



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

APR - 6 2023

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to the Explanatory Statement accompanying H.R. 2617, the Consolidated Appropriations Act, 2023 (Public Law 117-328), "Electronic Health Records," and the Joint Explanatory Statement, pages 146-147, accompanying H.R. 2471, the Consolidated Appropriations Act, 2022 (Public Law 117-103), "Electronic Health Records," is enclosed. The report provides the status of installation of information technology (IT) and related infrastructure required to complete deployment of the electronic health record system, Military Health System (MHS) GENESIS.

As of January 26, 2023, the effort to ensure the IT and related infrastructure at each military medical treatment facility (MTF) is "MHS GENESIS-ready" is complete. The final application migration at DiLorenzo Pentagon Health Clinic marked the conclusion of the desktop-to-datacenter (D2D) initiative which standardized delivery of enterprise services. Together, the D2D initiative and the medical community of interest, the Defense Health Agency's modern consolidated network which reached full implementation in December 2021, provide a unified, robust infrastructure for the secure exchange of health information between MTFs around the globe.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

APR - 6 2023

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to the Explanatory Statement accompanying H.R. 2617, the Consolidated Appropriations Act, 2023 (Public Law 117-328), "Electronic Health Records," and the Joint Explanatory Statement, pages 146-147, accompanying H.R. 2471, the Consolidated Appropriations Act, 2022 (Public Law 117-103), "Electronic Health Records," is enclosed. The report provides the status of installation of information technology (IT) and related infrastructure required to complete deployment of the electronic health record system, Military Health System (MHS) GENESIS.

As of January 26, 2023, the effort to ensure the IT and related infrastructure at each military medical treatment facility (MTF) is "MHS GENESIS-ready" is complete. The final application migration at DiLorenzo Pentagon Health Clinic marked the conclusion of the desktop-to-datacenter (D2D) initiative which standardized delivery of enterprise services. Together, the D2D initiative and the medical community of interest, the Defense Health Agency's modern consolidated network which reached full implementation in December 2021, provide a unified, robust infrastructure for the secure exchange of health information between MTFs around the globe.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

APR - 6 2023

The Honorable Jon Tester
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to the Explanatory Statement accompanying H.R. 2617, the Consolidated Appropriations Act, 2023 (Public Law 117-328), "Electronic Health Records," and the Joint Explanatory Statement, pages 146-147, accompanying H.R. 2471, the Consolidated Appropriations Act, 2022 (Public Law 117-103), "Electronic Health Records," is enclosed. The report provides the status of installation of information technology (IT) and related infrastructure required to complete deployment of the electronic health record system, Military Health System (MHS) GENESIS.

As of January 26, 2023, the effort to ensure the IT and related infrastructure at each military medical treatment facility (MTF) is "MHS GENESIS-ready" is complete. The final application migration at DiLorenzo Pentagon Health Clinic marked the conclusion of the desktop-to-datacenter (D2D) initiative which standardized delivery of enterprise services. Together, the D2D initiative and the medical community of interest, the Defense Health Agency's modern consolidated network which reached full implementation in December 2021, provide a unified, robust infrastructure for the secure exchange of health information between MTFs around the globe.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Susan Collins
Ranking Member



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

APR - 6 2023

The Honorable Ken Calvert
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to the Explanatory Statement accompanying H.R. 2617, the Consolidated Appropriations Act, 2023 (Public Law 117-328), "Electronic Health Records," and the Joint Explanatory Statement, pages 146-147, accompanying H.R. 2471, the Consolidated Appropriations Act, 2022 (Public Law 117-103), "Electronic Health Records," is enclosed. The report provides the status of installation of information technology (IT) and related infrastructure required to complete deployment of the electronic health record system, Military Health System (MHS) GENESIS.

As of January 26, 2023, the effort to ensure the IT and related infrastructure at each military medical treatment facility (MTF) is "MHS GENESIS-ready" is complete. The final application migration at DiLorenzo Pentagon Health Clinic marked the conclusion of the desktop-to-datacenter (D2D) initiative which standardized delivery of enterprise services. Together, the D2D initiative and the medical community of interest, the Defense Health Agency's modern consolidated network which reached full implementation in December 2021, provide a unified, robust infrastructure for the secure exchange of health information between MTFs around the globe.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Betty McCollum
Ranking Member

Report to the Congressional Defense Committees



Electronic Health Records

April 2023

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$3,100 for the 2023 Fiscal Year. This includes \$1,500 in expenses and \$1,600 in DoD labor.

Generated on March 13, 2023

Report/Study Cost Estimate
(B-4244293)

EXECUTIVE SUMMARY

This report is in response to the Explanatory Statement accompanying the Consolidated Appropriations Act, 2023 (Public Law 117–328), “Electronic Health Records,” and the Joint Explanatory Statement, pages 146-147, accompanying the Consolidated Appropriations Act, 2022 (Public Law 117–103), “Electronic Health Records.” It provides the status of the implementation of the information technology (IT) and related infrastructure required to complete the deployment of the Military Health System (MHS) GENESIS electronic health record (her) system.

In January 2023, the Defense Health Agency (DHA) completed the final steps in the transformation of its health IT environment. Today, the MHS has the common, secure, agile, and cost-effective infrastructure required to support MHS personnel around the globe. This infrastructure is designed to support a broad range of military health IT requirements, including those of MHS GENESIS, the next generation EHR. Upon closing out remaining tasks at the DiLorenzo Pentagon Health Clinic (a clinic of the Fort Belvoir Community Hospital) on January 26, 2023, DHA has achieved the intended milestone of ensuring each of the 133 military medical treatment facilities (MTFs), and their associated clinics, were “MHS GENESIS-ready” approximately 6 months in advance of its go-live date.

BACKGROUND

The disparate medical IT infrastructures in place when the Military Departments administered Department of Defense (DoD) MTFs could not fulfill the requirements of the collective MHS. Thus, DHA undertook efforts to build a single modern consolidated network known as the DHA Medical Community of Interest (Med-COI), which replaced the existing Military Department medical IT infrastructures of the Army, Navy, and Air Force. Med-COI standardizes and centralizes the enterprise health IT infrastructure, enhances cyber security protections, and fulfills the technical requirements of MHS GENESIS. This shared network environment also permits the implementation of the single, common EHR solution adopted across the DoD, Department of Veterans Affairs, and U.S. Coast Guard.

In conjunction with Med-COI, implementation of a larger program called Desktop to Datacenter (D2D) standardizes delivery of enterprise services, including desktop systems and applications, network management, and end-point protections. Together, the full implementation of D2D and Med-COI provides a secure IT platform for the secure exchange of health information and seamless transitions between MTFs around the globe for health care providers and beneficiaries. In support of MHS reform efforts directed in law and DoD policy, this consolidated infrastructure and set of enhanced enterprise-wide shared services promotes more effective and efficient health care operations and greater MHS integration.

PROJECT STATUS

All 133 main MTF sites and their associated clinics are fully migrated to Med-COI. A multi-phased effort was required to complete infrastructure hardware and configuration activities, which established the Med-COI enclave and enterprise services. Deployment,

installation, and configuration of Med-COI and D2D components was followed by end-to-end testing. The installation and testing phase was followed by the migration of end user devices (EUDs), systems, and medical devices to the Med-COI enclave. The migration sequence was prioritized so EUDs and any MHS GENESIS-interfacing systems were migrated to the Med-COI enclave before any site-owned systems and medical devices. The migration of these unique site-owned systems and medical devices represented the bulk of the effort over the past year. As devices were migrated to the Med-COI enclave, the Med-COI zone architecture, standard desktop configuration, and computing environment were applied.

As a result of the Third Quarter Fiscal Year (FY) 2020 programmatic pause of onsite migration activities due to coronavirus disease 2019 (COVID-19) and the subsequent impact of pandemic-related travel restrictions, the DoD global transition to D2D and Med-COI was delayed. While much of the transition was completed by the end of FY 2021 (122 of 133 sites), the pandemic-related DoD, State, or municipal travel restrictions and/or DoD installation access restrictions inhibited progress and extended the timeline for completion, affecting the remaining 11 sites which were completed between January 2022 and January 2023. A list of the 133 completed sites, by MHS GENESIS deployment wave, is provided in Annex 1.

For onsite work throughout the pandemic, COVID-19 impact mitigation efforts enabled continued progress in the transition of sites to DHA's enterprise services and enterprise-wide network, and ensured most sites were "MHS GENESIS-ready" 6 months prior to MHS GENESIS go-live, as planned. DHA, in conjunction with onsite MTF IT personnel, maximized progress through completion of activities that could be performed remotely, including any coordination efforts that could be executed by the deployed teams during their quarantine period following arrival at a site location. At a limited number of sites, impact mitigation efforts reduced the lead time to 4 months prior to MHS GENESIS go-live.

The D2D/Med-COI program has met their requirement; however, network latency at overseas locations is outside of performance thresholds recommended by the product vendor. It is not possible for the D2D/Med-COI program to make the network faster. The MHS GENESIS program is working with the vendor to evaluate options to mitigate performance impacts associated with the distance data must travel from these overseas locations and the associated latency that it causes.

CONCLUSION

The full implementation of the D2D program in conjunction with the transition of all MTFs and their associated clinics onto the Med-COI network provides the modernized infrastructure to effectively manage information operations across the MHS, minimize risk, and maximize efficiency and confidentiality of information transport. This critical infrastructure provides for the interoperability essential to an integrated health record system and incorporates data exchange between DoD and its mission partners, TRICARE private sector care partners, and State and local health information exchanges.

ANNEX 1

MHS GENESIS Ready Sites

- Fairchild (IOC)
- Oak Harbor (IOC)
- Bremerton (IOC)
- Madigan (IOC)

WAVE TRAVIS

- NH Lemoore
- Monterey
- Mt. Home AFB
- Travis AFB

WAVE PENDLETON

- Eielson AFB
- Ft Wainwright
- JBER
- NH Camp Pendleton

WAVE NELLIS

- NH Twenty-nine Palms
- Beale AFB
- Vandenberg AFB
- Ft Irwin
- Nellis AFB
- Edwards AFB
- Los Angeles AFB

WAVE SAN DIEGO

- NMC San Diego

WAVE CARSON+

- Minot AFB
- Cannon AFB
- Hill AFB
- Ft Huachuca
- Grand Forks AFB
- Luke AFB
- Davis-Monthan AFB
- Malmstrom AFB
- Buckley AFB
- Peterson AFB
- Ft Leavenworth
- Ellsworth AFB
- F.E. Warren AFB
- Whiteman AFB
- McConnell AFB
- Kirtland AFB
- Offutt AFB

- Ft Riley
- AF Academy
- Ft. Leonard Wood
- Ft Carson

WAVE TRIPLER

- Tripler AMC
- Hickam AFB
- NHC Hawaii

WAVE BAMC

- Brooke AMC (SAMC)

WAVE WALTER REED

- WRNMMC

WAVE LACKLAND

- Lackland AFB
- Randolph AFB
- Goodfellow AFB
- NHC Corpus Christi
- Sheppard AFB
- Laughlin AFB
- Dyess AFB

WAVE HOOD

- Tinker AFB
- Barksdale AFB
- Vance AFB
- Altus AFB
- Little Rock AFB
- Ft Sill
- Ft Polk
- Ft Hood

WAVE BRAGG

- Seymour AFB
- Ft Bragg
- NHC Cherry Point
- NMC Camp Lejeune

WAVE GORDON

- Holloman AFB
- Ft Stewart
- Ft Bliss
- Ft Benning
- Ft Gordon

WAVE JACKSONVILLE

- Robins AFB
- Shaw AFB
- Moody AFB
- Charleston AFB
- MacDill AFB
- NHC Charleston (Goose Creek)
- Ft Jackson
- NH Beaufort
- NH Jacksonville

WAVE EGLIN

- Keesler AFB
- Hurlburt Field AFB
- Patrick AFB
- Ft Rucker
- Maxwell AFB
- Columbus AFB
- Redstone Arsenal
- NH Pensacola
- Eglin AFB
- Tyndall AFB

WAVE PORTSMOUTH

- Langley AFB
- Scott AFB
- NMC Portsmouth
- Ft Eustis

WAVE DRUM

- Dover AFB
- Hanscom AFB
- Ft Drum
- JB McGuire-Dix- Lakehurst
- NH Guantanamo Bay
- NHC New England
- West Point

WAVE BELVOIR

- NHC Quantico
- Andrews AFB
- Bolling AFB
- NHC Patuxent River
- NHC Annapolis
- Ft Belvoir
- Ft Meade (MEDDAC)
- Ft Detrick

WAVE WRIGHT- PATTERSON

- NH Great Lakes
- Ft Lee
- Wright-Patterson AFB
- Ft Knox
- Ft Campbell

WAVE LANDSTUHL

- Spangdahlem AB
- Ramstein AB
- Landstuhl RMC

WAVE LAKENHEATH

- Incirlik AB
- NH Rota
- NH Sigonella
- RAF Lakenheath
- Aviano AB
- NH Naples

WAVE OKINAWA

- Yokota AB
- Camp Zama
- Kadena AB
- Misawa AB
- NH Okinawa
- NH Yokosuka

WAVE SOUTH KOREA

- Andersen AFB
- Kunsan AB
- Osan AB
- NH Guam
- Seoul/Camp Humphreys