



Military Health System Innovation Report (December 2013)

Strengthening Our Culture of Innovation



Forward

Innovation isn't "new" to military medicine. It is embedded in our history.

For over two centuries, the urgency of war has propelled military medical professionals to adapt techniques and treatments to save lives.

From smallpox vaccination of Revolutionary War troops; the introduction of sterile sutures in the Civil War; blood transfusion in World War I; the use of sulfa in World War II; the introduction of mobile surgical hospitals in Korea; the effective use of aeromedical evacuation in Vietnam...these are just some of the leaps made by those who went before, and that still inform how medicine is delivered today.

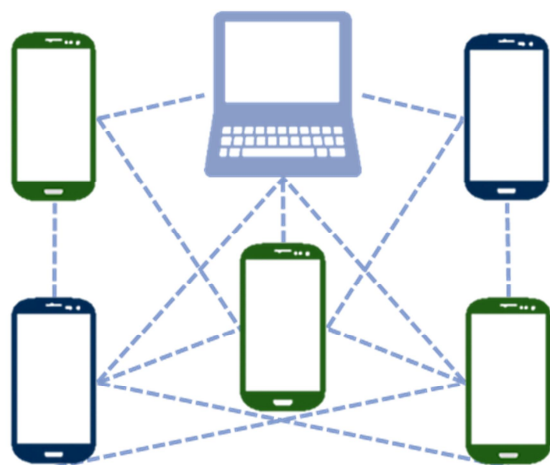
In the most recent conflicts, our military medical professionals developed new approaches to battlefield care, collected data on outcomes, analyzed it in real-time, and then disseminated what was working (and what was not) to our forward-deployed medical teams. Innovation is in our military DNA.

But, like any skill, our innovation skills can atrophy if we don't exercise them. Overseas and here at home, the times demand even greater attention to and reward of the innovators in our midst. We have an urgent obligation to improve how we deliver health services in peacetime as well. The most important and effective innovations are those that occur closest to the delivery of care—at our hospitals and clinics.

I am committed to recognizing and rewarding innovators wherever they are found in our system. Read this report. Think about how you can engage and expand innovation in the Military Health System. Be part of our 200-year legacy.



40%
of Mobile Health Apps
for the Healthy Base Initiative
Originated at Innovation Deep Dives



1,600 +
Members

Connected within the MHS
Innovation Network



Innovation Council

Bringing Together the Services & MHS
Headquarters to Collaborate on Enterprise-
wide Innovation

MHS Innovation by the Numbers

*The Military Health System Innovation
Program is driving system-wide innovation
through several important efforts*



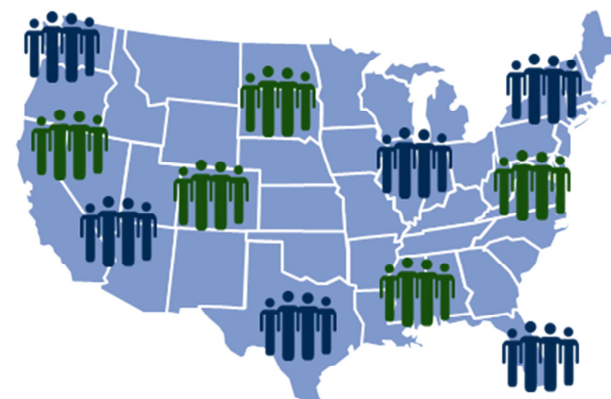
100%

of US Military Hospitals

Using a Single, Standardized Anesthesia
Reporting & Monitoring Device

9,000,000 +
Beneficiaries

Covered by the New
Nurse Advice Line



16

Pilots Approved for Funding
from 4 Innovation Deep Dives
and 1 Innovation Challenge

Contents

Forward.....	0
Introduction	3
MHS Innovation Successes	4
Clinical Care Innovations.....	5
Combat Casualty Care.....	5
Medical Modeling and Simulation	7
Patient Centered Medical Home.....	8
Research and Development Innovations.....	9
Fat Grafting Craniofacial Rehabilitation	9
Research Partnership with the U.S. Dept. of Veterans Affairs	10
Healthcare Management Innovations	11
Anesthesia Reporting and Monitoring Device.....	11
Nurse Advice Line	12
MHS Innovation Program.....	13
Establishing a Culture of Innovation.....	14
The Future of MHS Innovation.....	17
Furthering Our Culture of Innovation	18
Forming Communities of Interest	18
Recognizing and Learning from Innovation Efforts	18
It's Your Turn to Innovate	24

How does the MHS define innovation?

There are four types of innovation, defined as:

Process Improvement: Improving the efficiency and/or effectiveness of processes through incremental, localized changes

Leading Practice: Adopting proven solutions from within and outside of the MHS that update and/ or expand existing work streams or services

Transformative Innovation: New fundamentally redesigned work streams or services that deliver expanded value propositions

Disruptive Innovation: Ground-breaking changes that disrupt current behavior, render existing approaches and delivery mechanisms obsolete, and that change the value proposition

What does the MHS innovate on?

The MHS focuses innovation efforts on the quadruple aim: improved readiness, better health, better care, and lower costs.

Introduction

From the battlefield to the bedside to recovery, lessons learned from the last decade of conflict and the rapid diffusion of innovative health care practices and technologies have forever changed how military medicine is practiced. Bandages that help clot blood; trauma care that preserves life and limb; and transplants of hands, faces, and skin that provide hope and speed recovery —these are just a few examples of the breakthroughs in advanced medical care that the Military Health System (MHS) has developed to benefit military medicine and American medicine.

The MHS is in the early stages of significant transformation. We have begun to draw down our deployed forces. In response to budgetary pressures both within the U.S. health care system and the federal government, the costs of administering our system are under even greater scrutiny. The entire Department of Defense (DoD) is becoming leaner, and our transition to a Defense Health Agency signals DoD's resolve to find ways of conducting business more efficiently, and to improve support for those who deliver care every day.

In this moment, innovation is essential to helping us pursue the Quadruple Aim: improved readiness, better health, better care, and lower costs. Everyone in military medicine should think of themselves as innovators working to create an MHS that is **stronger, better, and more relevant to the needs of Service members, our line leaders, and the American taxpayer.**



MHS innovations in prosthetics provide wounded warfighters with dexterity.

MHS Innovation Successes

Other government agencies and civilian healthcare providers are looking to innovation to help solve their toughest problems—and they are getting results. For example, the [Department of Health and Human Services](#), the [Department of Veterans Affairs](#), and [Kaiser Permanente](#) have all launched programs to tap into the innovators in their midst. Through innovation challenges, open data efforts, and other methods, these organizations have generated advancements in care, patient engagement, and access.

The MHS, too, has had a dedicated innovation program for over six years. This program has resulted in system-changing healthcare management innovations, a stronger culture of innovation across the MHS, and the engagement of innovators within the MHS to develop new ideas to solve the organization's toughest problems.



Other government organizations and civilian agencies are looking to innovation to solve their toughest challenges—and they are getting results...

The U.S. Dept. of Veterans Affairs (VA) has held [internal challenges](#) that have generated 15,000 ideas since their inception. Currently nearly 100 employee innovations are in development, with potential to improve the VA's performance and quality of life for veterans.

Harvard Business Review reports that Kaiser Permanente's long standing innovation program has produced advancements such as "[MedRite](#)," an innovation that reduces medication errors, resulting in almost \$1,000,000 in cost avoidance in the first year.



[Click here to watch a video of Col Dallas Hack Discussing the USAISR achievement in increasing the survival rate for injured warriors through innovation.](#)

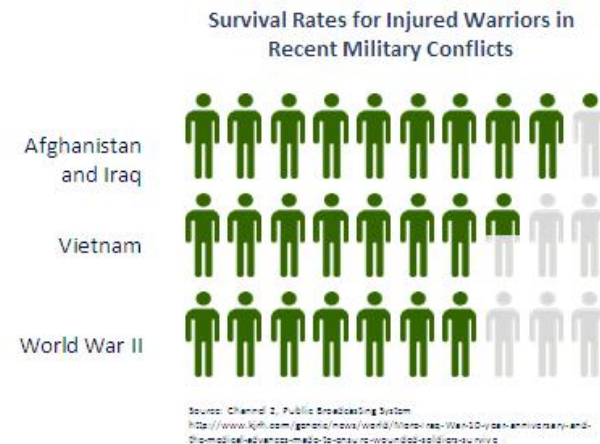
Clinical Care Innovations

Combat Casualty Care

The survival rate of injured warfighters in Iraq and Afghanistan is over 90%—better than in any other conflict in U.S. history. Casualties who crossed the threshold of combat medical facilities survived their wounds at an astonishing rate of 95%.

During the Iraq and Afghanistan conflicts, the MHS encountered new threats and new challenges in treating the severe battlefield injuries caused by improvised explosive devices and other endemic threats in theater.

Lessons from previous conflicts pointed to an opportunity to substantially eliminate preventable deaths by developing new standards for trauma care.¹ Innovators at the U.S. Army Institute of Surgical Research (USAISR) and partner organizations responded by developing the Joint Trauma System (JTS) to create evidence-based improvements in care from point of injury through rehabilitation. This systemic approach to trauma care itself proved a groundbreaking advancement: the JTS developed and disseminated 27 evidence-based clinical practice



¹ Blackbourne, L, Bear D, Eastridge B, et al. Military medical revolution: Military trauma system. *J Trauma*. 2012;73:S388-S394.

guidelines (CPGs) that improved how providers handle burn related complications, massive transfusions, hypothermia, and more. Parallel advancements in pre-hospital care, such as the aggressive use of tourniquets, prevented injured warriors from bleeding to death on the battlefield before reaching combat medical facilities.



USISR Burn Flight Team at work

Improvements farther along the continuum of trauma care have enabled many injured warriors to return to active duty. Energy storing orthotic legs, as well as pain management and rehabilitation, resulted in many warriors that lost a lower limb in Afghanistan and Iraq returning to duty.

Medical Modeling and Simulation

Preparing and training for combat casualty care is no simple task. Though a leader in advanced trauma care training, the MHS has had to continuously adapt to ensure our military medical providers are exposed to the most advanced trauma environments available.

In recent years, the MHS has invested in medical modeling and simulation activities. Innovative simulation programs give thousands of active duty personnel the opportunity to expand clinical competencies, so that they are ready for the unique challenges of the deployed environment on day one.

What is medical modeling and simulation?

Medical modeling and simulation provides both students and trained professionals with opportunities to learn new clinical skills and improve their techniques in low-risk, true-to-life situations.

Medical modeling and simulation falls into five primary categories: standardized patient experiences, computerized models, digital mannequins, partial task trainers, and virtual reality scenarios.



Students performing an operation simulation on Joint Base San Antonio-Fort Sam Houston, Texas

Patient Centered Medical Home

Advances in trauma care and medical simulation have helped the MHS deliver its mission on the battlefield. Similarly, innovative approaches to primary care have had a positive impact at home.

In December 2009, the Military Health System began a multi-year implementation of a leading innovation in primary care—the Patient Centered Medical Home (PCMH). Born of a simple concept, that every patient should have a “medical home” with a team responsible for coordinating their health care needs, the PCMH model departs from other care models in many important, innovative ways. The PCMH model replaces episodic with preventative care, inefficiency with case management, and over-specialized care with an emphasis on the whole person. As a result, the PCMH model improves beneficiaries’ health, provides a higher level of patient experience, and saves scarce resources.

By the end of 2013, 80% of practices across all Uniformed Services will have implemented the PCMH model. Based on experience from our most mature patient-centered medical homes, we anticipate fewer unnecessary emergency department visits, greater care coordination, and new staffing models that provide for different levels of primary care within the medical home.



The Patient Centered Medical Home (PCMH)

The PCMH is a team-based model, led by a physician, which provides continuous, accessible, family-centered, comprehensive, compassionate, and culturally-sensitive health care in order to achieve the best outcomes.

Critical to improving the health of our Service members, the PCMH also results in the spread of evidence-based practices, such as screening for depression. At some MTFs, screening for depression tripled after implementing the PCMH and related measures.

Regenerative Medicine R&D

The goal of Regenerative Medicine R&D is to move beyond current reconstruction treatments for combat wounds, which often result in tissue loss, to more restorative approaches that replace or regenerate human cells, tissues, and organs to normal function. The high survival rates achieved in the Iraq and Afghanistan wars have created a need for advancements in regenerative medicine, as war fighters survive severe injuries, the loss of limbs, and burns.

Established in 2008, The Armed Forces Institute of Regenerative Medicine, a multi-institutional and multidisciplinary network, received \$300 million for the first five years of operation from multiple contributors to develop regenerative medicine technologies, products, and techniques to create skin substitutes, salvage limbs and digits, reconstruct facial injuries, support face and hand transplants, and heal wounds without scarring.

Research and Development Innovations

Through research and development programs (R&D), the MHS is addressing previously unmet needs in medical science. R&D driven discoveries in regenerative medicine, psychological health, and combat casualty care have dramatically improved the ability of our wounded warriors to lead full, healthy lives. Many of these innovations are being adopted across the U.S. health system, advancing the treatment of traumatic injuries nationally.

Fat Grafting Craniofacial Rehabilitation

Warfighters who experience facial injuries must face the everyday challenges of re-entering civilian life—finding a job, reconnecting with loved ones, or forging new relationships—with facial disfigurement. Since physicians struggle to rebuild soft tissue, current treatment for facial injuries often results in permanent facial deformation for Service members.

The MHS has funded research at the University of Pittsburgh and other research institutions as part of a broad consortium of academic and military medicine to investigate innovative ways to rebuild soft tissue. We are developing and refining techniques that have the potential to result in a facial rehabilitation that is functional and healthy, drastically improving quality of life for warriors with craniofacial injuries.



Craniofacial Rehabilitation

Research Partnership with the U.S. Dept. of Veterans Affairs

Through a creative [partnership](#), the MHS and the U.S. Department of Veterans Affairs (VA) are collaborating with academic hubs to invest over \$100 million to examine underlying mechanisms behind mild Traumatic Brain Injury (mTBI) and Post-Traumatic Stress Disorder (PTSD). Working closely with the VA and academic researchers will improve data sharing, streamline efforts, and ultimately deliver answers faster. What we learn will help us better diagnose and treat mTBI and PTSD, the signature injuries from the last ten years of conflict.



The many benefits of ARMD include:

Better care through capturing accurate, standardized surgical records, ready for the beneficiary's next doctor

Better management through providing a window into operating room activities, so the MHS can effectively benchmark and improve standards of care

Cost savings through automation and using a single device

Improved readiness as physicians can move between facilities without having to be retrained on different devices

Healthcare Management Innovations

As government agencies are expected to operate even more efficiently, MHS innovations in healthcare management have improved provider support and beneficiaries' experience of care. These innovations are a window into how the MHS will increase shared clinical and business practices under a new [Defense Health Agency](#).

Anesthesia Reporting and Monitoring Device

In the past, anesthesiologists recorded surgical care data using different standards and devices—including written records. Using an anesthesia reporting and monitoring device (ARMD) to capture everything happening in the operating room was becoming a new standard of care.



As part of the MHS Innovation program, the senior Army, Navy, and Air Force clinical consultants for Anesthesiology recommended that the MHS acquire a standard ARMD that could be integrated with the Electronic Health Record (EHR). In order to put the device to work as soon as possible, the MHS Innovation program rolled out ARMD with standard configurations in all 66 military treatment facilities (MTFs), including Theaters of Operation.

Now, if a Service member has surgery in Kandahar, the next military doctor seen can receive an accurate, standardized record of the patient's surgery, which helps in providing the right treatment. Since all devices have standard configuration, personnel can avoid re-training when switching locations. ARMD also provides new visibility into operating rooms, enabling the MHS to improve how providers care for patients. ARMD also lowers cost through automation.

Now that ARMD is a standard of care, the MHS will focus on integrating the rich patient data captured by ARMD with the EHR in phase II of implementation.

1 Anesthesia Reporting and Monitoring Device image source:

<http://www.draeger.com/sites/assets/PublishingImages/Products/Innovian%C2%AE%20Anaesthesia/US/innovian-e-forms-9051624.pdf>

Nurse Advice Line

The MHS is currently awarding a contract to launch a TRICARE-wide Nurse Advice Line (NAL) to provide all TRICARE beneficiaries 24/7 access to an integrated nurse triage and clinical appointing service.

Another outcome of the MHS Innovation program, clinical and administrative leaders recommended the MHS pursue an integrated NAL after studying the high volume of low acuity visits to military and civilian emergency departments by MHS beneficiaries. Building on the documented success of the European Nurse Advice Line, the NAL will provide immediate assistance for family members who can benefit from after-hours nurse advice. The NAL will fully integrate with direct care PCMHs by appointing patients directly to their enrolled primary care clinic.



Lessons learned about the importance of local partnerships while diffusing enterprise wide innovations in healthcare management have informed current innovation efforts. The MHS now has several programs that ask those on the ground in military medicine what their ideas are for improving the organization.



MHS Recapture of Specialty Care Pilot Innovations

Recapture Private Sector Care ED Direct Admissions

Implement Right of First Refusal for civilian hospital Prime enrollee emergency department direct admissions to recapture clinically appropriate care

Specialty Care Travel Reimbursement

Enable Military Treatment Facilities (MTFs) to reimburse select patients for reasonable travel expenses to specialty/surgical appointments at MTFs

MTF Specialty Optimization

Determine whether adding physician assistants, medical technicians, and administrative personnel will increase clinic productivity

Proactive Referral Management

Proactively appoint referrals into existing specialty appointments to increase specialty appointment complexity

MHS Innovation Program

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) and Surgeons General recognized that our rapid and groundbreaking innovations on the front lines needed to be replicated stateside.

In 2011, the ASD(HA) formalized the MHS Innovation program and named a Chief Innovation Officer (CINO) with the goal of fostering innovation throughout the MHS.

The CINO is charged with: identifying funding sources for innovative ideas; altering existing policies that inhibit innovation; broadening the avenues for innovators to bring promising new ideas to the attention of MHS senior leaders; and reducing the time and effort it takes to move ideas from the point of origination to the larger MHS.

To partner with, coordinate across, and better support previously existing innovation efforts, the ASD(HA) also created the Innovation Council, comprised of leading innovators from each Service—designated by the Surgeon General—and from the MHS headquarters. The Surgeons' General representatives also provide a connection to the Services' innovation programs. Each Service has launched innovation efforts focused on issues and priorities relevant to the Army, Navy, and Air Force.



Contact the MHS Chief Innovation Officer, Ms. Rachel Foster, and rest of the MHS innovation community on [LinkedIn](#).

Establishing a Culture of Innovation

Over the past 18 months, the MHS Innovation program has established a foundation to support innovation across the organization.

To strengthen our culture of innovation, the innovation program created a venue to rapidly develop, approve, and fund innovations. Called Innovation Deep Dives, these three-day, intensive working sessions allowed military medicine innovators to come together to innovate around specific, mission critical topics of concern:

- recapturing specialty care from the private sector,
- reducing obesity in military communities,
- and improving tobacco cessation and prevention in our force.

The Deep Dives brought together over 100 innovators who generated over 200 ideas. Innovators selected 15 innovations to present to the Senior Military Medical Advisory Council (SMMAC) for pilot authority and seed funding. All 15 innovations were approved and are currently in the pilot process. This rapid-cycle pilot process allows the MHS to quickly test an idea for enterprise-wide applicability. Equally important, Deep Dives demonstrate senior leaders' commitment to supporting everyone in military medicine in innovating.



The ASD(HA) kicks off the Healthy Base Initiative, under which Obesity Management and Tobacco Cessation and Prevention innovations will be piloted, at Fort Belvoir, VA.



MHS Obesity Management Pilot Innovations

Leading the Way – Ambassadors for Health

Create a culture of health and wellness within Military Treatment Facilities (MTFs) to set an example for the greater DoD

Operation Fit Family and Friends

A mobile app that will enable groups and units to set and track simple fitness and nutritional goals collectively

Virtual Lifestyle Coaching

Provide nutrition and fitness lifestyle coaching through virtual avatars in an online world

Operation Eat Well

Re-brand the commissary to make it a health destination and impact beneficiaries in the “life space”

Common Operating Picture for “Life Space” Initiative

An innovative approach for defining joint standards to capture, monitor, and compare health and environmental elements

Full Spectrum Kid Fit

A multi-tier parenting skills development program that brings nutritional best practices to parents in the “life space”



MHS Tobacco Cessation and Prevention Pilot Innovations

Kicking Butts for Points

Motivate and inspire individuals to achieve tobacco free living through competition and incentives

Refresh

Create a patient registry to facilitate a more comprehensive follow-up for people who want to quit using tobacco

Stronger Warrior

Target and seek to reduce the rate of tobacco use during deployment by pairing Service members and providing tools

Fight the Enemy – Tobacco Counter Marketing Campaign

Create tobacco counter marketing that is edgy yet appropriate through a video competition that targets junior enlisted members

“Holly Graham” Virtual Assistant

Go beyond brochures and use holographic, three dimensional, life-size figures to spread tobacco cessation messages

The innovation program also hosted an inaugural **Innovation Challenge** to crowd-source innovative solutions focused on the Quadruple Aim. Over 80 Army, Navy, Marine Corps, and Air Force participants generated over 100 ideas. Three submissions were selected for further consideration. The MHS Innovation program is currently working with the submitters to further refine their ideas for potential pilot approval by the SMMAC.



In addition to hosting Deep Dives and a challenge, the innovation program is working on several knowledge sharing efforts. Knowledge sharing fosters the collaboration necessary to generate new ideas, test them, and spread proven practices across the MHS. Knowledge sharing is one key to becoming a more agile, learning organization.

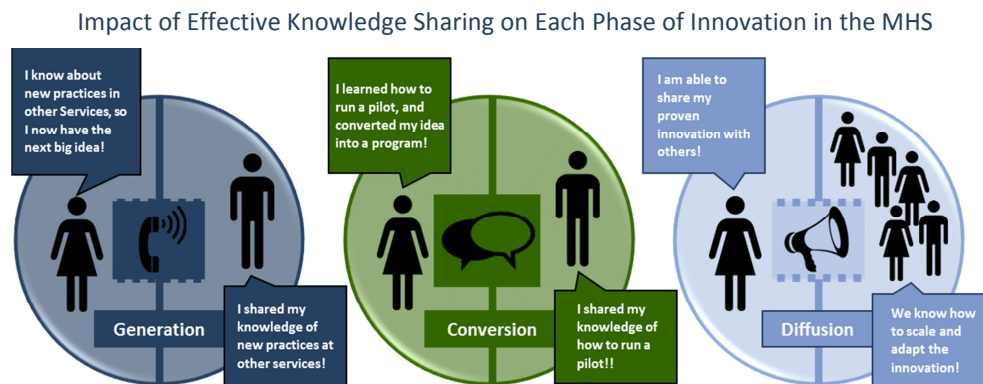
The Innovation Learning Network (ILN) is one such example. The ILN supports the sharing of ideas for mutual improvement between leading private and public healthcare providers in the United States and overseas. In 2012, the MHS became a partner in the ILN and has participated in several innovators’ sessions that brought members together to discuss healthcare topics like *“Exploring Ambulatory Care Models.”*



The innovation program has also created a LinkedIn [MHS Innovation community of interest](#) to engage anyone interested in innovation within military medicine. With over 2,000 members, the innovation LinkedIn group has an ongoing, lively conversation regarding a broad range of healthcare innovation topics, including: advances in medical research, how to improve military healthcare, and [how to share knowledge](#). Participants come from a variety of backgrounds:

14% of the participants come from entry level positions, 29% self-identify with the “Hospital & Health Care Industry,” and 14% self-identify with the “Military.” The CINO and the Innovation Council often ask participants for their feedback on potential focus areas for innovation. In some cases, enthusiastic LinkedIn contributors have been invited to participate in Deep Dives. Deep Dive ideas and Challenge winners are also [announced](#) in the community shortly after they are finalized and selected.

To build on these initial efforts, the innovation program recently hosted a Deep Dive to develop testable approaches to sharing knowledge within innovation communities of interest. Pilots in the recapturing care and weight management communities are testing knowledge sharing best practices. A white paper on Knowledge Sharing in the MHS will capture lessons learned from this endeavor and recommend how to best encourage and support knowledge sharing in the MHS.



**Quadruple Aim Challenge Submissions
Selected for Further Development**

[Pregnancy A to Z](#)

A mobile application to guide expecting mothers through pregnancy and optimize provider communication and interaction

[Military Acuity Model](#)

A model to optimize nurse staffing by patient need and the complexity of the case

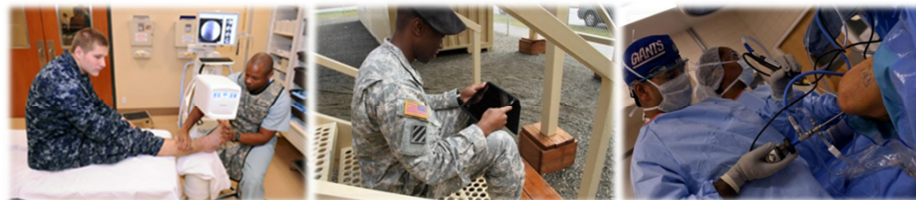
[TRICARE Rewards](#)

A customer rewards program for Tricare beneficiaries

The Future of MHS Innovation

Innovation is important for our future. We must continue to build on our success innovating in battle to innovate at home and during peacetime. When it comes to healthcare systems, the MHS is unique and comprehensive. The MHS has a one-of-a-kind readiness mission, and capabilities ranging from scientific research and development to health plan administration. Whether focused on population health or clinical care, tactical or hospital-based medicine, disruptive or incremental innovation, forward-looking or real-time problem solving—innovation in the MHS will be as robust as the work we do to support our mission.

Our vision is for innovation to thrive throughout the organization—on base, in the deployed environment, in the operating rooms, in laboratories, in Defense Health Headquarters, and everywhere in between. The efforts of everyone in military medicine to innovate will help the MHS become stronger, better, and more relevant to the needs of the military community, and to our broader Department of Defense national security mission.



A recent report by the Partnership for Public Service on *The Most Innovative Agencies* illustrated that **the vast majority (91%) of government employees constantly look for ways to do their jobs better. However, only 57.2% felt encouraged to do so, and a mere 36.3% felt rewarded for creativity and innovation.**

Furthering Our Culture of Innovation

In the MHS, the best ideas come from the field—far forward on the battlefield, at sea, in the air, in an MTF break area, or home alone with some free time and the belief that one person can make a difference.

Since recalibrating our innovation program in 2011 to better engage innovators within the MHS, we have only begun to scratch the surface of the potential of our people to generate improvements. While there is still much we can learn from industry and our peers, we will continue to look towards our people to serve as innovators.

Forming Communities of Interest

Our near term focus is to establish avenues that connect innovators across our enterprise so they can collaborate and share knowledge. Innovation communities of interest will provide innovators with access to others in military medicine who are tackling similar challenges that can help validate, refine, and develop truly promising ideas. Innovators will find additional opportunities to engage with each other to support innovation through on-going programs such as Innovation Challenges and Deep Dives.

Recognizing and Learning from Innovation Efforts

We must also find appropriate and meaningful ways to recognize and support our innovators. Innovation requires more than creativity: innovators must be leaders willing to take responsible risk and learn from all efforts. We will develop a communication strategy to share and acknowledge innovation efforts and lessons learned, as well as better connect everyone in military medicine to innovation resources and one another.

Communities of Interest

Communities of interest are groups of people facing similar challenges and opportunities with complimentary insight. Communities can be focused on the referrals processes, pain management, the electronic health record, or any other topic that is relevant to delivering the quadruple aim. While some communities of interest, such as the one supporting the Tri-Service Workflow, have official MHS sponsors and help deliver strategic priorities, anyone should feel empowered to develop local communities on their own.

In addition to facilitating the spread of best practices and reducing waste, communities of interest can be hot beds of innovation where military medicine innovators can bring nascent ideas to discuss, refine, and spread amongst knowledgeable colleagues. The MHS is currently developing strategies for better supporting and fostering communities of interest.

Some of the key pieces to nurturing this culture are already underway. The CINO and the Innovation Council will continue to work on strengthening our enterprise in support of innovation through:



- Connecting the best thinkers to improve knowledge sharing across the enterprise
- Encouraging the best ideas to come forward
- Connecting our providers with our peers in the commercial landscape
- Clearing the way for innovation by removing policy and procedural barriers
- Developing and refining the infrastructure needed to support innovation (i.e. policy)
- Enabling innovators to take a calculated risk and fail without undue fear

In particular, the CINO will develop ways to formally recognize innovation, more effectively communicate with everyone in military medicine about innovation, and utilize communities of interest to share knowledge in support of innovation. These efforts will be part of a MHS innovation strategy generated and managed by the CINO.

Components of a Culture of Innovation

Connecting innovators to seed funding, demonstration authority, and other resources necessary to innovate

Collaborating and sharing knowledge with colleagues in military medicine and external partners to generate, test, and spread innovations

Encouraging everyone in military medicine to develop ideas and innovate, in part by learning from all innovation efforts, successes as well as failures

Clearing the Road for MHS Innovators



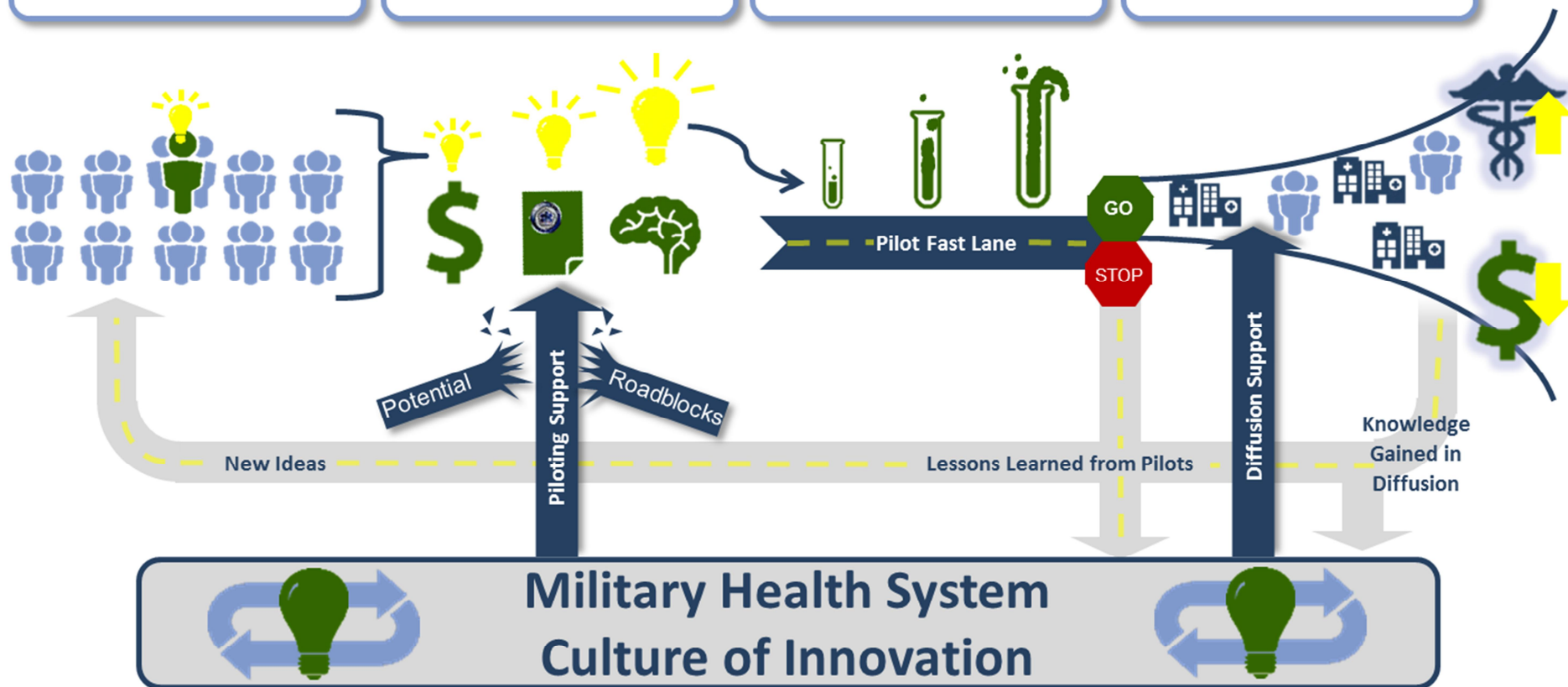
Clear Pathway to Innovating and Improving

1 Tri-Service Communities of Interest: Innovators develop solutions to MHS challenges in communities of interest.

2 MHS Support for Innovators: Selected innovators receive seed funding, demonstration authority, and mentorship.

3 Small-Scale Pilots: Innovators rapidly test ideas with system-wide potential in small scale pilots.

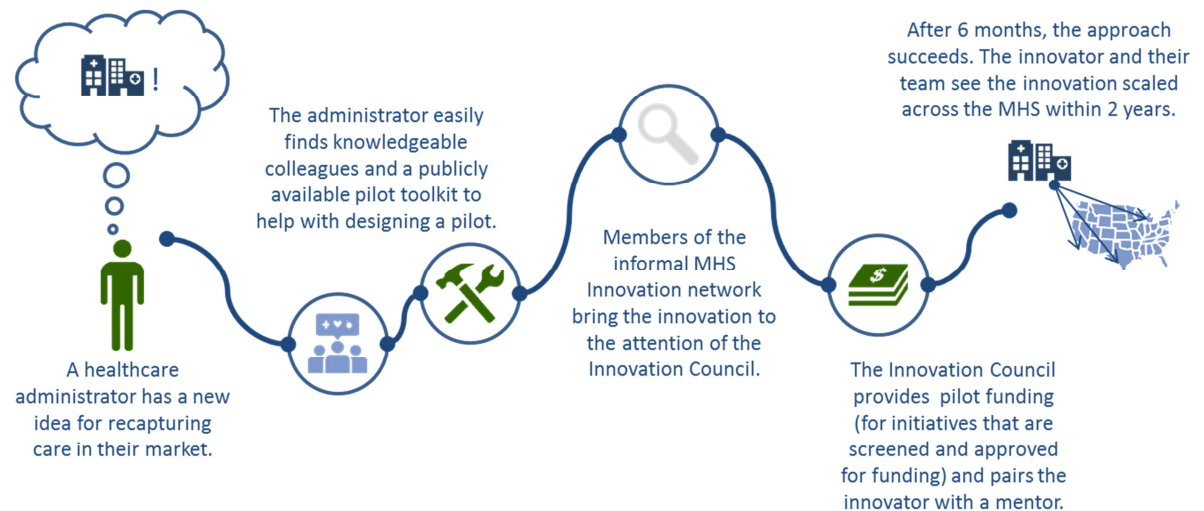
4 Better, Stronger, more Relevant MHS: The MHS scales successful pilots to improve health and to reduce costs.



A Culture of Innovation at Work

A strong culture of innovation will connect innovators to resources, support the knowledge sharing and collaboration necessary for innovation, and encourage everyone in military medicine to improve the MHS and learn from their efforts.

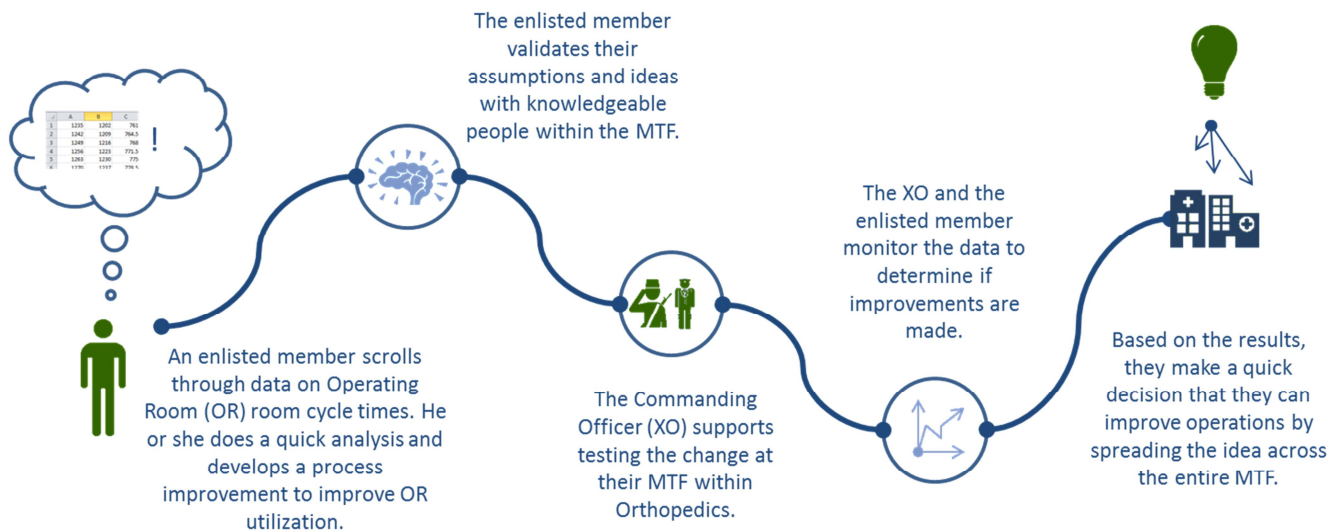
Connecting Innovators to Resources



Examples of a Culture of Innovation in Government: The U.S. Dept. of Veterans Affairs

VA Innovation Center engages the over 300,000 employees in developing innovations through challenges focused on health care and business process improvements.

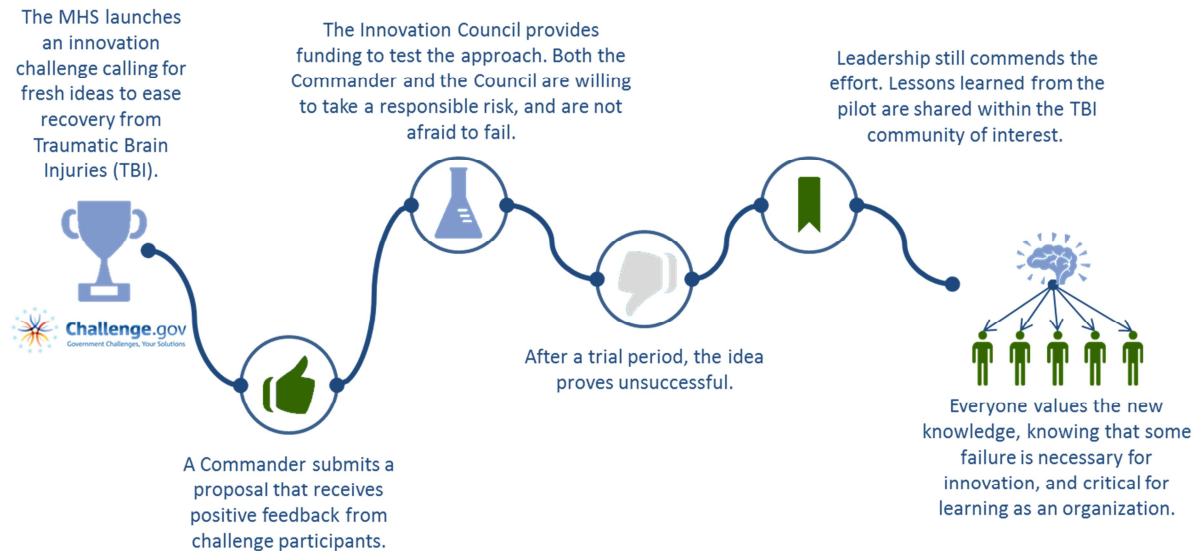
Sharing Data, Information, and Knowledge to Innovate



Examples of a Culture of Innovation in Government: The National Institute of Health

The National Institute of Health (NIH) embodies a learning organization that develops new knowledge and quickly disseminates it across the field. Recently NIH launched a Big Data to Knowledge Initiative, which will support a thriving national biomedical knowledge ecosystem.

Encouraging and Learning from Innovation Efforts



Innovators throughout the Services, in clinics, and across departments will find they not only have the ability to develop and test promising improvements, but will be encouraged and recognized for doing so. Potential innovators will be able to share, validate, and refine their ideas with knowledgeable communities of interest. The Innovation Network will keep their eyes and ears open for promising ideas. A nimble advisory body, the Innovation Council, will provide support for innovation. In other words, a strong culture of innovation will support a connected, agile, and learning organization that propels the MHS forward in becoming stronger, better, and more relevant to the needs of the military.

Examples of a Culture of Innovation in Government: The Department of Education

The Department of Education's i3 program funds innovation in 3 phases: new ideas, promising, and proven. The Department of Education takes responsible risk through exploring untested, unproven possibilities early and on a small scale, while significantly funding proven methods with potential to work system-wide.

It's Your Turn to Innovate

Everyone across the Military Health System can take important steps to contribute to and improve the growing culture of innovation, and as a result advance the MHS as a whole. Innovation isn't restricted to a specific Service, position, or location. In order to thrive, we need everyone in military medicine to actively work on their innovative ideas.

Often innovation emerges in places where military medicine personnel have firsthand knowledge of our beneficiaries' needs. Innovation will begin where innovators have unique insight, often at local MTFs and clinics. The innovation program will connect local innovation efforts so that collaboration can be achieved and important ideas can be recognized across the enterprise.

Whether you focus on clinical care, information technology, healthcare administration, or any of the other areas that keep the MHS working, we encourage you to connect and collaborate with colleagues both within and outside of your discipline. Look to the person next to you, make a telephone call, visit the [MHS Innovation LinkedIn group](#) – there are many avenues you can seek out to get in touch with others who share the goal of innovating. Establishing and growing specific communities of interest is crucial to innovation in the MHS. These groups provide vehicles to capture innovative ideas and causeways to evaluate, refine, and diffuse your new approaches.

To all *junior staff*: use your unique insights and experiences to find things we can do better. Sharing your ideas is the first step toward opening doors toward implementing them. Even if your idea isn't selected for large scale funding or diffusion across the MHS, you are still driving the culture of innovation and improving the system. Sincere effort to innovate and make a difference is the most important part.

Regardless of whether you are a nurse working in a Military Treatment Facility, a technology specialist at headquarters, a Soldier, a Sailor, or an Airman, you have an opportunity to help strengthen our culture of innovation, and in turn build a stronger, better, and more relevant Military Health System.

To all *supervisors*: mentor, encourage, and support your staff in sharing their new, outside-the-box ideas. Help your junior staff focus their innovative energy in ways that align with and will benefit your strategic direction. Most importantly, help your junior innovators overcome obstacles and barriers that may block or slow down the trajectory of their idea development. You should be a resource for our most motivated and committed innovators. Lastly, strengthen your understanding of the enterprise to better engage yourself and others with the tools already available to support innovative efforts. Through collaboration the entire MHS can more easily and successfully fulfill its goals.

To *everybody working across all Services*: share knowledge with one another and help colleagues form communities of interest around new ideas. Provide them with any resources you believe will be helpful in their efforts. Also, be willing to collaborate across Services; ideas or lessons learned from other Services may help you to push through barriers in your own efforts. Use competition between the Services as a way to boost performance and push progress, not as a reason to keep knowledge and lessons learned under wraps.

In order to fully realize our goals of providing better health and a better experience of care to improve readiness, all with greater cost effectiveness, we must expand the MHS culture of innovation. Doing so will require the passion, insight, and intelligence of people working in all parts of the organization. Forging ahead with innovation may seem like a risky endeavor, but remember that a great deal can be learned even from the projects that don't succeed. The MHS Innovation program and MHS leadership encourage and support all efforts to add to the culture of innovation, and are proud to offer resources and mentorship to help.



