

Defense Health Agency

2020 STAKEHOLDER REPORT





MESSAGE FROM THE DIRECTOR

LIEUTENANT GENERAL RONALD J. PLACE

In 2020, our lives were disrupted as individuals and as a nation. The Defense Health Agency was called upon by elected leaders around the country, by military leaders in the Department of Defense, and by our patients to respond rapidly and across the globe.

Military medical Service members deployed to support civilian authorities. We rapidly expanded our capacities, fielded new capabilities, and strengthened our partnerships with interagency organizations and civilian health systems.

I am proud to share our performance in 2020. The pandemic demanded agility and we delivered it. As a Combat Support Agency, we recognize that we must listen closely and respond quickly to the broader missions that defense leaders call on us to support.

In 2021, protecting our military community from COVID-19 is a principal objective, but not our only responsibility. Ensuring our military beneficiaries have easy access to safe, quality care is a vital imperative. Our mission to support the readiness of our force, and of our medical team, remains our North Star.



MESSAGE FROM THE SENIOR ENLISTED ADVISOR

COMMAND SERGEANT MAJOR MICHAEL L. GRAGG

The care we provide to our Service members directly impacts military readiness and the medical treatment facilities serve as a training ground for our military medical force to develop and maintain the competencies to serve our warfighters.

We must put ourselves in the mindset of those in the frontlines of battlefield. From our clinicians to technicians, engineers, and logisticians, we all played a role in maintaining readiness that serves as the backbone of America's military superiority. Even as we transition into the post-pandemic world, we will think and act everyday with this mission in mind.

As we step forward into this future and resume large-scale reforms across the Military Health System, resiliency will continue to be demanded. To maintain the momentum of this year, we recognize that a safe and supportive workplace is an imperative. We are building a culture where all of us can be our authentic selves and where we are inspired to grow to our full potential. We will empower our people from diverse backgrounds, experiences, and expertise to work, learn, and team together.

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MILITARY HEALTH SYSTEM AND DEFENSE HEALTH AGENCY

WHO WE ARE

The Defense Health Agency (DHA) is a combat support agency—meaning our purpose is to assist Combatant Commanders and the Military Departments in achieving their missions. To meet this responsibility, the DHA is guided by four strategic priorities:

- + Great Outcomes:** Our most important outcome is a medically ready force
- + Ready Medical Force:** Our Medical Treatment Facilities (MTF) sustain team-based currency and proficiency enabling a ready medical force
- + Satisfied Patients:** Our patients feel fortunate for Military Health System (MHS) care that helps them achieve their goals
- + Fulfilled Staff:** Our staff feel joy and purpose working in the MHS



50
Hospitals Worldwide

An integrated outpatient care system:



425
Medical Clinics



246
Dental Clinics



138,238
funded personnel (DHP)



TRICARE: A health benefits program:

9.6 million Covered lives

- **1.4 Million** Active Duty
- **200,000*** Reserve Component Service members
- **380,000** participating providers

*200,000 enrolled in TRICARE Prime or TRICARE Select. An additional 0.6M Reserve Component members not enrolled in these programs, but eligible to enroll in TRICARE Reserve Select and pay full premiums.



An Education and Training System:

Including a University with an accredited medical school and graduate programs, a graduate medical education program, enlisted and medical officer training platforms



A global public health system:
Providing community health, global health and environmental surveillance



Medical research and development (R&D) system:
~ \$1 billion program



A \$51+ billion per year
Unique, indispensable, military medical enterprise



HON Thomas McCaffery, Assistant Secretary of Defense for Health Affairs and LTG Place, Defense Health Agency director, and other senior military health leaders spoke with media members today about combined efforts to address the COVID-19 pandemic. (DoD photo by Staff Sgt. Jack Sanders)



COVID-19 RESPONSE

CALL TO ACTION

Throughout the COVID-19 pandemic, the Defense Health Agency provided critical support in multiple areas throughout the Department of Defense's response efforts. From providing great care for our Service members and their families, to enabling enterprise medical logistics, to supporting the DoD's COVID testing program, to leading the DoD's COVID vaccine Operational Planning Team, DHA professionals were there—helping sustain warfighter readiness and enabling DoD to continue executing our many missions.

General John E. Hyten,
Vice Chairman of the Joint Chiefs of Staff

As the coronavirus disease (COVID-19) rapidly spread across the globe, the DHA's clinical, logistics, research, and public health experts were called upon to assist Department of Defense (DoD) leaders, interagency partners, State, and local leaders with managing the crisis.

THE INITIAL RESPONSES TO THE PANDEMIC

Managing a crisis requires speed. In the face of a global pandemic, we quickly moved in lockstep with the DoD to organize the COVID-19 response.

Early in the pandemic, testing emerged as a vital first step in managing COVID-related risks to protect the force and maintain readiness. Soon after, the COVID-19 Testing Task Force selected Air Force Major General (Dr.) Lee Payne, the DHA's Assistant Director for Combat Support at the time, as the lead. Working closely with the DHA and Services, this task force developed a COVID-19 testing framework, using a tiered approach to prioritize testing those who presented COVID-19 symptoms, and oversaw the distribution of testing supplies to MTFs and operational forces. By the end of 2020, the DoD had completed over 1.9 million tests worldwide.

Dr. Sean Biggerstaff, Acting Deputy Assistant Director for the DHA's Research and Development Directorate at the time, also served as the lead for DoD-wide COVID-19 medical testing research. This effort included establishing an overarching investment strategy for \$1.4 billion in CARES ACT supplemental funds that supported policy changes for COVID-19 testing and surveillance, the approval of therapeutics for emergency use, and the development and delivery of vaccines in coordination with Operation Warp Speed.

To integrate response efforts within the DHA, experts in clinical care, public health, hospital preparedness, and laboratory testing came together to stand up the Crisis Action Team (CAT). The CAT served as the DHA's central hub to facilitate the flow of information on COVID-19, decision-making on key operational issues, and communication of these decisions.

Pfc. Sara Jennings, a Combat Medic Specialist assigned to Landstuhl Regional Medical Center, prepares doses of the Moderna COVID-19 vaccine.

2020

COVID-19 TIMELINE



U.S. Army Spc. Crystal Gonzales, assigned to the 44th Medical Brigade, conducts COVID-19 testing at the mobile Analytical Laboratory System unit outside the Javits Center in New York City, May 18, 2020.

February 28

DoD establishes the COVID-19 Task Force

March 9

DHA establishes the Crisis Action Team

March 11

WHO declares COVID-19 a pandemic

March 23

DHA publishes the first COVID-19 Practice Management Guide

March 26

DHA develops the bed capacity planning tool

March 31

Elective, invasive, and dental procedures are postponed

May 19

Elective, invasive, and dental procedures resume

May 28

Secretary of Defense orders DHA to collect 10,000 units of CCP

June 1

DHA launches the COVID-19 Registry

September 30

DoD collects 10,000 units of CCP

December 2

DHA facilitates Nidus Zephyr

December 9

DoD announces the COVID-19 vaccine distribution plan

December 14

DoD begins administering COVID-19 vaccines

CONTINUING THE DELIVERY OF CARE

We challenged our assumptions about how care can and should be delivered.

Early in the pandemic, clinicians grappled with the challenges of providing care, including COVID-19 treatments, due to limited and evolving knowledge regarding the virus. Within 12 days of the declaration of a pandemic, and in partnership with the Uniformed Services University of the Health Sciences and the Military Departments, the DHA published the first DoD COVID-19 Practice Management Guide in March 2020. By the end of the year, the DHA had published the seventh version of the guide, providing clinicians with the most current practices based on latest data to optimize COVID patient care.

To ensure continued access to care, however, the DHA markedly expanded access to the Nurse Advice Line, secure messaging, and virtual health care platforms—allowing new approaches for patients to manage their health while lowering the risks for both providers and patients.

COVID-19 response also required flexible allocation of manpower to provide surge support. Across the enterprise, the DHA delivered over 6,000 medical service contractor resources to augment MTFs throughout the pandemic. Additionally, we developed unique trainings to expand the readiness of both nursing and non-clinical staff to support clinical staff with specific tasks.

“DHA continues to make strides in its evolution as a Combat Support Agency. COVID-19 has highlighted that.

—Major General Paul A. Friedrichs, Joint Staff Surgeon

LEVERAGING THE POWER OF ENTERPRISE DATA

Effective response to the pandemic demanded timely and accurate information.

One of the principal values of the DHA is our ability to collect and integrate data for decision makers. Whether it's integration across the Military Departments, or across military and private sector health care markets, the DHA enabled operational decision-making based on real-time needs. In plain language—decision makers could see COVID-19 hot spots, and where new hot spots may be emerging. We could track and visualize personal protective equipment (PPE) stockpiles as well as blood and plasma inventory. Through centralized dashboards, we tracked and acted upon fluctuations in hospital bed capacity, intensive care unit (ICU) utilization, and ventilators daily. The list goes on.

Our data initiatives, however, did not only focus on immediate actions. The DHA also established the COVID-19 Registry to provide a long-term capture of all COVID-related health care in support of better patient care and ongoing clinical support. As of December 2020, there were more than



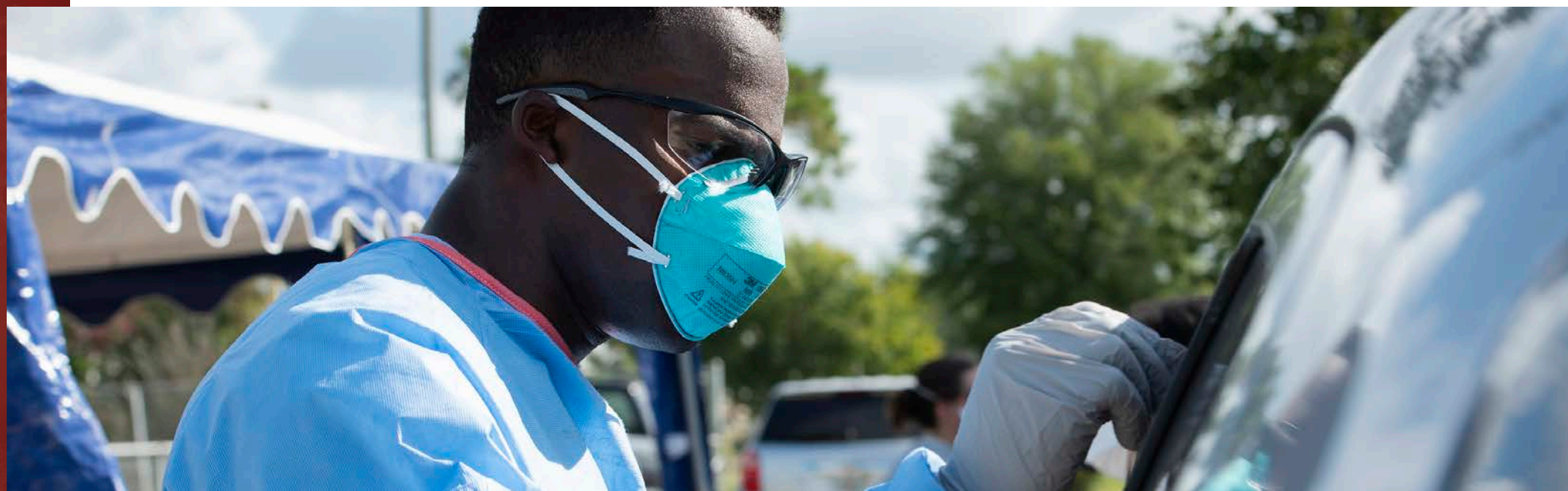
NURSE ADVICE LINE By the Numbers

 **1,750**
Calls and video
chats per day

 **554**
Individuals who get
professional self-care and
health advice per day

 **44**
Parents of infants
assisted per day

 **9**
Lives saved per day by
recommending or activating
emergency procedures



“ COVID required the Department to be agile in our response. DHA’s initiatives ranged from establishing new clinical practice guidelines to creating new automated dashboards so everyone from the Department’s leadership to the local commanders could see the relevant COVID and hospital bed data. Even prior to the vaccines being approved, DHA led the effort to develop and wargame DoD’s COVID-19 Vaccine Dissemination Plan so it was ready to go on day one.

—Secretary David L. Norquist, Former Acting Secretary of Defense

128,000 COVID-positive patient records in the registry. The registry tracked the implementation of new treatments, including convalescent plasma, monoclonal antibodies, Remdesivir, and glucocorticoids. And, the registry began collecting data on newly vaccinated patients—offering both clinicians and researchers with a longitudinal record that will serve DoD and American medicine for decades.

One major health reform that never paused during the pandemic was our roll-out of the new single, common electronic health record (EHR)—MHS GENESIS. The Mass Vaccination (MassVax) module within MHS GENESIS was developed specifically to meet military needs. The joint DoD-commercial development, MassVax, provides immunization clinics with the ability to perform large-scale vaccinations with greater safety, speed, and data accuracy.

When COVID struck, commercial providers found themselves in need of a mass vaccination tool, so Cerner made MassVax available to its commercial providers. This is but one example that reflects the value of effective public-private partnerships.

SUPPORTING THE DOD COVID-19 RESPONSE

We partnered with the DoD to provide critical medical support throughout the globe.

Early in the pandemic, the Military Departments deployed thousand personnel, combat support hospitals, and hospital ships to augment local health systems throughout the United States. Supporting the national response to the pandemic with military assets will continue in 2021.

In May 2020, Secretary of Defense Mark Esper directed the DHA to obtain 10,000 units of COVID convalescent plasma by September 30, 2020, as a

potential treatment for COVID-positive inpatients. CCP is a human plasma that contains anti SARS-CoV-2 antibodies. By the September deadline, the DHA had obtained 10,745 total units of CCP, storing the products at military installations around the world.

In anticipation of approval of COVID-19 vaccines in advanced clinical trials, we established the Joint Operational Planning Team (OPT) for the development and execution of the DoD’s vaccine distribution plan. One of the first deliverables for this team was the development of a population schema that aligned with the Centers of Disease Control and Prevention guidance on the ethical prioritization of vaccine distribution and administration. On December 2, 2020, we conducted our first tabletop exercise, Nidus Zephyr, as an Executive Agent with the Deputy Secretary of Defense, Vice Chairman of the

Joint Chiefs of Staff, the Joint Staff, and Service representatives. Nidus Zephyr demonstrated to the DoD leadership that the vaccine distribution plan would effectively facilitate the distribution and administration of COVID-19 vaccines via the population schema. On December 9, 2020, the Deputy Secretary of Defense approved the plan to make way for vaccine distribution immediately afterwards.

The pandemic also provided an opportunity to further strengthen partnerships with our foreign allies. Through the DoD HIV/AIDS Prevention Program (DHAPP), we helped secure over \$1.7 million in COVID-19 resource support for 21 foreign militaries. DHAPP program managers, strategically located in 38 United States embassies across the globe, liaised with foreign militaries to provide PPE for health care workers. This effort enabled health care workers to continue to provide safe health

care services to both military and civilian populations.

CONTINUING THE FIGHT

With a focus on distributing and administering the COVID vaccine worldwide, we will continue to lead the fight against the pandemic.

Our efforts to fight COVID-19 will continue in 2021 with a focus on distributing and administering vaccines for 11.3 million Americans—including DoD beneficiaries, civilians, and contractors providing critical national security support to our Service members. ■

Airman 1st Class Kokou Dekadjevi, 96th Medical Group, administers a COVID-19 test Aug. 10 at Eglin Air Force Base, Fla. Dekadjevi and the medical group's diagnostic testing center employees administered more than 330 tests in a two-day span to 7th Special Forces Group Soldiers returning from a deployment. (U.S. Air Force photo/Ilka Cole)



Mr. David L. Norquist, Deputy Secretary of Defense, speaks about the fiscal year 2020 defense budget during a press briefing at the Pentagon in Washington, D.C., March 12, 2019. (DoD photo by U.S. Army Sgt. Amber I. Smith)

CHARTING THE PATH FORWARD

An Integrated System of Readiness and Health

While there is much left to complete the transition of the MTFs, efforts to centralize functions and integrate processes are already underway. To enable the transition efforts, 352 billets transferred to the DHA from the Military Departments in 2020.

The DHA moved forward with establishing a geographic “market” to manage the hospitals and clinics in a region, independent of the Military Department of the installation. In 2020, we established the first four military medical markets in the National Capital Region, Jacksonville, Mississippi Coast, and Central North Carolina.

REALIGNMENT OF MTFs

With renewed support from the DoD leadership, we are moving forward in carrying out the MTF transitions with a clear purpose.

The Deputy Secretary of Defense paused transition activity in April 2020 to allow the Services and the DHA to focus on the COVID-19

pandemic response. After careful review of alternative courses of action, the Secretary of Defense reaffirmed the original transition and directed its resumption on November 9, 2020.

RESUMING THE TRANSITION

We continue to establish standardized policies, systems, and processes with the goal of creating an integrated system of readiness and health.

While there is much left to complete the transition of the MTFs, efforts to centralize functions and integrate processes are already underway. To enable the transition efforts, 352 billets transferred to the DHA from the Military Departments in 2020. The DHA is continuing to coordinate

with the Military Departments on the transfer of additional manpower under the authority of management directed reassignments.

Transition of the MTFs must be accompanied by integration of standardized policies, systems, and processes across the Services. For example, we are integrating back-office functions to support the MTFs in a standardized approach. We established two new market-based contracting divisions in San Antonio and Colorado Springs to support the operational requirements of the markets and MTFs transitioning to the DHA. Over time, we will establish additional market-based contracting divisions across geographic areas to leverage enterprise-wide processes, templates, and tools. ■



GREAT OUTCOMES

Our Most Important Outcome Is A Medically Ready Force.

MITIGATING THE IMPACTS OF COVID-19

MTFs continued to deliver care throughout the pandemic with the help of virtual health capabilities, minimizing COVID-19 disruptions on our health care operations.

Individual Medical Readiness (IMR) is an important measure for assessing medical readiness of each member of the military force. The IMR metric enables commanders to monitor and sustain Service members' and units' medical, dental, and behavioral health requirements necessary to deploy and perform their assigned missions.

At the end of Fiscal Year (FY) 2020, the Total Force Medical Readiness (TFMR), stood at 82 percent, short of the goal of 85 percent. The TFMR

rate decreased from second quarter to fourth quarter in FY 2020 due to the COVID-19 pandemic's effect on military medical capabilities and access to care.

While falling short of the Department goal, DHA helped mitigate the impact of COVID on this critical readiness metric by rapidly introducing alternatives to in-person care.

Required preventive screening visits also dropped in the first half of 2020 as beneficiaries—like most Americans—deferred non-emergent care. As the MTFs began resuming full operations while continuing to minimize risk of infection for patients and staff, the direct care system implemented processes to catch up on delayed chronic and preventive care, with strong emphasis on cancer screening.

Lt. Col. Juli Fung-Hayes (center), a U.S. Army Reserve emergency medicine physician with the 2nd Medical Brigade, leads a medic team from the 396th Combat Support Hospital, headquartered at Fairchild Air Force Base, Washington, through a "point of injury" care scenario in a field environment during a promotional photo shoot for Army Reserve marketing and recruiting at Fort Hunter Liggett, California. (U.S. Army Reserve photo by Master Sgt. Michel Sauret)



U.S. Army Brig. Gen. Lisa Doumont meets with Kosovo Force 27 medical task force Soldiers, Feb. 24, 2020, at the Joint Multinational Readiness Center in Hohenfels, Germany. Eight different U.S. Army units, comprised of active, reserve and national guard units, make up the task force and train year-round to ensure the highest level of readiness in any working environment. (U.S. Army National Guard photo by Spc. Miguel Ruiz)

OPTIMIZATION THROUGH STANDARDIZATION

Standardization leads to improved safety and familiar business practices, allowing patients to better manage their health.

The Integrated Referral Management and Appointing Center improved access, particularly in primary care, by implementing standard appointing and capacity processes. MTFs expanded operating hours in MTF Patient Centered Medical Homes, implemented additional MTF urgent care clinics, and integrated the Nurse Advice Line urgent care and appointing processes.

Continued efforts are underway in specialty care product lines to centralize and streamline specialty

appointing and referral review processes with a goal of patients receiving a specialty appointment before they leave the MTF or within two business days following the decision to accept the referral in the MTF or defer to the TRICARE network.

The DHA also completed the migration of over 340 military hospital and clinic websites to the TRICARE.mil domain in 2020. This project, which included the review and transfer of over 10,000 individual web pages, marks the end of a three-year project to modernize the web presence of military hospitals and clinics worldwide, providing facility personnel and MTF patients with a comprehensive source of information in an easily accessible, centralized location. The upgrades included an enhanced user interface, up-to-date health care information, and easy-to-find patient safety data.

ITERATIVE AND CONTINUOUS IMPROVEMENTS

We recognize that we may not get it right the first time. That is why iterative change is a part of our operational routine.

We created the Clinical Quality Improvement (CQI) program to enable frontline staff to systematically identify, implement, and sustain data-driven and evidence-based quality improvement initiatives. The CQI program is supported by a dedicated clinical quality performance management system from the Clinical Quality Management program to evaluate

the quality of care outcomes and identify actionable improvement opportunities for the MHS.

In support of the Combatant Commands, we established a baseline Command Trauma System (CTS) that can be iteratively scaled to accommodate combat operations, post-conflict operations, or other contingency operational requirements, including disease, non-battle injuries, and rapid response to infectious disease outbreaks. The CTS consists of a group of trauma system and emergency management experts from the Services who will execute against a framework of core functions and capabilities. An effective CTS designed to optimize combat casualty care will improve outcomes for disease and non-battle injury (DNBI), which historically constitutes the majority of casualties in wartime and peacetime.

In another effort to improve our support to the warfighters, the Joint Operational Medicine Information Systems (JOMIS) program office developed a new, comprehensive medical command and control and medical situational awareness capability, the Medical Common Operating Picture (MedCOP). This new capability provides combat leaders with advanced decision-support tools, real-time health surveillance, and medical operations visibility. The JOMIS program office developed and deployed the initial version of MedCOP in months to support the COVID-19 response. Over the next few years, the Combatant Commands will adopt and update this capability to meet the changing environment of the battlefields.

“ **What the Defense Health Agency did for the Department was integrate enterprise data in a way that helped us make immediate decisions in a crisis, and also provide the backbone for long-term improvements in clinical care.**

—The Honorable Thomas P. McCaffery, Assistant Secretary of Defense for Health Affairs

BUILDING AN INTEGRATED AND HIGHLY RELIABLE SYSTEM

It is our highest priority to provide the best possible health care to the courageous Service members who defend our nation, to retirees, and to the families who depend on us.

Our most important mission is maintaining medical readiness of the force. In support of this mission, we are fully integrating clinical and non-clinical evidence-based approach to improve care across all treatment settings. We have made great progress in the provision and standardization of services, resulting in high reliability in health care delivery and clinical processes within MTFs. Expanded engagement and collaboration with the Services is further enabling critical improvement efforts. Together, the development and implementation of standardized policies and procedures are resulting in reduced practice variation, decreased fragmentation in care processes, and enhanced delivery of an integrated enterprise-wide approach. ■



Airmen assigned to the 60th Medical Group participate in a simulated event during an exercise July 22, 2021, at Travis Air Force Base, California. (U.S. Air Force photo by Heide Couch)

READY MEDICAL FORCE

Our MTFs Sustain Team-Based Currency and Proficiency Enabling a Ready Medical Force

SUSTAINING EXPEDITIONARY CURRENCY AND COMPETENCY

Enabling a ready medical force begins with understanding the currency and competency of our military providers.

The Clinical Readiness Project provides an innovative approach to measuring, evaluating, and sustaining individual clinical proficiency with a focus on the Combat Casualty Care Team (CCCT) specialties. Knowledge, skills, and abilities (KSA) comprise the specialty-specific skill set for an expeditionary clinician, reflecting both clinical currency and competency.

To date, 16 CCCT specialties developed clinical readiness KSAs. Dashboards for six of the specialties are available on CarePoint for use. The Services are using KSA metrics in Readiness Demand Signal determinations, Readiness Performance Plans, and the Quadruple Aim Performance Process.



The health of our warfighters depends on optimizing MTFs as readiness platforms for military health care providers.

TRAINING AS A READINESS ENABLER

MTFs remain central to sustaining skills of military providers to deliver on our readiness mission.

The health of our warfighters depends on optimizing MTFs as readiness platforms for military health care providers. Expeditionary Medical Skills Sustainment (EMSS) initiative will:

- 1. Facilitate continuous stakeholder engagement to identify future highly perishable mission essential medical skills (HPMEMS) requirements and enable a national trauma system,
- 2. Optimize the direct care network as a readiness platform through evaluation of military MTF pathways to trauma center verification,
- 3. Evaluate partnerships to enable expeditionary medical skills development with a focus on HPMEMS,
- 4. Recapture complex care workloads with emphasis on HPMEMS, and
- 5. Assess and enhance expeditionary medical skills training with a focus on HPMEMS and simulation technologies.

PENSACOLA, Fla. Hospital Corpsman 2nd Class Eric King, a certified pharmacy technician at Naval Hospital Pensacola, fills a prescription at Naval Hospital Pensacola's Main Pharmacy. (U.S. Navy photo by Mass Communication Specialist 1st Class James Stenberg / Released)

We continue to explore innovations that enhance the training of our medical force. For example, Coastal Mississippi Market's robotics program at Keesler Medical Center is pioneering the way forward on military medical training. Using the latest advancements in surgical robotics, the Institute for Defense Robotic Surgical Education at Keesler Medical Center helps train and improve readiness of active-duty surgeons and operating room medics. To date, the program trained over 100 surgeons from 10 specialties and 37 Army, Navy, and Air Force facilities. The robotics program also helps retain seasoned and highly qualified surgeons.

The DHA is also collaborating with the Services and Combatant Commands to create a standardized Tactical Combat Casualty Care (TCCC) training curriculum. All active-duty Service members will receive role-based trainings and certifications. This will include tiered-training for all Service members (Tier 1), combat life savers (Tier 2), combat medics and corpsmen (Tier 3), and combat paramedics and providers (Tier 4).

SUPPORTING THE WARFIGHTER

We built the strongest and most extensive arsenal of military medical combat support capabilities in the world. We will continue to lead from the front in supporting our warfighters.

“ Over the past year, Army Medicine has started to transfer resources, personnel, and expertise to support DHA efforts to fully assume the mission for the MTFs. It is critical we get this right. Our MTFs serve as health readiness platforms to ensure our Soldiers are ready to support the future multi-domain battle and large-scale operations.

—Lieutenant General R. Scott Dingle, Surgeon General, United States Army

Those entrusted to lead our country's military need a ready medical force as well as agile and adaptive solutions. We are committed to delivering joint functions and activities to enable the rapid adoption of proven practices, adapt these practices to evolving environments, and improve coordination of joint health care. Our warfighters deserve world-class health care and we will meet their needs in garrison and across all operational environments. We have made remarkable progress in reaching all-time survivability rates with a ready medical force equipped with clinical competencies and advanced technology. Maintaining America's military superiority will require us to continue to pioneer advances in our medical support to warfighters. ■



SATISFIED PATIENTS

Our Patients Feel Fortunate for MHS Care that Helps Them Achieve Their Goals

IMPROVING ACCESS TO CARE: COVID-19 highlighted the promise of virtual health in widening the door of access to care. We are just beginning to tap into the potential of this technology.

Military family from the Maryland National Guard's 58th Expeditionary Military Intelligence Brigade pose for a photo during Family Day on Fort George G. Meade, Maryland, July 18, 2021. (U.S. Army National Guard photo by Sgt. Arcadia Hammack)

The COVID-19 Remote Monitoring Program provided a mechanism for COVID-19 patients to access care virtually. This program facilitates virtual monitoring with a home health care kit and 24/7 oversight from registered nurses to ensure a higher level of post-hospital care. The Army Virtual Medical Center at Brooke Army Medical Center took this initiative from a concept to reality in under six months. Although this program began as a pilot at the Brooke Army Medical Center, nine MTFs have adopted virtual monitoring capabilities this year. Additionally, National Capital Region extended this pilot program to monitor glucose, blood pressure, physical activity, and weight variations of diabetes patients, resulting in A1C reduction levels across all 84 patients within 12 months of the program. The translation of the COVID-19 Remote Monitoring Program from the Brooke Army Medical Center to other MTFs serves as a reminder of how innovations and best practices can be adopted across an integrated health care system.

PATIENT-CENTERED CARE

In our environment, patients are at the center of what we do.

The DHA's focus on patient-centered care expands beyond MTFs to include laboratory and pharmacy practices across the MHS. We engaged facilities with the highest patient experience scores for laboratory and pharmacy to identify leading practices that can be replicated across the MHS.

“ Throughout the pandemic, Air Force has partnered with the DHA to find innovative ways to provide patients the trusted care they need. The Air Force will continue to collaborate with the DHA and the other Services to accelerate the fight against COVID-19. And we must work together to anticipate the next hurdle and requirement.

—Lieutenant General Dorothy A. Hogg, Surgeon General, United States Air Force

Identified laboratory best practices include:

1. Providing patient-centered care focused on increased accessibility;
2. Utilizing effective communications between patient and staff to explain processes and set patient expectations; and
3. Ensuring MTF leadership is approachable and able to engage with patients, and empowering staff to work autonomously.

Identified pharmacy best practices include:

1. Providing patient-centered care focused on customer service;
2. Leveraging technology to enable increased access and flexibility for patients during the pandemic and establish new standards of care;
3. Assessing and mitigating patient risk through existing tools and prescribing of the life-saving drug naloxone to support opioid management;
4. Expanding decision support tools to improve efficiency and patient outcomes;

5. Standardizing policies and streamlining processes across the MHS to provide an optimized patient experience;
6. Facilitating pharmacists to better connect with physicians and other MTF staff; and
7. Utilizing effective communications between staff members with daily huddles and regular check-ins to track obstacles and encourage team learning.

One of the digital innovations we are deploying to improve the patient experience is the Real Time Prescription Benefit application. Integrated with commercial electronic health records, this application allows prescribers to identify TRICARE preferred medications, the associated patient copay, and any associated prior authorization requirements at the point of prescribing the medication. The application allows the prescriber to find the most cost-effective treatment option for the TRICARE beneficiary and optimizes the process by ensuring prescribers are alerted to formulary criteria requirements prior to patient's arriving at the pharmacy. Approximately

45,000 civilian prescribers are participating in this program since its implementation in April 2020.

SATISFIED PATIENTS

A key measure of our success is the patient experience. We will use this measure to keep ourselves accountable to those we serve.

Patient experience is IMPORTANT. It is a unique indicator of health facility performance in the critical areas of safety, access, and quality of care. There is a growing body of evidence that shows that better patient experiences are closely related to patients adhering to preventive measures and treatment protocols, better patient safety within hospitals, reduced need to seek further treatment after an encounter, better quality of care from hospital staff, and overall patient outcomes, including both medical and surgical care. Ramping up virtual and digital capabilities, improving customer service, and reducing costs are just a few of the examples that demonstrate our commitment to put our patients front and center of what we do. ■



FULFILLED STAFF

Our Staff Feel Joy and Purpose

Working in the MHS

U.S. Air Force Col. Clint Ross, Joint Base Langley-Eustis installation commander, poses for a group photo with healthcare professionals from the 633rd Medical Group after a coining ceremony in the Langley Hospital, Oct. 6, 2020. (U.S. Air Force photo by Staff Sgt. Delaney Gonzales)

PRIOTIZING SAFETY AND WELL-BEING

When COVID-19 threatened the safety and well-being of our people, we transitioned to a virtual working environment for those who did not require a physical presence in clinical settings. Almost overnight, we made this transition without any major disruptions to our operations.

When COVID-19 forced many of us to practice physical distancing and work remotely, the DHA focused immediately on providing a safe

environment for our people to work while maintaining mission capabilities. Infrastructure was already in place to make this transition as seamless as possible. Our staff quickly adopted virtual platforms such as Adobe Connect and Microsoft Teams in large numbers to continue meaningful collaborations virtually.

This transition to remote work included trainings for the staff to learn the capabilities of virtual platforms and incorporate these

capabilities into their daily operations. As a result, over 40,000 participants attended town halls, orientations, symposiums, recognition ceremonies, and trainings virtually.

ENGAGING WITH THE WORKFORCE

Through these unprecedented times, we stayed closely connected with our workforce. We actively sought feedback to understand how we can better support our people.

The Federal Employment Viewpoint Survey (FEVS) provides an insightful data point into employee engagement, employee satisfaction, and the impact of COVID-19 on the employee experience. Across both engagement and satisfaction indices, the DHA showed modest improvements from the previous year. The DHA scored 73% in the COVID-19 Pandemic Index, reflecting a strong leadership commitment to employee health and safety, and effective



Maj. Nicole Ward and Capt. Matthew Muncey, program managers with the Air Force Medical Service Transition Cell, pose for a photo at the Defense Health Headquarters in Falls Church, Virginia, Jan. 9, 2020. (U.S. Air Force photo by Josh Mahler)

enterprise-wide communications on the pandemic.

In addition to the FEVS, we invited all administrative DHA military and civilian headquarters staff to complete a brief survey on job fulfillment and engagement. A total of 839 respondents participated in this survey, revealing that most respondents are somewhat fulfilled or fulfilled in their role at the DHA. Both the quantitative and qualitative data showed that most respondents are proud to work for the DHA, and many stated impactful work and a connection to the DHA mission as reasons for their fulfillment. While respondents were satisfied with DHA's handling of the pandemic, one-third of respondents were feeling burned out.

TRANSLATING FEEDBACK INTO ACTION

Based on insights gathered from the workforce, we set out to implement changes that directly addressed feedback from our people.

We established the New Employee Experience programs, policies, and procedures to welcome and support new employees as they take on their new roles. Every two weeks, the DHA facilitates a standardized onboarding orientation for new employees, including military and civilian staff as well as contractors. In 2020, a total of 1,516 employees participated in the orientation and completed their onboarding activities. To ensure these programs are adequately meeting the needs of new hires, the DHA created an eight-question survey to gather feedback from the new hires and solicit improvement opportunities.

Career growth is another key enabler of employee satisfaction. To that end, DHA's Competitive Programs provide eligible employees with the opportunity to enroll in educational programs that directly relate to an employee's current position, help support individual or organizational performance, and align to the DHA mission and strategic goals. The Competitive Programs provide stipends toward a graduate degree or undergraduate course of study and offer tuition assistance to ensure employees can pursue

opportunities that help them build competencies towards their career advancement.

We take great pride in the achievements of our people. To show our gratitude, we continue to recognize the outstanding contributions from dedicated staff members. Through the Patient Safety Program, the DHA recognized frontline health care heroes who showed resiliency, leadership, and ingenuity during the pandemic while championing safe patient care. We awarded nearly 400 teams and individuals from 35 MTFs in a virtual awards ceremony. The Ready and Resilient Award Program is a new peer-to-peer recognition program that allows staff of military hospitals and clinics to recognize their peers during the difficulties of the COVID-19 pandemic. With more than 500 submissions, the Ready and Resilient Award program displayed how our professionals are going above and beyond to improve patient and staff safety at such a critical time. In another special recognition ceremony, LTG Place along with the Deputy Secretary of Defense and the Assistant Secretary of Defense for Health Affairs awarded teams and individuals for their efforts in meeting the goal of collecting 10,000 units of COVID convalescent plasma in less than four months. Like every aspect of military medicine, this achievement was a shared success of everyone from the DHA and the Services.



We take great pride in the achievements of our people. To show our gratitude, we continue to recognize the outstanding contributions from dedicated staff members.

DRIVEN BY SHARED PURPOSE

In everything we do, we are serving our country. This is what unites us. This is what drives us.

The resiliency of our workforce helped us manage and minimize the disruptions of this year. While impacts of COVID-19 will gradually be reduced, large-scale transformations such as continuing MTF transitions and MHS GENESIS implementation will require all of us to continue anticipating and adapting to significant changes in how we operate. Commitment from our staff

is foundational to executing these transformations, and commitment comes from understanding the shared purpose behind what we do, how our actions contribute to that purpose, and how we grow from this journey. We are grateful to have a crystal-clear purpose to serve our country and privileged to take part in this service. ■

HM2 Ralph Monzon gave Defense Health Agency Director, LTG Place a tour of BHC Makalapa Pharmacy on February 25, 2021. LTG Place toured all Military Treatment Facilities on Oahu to become familiar with the facilities under his authority, direction and control as DHA Director.



TRICARE is the worldwide DoD health care benefit serving 9.6 million Service members on active duty and their families as well as retirees, their families, survivors, and certain former spouses.

**IMPLEMENTING
VALUE-BASED CARE**

Rather than rewarding volume, value-based care rewards better results in terms of cost, quality, and outcome measures. This new model has the potential to transform our focus from sick care to promoting health by encouraging healthy behaviors and outcomes.

The DHA continued value-based demonstrations and pilots to better understand how health outcomes can be optimized through appropriate incentives for providers and patients. One of the value-based care initiatives is the Medication Adherence demonstration. Launched in February 2018, we designed this demonstration to reduce or eliminate copayments for high-value drugs to encourage patient adherence to these medications. We expect this program to impact approximately 136,000

beneficiaries with copayment savings of approximately \$4.9 million per year.

Another value-based initiative, the Performance-Based Maternity Payments (P-BMP) pilot, began nationwide on April 1, 2018 and will run through December 30, 2021. The program encourages beneficiaries to utilize high-value, high-quality facilities for maternity care in line with quality metrics. In October 2018, we expanded this program to incorporate quality incentive payments to providers that exceed national benchmarks for maternity care quality. In FY 2019, the first year of data for the P-BMP pilot revealed that approximately 12 percent of participating hospitals were eligible for an incentive payment.

The DHA has also invested in improving preventive care based on the belief that health outcomes can be more effectively and efficiently



Col. John Johannigman, a U.S. Army Reserve general surgeon, and Col. Paul Phillips, a U.S. Army Reserve orthopedic surgeon with the 228th Combat Support Hospital, out of San Antonio, Texas, prepare a patient for a simulated surgery promotional photo shoot for Army Reserve marketing and recruiting in a field hospital at Fort Hunter Liggett, California, July 18, 2018. (U.S. Army Reserve photo by Master Sgt. Michel Sauret)



JACKSONVILLE, Fla. – Cmdr. Julie Conrardy (right), perioperative nurse program director (Naval Medical Forces Atlantic) and senior nurse for surgical services at Naval Hospital Jacksonville, discusses operating room procedures with Hospital Corpsman 2nd Class Jacob Torres, for an upcoming knee surgery. (U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville/Released).

achieved through proactive engagement with patients earlier in their health care lifecycle. To that end, the DHA implemented an Accountable Care Organization (ACO) demonstration in the Atlanta market area in partnership with Humana Government Business and Kaiser Permanente. A unique feature of this demonstration is the beneficiary wellness incentive program, provided at no cost to the government, which encourages beneficiaries to participate in wellness activities in return for incentives.

FACILITATING POLICY CHANGE

New benefits and changes are added to TRICARE each year. To help our beneficiaries navigate

these changes, we are employing cutting-edge communications and marketing strategies.

Through the FY 2017 NDAA, Congress directed the DHA to implement new retiree enrollment fees to TRICARE Select Group A beneficiaries effective January 1, 2021. To support the implementation of the new enrollment fees, we developed a three-phase, strategic communications plan. The phases were designed to educate beneficiaries on this large-scale policy change and guide them through appropriate calls to action.

One key component of this plan was leveraging the reach of 30 partner organizations that represent over 5.5 million members. We developed two communication toolkits to support their outreach efforts with their audiences. The toolkits included 11 turnkey products (e.g., key messages, infographics, and social media graphics) that partner organizations could use to amplify messaging to impacted beneficiaries.

The plan also focused on the use of digital communications. We created a landing page on TRICARE.mil that hosted critical content and calls to action. To drive traffic to the landing page, we developed 12 news articles that addressed various questions and issues on the policy change, resulting in 368,000 views. This digital-forward focus also leveraged social media, including over 80 unique posts and graphics



TRICARE Benefit Plan Options

- TRICARE Prime
- TRICARE Select
- TRICARE For Life
- TRICARE Reserve Select
- US Family Health Plan
- TRICARE Young Adult
- TRICARE Dental Program
- TRICARE Retired Reserve
- Federal Employee Dental and Vision Insurance Program (FEDVIP)

Civilian Network Care Contracts

Two Medical Regional Contractors in the United States

- HealthNet
- Humana



One International Medical Benefits Contractor

- International SOS

One Pharmacy Benefits Contractor

- Express Scripts

One Dental Contractor

- United Concordia

on the TRICARE accounts, resulting in 498,000 views and 41,000 engagements (e.g., likes, comments, and shares). In total, the DHA developed 132 communications products, helping to drive over 712,000 beneficiary households to plan for and adjust to the new enrollment fees.

REDUCING WASTE

Cost avoidance is a way to decrease costs by lowering potential increase in expenses. This includes administrative remedies and measures to ensure claims are paid appropriately.

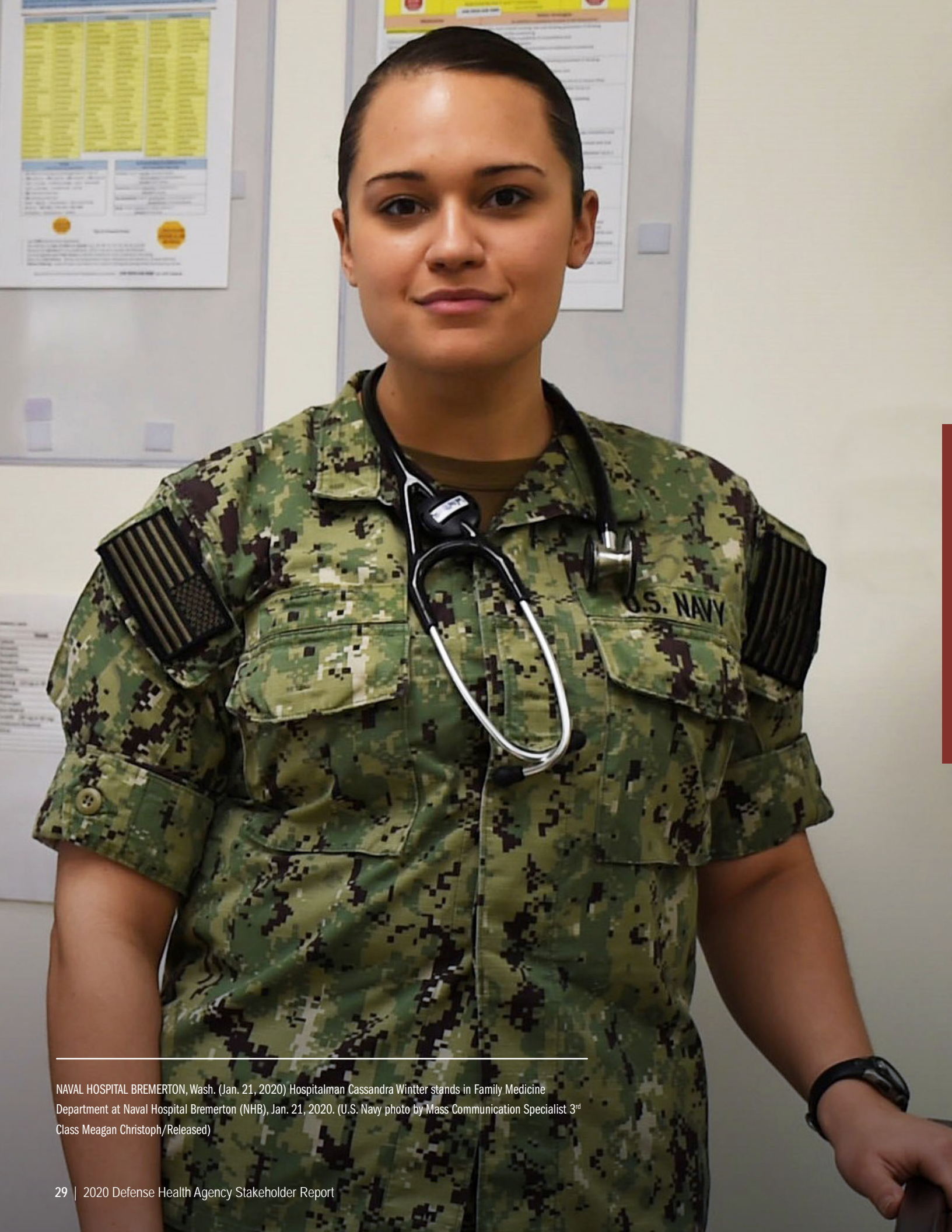
Using claims software that helps detect duplicate claims, TRICARE contractors saved over \$456 million by identifying and denying duplicate claims. Additional cost avoidance resulted from rebundling by

detecting and correcting the billing practice known as unbundling, fragmenting, or code gaming. Unbundling involves the separate reporting of the component parts of a procedure instead of reporting a single code, which includes the entire comprehensive procedure. This practice is improper and is a misrepresentation of the services rendered. The DHA's Program Integrity Office reported over \$94 million in cost avoidance through rebundling.

FUTURE OF TRICARE

The next generation of TRICARE contracts will refine and enhance the benefits in a manner consistent with industry standard of care, best practices, and statutes to meet the changing care needs of our beneficiaries.

The DHA is preparing for the next generation of TRICARE contracts (T-5), which will mark a transformation of the program that complements and integrates the direct care system with a private-sector system of care. The new T-5 contracts will improve beneficiary access and satisfaction while increasing beneficiary choice and ensuring MTFs have the cases they need to maintain a ready medical force. The T-5 contracts will move towards alternative payment models in markets where it makes economic sense, potentially including ACOs that maximize value and quality while limiting cost. In addition, the DHA envisions a contract structure that shifts an appropriate degree of risk for health care costs, health care quality, and market performance to the contractors. ■



NAVAL HOSPITAL BREMERTON, Wash. (Jan. 21, 2020) Hospitalman Cassandra Wintter stands in Family Medicine Department at Naval Hospital Bremerton (NHB), Jan. 21, 2020. (U.S. Navy photo by Mass Communication Specialist 3rd Class Meagan Christoph/Released)

MILITARY HEALTH SYSTEM MHS GENESIS

Driving Patient-Centered Care Through Modern Solutions

The DHA's most recent health IT modernization journey began with MHS GENESIS, the DoD's new EHR system. This year, the DHA began taking the next steps to improve the data access and usage across MHS. We persisted in the mission to deliver a modernized EHR, working harder than ever to ensure continued capability delivery and maintain the overall schedule to complete deployment of MHS GENESIS by 2023.

While we achieved significant enhancements to health care delivery through effective collaboration, we constantly seek opportunities to raise the bar and move forward.

Enhancing Patient Experience Through Seamless Transition of Care

We partnered with the Department of Veterans Affairs (VA) to connect patient data. This capability will

enhance both operational readiness and beneficiary access to high quality care.

In April 2020, through the Federal Electronic Health Record Modernization (FEHRM) program office, we launched the joint health information exchange (HIE). The joint HIE is an enhanced network of community health care providers who agree to share clinical information with DoD and VA providers. In October 2020, the joint HIE expanded significantly by partnering with the



Spc. Jasmine Arellano (right), an optometry technician with Weed Army Community Hospital and native of Lancaster, Calif., learns how to navigate MHS GENESIS during a mock go-live event September 16 on Fort Irwin, Calif. Fort Irwin will begin using the new electronic health record system starting September 26. (Photo by Kimberly Hackbarth, WACH Public Affairs)

CommonWell Health Alliance. With each additional partner, access to patient information deepens, building a more efficient process for health care providers to understand their patient's needs.

STAYING ON SCHEDULE AND EXPANDING HEALTH CARE SERVICES

MHS GENESIS deployment is full steam ahead.

Even through the pandemic, we refocused deployment activities, supporting existing MHS GENESIS sites, assessing opportunities to advance capabilities, and pursuing greater efficiencies in health IT delivery. Through the summer, the

MHS GENESIS team accelerated two deployments back-to-back, Waves NELLIS and PENDLETON in September and October 2020 respectively, ensuring system delivery at military hospitals and clinics worldwide by the end of 2023. To mitigate impacts of the pandemic, our team also successfully implemented new training capabilities suited to the virtual environment.

Wave NELLIS included delivery of new virtual health capabilities, including tele-ICU support at Nellis Air Force Base (AFB). The partnership between the DoD and the VA directly contributed to the capability's success, allowing Minnesota-based VA clinicians to provide tele-ICU

support via MHS GENESIS to patients at Nellis AFB. By providing consistent, high-quality care, the tele-ICU system proves effective at preventing unforeseen complications throughout a patient's stay.

Through Wave PENDLETON, DoD brought the total number of MHS GENESIS users to more than 18,000 at sites across Washington, California, Idaho, Nevada and Alaska. During Wave PENDLETON, the team launched the revised MassVax capability at Twentynine Palms. During the first week, hospital staff successfully screened 700 active duty Marine records, identifying 79 service members who required specific vaccination updates. The new MassVax process helps DoD track vaccinations administered to service members.

ADOPTING CHANGE

Success of MHS GENESIS depends on the usability of this technology by end users. Using behavioral science, we helped encourage health care personnel to acknowledge and adopt the EHR.

As with any major change, the deployment of MHS GENESIS faced the challenge of getting users to embrace the system and its capabilities. To address this challenge, the MHS GENESIS team set out to create a change management approach that combines behavioral science theories and frameworks with principles in marketing communications.

To begin planning, we conducted stakeholder analyses, formal interviews, and surveys to better understand user needs, desires,

“ The MHS is never satisfied with the status quo. Standardizing workflows, strengthening data sharing and identifying and applying lessons learned are essential tools to improve the safety and quality of the care we provide and foster optimal outcomes for our Service members and their families.

—Rear Admiral Bruce L. Gillingham, Surgeon General, United States Navy

motivations, and barriers to change and uncover opportunities to enhance the go-live experience. We also conducted a change level impact assessment, organizational readiness reviews, and current- and future-state analyses to determine specific habits and behaviors that would need to shift for our target audiences.

Based on findings, we defined our target audiences as military leaders, health care personnel, and TRICARE health plan beneficiaries. With each group, we created targeted engagement plans on how to best influence and include them based on our insights and analysis. For example, we developed an end-user modernization change management strategy to create partnerships and build coalitions networks with military hospital leaders and staff, and crafted materials for them based on their respective beneficiary audience demographics.

Key element of this change management strategy focused on establishing an Informatics Steering Committee (ISC) for localized decision-making at each hospital. Those serving on the ISC also served as change agents across MTFs, amplifying key messages about the EHR.

They worked with other change coalitions, including peer experts and middle managers, who were responsible for adopting MHS GENESIS. Over 100 staff attended three leadership workshops where we established hospital site-level management structures, change coalitions, and peer-to-peer support programs. These process improvements contributed to a 50% decrease in the time it took to return to baseline levels of patient access after go-live compared to the pilot sites and a 25% increase in staff engagement in critical implementation activities.

To reach and educate a wider audience of MHS GENESIS stakeholders, we leveraged social media outlets to communicate directly with beneficiaries. In 2020, we developed and distributed a total of 154 social media posts on

MHS, TRICARE, and DHA channels, which yielded over 225,000 views and 6,000 engagements. To inspire engagement, we focused on themes to get our audiences talking. For example, our “remember when” series centered on nostalgic pre-EHR images that our audiences remember from their time in military service. The content accompanying the photos brought people back, but also brought them forward with a twist on what is different now with MHS GENESIS.

BECOMING A WORLD-CLASS TECHNOLOGY ORGANIZATION

We are harnessing data in new, profound ways. Moving to the cloud is an essential part of this journey.

In February 2020, we began moving vital data from traditional data storage facilities to the cloud, a process that

we expected to require 18 months to complete. The team finished the data migration in just 93 days—a remarkable triumph hailed by many in the health care industry.

Migrating the population health data to the cloud is only a building block. This project is the beginning of a proper data dictionary. Post-migration, the DHA continues to integrate, cleanse, curate, and normalize data to drive change and make the data more valuable. Research can now leverage the data more effectively and efficiently. In addition, these activities enable data analytics, driving better outcomes for patient care, business operations and more.

IT’S NOT ABOUT IT – IT’S ABOUT PEOPLE

Ensuring we meet the needs of the patient determines our success. The health and safety of our most important asset—our people—is our highest priority.

Despite a myriad of challenges associated with the pandemic, we efficiently delivered mission-essential capabilities this year. MHS GENESIS continued to be rolled out on time—operational across 18 MTF commands as of the end of FY 2020—while new capabilities and improvements were continuously fielded to enhanced patient-centered care. Through these efforts, we are laying the groundwork for deep insights and as-yet-unimagined positive outcomes within the DoD and potentially around the world. It’s not about IT. It’s about people. We strive every day to improve lives of providers and patients through innovative health IT solutions. ■



Despite a myriad of challenges associated with the pandemic, we efficiently delivered mission-essential capabilities this year.



SAN DIEGO (Aug. 24, 2020) Capt. Bradford Smith, Naval Medical Center San Diego’s (NMCS) commanding officer (left), enrolls in MHS GENESIS with the help of Lt. Donny Le (center) and Hospital Corpsman 2nd Class Terrance Stevens (right), both training coordinators assigned to NMCS, Aug. 24. (U.S. Navy video by Mass Communication Specialist 3rd Class Jake Greenberg)

Lt. Cmdr. Oleg Balter, a Navy doctor assigned to Naval Hospital Camp Pendleton’s (NHCP) labor and delivery ward, checks on a patient. NHCP is one of ten military treatment facilities overseen by Naval Medical Forces Pacific. Throughout the region, Naval Medical Forces Pacific provides medical care to nearly 700,000 beneficiaries throughout the West Coast of the U.S., Asia, and the Pacific. Globally, Naval Medical Forces Pacific oversees eight research laboratories that deliver research expertise in support of warfighter health and readiness. (U.S. Navy Photo by Chief Mass Communication Specialist Michael O’Day/Released)



RECOGNITION AND RATINGS

Going Above and Beyond

From frontline health care workers to the headquarters staff, our people have answered the call of duty with excellence and resilience. We are grateful and honored to be recognized for these efforts as a health care leader across both clinical and business domains. These recognitions reflect our continued commitment to serve our patients and warfighters.

AMERICAN COLLEGE OF SURGEONS (ACS) NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM (NSQIP)
ACS NSQIP recognized seven MTFs for their meritorious outcomes in surgical patient care: Brooke Army Medical Center, Carl R. Darnall Army Medical Center, David Grant USAF Medical Center, Dwight D. Eisenhower Army Medical Center, Naval Hospital Jacksonville, Walter Reed National Military Medical Center, and Womack Army Medical Center.

HERMES CREATIVE PLATINUM AWARD AND PUBLIC RELATIONS SOCIETY OF AMERICA (PRSA) SILVER ANVIL AWARD
The MHS Communications Division won the Hermes Creative Platinum Award and the PRSA Silver Anvil Award for the “Bug Week” marketing campaign. This campaign included more than 300 products across multi-media channels, educating our beneficiaries about preventing and treating bug-borne illnesses while informing them about their TRICARE health benefit.

HERMES CREATIVE GOLD AWARD
The MHS Communications Division won the Hermes Creative Gold Award for the 2019 MHS Communications Division Annual Report. This report tells a data-driven narrative of how the Division communicated the military health story.

TELLY BRONZE AWARD AND AVA DIGITAL GOLD AWARD
MHS Minute, a video series that focused on monthly successes and stories from around the MHS, received the Telly Bronze Award and AVA Digital Gold Award for digital creativity, branding, and strategy.

DEPARTMENT OF DEFENSE GEARS OF EXCELLENCE AWARD:
The DoD Gears of Excellence Award recognizes exceptional service in support of the National Defense Strategy and the President’s Management Agenda. The J-5, Analytics and Evaluation Division team centralized the Defense Health Agency’s analytics capabilities and provided full spectrum analytics reporting, which resulted in cost savings through efficiency and automation. Their efforts resulted in 72% efficiency and \$83.4M return on investment.

FEDHEALTHIT 2020 INNOVATION AWARDS
FedHealthIT100 recognized the following DHA programs for driving change and advancement in federal health IT:

Narcotics Ordering, Review, and Approval (NORA): NORA is a

web-based application automating the ordering process for Schedule II controlled substances. NORA brought the MHS into alignment with industry best practices and civilian health care organizations that utilize the Drug Enforcement Agency’s Controlled Substance Ordering System. Since the adoption in 2016, DoD expenditures for controlled substances dropped to \$61.6 million due to less on-hand inventory.

DHA Marketplace Technology Integration Office – Cyber Operations Support: The DHA repurposed its Tier 2.5 Team to identify and fix patient identity issues before they impact users. Implementing a new, proactive, and automated enterprise-wide approach, the team leveraged IT to automatically identify and fix issues as they occur.

Addressing Provider Alert Fatigue at the MHS: Numerous studies uncovered provider alert fatigue from overexposure to alerts. Tailored dashboards allowed decision-makers to quickly identify outliers and trends that may not otherwise be apparent. This analysis served as a vital resource for leaders to make data-driven decisions by identifying not just which drug-drug, drug-allergy interactions to suppress, but also the downstream effects a suppression will have on the alerts providers receive.

Agile Core Services Data Access Layer (ACS DAL) / Enterprise Intelligence and Data Solutions: The ACS DAL improved data

integration across multiple data sources across DoD and community health care providers, empowering providers and ultimately more intelligent health care for the warfighters and their families. As a result of automated delivery of data science tooling (or Data Science-as-a-Service), DHA data scientists can now focus their time on building intelligent applications and conducting analytics rather than standing up the infrastructure.

National Capital Region Medical Device System Security and Integration: The National Capital Region team engineered a new approach to the problem of securing medical device connectivity. The Medical Device Gateway (MDG) considerably simplified the interface and interoperability of medical devices with the EHR while substantially improving the security posture of local and enterprise medical networks. ■

The Director of the Defense Health Agency, LTG Place and CSM Gragg tour Tripler Army Medical Center, in Hawaii. (Photo by Sgt. 1st Class Caleb Barrieau)



LOOKING FORWARD >>>

As we barrel into this future, we
carry with us many lessons learned
from this year.



EMBRACING CHANGE

The trajectory of COVID-19 will continue to require our attention in 2021. While the availability of vaccines will slow the spread of the virus, we face major hurdles in vaccinating our forces in large numbers and preparing for future COVID-19 variations. Yet, we are leaning forward into entering this era with renewed energy. We will continue to focus on scaling our vaccine distribution and administration. We will accelerate planning for establishment of market organizations to integrate the MTFs. In parallel, we are moving forward with urgency to standardize policies, systems, and processes. We are also building upon this year's momentum to embed digital and analytics capabilities into our operations.

As we barrel into this future, we carry with us many lessons learned from this year. The pandemic reminded us once more that change is a force that we cannot simply fight off. While disruptions from COVID-19 may begin to recede in the future, we will continue to face drivers of change across many dimensions from future health threats to evolving patient preferences and breakthroughs in innovation.

Change must be embraced as a driver of progress. We are driven by curiosity of how we can shape the future. We operate in a dynamic ecosystem and we will move with agility and responsiveness that this environment demands to serve our patients and our warfighters. ■

Above (left to right): LTG Dingle, United States Army Surgeon General; RADM Gillingham, United States Navy Surgeon General; Maj Gen Murphy, United States Air Force Deputy Surgeon General; HON McCaffery, Assistant Secretary of Defense for Health Affairs; LTG Place, Defense Health Agency Director; Dr. Thomas, Uniformed Service University of the Health Sciences President; Brig Gen Friedrichs, Joint Staff Surgeon.

Left: U.S. Air Force Senior Neil Cariaga, a 354th Healthcare Operations Squadron aerospace medical technician, poses for a portrait on Eielson Air Force Base, Alaska. Cariaga believes being a medical technician means taking part in providing medical care to patients. (U.S. Air Force photo by Airman 1st Class Jose Miguel T. Tamondong)



*“Medically Ready Force...
Ready Medical Force”*



Innovative Health on the Battlefield **MILITARY HEALTH SYSTEM**

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Lt. Andrew Kirst, from Stafford, Virginia, treats a patient for simulated injuries during a mass casualty drill on the flight deck of the Navy's forward-deployed aircraft carrier USS Ronald Reagan (CVN 76). Ronald Reagan, the flagship of Carrier Strike Group 5, provides a combat-ready force that protects and defends the United States, as well as the collective maritime interests of its allies and partners in the Indo-Pacific region. (U.S. Navy photo by Mass Communication Specialist 3rd Class Gabriel A. Martinez).



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