

2011 Military Health System Conference

Big Things on the Horizon for Electronic Health Records and Communication with our Partners

The Quadruple Aim: Working Together, Achieving Success
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January 26 2011



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Report Documentation Page

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Agenda



- James A Lovell Federal Health Care Center (JAL FHCC)
- Virtual Lifetime Electronic Record (VLER)
- Electronic Health Records (EHR) Way Forward
- National Health Focus

JAL FHCC





- •First single, Fully Integrated Federal Health Care Center Between the VA and DoD
- •Designed to improve access, quality, and cost effectiveness of health care delivery to beneficiaries of both DoD and VA

JAL FHCC Capabilities Delivered

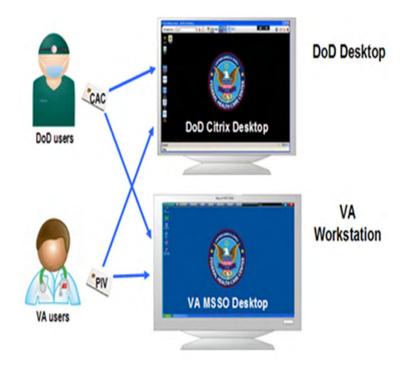


• Single Patient Registration

- Sign on once with a DoD CAC or VA PIV

Medical Single Sign-On

- Find a patient one time in any application and other applications follow automatically



JAL FHCC Future Capabilities



- Orders Portability (OP) for Laboratory and Radiology

- View, manage and display in a computable format
- Display images within either VHA of DoD imaging systems

- OP Pharmacy

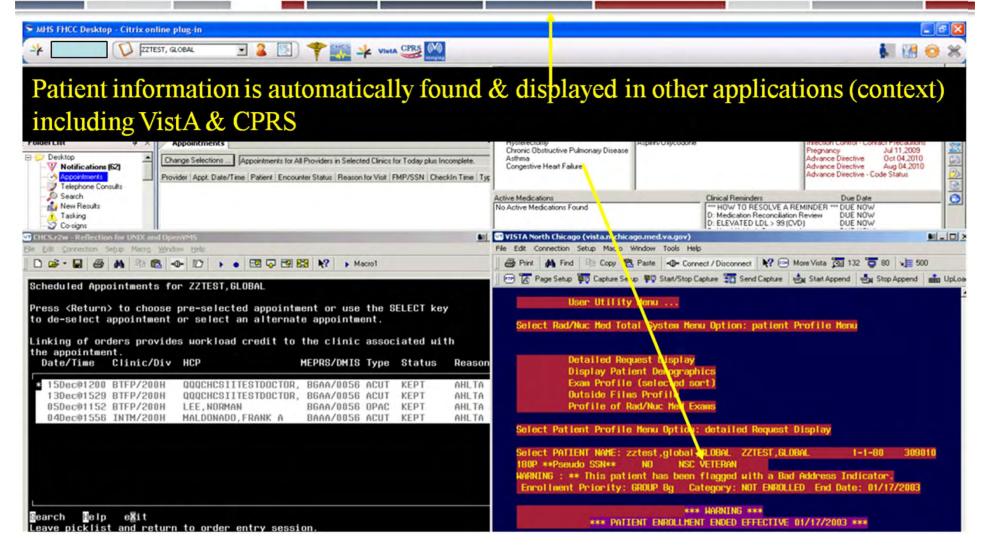
• Reconcile medication and allergies for all patients; reachable 24/7 for discharge medications

OP Consults

• Will allow consults and referral orders for processing for all patients using either DoD or VA health information system



JAL FHCC- Screen Shots



^{*} The health record above contains sample test data used for demonstration purposes

JAL FHCC Challenges



- Complexity
 - Systems & Networks
 - Identity
 - Configuration Control
- Change Management

VLER Concept









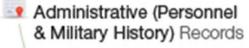














Benefits Records



2010.12.20 VLER CONCEPT















Service Members

Veterans

Beneficiaries

Purchased Care Clinician

DoD / VA Clinicians Benefits Providers

Disability Adjudicators

VLER BENEFIT RECIPIENTS





User Community

VLER Capability Areas & Points of View





VLER Phase 1A Pilot Accomplishments



Tidewater Pilot

- Successful demonstration of capability to exchange data through NwHIN
- Beta testing, HHS CONNECT software
- On-boarding process for admitting new members to NwHIN

San Diego Pilot

Demonstrated health information can be exchanged using NwHIN

VLER Tidewater C32 Data Exchange





^{*} The health record above contains sample data used for demonstration purposes

Joint EHR Modernization Objectives



 "EHR modernization efforts provide the opportunity to implement standards-based Health IT solutions that will modernize existing Department EHR capabilities...and (provide) reduced sustainment costs." *

To achieve these objectives, the Departments will widely integrate business requirements, acquisition and technical approaches.

*Joint Executive Council and Health Executive Council Report to Congress (RTC) on Defense and Department of Veterans Affairs Medical Information Technology.

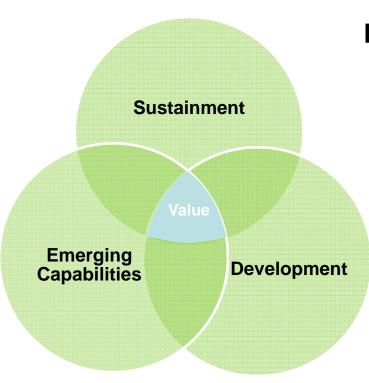
Joint EHR Modernization Objectives



- Both Departments are working toward common objectives:
 - Effectiveness:
 - Provide a patient-centric health care experience
 - Improve the quality of delivered services
 - Ensure interoperability and data sharing between the departments
 - Efficiency:
 - Reduce overall cost of Health IT investments in acquisition, development and sustainment

EHR Transformation Focus





- Clinical Informatics
- System Engineering
- Interagency Synchronization

Military Health System EHR Efforts

Sustainment

- Availability, Usability, Speed
- Establish a reasonable baseline (Theater & Garrison)
- Right people in the right seats
- Patient safety/compliance

Development

- Engineering & Innovation
- Integration/Interoperability
- Repurposing

Emerging Capabilities

- Functional & Technical testing labs
- Balance of Theater/Garrison priorities
- DoD/VA synchronization

Mission Focused EHR Way Ahead Approaches*



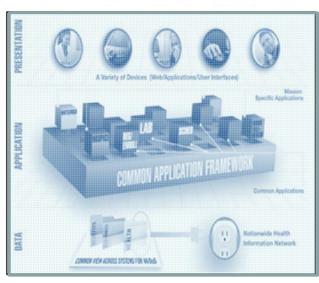


Figure 1: VA EHR Modernization Strategy

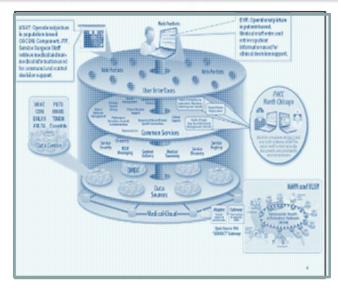


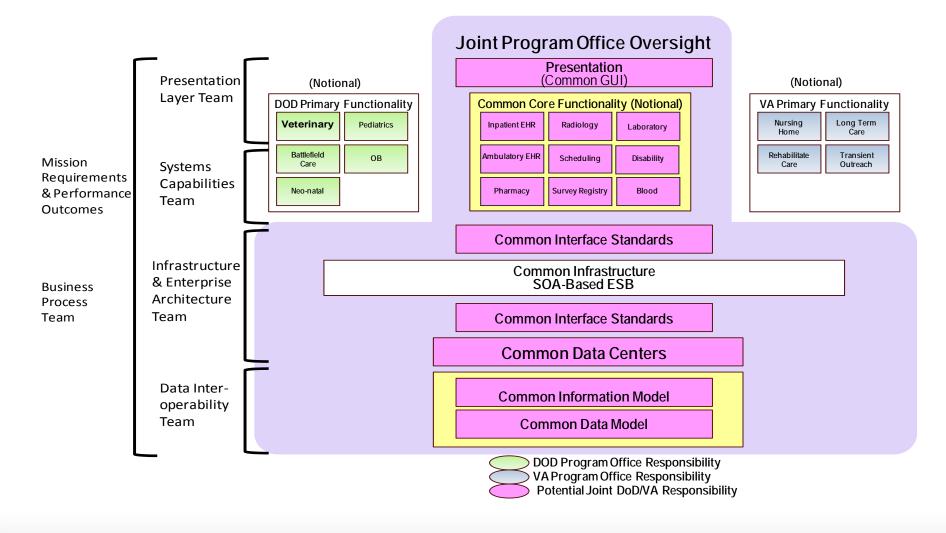
Figure 2: MHS Technical Modernization Strategy

| VA Approach | DoD Approach | | |
|--|---|--|--|
| Employ an iterative, collaborative approach to evolving business processes | Develop detailed "to be" workflow processes | | |
| Leverage commercial innovation (open source) | • Use commercial off the shelf (COTS) software without modifications where possible | | |
| • Provide architecture and data management guidelines (SOA) | Innovate at applications layer while using core common enterprise services (SOA) | | |
| Build from VistA legacy using new application interface | Use modular COTS upgrades to transition from legacy | | |

^{*}From Joint DoD and VA Health IT Modernization Way Forward briefing (7 October 2010)
2011 MHS Conference

Common Design Pattern & Framework





EHR - Where We Are Now



DoD/VA interagency teams (working the "what"):

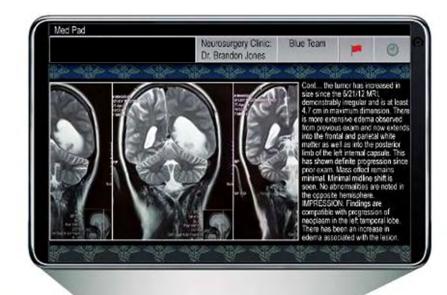
- Mission requirements and performance outcomes
- Business processes
- Presentation layer
- Systems capabilities
- Infrastructure and enterprise architecture
- Data interoperability

Target outputs for path forward (addressing the "how"):

- Agreement on a common vision and definition of an interagency EHR
- Produce a Clinical Interoperability Framework & Common Clinical Data Model
- Develop a Common Business Reference Model/Capability Taxonomy
- Establish a prioritized Common Clinical EHR Capability
- Develop a Common User Interface using user/patient centric agile methods
- Establish a common Segment Architecture Framework

Intuitive Interface





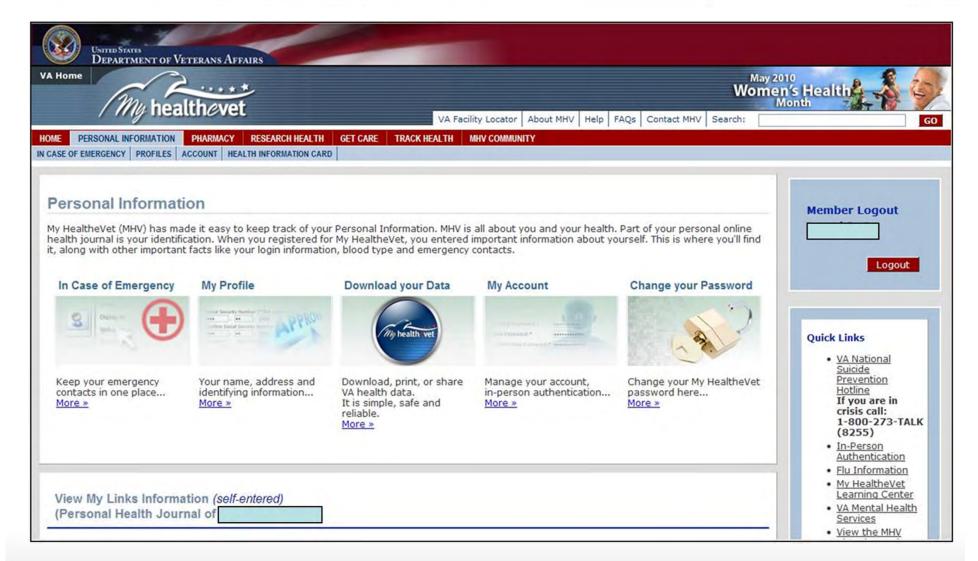


^{*} The health record above contains sample data used for demonstration purposes

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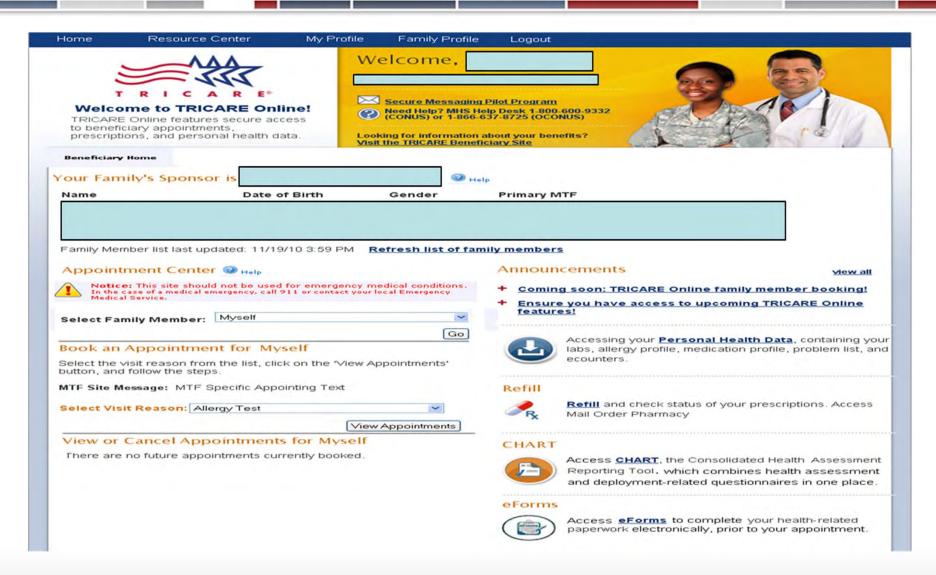
The Blue Button- VA





The Blue Button-TRICARE





PCAST



REPORT TO THE PRESIDENT
REALIZING THE FULL POTENTIAL OF
HEALTH INFORMATION TECHNOLOGY
TO IMPROVE HEALTHCARE
FOR AMERICANS:
THE PATH FORWARD

Executive Office of the President President's Council of Advisors on Science and Technology

December 2010



Wrap-Up



 Expectations for future VLER pilots and the future of the Virtual Lifetime Electronic Record

Alternatives for the EHR Way Ahead

Role of patients in future clinical work flow

National focus on health care