



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 8140.02

May 19, 2022

CHIO

SUBJECT: The Military Health System Informatics Steering Committee Structure

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (g), establishes the Defense Health Agency's (DHA) procedures to establish and operate Informatics Steering Committees (ISC).

2. BACKGROUND

a. ISCs are the structure through which Military Health System (MHS) Health Informatics (HI) professionals bring together people, processes and technology to serve healthcare end users. The ISC helps equip their end users with the right kinds of information to leverage workflow, resolve issues, and achieve the optimal use of technology. The chair of the ISC is a medical practitioner, typically the Chief Health Informatics Officer (CHIO) at the headquarters (HQ), market, and region levels. At the MTF level, the chair is someone with a healthcare delivery background, referred to generally as the Chief Medical Information Officer (CMIO). In deference to other practitioners who may fill the role, this document uses the term Chief "X" Informatics Officer (CxIO). ISCs also include an Issue Resolution Lead (IRL); a Training Lead (TL); and representatives from the clinical and business communities, including peer experts (PE) and middle managers (MM). MTFs all have an associated Defense Medical Information System Identifier (DMIS ID). When specifying MTFs in this DHA-PI, it is understood that those facilities are being referenced at the parent DMIS ID level. For a description of the levels at which ISCs are formed, see Enclosure 2. For expanded definitions of these roles, see the glossary.

b. The ISC at each market/MTF serves to standardize the MHS approach to enterprise-wide clinical and business informatics support for bidirectional communications between market/MTF personnel and all levels of leadership; change controls for business processes and role-based clinical workflows; MHS biomedical/medical devices and information systems configurations; MHS clinicians' access to external health information exchange data; knowledge

and records management; health information technology (HIT) risk management and issue resolution reporting and tracking. Direct Reporting Markets (DRM), the Small Market and Stand-Alone Military Medical Treatment Facility Organization (SSO), and Defense Health Agency Regions (DHAR) with ISCs establish processes and structures that facilitate communications, issue resolution, adoption, and change management (CM). The ISCs oversee the development of HIT competencies within their staff at their facility. They leverage enterprise workflow analysis and communications to ensure standardization and rapid adoption of the system, processes, and workflow changes. For information about the role of the ISC and contributing success factors, see Enclosure 3.

c. As evidenced in the spring of 2020 at the outset of the novel coronavirus (COVID-19) pandemic, MTF sites with mature ISCs proved faster, more flexible, and far more adaptable to change. These sites were able to analyze existing workflows and conceptualize changes to standards of care, often implementing changes in less than 2 weeks. In contrast, MTFs with no ISCs or no mature workflow management averaged a process adaptation timeline of 4 to 12 weeks.

3. APPLICABILITY. This DHA-PI applies to DHA, activities under the authority, direction, and control of DHA, Direct Reporting Organizations (DRMs, SSO, and DHARs, as well as their markets, and MTFs), Military Departments (MILDEP), and all personnel, including assigned or attached active duty and reserve members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties within the DoD.

4. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (g), that:

- a. ISCs will be formed at three levels, as shown in Enclosure 2 at Figure 1.
- b. Each ISC will be comprised in accordance with Enclosures 4 and 5.

5. RESPONSIBILITIES. See Enclosure 4.

6. PROCEDURES. See Enclosure 5.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Director, Health Informatics. When activities are unable to comply with this publication, the activity may request a waiver by providing justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will endorse the waiver request and forward it through their supervisory chain to the Director, HI to determine if the waiver may be granted by the Director, DHA or their designee.

May 19, 2022

8. **RELEASABILITY. Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

9. **EFFECTIVE DATE.** This DHA-PI:

- a. Is effective upon signature.
- b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

/S/
RONALD J. PLACE
LTG, MC, USA
Director

Enclosures

1. References
2. ISC Structure
3. ISC Role and Contributing Success Factors
4. Responsibilities
5. Procedures

Appendices

1. IMO/Market/MTF Charter Template Example
2. Appointment Letter Template for ISC Chair
3. Appointment Letter Template for ISC IRL
4. Appointment Letter Template for ISC TL
5. Appointment Letter Template for ISC Member
6. Appointment Letter Template for Peer Expert Member

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) DHA-IPM 21-003, “MHS GENESIS Training,” March 10, 2022
- (e) United States Code, Title 10, Chapter 55, Section 1073(c)
- (f) Public Law 115-232, Sections 711 and 712, “National Defense Authorization Act for Fiscal Year 2019,” August 13, 2018
- (g) DHA Plan 3 Implementation Plan for the Complete Transition of Military Medical Treatment Facilities to the DHA ¹

¹ This reference is located at: <https://www.milsuite.mil/book/groups/reform-of-the-mhs-ndaa2017/content?filterID=contentstatus%5Bpublished%5D%7Ecategory%5Bmarket-establishment-resources%5D> and can only be accessed with a Common Access Card. After logging into milSuite, copy and paste this URL into the browser’s location field.

ENCLOSURE 2

ISC STRUCTURE

1. LEVEL 1: DHA HQ HI ISC. At DHA HQ, the HI ISC CHIO serves as the chair of the HQ HI ISC. The HI ISC chair oversees the implementation of the ISC policy from HQ to ensure execution of the ISC functions at all ISC levels to bring together people, processes, and technology to execute HIT solutions. This ISC serves as the level 1 coordinating structure (as shown in Figure 1).

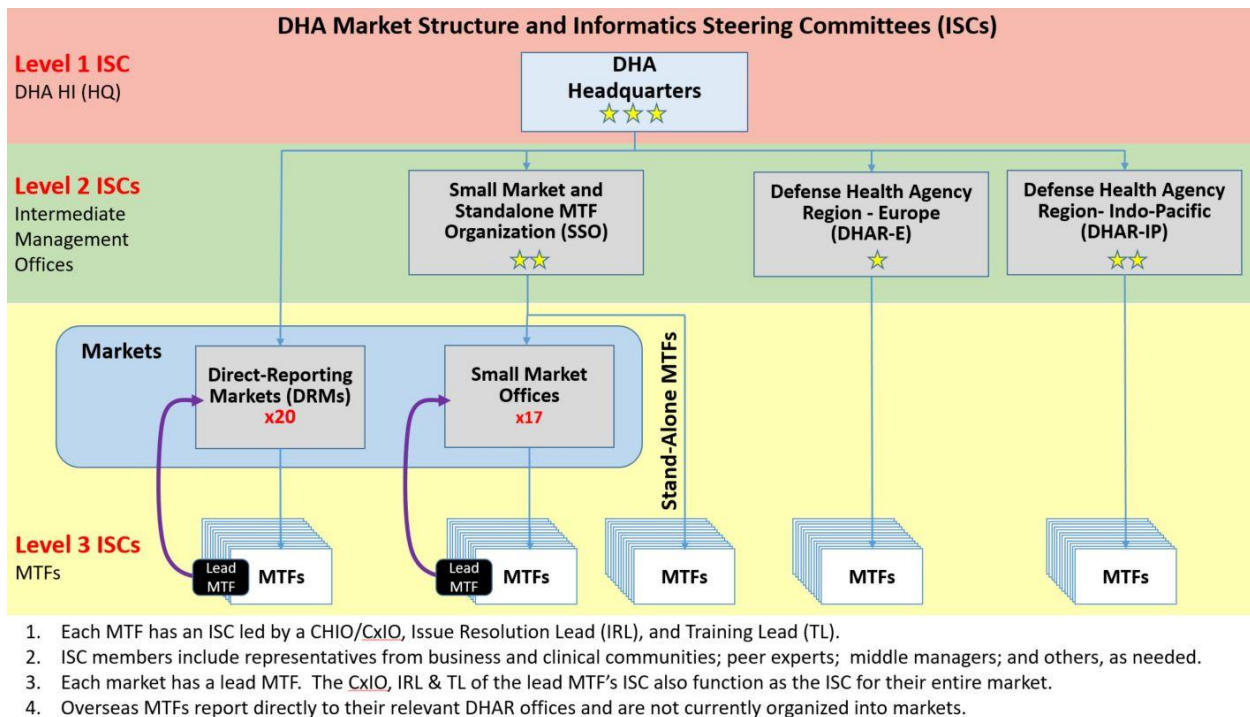


Figure 1. DHA market structure, ISCs, and MTFs – ISCs are formed at three levels

2. LEVEL 2: SSO & DHAR ISCs. Level 2 consists of intermediary management offices (per reference (g) paragraphs 4.4 and 6.5) for the SSO and the DHARs (as shown in Figure 1). These level 2 ISCs serve as the command structure at level 2. Through their ISCs, the SSO and DHARs provide guidance and direction to their respective market and MTF ISCs at level 3, and address issues escalated up to them from level 3. Where no markets are in place at level 3, these level 2 ISCs serve the same function with the MTFs under their jurisdiction.

a. SSO. The Director, SSO appoints a CHIO at the SSO office. That CHIO must establish and chair a single ISC at level 2. The SSO ISC chair works in concert with the Director to identify personnel to fill the roles of IRL and TL. Additional members of this ISC include clinical and business community representatives, as well as the CxIO for each small market ISC under the SSO. These ISC chairs represent their markets and escalate issues that could not be resolved at the level 3 (market) level.

b. DHAR. At the DHAR level, the Director of each DHAR appoints a CHIO. That CHIO must establish and chair a single ISC at level 2. The regional ISC chair works in concert with the Director to identify personnel to fill the roles of IRL and TL. DHAR directors, in coordination with facility directors, also appoint a CxIO to chair each level 3 ISC. Additional members of the level 2 ISC include clinical and business community representatives, as well as CxIOs from each of the level 3 MTF ISCs in that respective region.

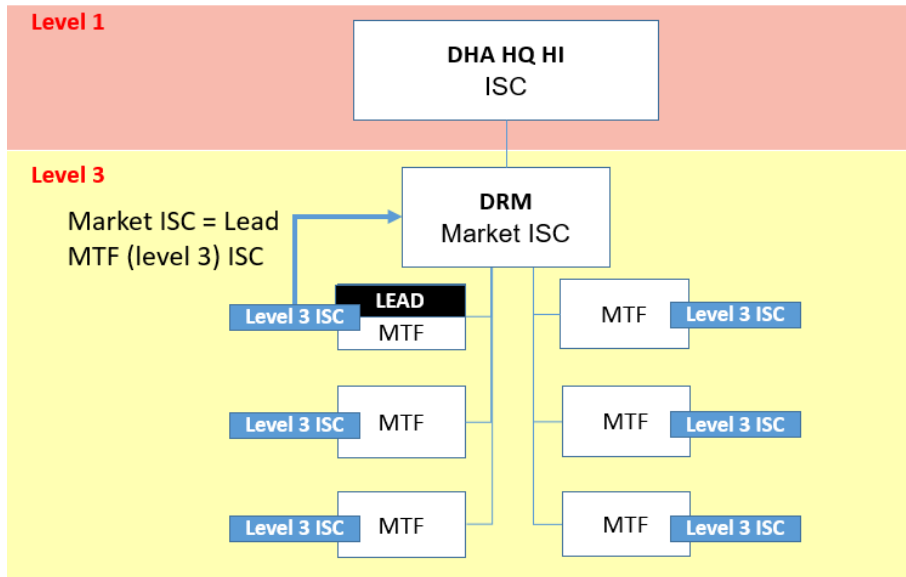
3. LEVEL 3: MTF-LEVEL ISCs. Level 3 describes ISCs at the MTF level, which includes the markets (Figure 1). For each market, the designated CxIO forms and chairs an ISC serving that market. The ISC chair coordinates closely with the Director to identify personnel to fill the roles of IRL and TL. At the MTF level, these roles may be filled by contractors; the IRL position is typically performed by the Site Integrator, and the TL role is typically performed by the Training Roles Manager. Like all ISCs, the ISC chair nominates members, and the facility director appoints them to the ISC. Other members of the MTF-level ISC include clinical and business community representatives. The ISC may expand to include as many other members as necessary to properly represent the needs of all MTF users (for example, PEs and MMs). While each MTF in the market has an ISC, the MTF co-located at the same geographic location as the Market Director is known as the lead MTF. In addition to representing the interests of its own MTF, the CxIO, IRL, and TL of the lead MTF also serve as a “market-level ISC,” representing the interests of all of the other MTFs in its market. When issues at other MTFs in the market cannot be resolved by their local MTF ISC, those issues are escalated to the lead MTF ISC for resolution. If they cannot be resolved at the market-level ISC, they are escalated to the next higher-level ISC. Over time (preferably with at least 18 months between changes), the lead MTF may rotate among CxIOs of other MTFs (including to another Military Department), at the discretion of the Market Director.

a. DRMs. The Director, DRM appoints a CxIO for each large direct-reporting market to support the market at level 3, as depicted in Figure 2. Large DRMs are comprised of no more than 12 MTFs. The ISC for each MTF considers issues raised to it by its ISC members (e.g., from the clinical or business community) and resolves them at that level whenever possible. If any issue cannot be resolved, it is raised to the market-level ISC (still at level 3) to resolve when possible. If the market ISC cannot resolve the issue, it is raised for resolution at the higher level—in the case of DRMs—to the level 1 HQ HI ISC.

b. MTFs under the SSO

(1) Small markets under the SSO will be comprised of no more than twelve MTFs. The CxIO of each SSO small market chairs the ISC, which considers issues raised to it by its constituent MTFs and resolves them when possible, or raises issues up for resolution at the higher (SSO office) level. Figure 3 depicts a sample small market; at level 3, it is comprised of MTFs, each with an ISC. The ISC chair, IRL, and TL of the level 3 lead MTF (initially at the same geographic location as the market director) also represent the interests of the other MTFs in its market, and provide first-line issue resolution for those MTFs. Issues not resolved at level 2 are escalated to the level 2 SSO ISC. In turn, issues not resolved at level 2 are escalated to the HQ HI ISC.

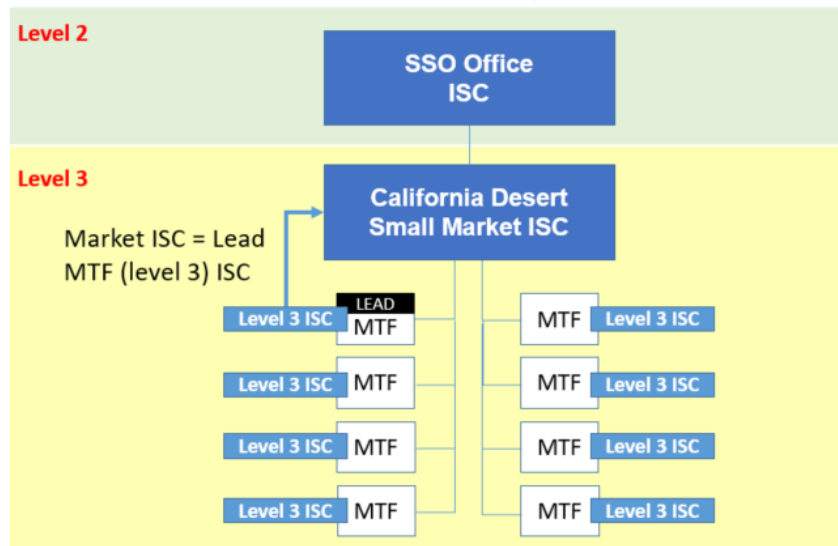
Direct Reporting Markets – Sample ISC Structure



- Issue resolution begins at the lowest level with each MTF; then issues are escalated to the lead MTF for the market.
- If not resolved, issues are escalated to the level 1 HQ HI ISC.
- Market ISC reports to DHA HQ for HI activities.

Figure 2. Direct-reporting market sample structure with ISC

SSO Small Market – Sample ISC Structure



- Issue resolution begins at the lowest level with each MTF; issues are escalated to the lead MTF for the market at level 3.
- If not resolved, issues are escalated to level 2 (SSO Office ISC).
- Unresolved level 2 issues are escalated to level 1 (DHA HQ ISC).

Figure 3. SSO small market sample structure with ISC

(2) Standalone MTFs reporting to the SSO have ISCs which help each MTF with issue resolution at level 3. If unresolved, those issues are escalated to the SSO office ISC at level 2 for resolution. If unresolved, those issues are raised from level 2 to the DHA HQ HI ISC at level 1. Figure 4 depicts standalone MTFs at level 3, which report to the level 2 SSO office, where the SSO ISC resides. Note that standalone MTFs are not part of a market structure.

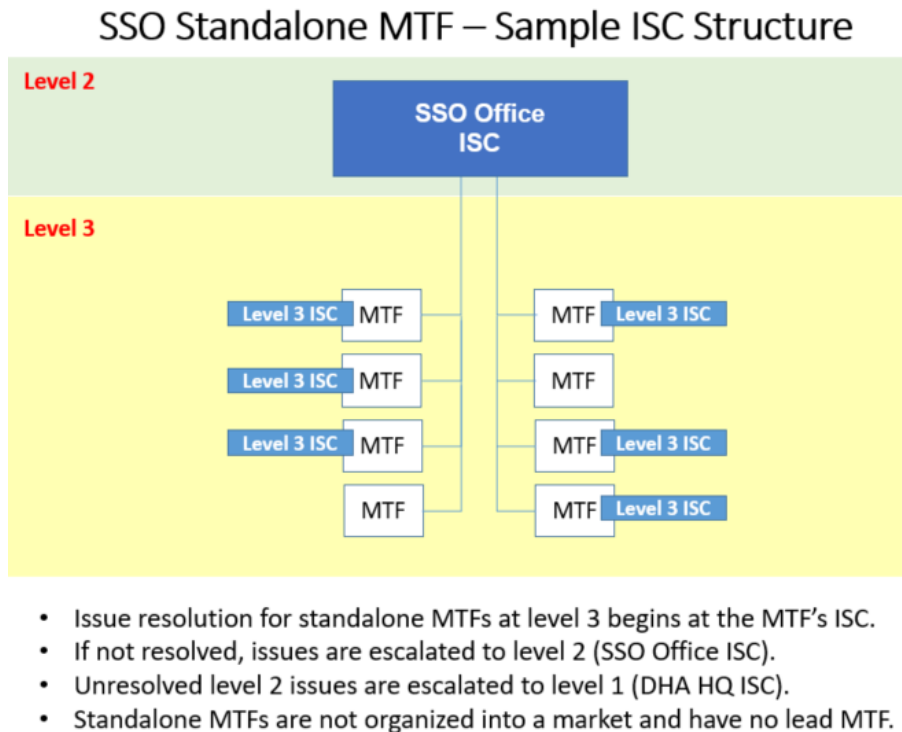
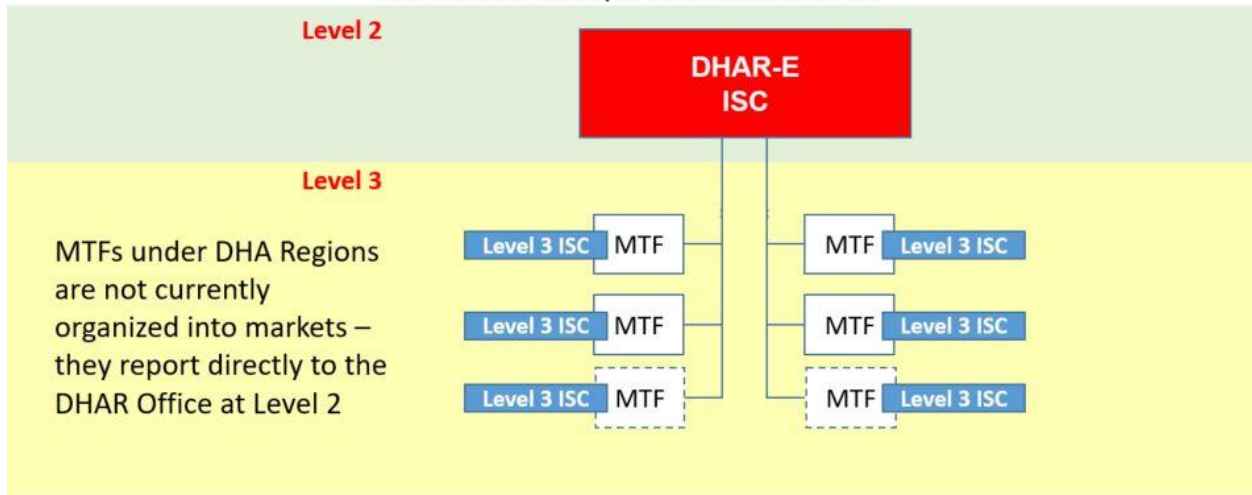


Figure 4. SSO standalone MTFs sample structure

c. DHARs. DHA regions are not currently organized into markets. Each MTF facility director must establish an ISC. The facility director, in coordination with its DHAR office, will appoint a CxIO to chair the ISC, and identifies and nominates an IRL and TL to serve on the ISC for each MTF. Additional members of the level 3 ISC include clinical and business community representatives. Each level 3 ISC considers issues raised by its members, and resolves them when possible. If unable to resolve, those issues are raised for resolution at the (higher) DHAR office level. A typical DHAR sample structure is shown below (see Figure 5).

Overseas Sample ISC Structure



- Issue resolution begins at the lowest level with each MTF.
- If not resolved, issues are escalated to level 2 (DHA Office ISC for that region).
- Unresolved level 2 issues are escalated to level 1 (DHA HQ ISC).

Figure 5. DHA region sample market structure with ISC

ENCLOSURE 3

ISC ROLE AND CONTRIBUTING SUCCESS FACTORS

1. ISC ROLE. Each ISC will perform, at a minimum, the following roles:

a. Formalize informatics communication channels, roles, and procedures to optimize HIT systems.

(1) MTF level: Communication/capability coordination within MTF and between Intermediate DHA Market constructs (DRMs, SSO, and DHARs).

(2) DHA market or region level: Communication/capability coordination within Intermediate DHA market constructs (DRMs) and with/between DHA HQ.

b. Implement standardized repeatable clinical and business processes in support of successful HIT deployments, transitions, and decommissioning.

c. Comply with Defense Health Agency-Health Informatics (DHA-HI) standardization, adoption, and optimization of clinical and business processes.

2. ATTRIBUTES OF A SUCCESSFUL ISC. Attributes of a successful ISC are described below.

a. An ISC is equally important for both deployment and sustainment HIT activities.

b. At each market/MTF, the ISC serves as a body to support the organization's migration and use of HIT.

(1) A key deliverable of the ISC in deployment is the creation of workflows for current (as-is) processes at the site for each critical function, and the development of future-state workflows that consider standardization and deployment of new systems.

(2) For sites implementing newer clinical systems (such as MHS GENESIS), the analysis of the deltas or gaps between the two workflows creates a work plan the ISC prioritizes as a list of changes and challenges to address. The ISC begins to implement changes on the list prior to migration to mitigate potential issues, known as the local adoption plan.

(3) The process of identifying current state workflows for each critical function develops key critical thinking skills that are applicable throughout the life cycle of continued ISC work.

(4) The ISC continues support into sustainment for issue resolution, training, compliance with workflow standards, and communication for relevant business and clinical areas.

c. ISC membership is consistent with the clinical and business capabilities represented in their market/MTF.

d. ISCs quickly identify and drive issue resolution at the lowest level possible. This is accomplished by ISC members identifying the appropriate teams that could best represent and resolve the issue within their service area (or across multiple service areas). These teams (sometimes called site core teams) are selected based on their competency in areas of specialty; their depth of understanding related to the EHR system or systems; and demonstrated abilities to collaborate and cooperate within the team to resolve issues on behalf of the ISC.

e. The members of the ISC, led by the ISC chair, serve as a representative body of the market/MTF/site to the enterprise.

(1) In addition to the chair, IRL, and TL, the ISC should have membership composed of representatives of each clinical and business functional area, each of which champions the needs of their distinct functions up to the enterprise.

(2) Many markets/MTFs have unique characteristics or a unique combination of factors that distinguish them from one another. The ISC is a conduit through which those specific circumstances may change the method, approach, or timing of some procedures, reporting, or other activities conducted at the market/MTF. In the process of their work, when potential innovations are identified for a specific business or functional area, these matters are raised to the ISC for consideration and potential adoption by the enterprise. This optimization feedback loop is sometimes referred to as disruptive innovation. The ISC carefully considers how such innovations impact other workflows, and escalates likely candidates to the enterprise for consideration.

(3) In addition to clinical or business office skill and expertise, members of the ISC bring a combination of experience in implementing previous clinical systems' deployment, of lessons learned, of critical thinking, of knowledge of their specialty areas, and knowledge of how the market/MTF does business. This experience makes the ISC a living body of knowledge that is a positive force to help shape design decisions that make transformation to a more standardized body successful.

(4) It is both the strengths of the individuals on the ISC, and the combination of the right people representing their respective clinical and business areas, that makes the ISC successful.

f. The members of the ISC serve as agents of change to achieve standardization necessary for enterprise-wide success.

g. The scale for DHA markets is a ratio of 12 or fewer ISCs per market. No market must represent more than 12 MTFs without a waiver from the DHA HQ CHIO.

3. BENEFITS OF ISCs

- a. As communication from the MTF to the enterprise and from the enterprise to the MTF occurs, trust is formed and strengthened.
- b. The ISC advocates for and obtains policy modifications required by the MTF on behalf of the Director.
- c. ISC members have primary roles at the MTF as clinicians or members of the business office, project management, etc. The more successful ISC members are in bringing about standardization and enabling change, the less difficult their primary duties to the MTF will be.
- d. The ISC, with the explicit authority from the Director, MTF, is empowered to do the work that makes clinical HIT systems successful throughout their life cycle and on into the life cycle of the replacement system.
- e. The enterprise-wide goal of standardized workflows can only be achieved by dedicated participation from each MTF to ensure their unique needs are met by the process and procedure developed.
- f. A major goal of workflow analysis is to increase standardization and decrease variance. Future state workflows can focus on developing procedures at a higher level than procedures of legacy HIT systems which are system-specific. Developing procedures that are system-agnostic and can apply to all systems is a best practice that sets MTFs up for success for the long-term.
- g. Focus on workflow and required work activities and participation in forums such as the User Impact Series and ISC Synch.
- h. Trains ISC members in the issue resolution process, to articulate problem statements in a functional, factual, unemotional perspective that is easier for stakeholders to address.
- i. ISC membership increases flexibility in its members. Policies and procedures within an activity can change as a result of various influences (e.g., materials shortage, extreme weather, life cycle milestones, pandemic). Clear standardization and identification of workflows creates agility, flexibility, and speed in addressing and managing change quickly, aggressively, and efficiently.

4. **ISC FUNCTIONS**. Each ISC is chartered to accomplish the following (a sample charter is included in Appendix 1 for markets and Appendix 2 for MTFs, respectively):

- a. Ensure each MTF has a governing body that establishes an environment to help communicate CM, facilitate user adoption, mitigate risks, and appropriately escalate issues.
- b. Provide structure, organization, and professional development opportunities for executing the informatics mission through clinical champions and PE that work as a team to represent diverse perspectives across the market/MTF.

- c. Ensure MHS enterprise workflows are reviewed and local gaps are identified to be incorporated into departmental processes and inter-departmental workflows.
- d. Identify and communicate key workflow steps that support evidenced-based practice, organizational performance, quality, and safety according to high reliability organization principles, Agency for Healthcare Research and Quality, National Quality Forum, the Joint Commission, and other bodies of regulatory interest to facilitate safe, quality patient care.
- e. Support ongoing enterprise workflow analysis activities and finalize workflow changes.
- f. Serve as a coordinating body to request market and MTF-level HI system end-user volunteers for system improvement activities, such as functional usability testing.
- g. Facilitate and monitor data collection and other activities in support of medical information systems deployment and sustainment.
- h. Coordinate and maintain effective communication strategies with key stakeholders to ensure end user engagement, adoption, and stakeholder representation.
- i. Encourage new approaches to interdepartmental logistics coordination, communications, education, and workflows.
- j. Ensure communications regarding related messaging from DHA-HI and the market are socialized in a timely manner to MTF end users, MTF leadership, and PEs to support end-user adoption.
- k. Provide timely feedback to CHIO and CxIO leadership on the effectiveness of messages, forums, and timing.
- l. Ensure expected informatics-related key performance indicators and value objectives, MHS core measures, and other MHS quality and safety metrics are understood, measured, monitored, and improved upon across site/sites.
- m. Provide and facilitate the provision of PE and subject matter expert feedback to entities outside of your ISC on workflows, communications products, etc.
- n. Coordinate with MM department stakeholders to:
 - (1) Confirm end user role assignments.
 - (2) Adjust routine work activities for ISC members, clinical champions, PEs, and MTF and departmental leaders to accommodate medical information system support activities and timelines.
 - (3) Create local workflow gap analysis and perform future state remediation.

- (4) Create local job impact analysis and future state remediation (as required).
- (5) Identify and remediate gaps in preparation and training.
- (6) Ensure local MTF site decisions and practices adhere to MHS HIT-related policies.
- (7) Identify MHS policies that require creation or revision to address MTF site HIT needs.
- (8) Identify high-opportunity users for optimization efforts and support activities to improve competency and efficiency.
- (9) In coordination with the ISC chair, ISC members are responsible for adoption of business process reengineering and streamlining activities in their respective clinical, business, technical, and operational specialties.
- (10) Coordinate the issue resolution process for medical information systems, or the process of adjudicating and resolving medical information system help tickets submitted by end users at the site.
- (11) Escalate issues and risks identified through help ticket adjudication to the Market CHIO and MTF Director.
- (12) Maintain awareness of local Health Information Exchange Partnerships and their relation to MTF data exchange and their impacts to the active duty members' and beneficiaries' health record content.

5. ISC MEMBER SELECTION. Ideal candidates for inclusion as members of the ISC include those with an innate or experiential foundation of HI knowledge, skills, and abilities, as well as the flexibility, capacity and willingness for continued development to meet the challenges specific to their site. Each candidate must have the following characteristics:

- a. Strong knowledge of the business and clinical processes in place at their facility, and how they are all connected.
- b. Strong interpersonal relationship skills and a desire to help others.
- c. A reputation as a credible and capable professional.
- d. Clear understanding of CM techniques as a tool to support transformational changes that affect end users at MHS health facilities.
- e. Understanding of governance structure and the responsibilities of a committee member, and willingness to participate as a member of the committee to adhere to enterprise standards.

f. Ability to problem-solve complex business and healthcare processes and issues with the goal of creating sustainable solutions for desired outcomes.

ENCLOSURE 4

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA must ensure that DHA staff and activities under the authority, direction, and control of DHA comply with the requirements of this DHA-PI. The Director, DHA, appoints a CHIO at DHA HQ, who serves as the chair of both the HI HQ ISC and the Headquarters Informatics Steering Committee (HISC).

2. CHAIR, HI HQ ISC

a. The chair of the HI ISC at DHA HQ also serves as the chair of the HISC and is the DHA's designated CHIO. In this role, the chair provides enterprise-level ISC leadership to discuss, direct, and relay healthcare and clinical information topics, issue resolution, system alerts and updates, and training.

b. The CHIO has responsibility for interaction and collaboration with multiple agencies and departments (including the Department of Veterans Affairs, the US Coast Guard, and the Military Entrance Processing Command) that utilize the EHR system for tracking of issue resolution and system enhancements.

c. The CHIO serves as the conduit for communications from the HI HQ ISC to the HISC and ISCs of the DRMs, SSO, and DHARs, receives escalated issues not resolved at lower levels, and helps to resolve those issues.

d. The CHIO provides leadership related to the ISC purpose, objectives, structure, membership, roles, responsibilities, decision-making, and supporting processes.

3. CHAIR, HISC

a. The chair of the HISC is responsible for communicating and collaborating with the military Services HI representatives.

b. The primary responsibility of the chair (CHIO) is to provide oversight of the prioritization of HIT requirements, in collaboration with the MILDEP's HI representatives.

c. The chair also consults on HIT decisions regarding functional solutions under consideration for enterprise-wide use.

4. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs will ensure MTFs under their command comply with requirements in this DHA-PI. Per Reference (g), all MHS MTFs (including those which are currently administered by a MILDEP) will soon transition to

the authority, direction, and control of the DHA. Since ISCs are a critical component of MTF migration from legacy enterprise clinical systems to MHS GENESIS, the Secretaries of the MILDEPs will encourage MTFs reporting to the Services to comply with this guidance.

5. DIRECTORS, DRMs. The Director of each DRM, in association with the CHIO of each DRM, will establish an ISC for their constituent markets, at a ratio no greater than 12 MTFs per ISC. The ISC will be comprised per Enclosures 4 and 5, with minimal staffing of a CxIO, an IRL, and a TL.

6. DIRECTOR, SSO. The director of the SSO will appoint a CHIO who will form and chair an ISC to oversee the small market ISCs under the SSO.

7. DIRECTORS, DHARs. The director of each DHAR must appoint a CHIO who will form and chair an ISC to oversee market and MTF ISCs under their respective DHARs.

8. CHAIR, DRMs, SSO, and DHAR ISCs. The CHIO of each respective market-level ISC must:

a. Provide leadership to their market-level ISC purpose, objectives, structure, membership, roles, responsibilities, decision-making, and supporting processes. Nominate membership in the ISC for Director approval.

b. Chair ISC meetings.

c. Provide issue resolution for issues raised by their ISC, in coordination with their IRL and TL. Attempt to resolve issues raised to them by MTF ISCs. Escalate issues not resolvable at their own level to the HI ISC.

d. Provide informatics mentorship and guidance to MTF-level ISCs.

e. Meet regularly with MTF ISCs to address system adoption and issue resolution.

f. Collect feedback from MTFs and serve as the coordination hub between DHA-HI HQ and MTFs.

g. Identify, aggregate, and submit resourcing needs as part of the DHA Planning, Programming, Budgeting, and Execution process for their MTF or market to successfully execute the informatics mission.

h. Ensure workflow standardization and consistent communications across MTFs.

i. Ensure MTF deliverables are provided on schedule to report up to DHA-HI HQ.

j. Share lessons learned with the MTFs in their respective markets or regions, and report these to DHA-HI HQ, to help ensure improvements are implemented.

9. DIRECTOR, MTF. The Director, MTF must:

a. At the DRM and small market level, in coordination with the CxIO, establish using a charter an ISC comprised of clinical, business, technical, and operational representatives, as well as project managers, site process improvement, quality, and safety staff, as appropriate.

b. Appoint an ISC Chair (CxIO) from among the staff at the site, preferably with an informatics skill set and clinical background. See specific qualifications for this appointment, described in the CxIO entry in the glossary. The appointee should not be the Chief Information Officer or Chief Technical Officer. A sample appointment letter is available at Appendix 3.

c. Appoint ISC members for their facility (in consultation with the CxIO described in the preceding paragraph, who nominates candidates from among the facility staff).

d. In the case of small MTFs (with 100 or fewer users) that provide ambulatory or dental services only, appoint qualified representatives of those services to participate as members of the ISC of a larger MTF (or market) in close geographic proximity.

e. Once established, the Director must ensure continuity of the ISC and ensure it meets regularly to accomplish its goals.

10. LEVEL 2 CHIOs.

a. CHIOs at the DRMs, at the SSO, and at the DHARs will chair their ISCs and discuss, direct, and relay healthcare and clinical information topics, issue resolution, system alerts and updates, and training to their respective ISC memberships.

b. The CHIO also serves as the conduit for communications in both directions between the HI ISC and the market and MTF levels.

c. The CHIO helps escalate issues not resolved at lower levels when necessary for resolution.

11. MTF ISC CHAIR (CHIO or CxIO). The MTF ISC Chair must:

a. Report to and update the market/MTF Director, as well as coordinate with the higher-level (DRMs, SSO, or DHAR) ISC Chair, on the decisions and operations of the MTF ISC.

b. Nominate members, in coordination with the facility Director, to serve on the MTF ISC.

c. Act as the site change agent to support implementation and sustainment of medical information systems, including all enterprise-level software deployment, CM, issue resolution, training activities, and associated information technology initiatives with ISC team members.

d. Liaise MTF HIT policy feedback between end users and higher-level CHIO to advocate for MHS policy modifications with DHA.

e. Provide leadership to the MTF ISC purpose, objectives, structure, membership, roles, responsibilities, decision-making, and supporting processes.

f. Provide oversight in the implementation of actions related to system localization, process CM, policy, procedure coordination, and issue reporting per enterprise policies and standards.

g. Coordinate MTF ISC meeting cadence, review and approve ISC meeting minutes, and monitor meeting attendance at ISC activities.

h. Escalate issues and risks using the appropriate DHA-HI issue resolution process, resolving problems when possible at the MTF level, and otherwise raising issues to the higher market-level ISC.

i. Collaborate with the Clinical Community Advisory Council, MTF Director, other MTF leadership, PEs, Quality and Safety team, and Risk Management team to facilitate HIT adoption to ensure MTF success.

j. Develop an ISC chairperson succession plan for Director approval for future MTF ISC Chairs.

12. ISC IRLs. Individuals assigned this role must be a US Government civilian employee with at least three years of Federal service, or equivalent military service member, with relevant issue resolution experience. Before being assigned this role, they must have at least one year remaining at their current assignment. The IRL for ISCs at any level will:

a. Facilitate the management of the issue resolution process and communications between respective levels above and below in support of the CHIO or CxIO.

b. Coordinate the issue resolution process, or the process of adjudicating and resolving help tickets submitted by sites at their level.

c. Track and document issues and risks identified within their respective sites, including those that cannot be resolved at that level.

d. Escalate issues and risks identified through the enterprise issue resolution process to higher levels for resolution.

e. Provide subject matter expertise of the issue resolution process.

- f. Serve as liaisons between their own sites, any sites at lower levels, and DHA HQ.
- g. Monitor ticket queues to ensure timely closure of issue resolution tickets.
- h. Communicate risks and challenges regarding resolution of tickets to their CHIO/CxIO.

13. ISC TLs. Individuals assigned this role must be a US Government civilian employee with at least three years of Federal service, or equivalent military service member, with relevant training experience. Before being assigned this role, they must have at least one year remaining at their current assignment. The ISC TL at each level must coordinate with the ISC to support training. The TL must:

- a. Facilitate and support the training roles and assignment process; identify HIT system role issues, and report to the ISC regarding progress and resolution of role changes.
- b. Facilitate the DHA training issue resolution process at their ISC site (and below, if relevant), helping to resolve issues when possible, and escalating issues that cannot be resolved.
- c. Facilitate training communications and changes to HIT systems to their sites.
- d. Ensure the DHA-HI-identified training standards are maintained for HIT training at their respective facilities. Provide oversight of training processes to ensure maintenance of standards, and communicate training standards status to the ISC.
- e. Report to the ISC trends in training issues as identified by the HIT Quality Assurance training evaluation instruments. Develop and provide to the CHIO/CxIO remediation plans for training issues at the relevant site.

14. MTF ISC MEMBERS. MTF ISC members must:

- a. Function as change agents within their specialty at their MTF site.
- b. Attend ISC meetings to report stakeholder concerns and needs and take meeting minutes back to their teams.
- c. Support all ISC Chair activities and initiatives regarding change, issue, and risk management; and downtime, training, and workflow activities as described above.
- d. Identify issues, performance gaps, risks related to system localization, process CM, policy and procedure coordination, and issue resolution per enterprise policies and standards for reporting up to the ISC Chair with suggested mitigation strategies.
- e. Escalate issues and risks through the appropriate DHA-HI issue resolution process and Market CHIO.

f. Maintain a unit level action tracker tool to report local department stakeholder concerns and needs to the ISC Chair at routine meetings.

g. Use training remediation plans provided by the TL to improve performance of the end users.

h. Disseminate communications to local peers regarding new communications, medical information system activities, MHS standard operating procedures and policies, training developments, workflow changes, and impacts during routine shift reports.

i. Support, enable, and operationalize the overall drive towards becoming a high-reliability organization by supporting information systems with workflow standardization and modernization efforts.

ENCLOSURE 5

PROCEDURES

1. BACKGROUND. Successful implementation and sustainment of any information system requires a coordinated effort to ensure success, which includes quick resolution of issues; education of and communication with stakeholders; standardization of workflow and processes; and leading through and rapidly adapting to change. A key factor to success is the presence of a management structure called the ISC. ISCs serve as a multidisciplinary, organized leadership team representative of the communities within their organization. These communities should include health informaticists, clinical, technical, operational, business, dental, training, education, and information technology communities. These committees serve as high-performing teams, operating up and down from DHA HQ through markets and MTFs to advise and communicate the needs of both the facility and enterprise.

2. ESTABLISHMENT OF ISCs. ISCs must be established at DHA HQ and below, empowered to make decisions and recommendations, advocate for policy modifications, guide infrastructure upgrades, and implement standards, patient safety measures, and business practices to create an atmosphere for change across the enterprise.

3. COMPOSITION OF ISCs. At the HQ (level 1) and at the SSO, and DHAR office (level 2) levels, at a minimum, each ISC must be chaired by a CHIO, and staffed with an IRL and a TL. At the MTF level (level 3), each ISC is chaired by a CHIO or CxIO.

a. ISC Leadership. The ISC is a governing body separate from other executive committees. The ISC Chair must be appointed by the Director of the relevant market, office, region, or MTF, and have qualifications as established in Enclosures 4 and 5 of this document. The ISC Chair should be the best qualified candidate, regardless of clinical practice area.

(1) The Chair must be directly accountable to the facility director.

(2) The minimum recommended term for the ISC Chair is 18 months.

(3) The CHIOs at the DRM, SSO, and each DHAR meet regularly (not less than X) with and report to the DHA HQ CHIO/Hi ISC to discuss general concerns, manage cross-site dependencies, resolve issues when possible, and escalate issues for prioritization into projects.

(4) The CHIOs at the DRM, SSO, and each DHAR meet regularly with their ISCs within their control to discuss general concerns, manage cross-site dependencies, resolve issues when possible, and escalate issues for prioritization into projects.

(5) The CHIOs at the DRMs, SSO, and each DHAR are responsible for ensuring they have member representation at their ISCs comprised of clinical and business communities. CHIOs nominate candidates for membership to the ISC.

(6) The CHIOs at the DRMs, SSO, and each DHAR ensure that enterprise guidance and standardization for workflows, policy, training, and issue resolution processes are followed by the markets, regions, and MTFs they represent.

b. ISC Membership. ISCs must be comprised of personnel as described herein:

(1) The ISC membership should be comprised of clinical, business, technical, and operational representatives, led by a CHIO or CxIO, and must include an IRL (who is also typically the Site Integrator at the MTF level), and a TL (who also typically serves as the Training Roles Manager at the MTF level). If applicable, ISC members should also include the site CMIO, Chief Nursing Informatics Officer, Chief Informatics Officer, Chief Dental Informatics Officer, and Senior Business Advocate. As appropriate, ISC members should include project managers, site process improvement, quality management, and safety staff.

(2) Candidates are nominated to become members of the ISC by the ISC Chair. The MTF or market director then must select and appoint ISC members in writing (see Appendices 2, 3, and 4 for templates).

(3) The ISC should be representative of the members required to support its operations, and may contain as many members as necessary to support this requirement.

(4) Where specific personnel are not available to serve required CxIO roles, MTF or market directors must identify members to fill the role temporarily, with the recommendation for further informatics training to develop existing resources to fulfill the requirements of the facility.

(5) It is strongly recommended that ISC members fill positions for the duration of their assignment at the site, to build an experienced ISC.

APPENDIX 1

{INTERMEDIATE MANAGEMENT OFFICE/MARKET/MTF} ISC CHARTER TEMPLATE EXAMPLE

Template Directions: Each Informatics Steering Committee (ISC) should be chartered. If desired, you can use the following template for your ISC charter; the text is an example. Each ISC charter must be customized from this template to be appropriate to the specifics of your organization.

The first level of customization is to refer to the appropriate ISC level. This template uses **red text** in brackets to denote options from which you can choose. Please ensure you replace the red text showing multiple options with only the word or phrase appropriate to your needs in the final version of your charter.

You must also customize your template to include the appropriate clinical and business community members relevant to your committee. However, if you intend to substantially deviate from the template, it must be approved by the next higher echelon ISC Chair.

The charter template starts immediately below.

Informatics Steering Committee Charter

1. Purpose

The purpose of this **{Intermediate Management Office (IMO), market, or MTF}** Informatics Steering Committee (ISC) is to optimize the use of MHS GENESIS and other health information technology (HIT) systems in the execution of Federal healthcare delivery at **{IMO, market, or MTF name}**. The ISC serves as a center point of HIT coordination between the market military medical treatment facilities (MTF) and Defense Health Agency (DHA) Health Informatics (HI). The intent is to provide an avenue that represents the **{IMO, market, or MTF}** end users and facilitates engagement, adoption, and appropriate utilization of MHS GENESIS and other HIT systems to deliver highly reliable, safe, and quality healthcare.

These activities include issue identification/prioritization and solution development, process and workflow validation and improvement, optimization and sustainment activities related to MHS GENESIS and other HIT systems (if applicable), and communication of HIT-related changes impacting end users.

2. Authority

The ISC operates under the authority and in support of the Director of the **{IMO, market, or MTF name}** market. The executive sponsor is the **{IMO, market, or MTF}** Director.

3. Responsibility

The {IMO, market, or MTF} ISC will advise and communicate {IMO, market, or MTF} and enterprise HIT requirements and work to facilitate standardization, modernization, and integration of technology into healthcare delivery processes. Specific goals and responsibilities include:

- a. Nominate ISC committee members to the {IMO, market, or MTF} Director to represent the clinical and business communities within their {IMO, market, or MTF}.
- b. Monitor compliance with DHA policies and guidance and support initiatives from the Chief Health Informatics Officer (CHIO) of the DHA HI Headquarters (HQ) ISC.
- c. Evaluate recommendations and requirements pertaining to HI and the adoption of electronic health record (EHR) systems within DHA in support of Department of Defense-related entities.
- d. Align HIT initiatives, priorities, policies, and procedures with the strategic goals and objectives of the {IMO, market, or MTF} and DHA HQ.
- e. Identify {IMO, market, or MTF}-level issues raised within the Direct Reporting Organizations (Direct Reporting Markets, Small Market and Stand-Alone Military Medical Treatment Facility Organization, and Defense Health Agency Regions) ISCs as appropriate, and resolve when possible. Escalate issues to DHA HI HQ ISC when appropriate for resolution.
- f. Aggregate issues from ISCs, identify developing trends and/or issues, and develop appropriate courses of action for resolution.
- g. Identify high-opportunity initiatives to address end-user performance, workflow standardization, and efficient operational use of the EHR for adoption.
- h. Facilitate communication, coordination, and change management across your area of responsibility.
- i. Minimize variance in the execution of the HI mission across the {IMO, market, or MTF}.
- j. Provide {IMO, market, or MTF}-level adjudication for new and/or replacement medical devices.
- k. Guide change management efforts toward adoption and integration of HIT systems into clinical and business operations to deliver highly reliable and safe care.
- l. Ensure communications are cascaded to the end user and provide feedback to leadership regarding effectiveness of messages, vehicles, and timing.

4. Membership

The meetings will be hosted and facilitated by the market {CHIO or CxIO}. {For sites without a CHIO, the chair is the most qualified CxIO, for example Chief Medical Informatics Officer, Chief Nursing Informatics Officer, or Chief Dental Informatics Officer}. The committee membership will consist of the leadership, consisting of the committee chair, an Issue Resolution Lead, and a Training Lead; and should include, as appropriate, Senior Nurse Executives, Chief Medical Officers, senior dental officers, Chief Information Officers, and the Senior Business Advocate. The committee may invite additional ad hoc members as needs arise.

a. Voting Members:

{Choose the appropriate selection based on ISC level, and delete the others.}

{For IMOs:} Voting members include the IMO ISC chair, and the chairs of each market reporting to the IMO.

{For markets:} Voting members include the market ISC chair, and the chair of each MTF ISC reporting to your market.

{For MTFs:} Voting members include the MTF ISC chair, clinical leads, and business leads.

Role	Responsibilities
ISC Chair	<ul style="list-style-type: none"> • Chair all meetings of the ISC • Nominate ISC members for MTF/Market Director approval • Serve as liaison between DHA HI and {select your area of responsibility: IMO, markets, MTFs} • Validate and communicate site-reported risks and issues to DHA • Provide informatics mentorship and guidance to ISC members • Identify resource requirements to execute the HI mission and prepare resourcing requests • Ensure standardization and consistency of HI across the {select your area of responsibility: IMO, market, MTF}
Members	<ul style="list-style-type: none"> • Communicate information with key stakeholders • Incorporate strategic guidance with informatics initiatives to develop goals and recommendations for the {IMO, market, MTF} • Provide recommendations on medical device/equipment requirements to be integrated into the EHR system • Identify and evaluate personnel and equipment requirements • Develop standards to reduce unnecessary variation between {IMO, markets, MTFs}

b. Non-Voting Members: Non-voting members of the ISC include {for IMO or markets only: the Issue Resolution Lead, Training Lead, and} representatives of each

clinical, business, technical, and operational area, as well as project managers, site process improvement, quality, and safety staff, as appropriate.

Role	Responsibilities
Issue Resolution Lead	<ul style="list-style-type: none"> • Manage the issue resolution process for their facilities, including monitoring queue, identifying trends, reporting risks, and communicating challenges. • Manage action plans for closure of identified issues.
Training Lead	<ul style="list-style-type: none"> • Manage the training roles and assignment process. • Identify trends in training issues. • Communicating change in training structure to the ISC.
Ad Hoc	<ul style="list-style-type: none"> • As required, various subject matter experts are brought into the ISC to add their expertise.

5. Meeting Management

The ISC will meet {day, time, and interval between (e.g., “on the first Friday of each month at 0800 hours”)}. The {IMO, market, or MTF} chair will be the point of contact regarding content or information to discuss during the meeting and the meeting agenda. Request for slides or any information to be presented at the meeting will be made the week prior to the meeting. Any slides or additional artifacts should be sent to the {IMO, market, or MTF} chair by close of business on the Friday before the meeting. A finalized agenda will be sent out two days prior to the meeting.

- a. **{IMO, market, or MTF} ISC:** Each {IMO, market, or MTF} ISC will serve as the liaison between their department or service line engagement teams and the {ISC level above yours; for MTF, market. For direct-reporting market, DHA HQ. For market, IMO. For IMO, DHA HQ}.
 - (1) Facilitate communication between their respective {IMO, market, or MTF} ISC and the end user
 - (2) Serve as a hub for MHS GENESIS issues and inquiries supporting the clinic/department, such as requests for information, onboarding/off-boarding processes, coordination with working groups, content and configuration issues, workflow/process validation initiatives, etc.
 - (3) Lead on issue identification and resolution process for clinical and business areas
 - (a) Track status of tickets submitted within the department
 - (b) Provide the prioritized rank-order list of issues and subsequent tickets submitted within the department/clinic
 - (c) Track status of each ticket submitted
 - (d) Provide status update to the Site Integrator monthly and report on status to their respective {IMO, market, or MTF} ISC quarterly
 - (4) Each ISC is responsible for identifying members of the ISC at your area of responsibility. Note that the IMO and market should be consulted to help

identify members for MTF ISCs.

- b. **Enduring Working Groups:** The {IMO, market, or MTF} ISC will establish enduring working groups to identify and investigate interdisciplinary issues that cross multiple clinical areas with market-wide impact. Working groups will be led by a designated subject matter expert and members will include appropriate representatives of the stakeholders impacted based on the issue and the need. Approving authority for the lead and participant members will be the market CHIO or CxIO, in coordination with the {IMO, market, or MTF}'s leadership. The scope of the work will be at the discretion of the working group lead, with oversight provided by the market chair. Requests for additional resources or support will be through the {IMO, Market, or MTF} Director.
- c. **Issue-related working groups:** The {IMO, market, or MTF} ISC will establish issue-related working groups to address one specific issue that crosses multiple areas with market-wide impact. The working group will be limited to a specific issue and will disband once the issue has been resolved. Approving authority for the lead and participant members will be the ISC chair, in coordination with the {IMO, market, or MTF}'s leadership. Requests for additional resources or support will be through the {IMO, Market, or MTF} Director.

6. Decision-Making.

Prioritization of initiatives will be based on alignment with the DHA and the {IMO, market, or MTF}'s strategic objectives and available resources. Issue resolution tickets will be ranked based on impact. Impact prioritization is as follows: (1) effect on delivery of safe patient care; (2) the {IMO, market, or MTF} Director's strategic objective; and (3) the scope of impact across multiple stakeholders or sites related to any specific initiative.

7. Recommendations (Action Items).

The chair is responsible for all recommendations or action items generated by the committee. The chair must ensure that these are documented and routed to the appropriate Director or {IMO, market, or MTF} for action, and are tracked in accordance with {IMO, market, or MTF} requirements. The chair and committee members are responsible for facilitating communication and coordination between the ISC, MTFs, markets, and IMOs to manage informatics resources; assist with ISC initiatives; and catalog and maintain all work products generated by the ISC.

8. Duration.

This charter becomes effective upon date of final signature, and will be reviewed and updated at minimum every two years.

Approval

XXXXXXXXX

Director, {IMO, market, or MTF name}, Defense Health Agency

APPENDIX 2

APPOINTMENT LETTER TEMPLATE FOR ISC CHAIR

MEMORANDUM FOR: {Designated Institutional Official} {Date}

FROM: {IMO, Market, or MTF Director or Representative}

SUBJECT: {Appointee Full Name} Appointment Letter

As of {Date}, you have been selected for the additional duty of {Chief Health Informatics Officer (CHIO) or Chief x Informatics Officer (CxIO)} for {IMO, market, or MTF name}. Your participation is critical to ensure that the {IMO, market, or MTF} receives appropriate informatics support from the Defense Health Agency (DHA). As an Informatics Steering Committee (ISC) chair, you will report directly to the {IMO, market, or MTF} Director as it pertains to your duties.

Your responsibilities include:

- Serving as the Chair of the {IMO, market, or MTF} ISC.
- Interact with and report up to the next level ISC, specifically {select the next level above yours and remove the other options; remove the bullet. Choose from:}
 - {If MTF CxIO, specify “Market CHIO,” “SSO CHIO,” or “DHAR CHIO”}
 - {If Market CHIO/CxIO, specify “DHA Headquarters CHIO”}
 - {If Small Market Office CHIO/CxIO, specify “SSO CHIO”}
 - {If DHAR CHIO/CxIO, specify “DHAR CHIO”}
 - {If SSO or DHAR CHIO, specify “DHA Headquarters CHIO”}
- Validating and communicating site-reported risks and issues to Defense Health Agency-Health Informatics (DHA-HI).
- Providing informatics mentorship and guidance to {IMO, market, or MTF} ISCs.
- Initiating timely check-ins with site ISCs to address system adoption and issue resolution.
- Collecting feedback from lower ISCs and serving as the coordination hub between DHA-HI and {your level: the IMO, market, or MTF}.
- Identifying resources needed to execute the informatics mission and preparing resourcing requests.
- Ensuring standardization and consistency across your area of responsibility, and in coordination with the other {IMOs, markets, or MTFs}.
- Ensuring deliverables are provided on schedule to report up to DHA-HI.
- Sharing lessons learned, and ensure improvements are implemented at your level.
- Ensuring that your Patient Care Location lists are maintained and kept current.
- Maintenance of scheduling and resource lists of providers.
- Maintenance of the practitioner National Provider Identifier and Drug Enforcement Administration registration number lists.
- Maintenance of the pharmacy ordering catalog.

The **{CHIO/CxIO}** interacts with peer ISC chairs and the DHA Headquarters CHIO on informatics initiatives and coordinates across the **{IMO, market, or MTF}** in support of the Deputy Assistant Director, Healthcare Operations to help build a medically ready and ready medical force. The **{CHIO/CxIO}** leads **{IMO, market, or MTF}** informatics initiatives, integrates clinical support across the enterprise, and serves as the main integrator, coordinator, and communication conduit between the DHA and **{IMOs, markets, or MTFs}**.

The level of effort is anticipated to be one full-time equivalent for as long as you are the **{CHIO/CxIO}**. In the event that you are unable to continue your duties, you are responsible for notifying your supervisor and the **{IMO, market, or MTF}** Director. Replacement of your position is the responsibility of the recommending authority with advice of your **{IMO, market, or MTF}** leadership.

The {IMO, market, or MTF} point of contact is the {IMO, market, or MTF} Director, {insert name}, at {insert phone number} or at {insert email address}.

Prepared by: **{Name}**

{NAME}

{RANK}

{TITLE}

{IMO, market, or MTF Director or Leadership Representative's signature (Signature of Supporting Supervisor)}

APPENDIX 3

APPOINTMENT LETTER TEMPLATE FOR ISC IRL

MEMORANDUM FOR: {Designated Institutional Official} {Date}

FROM: {IMO, Market, or MTF Director or Representative}

SUBJECT: {Appointee Full Name} Appointment Letter

As of {Date}, you have been selected for the additional duty of Issue Resolution Lead (IRL) for {IMO, Market, or MTF name}. Your participation is critical to ensure that the {IMO, market, or MTF} receives appropriate issue resolution support from the Defense Health Agency. As an IRL, you will report directly to the {IMO, Market, or MTF} {choose appropriate: Chief Health Informatics Officer (CHIO) or Chief X Informatics Officer (CxIO)} as it pertains to your duties.

Your responsibilities include:

- Facilitate and coordinate the issue resolution process, or the process of adjudicating and resolving help tickets submitted by sites within the {IMO, market or MTF}.
- Track and document issues and risks identified but that cannot be resolved at the lowest level.
- Escalate issues and risks to the {CxIO or CHIO} identified through the enterprise issue resolution process.
- Provide subject matter expertise of the issue resolution process to the {IMO, market or MTF}.
- Serve as liaison between the site, the market, the IMO, and Defense Health Agency-Health Informatics.
- Monitor ticket queues to ensure timely closure of issue resolution tickets.
- Communicate risks and challenges regarding resolution of tickets to the {market or MTF CHIO or CxIO}.

You will be responsible for facilitating the management of the issue resolution process and communications between your {IMO, market or MTF} leadership and the {CxIO or CHIO}. The level of effort is anticipated to be one full-time equivalent for as long as you are the IRL. In the event that you are unable to continue your duties, you are responsible for notifying your supervisor and the {IMO, market or MTF} chair. Replacement of your position is the responsibility of the recommending authority, with advice of your {IMO, market or MTF} leadership.

The {IMO, market or MTF} point of contact is the {IMO, Market or MTF CHIO or CxIO}, {insert name}, at {insert phone number} or at {insert email address}.

Prepared by: {Name}

{NAME}
{RANK}
{TITLE}

{IMO, market, or MTF Director or Leadership Representative's signature (Signature of Supporting Supervisor)}

APPENDIX 4

APPOINTMENT LETTER TEMPLATE FOR ISC TL

MEMORANDUM FOR: {Designated Institutional Official} {Date}

FROM: {IMO, Market, or MTF Director or Representative}

SUBJECT: {Appointee Full Name} Appointment Letter

As of {Date}, you have been selected for the additional duty of {IMO, Market or MTF} Training Lead for {IMO, Market or MTF name}. Your participation is critical to ensure that the {IMO, market, or MTF} receives appropriate training support from the Defense Health Agency. As a Training Lead, you will report directly to the {IMO, Market or MTF CHIO or CxIO}.

Your responsibilities include:

- Facilitating the delivery of Electronic Health Record systems training and communications between your {IMO, market, or MTF} leadership and the {IMO, Market, or MTF} Chief Health Informatics Officer (CHIO)/ Chief X Informatics Officer (CxIO).
- Maintain Defense Health Agency-Health Informatics (DHA-HI) training standards for implementation, delivery, and reporting.
- Execute competency certification of assigned {IMO, market, or MTF} training workforce.
- Provide training support and oversight of training processes to ensure maintenance of standards across the {IMO, market, or MTF}.
- Manage and use all aspects of the enterprise learning management system within the {IMO, market, or MTF}, which provides health information technology (HIT) training data into the DHA-HI training dashboard.
- Ensure utilization of the DHA End User Training HIT Training Catalog and Training Support Packages.
- Participate in the HIT Governance Council hosted by DHA End User Training.
- Ensure {IMO, market, or MTF} participation and use of approved HIT Quality Assurance training evaluation instruments.
- Advise the {IMO, market, or MTF} {CHIO or CxIO} on training issues and develop remediation plans.

The {IMO, market or MTF} point of contact is the {IMO, Market or MTF CHIO or CxIO}, {insert name}, at {insert phone number} or at {insert email address}.

This appointment is effective immediately, for a minimum period of 18 months. In carrying out your responsibilities as an ISC Training Lead, you must ensure performance of the functions described in this letter and in DHA-PI 8140.02, “MHS Enterprise-Wide Establishment of ISC Structure.”

May 19, 2022

If you anticipate a change in your availability for the responsibilities of this appointment (e.g., deployment, extended temporary additional duty transfer, hospitalization, separation, etc.), you must notify the ISC chair and {IMO, market, or MTF} director at the earliest opportunity. You are expected to provide your recommendation for an appropriate interim replacement or successor.

Congratulations. Your appointment as an ISC Training Lead reflects your significant professional accomplishment and the esteem of your community. Your support and dedication to Health Informatics are sincerely appreciated.

Prepared by: {Name}

{NAME}

{RANK}

{TITLE}

{IMO, market, or MTF Director or Leadership Representative's signature (Signature of Supporting Supervisor)}

APPENDIX 5

APPOINTMENT LETTER TEMPLATE FOR ISC MEMBER

MEMORANDUM FOR: {Designated Institutional Official} {Date}

FROM: {IMO, Market, or MTF Director or Representative}

SUBJECT: {Appointee Full Name} Appointment Letter

As of {Date}, you have been selected as a representative of the Informatics Steering Committee (ISC) for {IMO, Market, or MTF name}. As an ISC member, your participation is critical to ensure that the issues relevant to your clinical or business area are adequately identified and resolved at the committee. You will report directly to the ISC Chair.

Your responsibilities include:

- Report to and attend meetings of your local ISC to address stakeholder concerns and needs.
- Function as a change agent within your specialty at the {IMO, market, or MTF}.
- Identify issues, performance gaps, risks related to system localization, process change management, policy and procedure coordination, and issue resolution per enterprise policies and standards for reporting to the committee, including suggested mitigation strategies.
- Document issues within your area that are raised to the ISC, tracking the identification, progress, and resolution of such areas.
- Coordinate and maintain effective communication to local peers and key stakeholders to ensure end user engagement, and adoption. Provide timely feedback to ISC leadership regarding the effectiveness of messages, vehicles, and timing.
- Ensure MHS enterprise workflows are followed. Help identify gaps in interdepartmental processes that affect your specialty area, and assist in resolving those gaps for future-state workflows.
- Coordinate with middle manager stakeholders to confirm end-user role assignments, workflow sessions, and training. Identify and remediate gaps in training.
- Coordinate issue resolution for medical information systems, and escalate unresolved issues for end users at the site.

The {IMO, market or MTF} point of contact is the {IMO, Market or MTF CHIO or CxIO}, {insert name}, at {insert phone number} or at {insert email address}.

This appointment is effective immediately, for a minimum period of two years. In carrying out your responsibilities as an ISC member, you must ensure performance of the functions described in this letter and in DHA-PI 8140.02, “MHS Enterprise-Wide Establishment of ISC Structure.”

May 19, 2022

If you anticipate a change in your availability for the responsibilities of this appointment (e.g., deployment, extended temporary additional duty transfer, hospitalization, separation, etc.), you must notify the ISC chair and {IMO, market, or MTF} director at the earliest opportunity. You are expected to provide your recommendation for an appropriate interim replacement or successor.

Congratulations. Your appointment as an ISC member reflects your significant professional accomplishment and the esteem of your community. Your support and dedication to Health Informatics are sincerely appreciated.

Prepared by: {Name}

{NAME}

{RANK}

{TITLE}

{IMO, market, or MTF Director or Leadership Representative's signature (Signature of Supporting Supervisor)}

APPENDIX 6

APPOINTMENT LETTER TEMPLATE FOR PEER EXPERT MEMBER

MEMORANDUM FOR: {Designated Institutional Official} {Date}

FROM: {Market Director or ISC Chair}

SUBJECT: {Appointee Full Name} MTF Peer Expert Appointment Letter

As of [Date], you have been selected for the additional duty of Peer Expert (PE) at {MTF Name} for {functional area}. Your participation is critical to the Informatics Steering Committee (ISC) to ensure that the military medical treatment facility (MTF)/market receives appropriate PE engagement as it relates to the Military Health System (MHS).

Congratulations. Your appointment as a PE reflects your significant professional accomplishment and the esteem of your community. Your support and dedication to Health Informatics are sincerely appreciated.

Your responsibilities as Peer Expert include the following:

- Attend all assigned activities and training delivered by the MTF to comprehend what MHS GENESIS is, what its capabilities are, and its benefits as a unified health record.
- Collaborate with ISC and middle managers (MM)/Supervisors to identify and validate workflows and to be involved with other related activities to support readiness and adoption of MHS GENESIS for your designated functional areas.
- Communicate through established processes and structures as gaps in work processes are identified, and escalate any issues or risks to MM/Supervisors and the ISC.
- Provide input as a Subject Matter Expert to ensure successful adoption, migration, deployment, and sustainment of MHS GENESIS.
- Utilize the MTF Informatics governance structure to actively collaborate in decision-making and information sharing with the ISC.
- Actively support the readiness and adoption of end users within MHS GENESIS by training and building staff competency, develop communications, and ensuring that maintenance of standards across the market is sustained by the ISC and your Health Informatics team.

This appointment is effective immediately. In carrying out your responsibilities as a Peer Expert, you must ensure performance of the functions described in this letter while on assignment.

If you anticipate a change in your availability for the responsibilities of this appointment (e.g., deployment, extended temporary additional duty transfer, hospitalization, separation, etc.), you must notify your ISC Chair and MM at the earliest opportunity. You are expected to provide

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CHIO	Chief Health Informatics Officer
CM	change management
CMIO	Chief Medical Information Officer
CXIO	Chief “X” Informatics Officer (see <u>glossary part II definition</u>)
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-HI	Defense Health Agency-Health Informatics
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Region
DHAR-E	Defense Health Agency Region Europe
DHAR-IP	Defense Health Agency Region Indo Pacific
DMIS ID	Defense Medical Information System Identifier
DRM	Direct Reporting Market
EHR	electronic health record
HI	Health Informatics
HISC	Headquarters Informatics Steering Committee
HIT	health information technology
HQ	headquarters
IMO	Intermediate Management Office
IRL	Issue Resolution Lead
ISC	Informatics Steering Committee
MHS	Military Health System
MILDEP	Military Department
MM	middle manager
MTF	military medical treatment facility
SSO	Small Market and Stand-Alone Medical Treatment Facility Organization
PE	peer expert
TL	Training Lead

PART II. DEFINITIONS

CHIO. The CHIO is the chair of an ISC at the headquarters, DRMs level. This role should be filled by a board-certified or board-eligible HI professional with healthcare credentials and a healthcare delivery background, not an administrator. However, if a board-certified individual is not available, the role can be filled by a board-eligible member or a Masters or PhD-level degreed professional. This role must not be filled with a Chief Information Officer.

CxIO. The CxIO is the chair of an ISC at the MTF level. The *x* in this term is a variable that can serve to represent a variety of healthcare delivery backgrounds (e.g., Chief Medical Informatics Officer (CMIO), Chief Nursing Informatics Officer (CNIO), Chief Dental Informatics Officer (CDIO)). The practitioner could be a physician, dentist, nurse, or have other credentials. In all cases, the CxIO has broad HI knowledge and serves as the bridge between medical and information technology departments. This role must not be filled with a Chief Information Officer.

DMIS IDs. The DoD identifies and tracks MTFs using a DMIS ID. Some MTFs consist of a single facility in which treatment takes place. Others have more, and may have a whole campus. For the purpose of managing MTFs, those facilities with one or more sub-facilities would be considered parent facilities, with a parent DMIS ID. Its members would be considered child facilities, each with their own child DMIS ID.

HI. Informatics is the science of processing data for storage and retrieval, and putting it to effective use in the provision of healthcare. Within the MHS, HI is both a scientific concept and an organizational division. DHA HI focuses on the use of information systems and medical devices to standardize, organize, modernize, analyze, and integrate data into healthcare delivery to improve patient outcomes. HI addresses beneficiary health from the macro and micro level. For example, at the macro level, HI considers the social determinants of health such as: where people live, how they shop, what medications they take, what risks they are exposed to (e.g., smoking, lead, radiation), and so on. At the micro level, HI considers the various ways data are captured and effectively managed during healthcare delivery to increase efficiency and improve patient outcomes. HI includes defining the demand of the beneficiary and healthcare delivery perspectives, and matching those demands with resources in the most efficient manner possible.

IRL. The IRL at the ISC manages the issue resolution process for their facilities, including monitoring ticket queues, identifying trends, reporting risks, and communicating challenges. Typically, the IRL is also known as the Site Integrator at the MTF level.

lead MTF. Within a market, the MTF at the same geographic location as the market Director is referred to as the lead MTF. Like any MTF, the lead MTF serves an issue resolution role for its clinical and business community representatives and other members. As an additional responsibility, the CxIO, IRL, and TL of the lead MTF also represent the needs of all MTFs in the market, and serve as the first line of escalation for issue resolution at that level. Like all MTFs, the lead MTF has an ISC, consisting of three leaders (CxIO, IRL, and TL) and also of clinical and business community representatives and other members, based on the constituency

at the site.

MHS Clinical Communities. MHS-wide network of multidisciplinary group of health care personnel, working toward common goals in a particular care area, focused on high-value, high-impact care for interrelated care processes that house and align clinical specialties focused on the patient's perspective across the care spectrum.

MHS GENESIS. MHS GENESIS is the branded name for a suite of software modules that comprise the newest electronic health record system being adopted across DHA. This HIT system solution is a combination of commercial off-the shelf medical, dental, coding, and financial software components from the Cerner Millennium suite, as well as customized components. The mixture of components and customizations both may differ by site. Components may be added or replaced over time. The current portfolio of software suites that comprise MHS GENESIS includes components in the following module categories: Outpatient (ambulatory, dental, revenue cycle, maternity); Inpatient (acute, surgical, anesthesia, maternity); Emergency Department; and Ancillary services (including radiology, pharmacy, laboratory). Other categories and modules may be included.

MM. MMs are leaders who run a unit or department and manage people. At MTFs and throughout the MHS, they play a critical role in preparing and supporting their team for the transition from legacy EHR systems to MHS GENESIS. As direct managers, MMs communicate necessary change, set expectations for their team's performance, and support end users in changing their behavior and adopting new systems.

PE. PEs are MTF staff members who accept the additional responsibility of serving as liaison between the enterprise and EHR system end users. They receive EHR system and soft skills training required to become change agents and system super-users. PEs are chosen by the Informatics Steering Committee and MMs. They participate in key activities that build their knowledge, skills, and ability to support end user readiness for use of the EHR at their facility.

TL. The TL at the ISC manages the training roles and assignment process at the site. This individual is the point person for managing action plans for closure of identified training issues; identifies trends in training issues; and communicates changes in training to the ISC. The TL is typically also known as the Training Roles Manager at the MTF level.