

FIRST WAVES DEPLOYED OUTSIDE THE CONTINENTAL UNITED STATES



Landstuhl Regional Medical Center, the largest American hospital outside the U.S., celebrated the successful deployment of MHS GENESIS with cake and the German “tap the keg” tradition at a ribbon-cutting ceremony. Pictured left to right: LTC Noe Muniz, MHS GENESIS Champion and Retired COL Lee Bryan, LPMC deputy of quality and safety.

MHS GENESIS went live OCONUS for the first time including Waves LANDSTUHL (Germany) and LAKENHEATH (United Kingdom). MHS GENESIS is now 91% deployed to garrison Department of Defense facilities, live at 3,142 DOD locations and used by 170,000 doctors, nurses, patient administrators and other staff.

“MHS GENESIS is truly transforming health care delivery across the Military Health System and I look forward to continuing our success next in the Pacific Rim,” said Col Christina Sheets, Department of Defense Healthcare Management System Modernization program manager, who congratulated the team on deploying the first wave outside of the continental U.S.

“This pivotal milestone is nothing short of extraordinary and I’m extremely proud of the monumental accomplishments of the DHMSM deployment team, our vendor partners, pay-it-forward volunteers and local champions and staff,” said Col Sheets.

“We hit another major milestone with our first deployment in Europe. Congratulations to our deployment team, our partners at Leidos Partnership for Defense Health, and the staff at each location for all the preparation, engagements, training activities and more that led to this successful deployment,” said Mr. Chris Ruefer, deputy program executive officer. “Once again we can report no critical patient safety incidents to date, consistent with our last 11 wave deployments!”



MHS GENESIS deployed to Royal Air Force Lakenheath in Suffolk, England, September 28. The Royal Air Force Lakenheath’s “Statue of Liberty Wing” (also called the 48th Fighter Wing) is pictured at left. The photo on the right is the celebratory cake from the ribbon-cutting ceremony at LPMC.

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MESSAGE FROM THE DEPUTY PROGRAM EXECUTIVE OFFICER



Chris Ruefer

I'm happy to share with you the 2023 third edition of *The Scope*. We have big news with the first MHS GENESIS deployment outside the continental United States to Waves LANDSTUHL (Germany) and LAKENHEATH (United Kingdom) at the end of September. Congratulations to the DHMSM team, vendor partners and local champions for this smooth, successful deployment.

As we continue to focus on capability enhancements and improvements to the patient and provider experience, the team released Capability Block 9 in August. Capability Block 9, which included usability improvements and dental upgrades, was our largest and most complicated upgrade to date. Despite it being the largest and most complicated to date, the upgrade was seamless to users.

Our electronic health record modernization journey continues at a steady pace with a majority of active and retired service members, veterans and beneficiaries now a part of MHS GENESIS. We look forward to the next OCONUS deployment in Asia and to Joint Operational Medicine Information Systems' upcoming deployments that will bring modernized health care delivery capabilities to Service members deployed throughout the world.

I encourage you to check out our activities at the Defense Health Information Technology Symposium and Military Health System Research Symposium. DHITS provided an opportunity to showcase the great work and innovations brought forward by each of our program management offices: DHMSM, JOMIS and Enterprise Intelligence and Data Solutions. MHSRS, DOD's foremost scientific meeting, allowed EIDS to highlight its data science capabilities and how this data supports military-unique research.

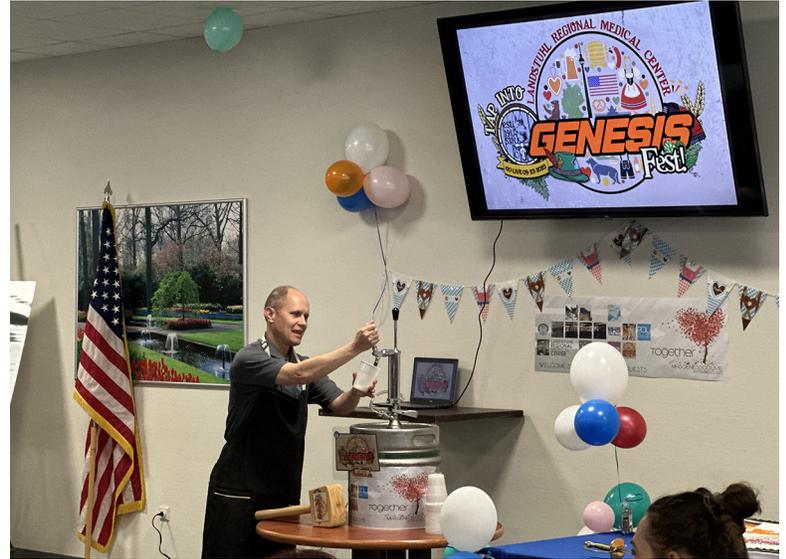
I am so grateful for the hard work and dedication of the entire team across the enterprise. The outstanding performance by each and every team member and continued commitment to the mission has led to the overwhelming success of this organization. Your support is greatly appreciated, and I look forward to continued success in FY24!

— *Chris Ruefer, Deputy Program Executive Officer, PEO DHMS*

FIRST OCONUS WAVES DEPLOYED IN GERMANY AND ENGLAND (CONT.)

Mr. Ruefer said the success of this first deployment in Europe and continued success worldwide is testament to the dedication, commitment to quality and perseverance of the team.

MHS GENESIS will deploy next to bases in Asia in October, followed by synchronous deployment with the Department of Veterans Affairs at the James A. Lovell Federal Health Care Center in Chicago, March 2024.



The ribbon cutting ceremony at Wave LANDSTUHL included the German "tap the keg" tradition shown in the photo.

NAVAL ACADEMY USES MHS GENESIS TO PROCESS NEW CADETS

The United States Naval Academy Prep School and U.S. Naval Academy in Annapolis, Md., used MHS GENESIS to hasten in-processing of 1,400 new cadets (known as plebes) June 30 to July 1. MHS GENESIS' mass readiness capability allows the Services to quickly in-process large quantities of new patients in far less time than previously possible.

Successful Mass Readiness



JOMIS UPDATE

TBLD-M Application Advances On Way to 2024 Deployment



In late July, JOMIS released the Minimum Viable Product iteration of its Theater Blood-Mobile application to military blood professionals at the Armed Services Whole Blood Processing Laboratory East at Joint Base McGuire-Dix-Lakehurst in New Jersey. This MVP release enables JOMIS to continue progressing toward full deployment in late 2024 or early 2025.

A Completely New Application

TBLD-M is a completely new application that will manage and document electronic blood product donations, blood asset inventory and blood transfusions. It will also track transfusion transmittable diseases and will work in disconnected, intermittent and low-bandwidth environments. TBLD-M can connect and synchronize with the enterprise database once connectivity is reestablished.

Further, TBLD-M will provide crucial theater blood data to medical military commanders and OpMed applications through the Operational Medicine Data Service, which in turn provides incoming data – such as recent in-theater health treatments and electronic health records – to TBLD.

Because of its connections with OMDS, TBLD-M will provide medical and blood professionals with critical information when it is needed most. Developers worked for months to make TBLD-M intuitive and easy to use for busy medical professionals. Soon the TBLD-M application will replace most or all paper forms used in managing blood products.



The ASWBPL-East Team pictured in the photo: Luis Marquez, Corina Coulter, Darren Baker, Shenaz Shaffee, Joshua Stubbs, Kimberly Hranowski, Jason Walker, John (David) Spring and Robert Lynch.

Praised by Blood Technicians

One blood technician stationed at ASWBPL-EAST wrote in his evaluation that TBLD-M “feels like it is built for a lab tech and not for a hospital. It was built with someone like me in mind.” Another technician wrote: “Very clean design...very few functions are hidden within other functions, which makes them easy to find and use.”

“The MVP workshop was a huge success,” said Darren Baker, TBLD-M product manager. “We received extremely valuable feedback, data we need to make TBLD-M the best product we can for the Services. We are grateful to the professionals at ASWBPL for their work and assistance.”

With the official introduction of the MVP version, JOMIS began a thorough assessment of TBLD-M. The July 27 MVP workshop already gave the TBLD-M team pages of suggestions and improvements. The team will continue to gather feedback from more military health care and blood professionals in the near future. This feedback is crucial as the TBLD-M team works toward deploying the Minimum Viable Capability Release iteration of the application.

“The MVP workshop was a huge success. We received extremely valuable feedback and data we need to make TBLD-M the best product we can for the Services. We are grateful to the professionals at ASWBPL for their work and assistance.”

Darren Baker
Product Manager, TBLD-M

DHMSM UPDATE

Block 9 Capabilities Released

DHMSM released Capability Block 9, which included usability improvements and dental upgrades. Although it was the largest and most complicated upgrade to date, it was seamless to users.



Capabilities include:

Dialysis Day of Treatment

Supports dialysis procedures by providing focused content, including documentation and power plans for day of treatment. A new Dialysis Procedure Note is created, displaying all information documented in IView. These Power Plans and Notes improve health care delivery by creating efficiencies and enhanced workflows for dialysis procedures.

Use of Patient Portal for Periodic Health Assessment Questionnaire

An optimized Individual Medical Readiness workflow developed within MHS GENESIS using Patient Portal, Power Forms and Recommendations to meet annual PHA requirement and DOD IMR standards. The Periodic Health Assessment Questionnaire Assessment includes a new Patient Portal e-Clipboard, and new recommendations ensure IMR requirements can be viewed and addressed by all providers at each patient interaction. This process puts patients first by providing a single system for PHAs. It also simplifies the process for following up on preventative services, improves decision support and eases the entering of recommended orders.

IZ Gateway for Immunizations

Allows users to query state and public health authority immunization information systems and import immunization records into MHS GENESIS. It includes a simple way to report any errors using Discern reporting. This capability benefits patients by promoting more accurate and comprehensive immunization records. It benefits staff by saving time in verifying and transcribing immunizations for MHS GENESIS.

Reconciled Duplicate Problems, Allergies, Medications, Procedures and Immunizations Fields

Removed duplicate PAMPI fields on PowerForms and MPages so that end users will only document this data in MPages. This update benefits staff by streamlining the data entry process, reducing redundancies and optimizing the workflow.

Dental Financial Identification Numbers

Assigns Dental FIN numbers to dental appointments, eliminating the need to create one. This capability benefits staff by eliminating the need for Oral and Maxillofacial Surgery to create a duplicate appointment. Staff will now be able to update the status in the Dentrix Appointment Book, which updates the status in Revenue Cycle. Overall, this capability more fully integrates Dentrix into MHS GENESIS, improving efficiency.

Dental Readiness Data Delivered to Agile Core Services Data Access Layer

Delivers dental readiness in real time instead of once daily file transfer. The panoramic dental radiography date and last annual exam date will be added to the other data elements included in the file. Dental readiness data delivered to ACS DAL enables real-time updates and includes specific dates in the file. It also improves the dental readiness information at the point of care.

EIDS UPDATE

Legacy System Decommissioning - HIA Cutover



EIDS announced the launch of the Health Information Archive over a year ago, enabling the decommissioning of legacy systems being replaced by MHS GENESIS through the Legacy Data Consolidation Solution project.

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 MHS Information Platform for clinical, analytical or research needs. The HIA acts as the user interface for MTF users to access MHS Legacy Electronic Health Record Systems to fulfill legal medical record access and point-of-care clinical use cases. Upon completion of the Joint Longitudinal Viewer cutover milestone for each site, clinicians can access legacy data directly from the MIP data store.

Current In-Scope Legacy Systems:

CHCS	Composite Health Care System (outpatient)
AHLTA	Inpatient capability
CIS-Essentris	Clinical Information System (inpatient)
S3	Surgical Scheduling System
ARMED	Anesthesia Reporting Monitoring Device
EBMS-T	Enterprise Blood Management System (transfusion)

EIDS Program Manager Mr. Chris Nichols explained how the creation of the longitudinal historical patient record that will be integrated with the modern electronic health record, MHS GENESIS, is no easy feat. He said EIDS partners with the DHA chief information officer, Solution Delivery Division, legacy system sites and several other internal DHA organizations to establish the HIA. As the team continues to progress, Mr. Nichols said, “Thank you to all the hard work from our team and partners behind this first-ever legacy patient archive in the DOD.”

CHCS Sites Decommissioned

Fairchild	Goodfellow
Madigan/Oak Harbor/Bremerton	Wainwright
Mountain Home	Whiteman
Lemoore	McConnell
Vandenberg	
Los Angeles	Essentris
Edwards	Elmendorf
Travis	Carson
Irwin	Mountain Home
Grand Forks	Nellis
Malmstrom	Travis
Ellsworth	Bremerton
Minot	Oak Harbor
Kirtland	Wainwright
Luke	Twenty Nine Palms
Cannon	Laughlin
Davis Monthan	Dyess
Hill	Riley



DEFENSE HEALTH INFORMATION TECHNOLOGY SYMPOSIUM

The annual DHITS conference, hosted in New Orleans, La., took place August 8 to 10. Approximately 2,500 attendees learned about the Defense Health Agency’s priorities moving forward and showcased this year’s theme, Pursuing Enterprise Standardization.

Ms. Holly Joers, program executive officer, PEO DHMS; Mr. Bill Tinston, director, Federal Electronic Health Record Modernization Office; and Dr. Leslie Sofocleous, executive director, Program Management Office, VA Electronic Health Record Modernization Integration Office; participated in an informative plenary session (shown in the photo above), Pursuit of Excellence and Interoperability, moderated by Mr. Chris Ruefer. Speaking to a packed house in the main ballroom, the panelists shared the progress made toward implementing the federal EHR. During the session, Ms. Joers specifically thanked the health informaticists and vendor partners who played a critical role in the federal EHR becoming what it is today.

Leaders and experts from PEO DHMS, DHMSM, JOMIS and EIDS hosted 17 different breakout sessions – the largest presence to date – speaking about a variety of topics ranging from operational medicine to MHS GENESIS lessons learned.

The PEO DHMS’ booth featured several key EIDS and JOMIS projects. EIDS subject matter experts, Mr. Clint Finch, Ms. Kelsey Hales, Mr. Ruben Lopez and Ms. Adrienne Martens discussed the MIP, Biosurveillance Hub & Portal, Digital Biobank, ESSENCE, DES, Data-as-a-Service, Bulk Data Extract, Operation Helios, HIA and Observational Medical Outcomes Partnership. These are just a few of EIDS platforms that help to deliver, connect, integrate and curate health data at the right time, right place and right format to enable informed decisions, research and innovation across the MHS, Services and federal space.

JOMIS showcased several health IT capabilities supporting operational medicine. Mr. Robert Waite and Mr. Russ Ritter demonstrated MedCOP; Mr. Walter Engle, Martin Sweatt and Mr. Zach Wells showed Health Care Delivery Roles 1 and 2; and Mr. Dave Hamilton and Mr. Arthur Garza exhibited HCD Role 3.



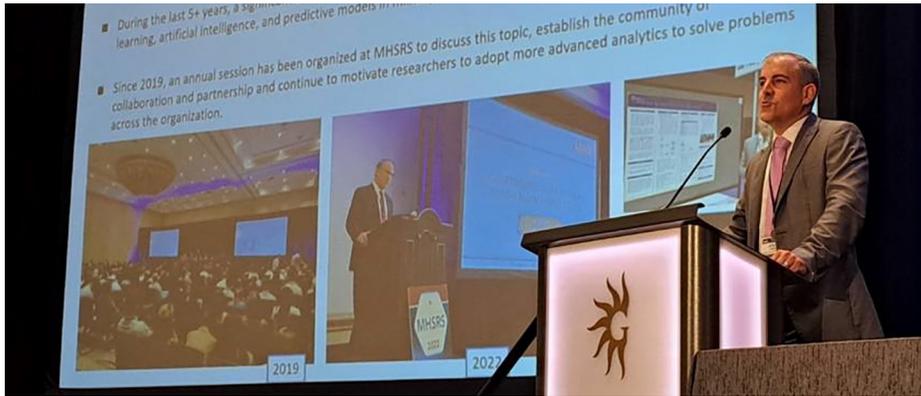
PMOs had a large footprint in the exhibit hall. DHA’s booth featured two DHMSM projects. Mr. Andrew Spencer and Ms. Suzanne Rios demonstrated MHS Video Connect, while Ms. Judith Marshall and Mr. Bill Downing educated conference attendees on enterprise telecritical care.



“DHITS provided an excellent venue to showcase the outstanding work PEO DHMS and our PMOs are doing. Conference attendees saw first-hand the innovations being developed to support and transform patient-centered care.”

Chris Ruefer
Deputy Program Executive Officer,
PEO DHMS

MILITARY HEALTH SYSTEM RESEARCH SYMPOSIUM



The MHSRS, DOD's foremost scientific meeting, took place August 14 to 17 in Orlando, Fla. EIDS' Jesus Caban, Ph.D., provided opening remarks for the Artificial Intelligence and Machine Learning in Military Medicine session, which included a presentation from Ms. Holly Joers, PEO DHMS, on Advancing the AI/ML Strategy Across the Military Health System - From Operational Medicine to Long-term Treatment. Ms. Joers also participated in a DOD/VA question and answer session on AI/ML.

Ms. Joers spoke about projects within each PMO relating to AI/ML and ways the research community can help to support warfighter needs. Ms. Amanda Lienau, VA director of data and analytics innovation for the Office of Healthcare Innovation and Learning, also joined in the panel.

"We are doing this to improve patient outcomes and allow providers to spend more time with patients," said Ms. Joers. "We're just scratching the surface of the possible."

Mr. Jeff McCullen, EIDS data scientist and software engineer, briefed about "Enhancing Clinicians' Workflow with Natural Language Processing to Automatically Track and Resolve Recommendations for Follow-up Dictated in Radiology Reports." On the second day of the conference, Mr. Ryan Cool presented, "JOMIS Delivering Interoperable Medical Information Technology Capabilities to the Warfighter" and participated in a panel discussion.

In the exhibit hall, EIDS showcased several applications supporting data science, such as the MIP, AI/ML, HIA and Digital Biobank.

"I look forward to continuing to participate in the MHSRS every year. The collaboration and exchange of ideas within the military science community truly benefits our efforts to support the needs of the warfighter," stated Dr. Caban.

"We are doing this to improve patient outcomes and allow providers to spend more time with patients. We're just scratching the surface of the possible."



Holly Joers
Program Executive Officer,
PEO DHMS



Left to right (first photo): Dr. Jesus Caban, chief data scientist, EIDS; Jeffery McCullen, data scientist and software engineer, EIDS; and Dr. Lester Martinez-Lopez, assistant secretary of defense for health affairs. Dr. Caban is also shown in the second photo, far right.

INSTITUTE FOR DEFENSE AND GOVERNMENT ADVANCEMENT VETERANS AFFAIRS HEALTHCARE SUMMIT 2023

Program Executive Officer Holly Joers spoke on a panel at the IDGA's 16th annual Veterans Affairs Healthcare Summit July 19 in Alexandria, Va. The panel included Mr. Bill Tinston, FEHRM director; and Dr. Neil Evans, acting program executive director, Electronic Health Record Modernization Integration Office, VA; Mr. Jason McCarthy, Leidos senior vice president and operations manager for military and veterans health solutions; and Mr. Pat Sargent, SVP and general manager for government services at Oracle Health, co-moderated.

More than 400 senior stakeholders, technology experts, industry innovators, clinicians, nurses and administrators from across the military, government, private and non-profit healthcare sector, academia and consultant communities gathered to discuss how health outcomes, care access and delivery can be improved for the nation's veterans.



IDGA VA Healthcare Summit



You can buy tools, you can buy materials, you can provide resources, but you cannot buy change management. It's about leadership. The secret sauce happens on the ground, led by site leadership.

Ms. Holly Joers
Program Executive Officer
PEO DHMS



INSIGHTS INTO THE MHS GENESIS SYSTEM



Col Christina Sheets, DHMSM program manager and Mr. Raymond Okeke, vice president, LPDH, participated in FORUM's *Keeping IT brief* podcast, Insights into the MHS GENESIS System on August 31.

Listen here: <https://insights.govforum.io/2023/08/insights-into-the-mhs-genesis-system-with-col-christina-sheets-and-raymond-okeke/>

G L O S S A R Y

ACS DAL: Agile Core Services Data Access Layer

AF: Air Force

AFB: Air Force Base

AI: Artificial Intelligence

AI/ML: Artificial Intelligence/Machine Learning

ASWBPL-EAST: Armed Services Whole Blood Processing
Laboratory East

CHCS: Composite Health Care System

DHA: Defense Health Agency

DHMS: Defense Healthcare Management Systems

DHMSM: DOD Healthcare Management System Modernization

DIL: Disconnected Intermittent & Low Bandwidth Environments

DMSS: Defense Medical Surveillance System

DOD: Department of Defense

EHR: Electronic Health Record

EMS: Emergency Medical Service

EIDS: Enterprise Intelligence and Data Solutions

FIN: Financial Identification Number

FEHRM: Federal Electronic Health Record Modernization

HIA: Health Information Archive

HCD: Health Care Delivery

IMR: Individual Medical Readiness

IT: Information Technology

JLV: Joint Longitudinal Viewer

JOMIS: Joint Operational Medicine Information Systems

JTS: Joint Trauma System

LDCS: Legacy Data Consolidation Solution

LPDH: Leidos Partnership for Defense Health

MDR: MHS Data Repository

MedCOP: Medical Common Operating Picture

MHS: Military Health System

MIP: MHS Information Platform

ML: Machine Learning

MTF: Military Treatment Facility

MVCR: Minimum Viable Capability Release

MVP: Minimum Viable Product

OCONUS: Outside the Continental United States

OMDS: Operational Medicine Data Service

OpMed: Operational Medicine

OpMed CDP: Operational Medicine Care Delivery Platform

PAMPI: Problems, Allergies, Medications, Procedures
and Immunizations

PEO DHMS: Program Executive Office Defense Healthcare
Management Systems

PEO: Program Executive Office

PHA: Periodic Health Assessment

PHA-Q: Periodic Health Assessment Questionnaire

PMO: Program Management Office

RAF: Royal Air Force

TBLD-M: Theater Blood-Mobile

TTD: Transfusion Transmittable Diseases

VA: Department of Veterans Affairs