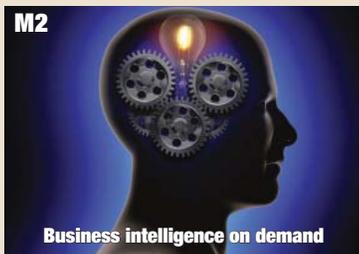


## MHS Management Analysis and Reporting Tool Successfully Migrates to Business Object Xlr3



*Describing himself as an “unapologetic and demanding, customer,” U.S. Navy CDR Jamie Lindly is pleased with the successful migration of M2 from its legacy Business*

*Objects software to Business Objects XI release 3. M2 is a powerful ad hoc query tool military medical analysts use to assess Military Health System utilization; perform trend analysis; develop patient, provider or facility profiling studies; or simply to identify ways to return private sector health care services back into military treatment facilities.*

Lindly, who is Senior Operations Research Analyst in the Business and Economic Analysis Division for TRICARE's Chief Financial Officer, led an elite cadre of M2 users through limited user validation of BOXI's enhanced reporting capabilities and functionality. The 60-member LUV team spent months testing BOXI's capabilities and making recommendations for improvements to the DHSS M2 and Tier 3 BOXI migration teams.

The hard work was worth it, Lindly says, as BOXI was successfully migrated to all 945 M2 users on March 28. “Over the last two months, we really demanded a lot from the support staff and they all did a great job,” he said. “I am a very demanding, unapologetic customer and the DHSS staff did everything we needed them to do in successfully launching the mass migration to all M2 users by the end of the first quarter”

*Please turn to page 2*

## M2 Users Urged To Start Using Robust CAPER Data in Existing Reports

*Existing M2 users are urged to start using the Comprehensive Ambulatory Professional Encounter Record data in their M2 reports. Currently, M2 users can build reports using CAPER and/or Standard Ambulatory Data Record data. After Sept. 30, 2011, the only direct care ambulatory data available in M2 will be the CAPER.*

The Business and Economic Analysis Division of the Office of the Chief Financial Officer for TRICARE Management Activity has confirmed CAPER is the most extensive and robust capture of direct care ambulatory episodes. For example, CAPER offers up to 10 diagnosis and procedure codes for each encounter compared to four offered in SADR. In addition, CAPER data includes multiple providers and additional appointment information.

BEA started CAPER feeds to M2 in January 2011 and the quality of CAPER data is matching perfectly to the SADR feed says BEA Senior Operations Research Analyst, U.S. Navy Cdr. Jamie Lindly. “Due to the quality of the initial CAPER processor, we moved up the sunset date for SADR to Sept. 30, and we're trying to get the word out to all M2 users to use CAPER versus SADR in their reports” he says.

*Please turn to page 2*

## **M2 Successfully Migrates to Business Object Xlr3**

*Continued from page 1*

Lindly specifically cites work by the M2 production teams, the DHSS PEO Information Assurance teams, the DHSS PEO Account Access team, the Tier 3 vendor teams, and the Defense Information Systems Agency team.

Since the successful migration to BOXI, M2 users are experiencing more dynamic reporting writing capabilities. This includes the option of using a completely web-enabled ad hoc interface; the ability to write dynamic report applications; and the ability to post those reports in a secure Web environment. "We've laid the foundation for a whole new category of M2 users such as leaders at headquarters who just want the ability to view and refresh pre-canned reports or analysis in a dynamic environment," Lindly says.

M2 is the first enterprise application to migrate into the BOXI Common Services environment managed by the DHSS PEO. The Military Health System chose BOXI Common Services as its

enterprise solution for business intelligence reporting and BOXI capabilities will be expanding to other applications in the future.

With BOXI, M2 users will be able to build much more data mining features into their reports. "This software really allows users to be more actively involved in building their reports, to mine data along numerous variables to help drive improvements in performance, and to more easily share those reports throughout the organization," Lindly says. "I describe it (M2 BOXI) as the first steps in exploring the 'art of the possible'. Also, the migration to BOXI Common Services will help the MHS converge several stand-alone applications onto a single platform which will save the enterprise money while improving our business intelligence reporting capabilities."

For more information about M2 and its capabilities please click onto <http://bit.ly/g803mM>.

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## **M2 Users Urged To Start Using CAPER Data**

*Continued from page 1*

CAPER and SADR data is delivered daily from military treatment facilities to the Military Health System Data Repository where weekly extracts are sent to M2. The following national entities also receive CAPER and SADR data:

- Defense Medical Surveillance System;
- Navy and Marine Corps Public Health Center;
- Centers for Disease Control and Prevention;
- Federal Health Information Exchange between Department of Defense and Veterans Affairs; and
- Defense Health Information Management Systems for its weekly AHLTA usage metrics

For questions or concerns regarding the impact to M2 users, please contact Lindly 703-681-2896 or via e-mail to [Jamie.lindly@tma.osd.mil](mailto:Jamie.lindly@tma.osd.mil). For more information about M2, visit <http://bit.ly/g803mM>.

# In Support of TRICARE's New Young Adult Program

## TRICARE Encounter Data Records System Modified Ahead of Schedule

*Denver, Col. — The TRICARE Encounter Data Records System, managed by the DHSS PEO Resources Division, has been modified ahead of schedule in support of TRICARE's new Young Adult Program.*



The new plan offers premium-based TRICARE medical coverage to eligible military family members up to the age of 26, and goes into effect on May 1, 2011. In order to correctly process

claims from TRICARE providers who treat TRICARE Young Adult participants, processing edits were required to TED. The edits were delivered early and successfully launched on April 21.

The TRICARE Young Adult Program is part of the National Defense Authorization Act of Fiscal 2011 and complies with the Patient Protection and Affordable Care Act of 2010, which requires civilian health plans to offer coverage to adult children

until age 26. TRICARE previously met or exceeded key tenets of national health reform, including restrictions on annual limits, lifetime maximums, or denial of coverage for pre-existing conditions, but did not include this expanded coverage for adult children. Dependent eligibility for TRICARE previously ended at age 21, or age 23 for full-time college students.

In order to cost-efficiently implement the changes required to TED in support of TRICARE Young Adult, the TED team worked closely with its engineering and Tier 3 vendor support teams so the changes would be included in the April release of TED updates.

TED records, collects, verifies, and tracks billions of dollars annually in purchased care claims and encounter data for the Military Health System. Most TED records validate claim payments within 24 hours of submission, resulting in shorter billing cycles and reimbursements paid within 30 days, one of the fastest claims processing cycles in the health care industry.

For more information about TED and its capabilities, please click onto <http://bit.ly/g803mM>. For more information on TRICARE Young Adults program visit <http://www.tricare.mil/>

## Patient Safety Reporting On Schedule to Complete Full Deployment in June

*The Patient Safety Reporting application is on target to complete full worldwide deployment by June 30. As of April 30, PSR has been deployed to 133 of 170 Army, Navy, and Air Force military treatment facilities, and post deployment assessment user surveys are reporting an impressive 96 percent positive response rate.*

Deborah Myers, Deputy Director of the Patient Safety Analysis Center for the TRICARE Management Activity believes the deployment of PSR will result in improved patient safety throughout the enterprise. "The use of PSR's automated capabilities is a positive step in improved information gathering and data mining," she said.

"The process improvements within PSR can be used to develop and implement better patient safety processes within the Department of Defense Military Health System."

PSR standardizes patient safety reporting by replacing service-specific paper-based incident reporting into a single web-based application. Used to capture and report patient safety events, PSR can track and trend medical adverse events and pinpoint areas for correction and prevention. The result is a reduction in the frequency and severity of patient safety events, says Jenna Noble, Deputy Program Manager for the DHSS PEO Clinical Support Division.

To help ease the transition from a paper-based to web-based patient safety reporting, the PSR team is conducting a mix of instructor and virtual staff training for each deployment. To help make the deployment and training as seamless as possible, the PSR teams meet with each facility's patient safety team to identify and tailor the training and deployment.

For more information about PSR and its capabilities, please click onto <http://bit.ly/g803mM>.



## **DOD/VA Data Synchronization Program Presented** at GS1 International Meeting

*Bethesda, Md. --- The Departments of Defense, Veterans Affairs Data Synchronization Program was presented during the 19th Global GS1 Health Care Conference in Bethesda, Md., on April 7.*

U.S. Army Col. Chris Harrington, DHSS PEO Medical Logistics Division Deputy Program Manager, right, presented “*The DoD/VA Pilot as Proof of Principle – Putting Standards and Infrastructure in Place*”. He described the pilot’s success to synchronize medical supply chain data. The pilot, started in 2007, identifies supply chain efficiencies that are returning millions in costs savings to both organizations.

The GS1 Health Care mission is to lead the health care sector to successful development and implementation of global standards by bringing together experts in health care to enhance patient safety and supply chain efficiencies. GS1 is an international not-for-profit association and its system of standards is the most widely used supply chain standards system in the world.

To view Harrington’s presentation or to learn more information about the conference, please click onto [http://www.gs1.org/healthcare/news\\_events/060411](http://www.gs1.org/healthcare/news_events/060411).

For more information about DHSS PEO and its capabilities visit <http://bit.ly/g803mM>.



# MHS Learn Team Successfully Implements DOD/VA Joint Incentive Fund Clinical Regulatory Training Project for Joint Task Force Capital Medical

*The MHS Learn team successfully completed implementation of Department of Defense and Department of Veterans Affairs Joint Incentive Fund Clinical Regulatory Training for Joint Task Force Capital Region Medical.*

The project is a DOD/VA joint venture to deploy a standard suite of 39 clinical and regulatory training courses to over 500,000 health care workers across both health systems, with JTF Cap Med as the initial test site.



When fully deployed, the cumulative benefit of standardizing annual regulatory training at DOD and VA is estimated at more than \$20 million.

To prepare and complete this effort, the team met with site education and technical managers on training consolidation. Preparation included moving three years of historical training data for Walter Reed Army Medical Center, National Naval Medical Center Bethesda, Malcolm Grow Community Hospital, and Fort Belvoir, into MHS Learn, the enterprise learning management system for the Military Health System.

"The success of this effort has unified annual Joint Commission and Occupational Safety and Health Administration training and is allowing JTF Cap Med to decommission one stand-alone learning management system and three vendor support contracts," said U.S. Navy Capt. Judith Bellas, Director of the DHSS PEO Resources Division.

For more information about MHS Learn and its capabilities, visit <http://bit.ly/g803mM>.

# User Describes New TRICARE Online Features as Today's "Way Ahead"

## In Access to Expanded Personal Health Data

*U.S. Air Force Lt. Col. Leslie Wilson is delighted with the new features released on TRICARE Online. Wilson, Chief Consultant for Maternal-Child Medicine and Pediatrics Deputy Chief at the Provision of Medical Care Air Force Medical Operations Agency in San Antonio, Texas e-mailed her comments to members of the TRICARE Online team shortly after the new enhancements were released on April 8.*

"I recall getting an email about the new TRICARE Online tool that has patient lab data in it, so I re-enrolled onto TOL today and it was much easier than the last time I did this in 2006," she wrote. "Then I hit the 'Blue Button' and, sure enough, all my lab tests for the last many years were there and also my appointments, my prescriptions, and my refill information.

"Really, this new feature on TOL should be today's 'way ahead' in our Medical Homes to communicate routine, normal labs to our patients, as well as to encourage all of the new features like access to clinical encounters, prescription refills, etc. If I were managing a clinic today, I would print up hundreds of business cards with the TOL website and functionality listed, and distribute it to patients as the way for them to engage in their medical care, to access labs, and all the other features it has.



These features are an expansion of the current Blue Button capability, which allows beneficiaries to safely and securely access and print or save their demographic information, allergy, and medication profiles. The level of data available will be dependent on where treatment occurs – with the most data available to those who regularly get care at military hospitals and clinics.

The Blue Button was fielded by TRICARE and made generally available by other federal health care providers last year. It is the result of a close interagency partnership between the Department of Defense, Centers for Medicare and Medicaid Services, and the Department of Veterans Affairs. Blue Button already has over 250,000 users.

For more information about TRICARE Online and its capabilities, please click onto <http://bit.ly/g803mM>.

# eXpresso

## DHSS PEO Products In the News

### **Joint Task Force Capital Medical The Voice “DMLSS Data Migration Success!”**

<http://www.jtfcapmed.gov/newsletters/JTF-CAPMED-Voice-2011-April.pdf>

### **US Medicine “Blue Button Feature Offers Quick Access to Health Records for Military Patients, Providers”**

<http://www.usmedicine.com/articles/blue-button-feature-offers-quick-access-to-health-records-for-military-patients-providers.html>

### **Air Mobility Command, “Medical Equipment System Unfailingly Covers Wounded Warriors,”**

<http://www.amc.af.mil/news/story.asp?id=123250506>

### **The Portal New Upgrades for TRICARE Online Expand ‘Blue Button’ Capability**

[http://health.mil/MHSCIO/news\\_resources/portal/April2011/Upgrades-for-TRICARE-Online-Blue-Button.aspx](http://health.mil/MHSCIO/news_resources/portal/April2011/Upgrades-for-TRICARE-Online-Blue-Button.aspx)

### **TRICARE Online Press Release TRICARE Online improves health data access**

<http://www.waltonsun.com/news/online-92810-newsherald-panama-access.html>

### **Huffington Post and San Francisco Chronicle Blog:**

[http://www.huffingtonpost.com/craig-newmark/troops-can-get-more-medic\\_b\\_850049.html](http://www.huffingtonpost.com/craig-newmark/troops-can-get-more-medic_b_850049.html)

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The DHSS PEO develops and maintains 32 products and initiatives for the Department of Defense Military Health System. For more information on DHSS PEO, please click <http://bit.ly/g803mM>.

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