



November 2020

QUESTIONS AND ANSWERS

Q: What is Ektropy II?

A: Ektropy II was deployed in November 2020 and offers users a more modern, cost-efficient and user-friendly IT environment.

Ektropy II is a web-based platform used for planning purposes and supports a variety of business processes. Ektropy II provides insight into how programs are progressing against schedule and planned budget, streamline management and reporting and support executive oversight.

Q: How do I access Ektropy II?

A: Ektropy II is CAC enabled and can be accessed at: <https://ektropy.health.mil>

Q: Who uses Ektropy II?

A: It is used across the Defense Health Agency (DHA) Deputy Assistant Director (DAD) Information Operations (IO) (J-6) directorate to support program and portfolio management by facilitating information sharing between planning, budgeting, execution and resource planning activities. In October 2019, Ektropy was deployed to Military Treatment Facilities (MTFs) across the DHA.

Q: Who uses Ektropy II at the MTFs?

A: MTFs receive two Ektropy II edit accounts for the maintenance of data. Accounts will be managed by:

- CIO or a delegated POC to manage data on behalf of the CIO
- Resource Management representative

Q: How do users get information, updates and training?

A: Instructional information can be found at the Ektropy LaunchPad site which allows users to ask questions about Ektropy, access training videos and view business rules. The site address is <https://info.health.mil/dhss/home/PSB/ektropy/Pages/Overview.aspx>.

Q: How will Ektropy II improve the way the MHS delivers healthcare?

A: Through data collection, it informs strategic decisions and empowers MTF CIOs to make data driven decisions.

Q: What challenges would DHA face without Ektropy II?

A: Without the tight accountability of Ektropy II, many of the critical DHA missions would be severely impacted.

- D2D/Med-COI would not be completed, in turn delaying MHS GENESIS deployment.



- There would be limited funding in Cybersecurity presenting challenges in authorizing medical devices to go online.
- There would be a lack of funding and management of all Health IT services.