Research's Healthcast](#) for more information about this exciting partnership.*



# MIP DATA LEADS TO RARE BLOOD CANCER INSIGHTS

Patient registries and associated data services enable providers to identify cohorts of individuals who share common characteristics and open many opportunities to enhance patient care and advance research.



American Initiative in Mast Cell Diseases

WRNMMC recently earned the distinction as a Center of Excellence by the American Initiative in Mast Cell Diseases in large part due to leveraging data within the MIP to identify patients who are high risk of developing a rare myeloid neoplasm (a form of blood cancer) called systemic mastocytosis.

Dr. Nathan Boggs, Assistant Professor, Department of Medicine at USU thanked EIDS CarePoint team for supporting WRNMMC and USU in this initiative. Dr. Boggs said, "I think AIM recognized the importance of our partnership with EIDS CarePoint."

After being identified, at-risk patients were offered high-complexity clinical testing only available at WRNMMC and subsequently diagnosed with systemic mastocytosis and in some cases other rare myeloid neoplasms

following years-long diagnostic odysseys.

Dr. Boggs continued, "We leveraged the CarePoint registries, including Quick Look and a new complex

immunodeficiency and malignancy registry, to conduct this work. Our future work will quantify CarePoint's impact globally on the MHS once we reach as many at-risk patients as possible. We think the CarePoint model can be replicated by other health care systems to reduce the time to diagnosis and improve care for those already diagnosed."

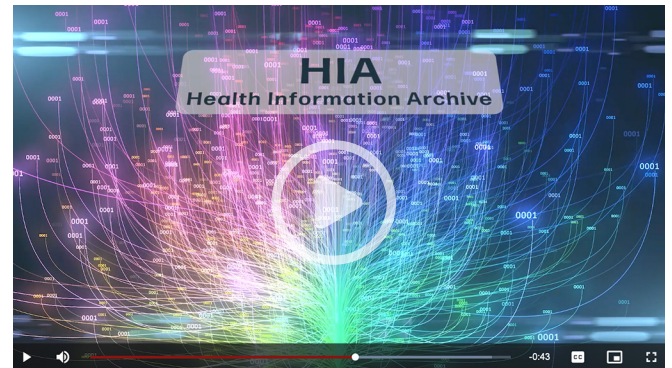
DHMS provides multiple solutions enabling population health analysis across the MHS. HealthRegistries is a capability fully integrated within MHS GENESIS workflows to automatically identify individuals for inclusion in clinically managed populations.

These population health registry capabilities improve patient outcomes, monitor safety and efficacy of different treatments and enable research and innovation across the Defense Health Agency.

## LEGACY SYSTEM DECOMMISSIONING

On July 29, 2022, EIDS announced the launch of the Health Information Archive, enabling the decommissioning of legacy systems being replaced by MHS GENESIS. The HIA provides a secure health data repository/records management application, providing clinicians with direct access to a single source of patient longitudinal historical medical records. The HIA preserves legacy data within the MIP for clinical, analytical or research needs. Upon completion of the Joint Longitudinal Viewer cutover milestone for each site, clinicians can access legacy data directly from the MIP data store.

The HIA is the user interface for MTF users to access MHS legacy EHR systems to fulfill legal medical record access and point of care clinical use cases. HIA began as a project known as the Legacy Data Consolidation Solution to support DHMS deployment plans, legacy system decommissioning plans and operations and sustainment activities. HIA gives DHA the ability to identify, capture, organize, disseminate and synthesize legacy data needed to support business intelligence and continuity of care.



Watch the [video](#) for more information about the power of the MIP and HIA.

### CHCS Sites Decommissioned

1. Fairchild 6/25/2021
2. Madigan/Oak Harbor/Bremerton 4/29/2022
3. Mountain Home 9/1/2022
4. Lemoore 9/20/2022
5. Vandenberg 1/11/2023
6. Los Angeles 1/18/2023
7. Edwards 4/6/2023
8. Travis 4/11/2023
9. Irwin 5/23/2023
10. Grand Forks 6/1/2023
11. Malmstrom 6/6/2023
12. Ellsworth 6/15/2023
13. Minot 6/20/2023

## DOCTORS ENGAGE TRAUMA AS BATTLEFIELD ENEMY



“Someone has to provide very urgent care for trauma when a service member is shot on the battlefield,” Ms. Joers told *Signal* magazine in June. She explained how before the federal EHR,

patients depended on first responders and medics delivering verbal or paper reports accurately. “...Answering questions accurately (by medical professionals) could mean the difference between life or death,” she said.

She emphasized the significance of MHS GENESIS and integration into the larger DOD data mesh along with all operations in a network-centric system. “First and foremost, we need to make sure that we are not thinking about medical and health capabilities in a silo, rather, they are part of the overall integrated picture for operations,” said explained.

The article also delved into how health data needs to be accessed in austere environments where connectivity may be an issue and how patient information needs to be treated with the same care as tactical or strategic information.

“We may or may not have bandwidth for network connectivity, so we are thinking about ways to transmit data captured while operating in a standalone, disconnected environment.”

As devices gather data, the information will ultimately be relayed to MTFs and this flow must be protected and compliant with other military information.

“We need to make sure that we are protecting operational medicine data, so we have the Operational Medicine Data Service, which is a backbone or highway, to ultimately connect operational medicine data back into MHS GENESIS for the long haul,” Ms. Joers said.

Read the full [interview](#) on how health professionals use data-driven command and control on the battlefield.



*Battlefield medics use BATDOK™ to record point-of-injury patient data.*

## COVID-19 REGISTRY PROVIDES PANDEMIC RESPONSE INSIGHTS

In May 2020, EIDS established the COVID-19 Patient Registry with the DOD Center of Excellence for Trauma, Joint Trauma System office to collect all COVID-19 patient data—including vaccination data—from MHS GENESIS and relevant legacy systems into one patient view.



**Chris Nichols**  
Program Manager, EIDS

“We are proud to have partnered with JTS experts to create a solution that refined reporting variance and standardized accounting across data sources around COVID-19, providing actionable pandemic response insights.”

The COVID-19 registry allowed DOD to monitor evolving treatment priorities and critical at-risk patients more closely, while tracking surveillance data on all identified COVID-19-positive patients. Used in conjunction with other larger data sources, it enables improved clinical decision-making and better patient outcomes. It did not replace the public health functions of tracking total numbers and patient contacts.

The COVID-19 registry, built on the best available data definitions and codes at the time, stood up within approximately 60 days of defining initial requirements. As the data matured, the COVID-19 team remained flexible, continuously evolving their analytics to include nomenclature in the manner captured. The COVID-19 registry did not replace the public health functions of tracking total numbers and patient contacts.

Click [here](#) to read the full article.



## MHS GENESIS PATIENT PORTAL CLIPBOARDS EASE PATIENT CHECK-IN

As MHS GENESIS deploys across the MHS, new capabilities are added to enhance the patient and provider experience. Patients can provide medical information or share issues they wish to discuss with their provider through the MHS GENESIS Patient Portal “clipboard” feature.

The series of electronic clipboards allows beneficiaries to provide specific health care information before an appointment. Each clipboard gives patients more time to provide comprehensive answers to health care questions, so crucial details are not lost in the rush to fill out forms at a military hospital or clinic.

“The MHS GENESIS Patient Portal clipboard is one of many initiatives to achieve our goal of patient-centered care,” said Marcus Williams, a health system specialist at William Beaumont Army Medical Center at Fort Bliss, TX. “The feature allows patients to review and update information prior to their appointment. Utilizing the Patient Portal clipboard allows patients to experience a streamlined and efficient clinical experience.”

Clipboards help improve the efficiency and effectiveness of doctor visits. Patients fill out paperwork before their appointments, which the care team uses to complete administrative tasks prior to their arrival. Clipboards act as a force-multiplier, allowing the care team to spend more time addressing patients’ clinical concerns and less time engaging in administrative functions.

Patients can complete any of the available clipboards for issues they want to discuss with their care team and the information is easily added into the patient’s health record.

### MHS GENESIS Patient Portal Clipboards

- DOD Sleepiness Screen
- DOD Insomnia Severity Screen
- DOD Neurobehavioral Symptoms Screen
- DOD Oncology and Infusion Intake
- DOD Alcohol Use Screener
- DOD Anxiety Screener
- DOD Depression Questionnaire
- DOD Pregnancy Intake
- DOD Birth Plan
- DOD Well Visit for children under 2 years old
- DOD Well Visit for children 2-6 years old
- DOD Well Visit for children 7-18 years old
- DOD Postpartum Depression Scale
- DOD Low Back Pain Questionnaire
- DOD Upper Extremity Function
- DOD Ambulatory Pediatric Care Intake

## MassVax OPTIMIZES IMMUNIZATION ADMINISTRATION



*Capt. Shamira Conerly of the 149<sup>th</sup> Medical Group gives Staff Sgt. Timmy Sanders, 149<sup>th</sup> Maintenance Squadron, his COVID-19 vaccine on March 18, 2021.  
(Photo by Senior Airman Ryan Mancuso)*

DOD partnered with Oracle Cerner to create a mass vaccination capability within MHS GENESIS, referred to as “MassVax.” MassVax helps DOD quickly record who administered each vaccine, as well as when and where it is administered. The capability enhances patient safety and efficiency by providing clinicians drug and allergy interaction data prior to giving vaccines.

MassVax also speeds up the patient intake process by pre-populating registration data directly from a patient’s MHS GENESIS record, saving valuable time. Patient identification cards are scanned rather than patients filling out traditional intake forms.

Providers can quickly give vaccines/immunizations while scanning to record the administration data. For example, MassVax facilitates rapid administration of vaccines to troops preparing to deploy and to new recruits preparing for boot camp.

Since the pandemic, work continues to further enhance the Immunization Inventory Management capability within MHS GENESIS, improving the standardization of ordering immunizations and recording which immunizations are administered.

Data on more than 307 million immunizations, including 10,889,375 COVID-19 vaccinations, are consolidated in the MIP.

Read more about the MassVax system [here](#).

## EIDS COMPLETES LARGEST DATA MIGRATION IN MHS HISTORY

The MHS Data Repository successfully migrated into the MIP, marking the largest data migration in MHS history. The MDR processes 60 billion records annually supporting every military health facility and nearly 100 partnerships across the globe.



## LAYING THE GROUNDWORK FOR THE MIP BIOSURVEILLANCE HUB

In May, the Defense Medical Surveillance System re-platformed into the MIP as part of the planned Biosurveillance Hub and Portal. Migrating DMSS into the MIP capitalizes on access to modern advances in cloud-based storage and data analytics and promotes improved health surveillance data sharing, collaboration and scalability.



Comprehensive health surveillance is essential to military population health management. DMSS provides enterprise health surveillance decision support by integrating standardized data from multiple Services and DOD sources worldwide. It contains current and historical data related to medical events used to conduct powerful epidemiological assessments, detect new and emerging hazards and track rates and trends of illnesses and injuries. Improved collection, automation and transmission of data helps DOD create robust longitudinal health surveillance records on military populations.

Insights gained by robust public health surveillance data also help DOD prioritize future registries and prevention programs. DOD health surveillance meets the highest scientific standards and is conducted to improve individual and force medical readiness.

## MedCOP TO FULLY DEPLOY BY END OF 2023

JOMIS participated in exercise Austere Challenge in May, engaging with U.S. European Command and U.S. Africa Command leadership to demonstrate MedCOP's value to mission command platforms in wartime scenarios and its importance for medical situational awareness in the operational command-and-control structure. The Office of the Joint Staff Surgeon recently became the MedCOP product owner and will drive development priorities and adoption. It is deployed at two combatant commands, with five additional combatant commands on track to deploy by the end of summer. MedCOP will be deployed at every combatant command by the end of 2023.



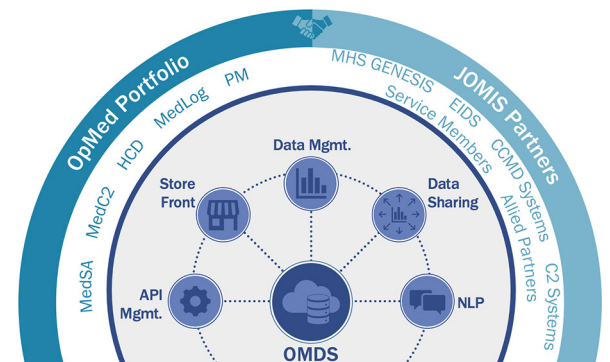
## OMDS: THE DATA BACKBONE OF OPERATIONAL MEDICINE HEALTH CARE SOLUTIONS

The OMDS enables OpMed health care delivery solutions to communicate seamlessly to help save warfighter lives and improve the health of armed service members around the world.

OMDS is the data broker enabling the health care solutions currently in development by JOMIS, such as MedCOP, Theater Blood Mobile and BATDOK™. OMDS allows OpMed solutions to “talk” to each other and broker and manage data so the “right” military and medical decision makers have the “right” and accurate data when they need it the most, at the “right” time. OMDS also provides trusted, accessible and understandable data-centric information. OMDS is an extensible, scalable, technical infrastructure aligning with the DOD’s mandate for data-centricity. OMDS is the data fabric – the framework and service mesh – connecting OpMed health care systems and its solutions.

OMDS’ adaptive services provide the flexibility to onboard solutions that serve the broader OpMed data space while setting the foundation for digital advancements and data analytics, including natural language processing, machine learning and model deployment. OMDS scales according to demand; leveraging cloud-native services and toolsets.

OMDS connects data across the continuum of care, spanning domestic and international conditions arenas, to enable caregivers to provide the best care possible. OMDS provides senior leaders with the information they need for medical situational awareness and decisions, while contributing to the overall continuum of care for each service member.





## HIMSS23 CONFERENCE RECAP

More than 40,000 attendees convened for the Health Information and Management Systems Society Global Health Conference and Exhibition on April 17-20 in Chicago. Ms. Joers and various PMO staff gave several presentations, participated in a HIMSS TV interview and GovCIO podcast and exhibited MIP data services and operational medicine solutions within the Federal Pavilion.

Discussions included the evolution of the federal EHR, recent and future capability enhancements that improve patient care and exciting future innovations. EIDS and JOMIS exhibited in the Federal Health Pavilion, joining more than 1,000 health care information and technology companies featured in six specialty pavilions at HIMSS23.

### Harnessing the Power of the Federal EHR



*Ms. Ann Wolford-Connors, past president of HIMSS National Capital Area, moderated one of the main conference sessions featuring Ms. Joers and Mr. Tinston.*

Ms. Joers and Mr. Tinston described future innovations possible within the federal health continuum of care now that the foundation of the federal EHR is in place.

“We’ve accomplished so much since speaking to you last year at HIMSS,” Ms. Joers said. “I’m so proud of my team—they continue to raise the bar—each wave is better than the one before.” She continued, “As I sit here today, DOD is 81% deployed at hospitals and clinics across the country. That is an easy statistic to say, but a harder one to achieve.”

The DOD’s federal EHR deployment effort is a testament to our commitment at every level: from the MHS GENESIS Functional Champion, market directors and MTF leaders to our DHMSM leadership and vendor partners who tackled every technical and logistical challenge and hurdle imaginable, to every doctor and nurse, medical technician, business operations administrator and facilities logistician.

When asked about how these enhancements to health care delivery will help service members, veterans and beneficiaries, Mr. Tinston said these efforts will enhance the patient and provider experience and he’s excited about the new capabilities being added to the federal EHR and joint HIE. Mr. Tinston continued, “What we are doing will create a different environment. We are taking the right steps to solve immediate problems now, but we are also positioning ourselves for transforming health care delivery as we move forward.”

### HIMSS TV



*The HIMSS TV panel featured Dr. Lein (far left), Ms. Joers (second from right) and Mr. Tinston (far right).*

Ms. Joers, Mr. Tinston and Dr. Brian Lein, DHA Assistant Director of Health Care Administration, discussed military health care initiatives, including the common EHR and DHA’s new initiative called Virtual First. “Patients are demanding improved access,” said Dr. Lein, who explained virtual encounters are critically important not only for the doctor but also for every interface connected with patient care. Leveraging virtual capabilities ultimately offers more time with patients, and in turn patients are much more involved when making decisions about their care.

Ms. Joers explained the federal EHR improves access to care. “Access to care and readiness is the crux of what we are trying to do for our active-duty population. We want to make sure they are ready and fit for duty,” she said. MHS GENESIS standardizes access to health records across the enterprise and drives innovation. Ms. Joers continued, “We look at workflows from end-to-end within the health system and where IT can enable and optimize those workflows.”

Ms. Joers sees the future of federal health harnessing the power of the EHR. She explained, “We’ve talked about workflow and optimization, but the next step is curating and leveraging data to help improve decision making.” Connecting to the EHR in real-time unlocks the potential of many capabilities from registries to research, augmented intelligence and machine learning and supporting force readiness.

Watch the full interview [here](#).

## HIMSS GovCIO Podcast

The HealthCast podcast with Sara Sybert of GovCIO Media featured Ms. Joers and Mr. Tinston at the HIMSS23 Conference in Chicago.

Ms. Joers and Mr. Tinston discussed the latest updates about the federal EHR rollout, top priorities, biggest hurdles, bolstering data, extending the EHR into deployed and austere environments, goals for 2023 and how they leverage lessons learned to guide other agencies' deployments.

"We are at the end of the beginning. We are transitioning focus from deployment to continuous capability enhancement," said Ms. Joers.

Ms. Joers explained that with the latest revenue cycle expansion deployment, every MTF now uses enhanced medical coding and accounting processes that improve claims processing and patient administration. RevX allows DOD to understand the total cost of care at every patient encounter throughout the continuum of care, which she described as a "DOD game changer."

"We continually pursue upgrades and capability enhancements throughout the year," she said and explained how capability block 8 launched several new features, including enhanced patient identification process, streamlining emergency department workflows and enhanced trauma documentation and anticoagulation best practices.



From left to right, Ms. Sybert, Ms. Joers and Mr. Tinston

Ms. Joers talked about the significance of virtual health and how future Enterprise Tele-Critical Care capabilities will integrate with MHS GENESIS to capture data from remote intensive care monitoring.

Operational medicine is moving to data-centric solutions so health data follows a patient wherever and whenever they receive care on the battlefield. Ms. Joers explained, "It's all about the data, whether that's point-of-injury care or keeping patients alive until they are hospitalized." The OpMed Care Delivery Platform is a suite of interoperable solutions that will integrate with MHS GENESIS, including BATDOK™, Damage Control Resuscitation/Damage Control Surgery and Disease, Non-Battlefield Injury solutions.

## JOMIS and EIDS Exhibition at the Federal Health Pavilion

**HIMSS Speaker Sessions**

“Data is horizontal in that it touches everything. DHA, CDC and the Combatant Commands are all our partners in bringing data to those that need it.”

Mr. Chris Nichols  
Program Manager,  
EIDS

Chris Nichols, EIDS Program Manager, spoke at the Federal Health Pavilion about the power of pulling and pushing data in establishing a federal digital health hub.

**HIMSS Speaker Sessions**

“The Health Information Archive not only stores data, it improves health care outcomes.”

Capt Ashanti Curtis  
Chief, Data Solutions  
EIDS

Captain Ashanti Curtis, EIDS Chief of Data Solutions, spoke about the Legacy Data Consolidation Solution and the HIA during a session in the Federal Health Pavilion.



EIDS demonstrated the Health Information Exchange, MIP-Immunization, Tracking and Reporting and Digital Biobank. Common questions were interoperability with the VA, availability of data and how the information is being made available.



JOMIS demonstrated Role 1 and Role 2 health care delivery products, which are used to treat service personnel at the point-of-injury prior to receiving hospital treatment. Pictured left to right: John Elliott, Martin Sweatt and Madison Anderson.



# JOMIS EXHIBITION AT SOMA CONFERENCE

The Special Operations Medical Association Conference occurred May 15-19 in Raleigh, NC and featured a booth showcasing MedCOP and the OpMed health care delivery suite of applications.

SOMA is the largest gathering of special operations forces medical providers in the world, including U.S. military, foreign military, domestic tactical law enforcement and tactical emergency medical service providers. More than 1,000 attendees representing over 17 countries attended.



Mr. Ron Williams (center) and the MedCOP team demonstrated MedCOP capabilities.

According to Ron Williams, MedCOP Assistant Program Manager, “SOMA is a good opportunity to introduce MedCOP to the special operations community. We showcased the product to both U.S. and foreign special operations personnel and obtained potential requirements for continued improvement of MedCOP.”

JOMIS demonstrations received enthusiastic feedback and curiosity, especially about MedCOP and how health care delivery solutions will support global health operations and force health protection while operating in disconnected, intermittent and limited/low-connectivity environments.



The Health Care Delivery Role 3 team exhibited the MHS GENESIS Theater solution.

# DSI DOD/VA & GOVERNMENT HEALTH IT SUMMIT

During her fireside chat with Mr. Joe Grace at the Defense Strategies Institute’s DOD/VA & Government Health IT Summit on May 24, Ms. Joers described how PEO DHMS drives toward seamless, integrated care by optimizing MHS GENESIS.

She said over the next year the focus is on optimizing the user experience, allowing more quality time for conversations during appointments. As providers gain efficiency and effectiveness, IT moves to the background.

“Our foundational baseline deployment of enterprise standards allows us to innovate, optimize and continuously enhance the efficiency and reliability of our technology,” stated Ms. Joers.

Ms. Joers described benefits of the EHR, such as improving readiness, analytics and access to care. “We are just scratching the surface to maximizing the value of our investment.”

MHS GENESIS unlocks the capability to perform research and leverage population health. She also discussed virtual health, operational medicine and the future of military health, including artificial intelligence/machine learning.



**We’re developing enhancements to MHS GENESIS to improve the patient experience, clinical outcomes and usability.**

**Ms. Holly Joers**  
Program Executive Officer,  
Defense Healthcare Management Systems

## HEALTH CARE INTEGRATION WITH AI/ML

Dr. Caban moderated a panel on May 25 with representatives from the VA and SAS Institute, Inc., discussing the benefits of integrating AI/ML into the design of learning processes, the challenges associated with becoming more data-driven organizations and opportunities for industry to assist with new, innovative IT initiatives.

“The DOD and VA ...are also proactively working on how emerging capabilities (AI/ML) can improve care and the overall patient experience for our service members and veterans.”



**Dr. Jesus Caban**  
Chief Data Scientist, EIDS

“AI/ML technology has been in use for decades across the health care industry; however, during the last six to 12 months, significant attention has been put into how AI/ML capabilities will transform (in the years to come) the health care industry, the provider workflows, the patient-provider communication and the overall patient experience as we know it today,” said Dr. Caban. “Today, AI/ML is enhancing the way we detect, diagnose and treat diseases and health conditions.”

Dr. Caban said, “We are developing emerging capabilities to improve the care, the treatment and the overall patient experience for our service members and veterans.” The panel discussed how these organizations are harnessing the power of AI capabilities in health care and the longitudinal health record view to enhance the patient experience and the overall care patients receive.

## ACT-IAC 2023 HEALTH INNOVATION SUMMIT



### Health Innovation Summit '23

Because of data capabilities provided by PEO DHMS, today – clinicians, administrators, and researchers can collect near real-time data from around the world to drive data innovation and make real-time decisions that affect patient outcomes.

**Dr. Jesus Caban**  
Chief Data Scientist, EIDS



*Dr. Caban discussed how data from multiple sources are combined to improve decision making and why new technologies are changing the future of health care.*

## FEHRM INDUSTRY ROUNDTABLE

### FEHRM Industry Roundtable



We've embraced a targeted adoption, training and coaching approach. We are far from done even as we near the end of baseline deployment; it's the end of the beginning and now we pivot to enhancing the user experience.



**Ms. Holly Joers**  
Program Executive Officer,  
PEO DHMS



The 14<sup>th</sup> FEHRM Industry Roundtable on June 7 featured updates from senior leaders: Ms. Joers, Mr. Tinston and Dr. Neil Evans, Program Executive Director for the VA Electronic Health Record Modernization Integration Office.

Ms. Joers told the audience of federal agencies and industry leaders that it's the end of the beginning and what's next is enhancing the user experience. She said EIDS is identifying where there might be gaps for secondary information and expanding the use of registries. She praised the EIDS team for achieving the largest data migration in the history of the MHS by moving the MDR into the MIP. “That's 60 billion transactions annually including financial and administrative data!”

Mr. Tinston and Dr. Evans talked about how well they are operating as a team. “I'm super excited and the larger team of those involved are all making this happen,” said Mr. Tinston and emphasized the importance of health IT tools. “The key is making the tools we provide simple and responsive to the needs of the health care systems and the larger health care enterprise so the right decision can be made regardless of the IT,” said Mr. Tinston.

Read the full GovCIO [interview](#) about the FEHRM Industry Roundtable.

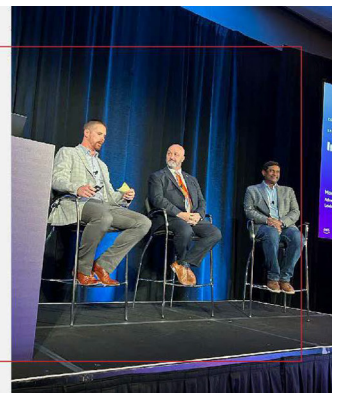
## 2023 AWS SUMMIT

### AWS Summit '23



We are always looking for new and innovative ways to put OpMed solutions in theater. Edge device appliances give us creative ways to work while disconnected and still succeeding in the mission.

**Mr. Ken Johns**  
Deputy Program Manager  
JOMIS



*Mr. Ken Johns (center) sat on a panel at the 2023 AWS Summit in Washington, DC, where he spoke on “Impacting the Mission at the Edge.”*



# CONGRATULATIONS AWARD WINNERS

## 2023 FORUM Disruptive Tech Program Award



Congratulations to **DHMSM** for recognition as a 2023 FORUM (formerly FedHealthIT) Disruptive Tech Program Award winner. The award recognizes DHMSM for its MHS GENESIS deployment to 119 of 138 parent MTFs. The efforts of this program impacted the lives of more than 6.9 million beneficiaries.



Congratulations to **EIDS** and **the Naval Information Warfare Center**, who were recognized as 2023 FORUM Disruptive Tech Program Award Winners. FORUM recognizes the MIP Software Development Kit, which provides tools, documentation, patient-centric data resources and automation in initial creation of applications. It also establishes a business intelligence library, provides greater accessibility to MIP data and is a developer's one-stop shop for guiding documentation. The SDK creates reusable components to increase application and data development capability and efficiency within the MIP, significantly reduces time to market and delivery of innovative capability for clinicians, developers and data scientists.

## FORUM Innovation Awards

The FORUM Innovation Awards recognize the programs driving innovation and change from across the VA, the MHS, the Department of Health and Human Services and the Centers for Medicare & Medicaid Services.

Congratulations to the JOMIS/NIWC Atlantic team for recognition celebrating its risk management support for JOMIS.



On June 7, Dr. Caban participated in a panel discussion on "emerging technologies to meet future challenges" at the 9<sup>th</sup> Annual Forum HealthIT Innovations Awards in Washington, DC.



Today's health care innovations and those planned for the future will depend on the partnership between government, industry and academia.

**Dr. Jesus Caban**  
Chief Data Scientist  
EIDS

*Dr. Caban pictured far right.*

## JOMIS LEADERSHIP CHANGES



Congratulations to **Mr. Ken Johns** in his new role as Deputy Program Manager for JOMIS PMO. Mr. Johns previously served as both Chief Technology Officer for JOMIS and the PEO.



Congratulations to **Ms. Lisa Belter** in her new role as CTO for JOMIS PMO, replacing Mr. Ken Johns. Ms. Belter previously served as IT Specialist and product lead for OMDS.

# G L O S S A R Y

**AF:** Air Force

**AFB:** Air Force Base

**AFRICOM:** U.S. African Command

**AI/ML:** Artificial Intelligence/Machine Learning

**BATDOK™:** Battlefield Assisted Trauma Distributed Observation Kit

**DHA:** Defense Health Agency

**DHMS:** Defense Healthcare Management Systems

**DMED:** Defense Medical Epidemiology Database

**DHMSM:** DOD Healthcare Management System Modernization

**DMSS:** Defense Medical Surveillance System

**DOD:** Department of Defense

**DSI:** Defense Strategies Institute

**EHR:** Electronic Health Record

**EMS:** Emergency Medical Service

**EIDS:** Enterprise Intelligence and Data Solutions

**EUCOM:** U.S. European Command

**FEHRM:** Federal Electronic Health Record Modernization

**HIA:** Health Information Archive

**HCD:** Health Care Delivery

**IT:** Information Technology

**JOMIS:** Joint Operational Medicine Information Systems

**JTS:** Joint Trauma System

**LDCS:** Legacy Data Consolidation Solution

**MedCOP:** Medical Common Operating Picture

**MDR:** MHS Data Repository

**MHS:** Military Health System

**MIP:** MHS Information Platform

**NIWC:** Naval Information Warfare Center

**NORTHCOM:** U.S. Northern Command

**NOAA:** National Oceanic and Atmospheric Administration

**OMDS:** Operational Medicine Data Service

**OpMed:** Operational Medicine

**OpMed CDP:** Operational Medicine Care Delivery Platform

**PEO DHMS:** Program Executive Office Defense Healthcare Management Systems

**PEO:** Program Executive Office

**PMO:** Program Management Office

**SOCOM:** U.S. Special Operations Command

**SOMA:** Special Operations Medical Association

**VA:** Department of Veterans Affairs

**WRNMMC:** Walter Reed National Military Medical Center