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SUCCESS AT WAVE TRAVIS SITES!

Program Executive Office, Defense Healthcare Management Systems' (PEO DHMS) confidence in a smooth launch across all Wave TRAVIS sites was well-founded. The four sites greeted September's MHS GENESIS Go-Live with great anticipation. Prior to Go-Live, the DoD Healthcare Management System Modernization (DHMSM®) Program Management Office (PMO) implemented new processes and procedures based on lessons learned during MHS GENESIS' initial fielding. Thanks to these new procedures and diligence in execution, everything went as expected at Travis Air Force Base, Mountain Home Air Force Base, Naval Air Station Lemoore, and Presidio of Monterey. Go-Live activities lasted from September 7 to September 18. Based on feedback from onsite staff and MHS GENESIS users, the system is running smoothly, and clinical staff are transitioning well from using legacy systems to using MHS GENESIS.

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"This Go-Live went better than I could have ever imagined."

- COLONEL (DR.) KRISTEN J. BEALS, COMMANDER, 60TH MEDICAL GROUP, DAVID GRANT USAF MEDICAL CENTER, TRAVIS AIR FORCE BASE

The arc from the first Department of Defense (DoD) electronic health record (EHR) to MHS GENESIS is a long one. DoD developed its first systems in the 1980s which supported specific, but limited functions. Over time, DoD drew upon existing capabilities and added more under broader IT infrastructures that eventually became AHLTA (outpatient) and Essentris[®] (inpatient) EHRs. Capabilities DoD wanted to develop in the late 1990s were not technically feasible until recent years when advances in the commercial healthcare IT market made them possible.

In 2009, the Obama administration directed DoD and the Department of Veterans Affairs (VA) to develop a joint virtual lifetime EHR to enable a seamless transition for service members entering veteran status. Through their collaborative efforts, DoD and VA determined their organizations had



DHMSM at work in the MHS GENESIS Go-Live command center, ensuring a smooth transition.

unique needs and, therefore, opted to pursue different strategies for their respective EHRs. In 2015, DHMSM contracted the Leidos Partnership for Defense Health to deliver a new, modern EHR (MHS GENESIS). Just two years later, sites across the Pacific Northwest fielded MHS GENESIS. Based on the success of these deployments, in December 2018, DoD approved PEO DHMS to field MHS GENESIS through six more Waves, kicking off deployment across the globe.

Next in line are Wave NELLIS, Wave PENDLETON, and Wave SAN DIEGO deployments. Training and other activities are well under way at these sites. Full deployment of MHS GENESIS across the Military Health System should conclude at the end of 2023.



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■ DEFENSE HEALTHCARE MANAGEMENT SYSTEMS

MESSAGE FROM THE PROGRAM EXECUTIVE OFFICER



Greetings! Welcome to the autumn edition of the Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) newsletter, The Scope. As I pass the six month mark in my tenure as Program Executive Officer, I'd like to take a moment to acknowledge each of you, our partners, end users, and stakeholders. As I reflect on the great accomplishments of this team, I recognize none of this would be possible without you. Thank you!

Transformation is the word of the day, and as we look at the exciting changes on the horizon, we see how MHS GENESIS plays a huge role in transforming not only the Military Health System, but healthcare IT as a whole. MHS GENESIS will deploy across the U.S., at our overseas installations, aboard ships and aircraft, and even in combat zones. The same system will soon support the United States Coast Guard and beneficiaries cared for by the Department of Veterans Affairs (VA). This extensive coverage from enlistment through veteran status

provides patients (service members, veterans, and their families) with a single, common record.

I expect many of you heard about the new Federal Electronic Health Record Modernization (FEHRM) office, currently in development. We recently named our interim Director, Mr. Neil Evans (VA) and interim Deputy Director, Ms. Holly Joers (DoD). As a joint office, we will continue to share lessons learned and capitalize on industry best practices to ensure our end users and patients receive the best healthcare IT products and services.

We stand in the midst of a remarkable period in history—health IT transformation from the ground up. As the CIO at Travis Air Force Base recently put it, "it's exciting to see healthcare driving IT instead of IT driving healthcare". We are delivering a state-of-the-market EHR system, transforming operational medicine, evolving the ongoing DoD-VA partnership, and driving the commercial healthcare market toward improved interoperability and cybersecurity. These changes will modernize and improve healthcare across military, veteran, and private sector communities. I look forward to achieving more together in the coming years.

- Bill Tinston, Program Executive Officer, PEO DHMS

PEO DHMS AT DHITS-ENABLING MHS TRANSFORMATION



PEO DHMS leadership speak at the 2019 DHITS.

In July, the Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) and its program management offices (PMO) presented briefs, product demonstrations, and a keynote address at the 2019 Defense Health Information Technology Symposium (DHITS). DHITS provides the opportunity to collaborate on the future of health IT, bringing together a variety of stakeholders from across the Military Health System.

This year, the conference's theme was "One Team. One Mission. Enabling MHS Transformation." The first day saw opening remarks from defense health IT leadership, including a keynote address— *MHS GENESIS: Transforming the MHS*—by Mr. Bill Tinston, PEO DHMS Program Executive Officer, and Major General Lee Payne, Defense Health Agency Assistant Director for Combat Support and Functional Champion. They provided updates on MHS GENESIS and upcoming Go-Live events, as well as answered audience questions.

The DoD Healthcare Management System Modernization PMO delivered presentations across a range of topics including MHS GENESIS deployment, training, operations, and cybersecurity. The Joint Operational Medicine Information System PMO held a panel on the future of operational medicine (OpMed), followed by a full-day track on OpMed systems and services. The DoD/ Department of Veterans Affairs Interagency Program Office conducted a panel regarding updates and accomplishments in electronic health record interoperability.

Throughout the event, PEO DHMS showcased live demonstrations of its products, including MHS GENESIS, MHS GENESIS Patient Portal, Joint Legacy Viewer, and OpMed systems.





WHAT'S NEW WITH THE JOINT LEGACY VIEWER

DMIX deployed Release 8 the end of August. This release includes, but is not limited to, JLV v2.8.0.0, DES v1.5.0.0 and the following features and enhancements:



Lab Results

- Lab Panel Results widget retired
- Lab Results widget displays lab panel information
- Updated Lab Results graph/table creation process

Vitals

- Pediatric Growth Charts appear in the Vitals widget
- Body Mass Index and Body Surface Area available in the Vitals widget

Outpatient Medications

Added outpatient medication refill history to the
Outpatient Medications widget

Outpatient Medications

- Added a new date range filter function on all the widgets within a tab
- Added "5 year," "10 year," and "All" options to the preset date filters
- Added an option to "Cancel" widget data loading
- Text filters synchronized between minimized and expanded widget views
- Application time-out warning now features both audible and visual alerts
- Added widget level announcement banners
- Improved text wrapping
- Blank tabs include instructions for configuring a tab to your workflow
- Added a setting to reset JLV to the default configuration
- Admin Closed encounters available in the Documents, Progress Notes, and Outpatient Encounters widgets
- Note(s) column of the Patient Flags and Postings window appear in the Action/Note(s) column and includes links to VA patient notes and/or actions where applicable

TRAINING RESOURCES AND CONTACT INFORMATION

Find training resources, points of contact, and more through the details in this section.



MHS GENESIS Visit the *MHS GENESIS training page* on MilSuite.

Approximately four to five months prior to Go-Live at your site, you will receive an email detailing your Computer-Based-Training (CBT) assigned courses, including a link to Joint Knowledge Online (JKO) where you will enroll in these courses. Your manager will enroll you in Instructor-Led-Training (ILT) courses.

Please contact your manager or onsite Training Coordinator with additional questions regarding roles and responsibilities. For an introduction to MHS GENESIS, you may access MHS GENESIS training resources and 100-Level courses on JKO without enrollment.



Joint Legacy Viewer

Visit the *DMIX* site on MilSuite or click the Help (?) icon in JLV to visit the Information Portal.



Operational Medicine Access Computer-Based Training Courses on: *Joint Knowledge Online*:

DHA-US424 TMDS: Theater Medical Data Store (2 hrs)DHA-US425 MSAT: Medical Situational Awareness in the Theater (3 hrs)

JOMIS Deployment and Training Office

<u>dha.ncr.peo-ipo.mbx.jomis-training@mail.mil</u> (703) 588-5685

EUCOM GOES LIVE WITH MSAT

Members of our Joint Operational Medicine Information Systems (JOMIS) Program Management Office (PMO) team recently supported U.S. European Command's (EUCOM) implementation of Medical Situational Awareness in Theater (MSAT) across the EUCOM area of responsibility. As of October 1, the command surgeon mandated MSAT use throughout EUCOM.



MSAT provides command leaders with decision support tools and a medical common operating picture. JOMIS Army, Navy, and Air Force assistant program managers (APMs) coordinated training through service component surgeon staffs and medical headquarters to assist with the implementation.

In support of EUCOM's adoption of MSAT, U.S. Army Major Max Ramirez, JOMIS Army APM, and Mr. Ron Cohen, JOMIS requirements manager, spoke to an audience of over 100 senior medical leaders, planners, logisticians, and healthcare providers at the U.S. Army Europe Strong Medicine Planning Symposium, held August 25-29, in Garmisch, Germany. Ramirez and Cohen shared updates regarding JOMIS program operations that support the EUCOM command surgeon. The two also discussed the way ahead for medical command and control as well as medical situational awareness requirements development.

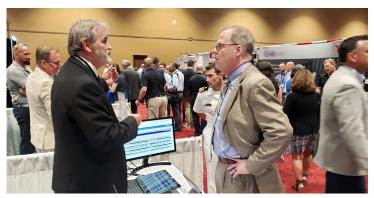
DID YOU KNOW?



MHSRS HIGHLIGHTS THE WARFIGHTER

In August, the Joint Operational Medicine Information Systems (JOMIS) Program Management Office (PMO) representatives demonstrated the Mobile Computing Capability (MCC), the Theater Medical Data Store (TMDS), and the Medical Situational Awareness in Theater (MSAT) to attendees at the Military Health System Research Symposium (MHSRS) in Kissimmee, FL. MHSRS, an annual Department of Defense research and development conference focused specifically on the unique medical needs of the warfighter, attracts nearly 3,000 attendees annually.

JOMIS exhibited some of its distinctive operational medicine capabilities, including using MCC to send patient encounters from point of injury to electronic health records, and how unit commanders can utilize MSAT's tools to make decisions and obtain a medical common operating picture. The team also met with members of the operational medicine community to discuss potential ways JOMIS can work with other organizations to enhance its operational medicine support.



JOMIS representative demonstrates opmed systems to Assistant Secretary of Defense for Health Affairs, Tom McCaffery.

3RD ANNUAL INTEROPERABILITY FORUM

In August, Department of Defense (DoD)/Department of Veterans Affairs (VA) Interagency Program Office (IPO) staff attended the Office of the National Coordinator for Health Information Technology's (ONC) 3rd Annual Interoperability Forum. This event enabled federal partners and personnel from the ONC, healthcare industry, and the technology sectors to convene and discuss health IT standards and recent industry developments to advance interoperability nationwide.

Through an exhibitor table, IPO staff informed attendees about two studies, one regarding health data exchange among DoD, VA, and civilian health partners, and another about dual consumers of DoD and VA health systems. IPO staff also participated in educational sessions that examined the latest challenges and concrete actions in response to current interoperability barriers. For more information on this event, click *here*.

The Office of the National Coordinator for Health Information Technology