STATEMENT BY

MR. WILLIAM J. TINSTON

PROGRAM EXECUTIVE OFFICER

DEFENSE HEALTHCARE MANAGEMENT SYSTEMS

AND

MAJOR GENERAL LEE E. PAYNE

MILITARY HEALTH SYSTEM ELECTRONIC HEALTH RECORD

FUNCTIONAL CHAMPION

BEFORE THE

HOUSE VETERANS AFFAIRS COMMITTEE

SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION

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Chairwoman Lee, Ranking Member Banks, and distinguished members of the Subcommittee, it is an honor to testify before you today. We represent the Department of Defense (DoD) as the Program Executive Officer and the Military Health System (MHS) Electronic Health Record (EHR) System Functional Champion responsible for modernizing the military's EHR and developing one EHR with the Department of Veterans Affairs (VA), which is also interoperable with private sector providers.

The mission of the Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) is to transform the delivery of healthcare and advance data sharing through a modernized EHR for service members, retirees, and their families. As the information technology acquisition provider and part of the Defense Health Agency, we support the Quadruple Aim: improved readiness, better health, better care, and lower cost; specifically committing to three equally important objectives: deploy a single, common inpatient and outpatient EHR, eliminating the need for interoperability with the VA; improve data sharing with our private sector healthcare partners; and successfully transform the delivery of healthcare in the MHS through advanced tools that provide beneficiaries more control over their healthcare.

In July 2015, the DoD competitively awarded a contract to the Leidos Partnership for Defense Health (LPDH) to deliver a modern, interoperable EHR capable of complying with DoD's high cyber security standards without compromising performance and designed to share data with our federal and private sector partners regardless of their operational platform. This modern, secure, connected EHR, MHS GENESIS, provides a state of the market commercial off the shelf solution consisting, at its core, of Cerner Millennium, an industry-leading EHR, and Henry Schein's Dentrix Enterprise, a best of breed dental module.

Delivering a capability of this magnitude is a monumental challenge and the DoD recognizes this. The deployment and implementation of MHS GENESIS is a complex business transformation that requires extensive coordination and communication with stakeholders and partners. Understanding the importance, the DoD worked directly with the functional and

technical communities to capture requirements and standardize workflows, minimizing variation and increasing the capabilities available via an enterprise system.

MHS GENESIS deployed to its pilot sites in 2017, beginning with Fairchild Air Force Base in February. Naval Hospital Bremerton and Naval Health Clinic Oak Harbor followed in the summer and our pilot officially concluded in January 2018 at Madigan Army Medical Center. These four pilot sites continue to use MHS GENESIS today and are safely delivering, managing, and documenting healthcare daily – completing more than 100,000 patient encounters each month.

Lessons Learned
Deploying to the pilot sites provided an opportunity to observe the system and capture user feedback, the intended purpose of a pilot. No system is flawless, and deploying to a small clinic, progressing to a larger hospital allowed us to assess system performance at various levels of capability.

In January 2018, PEO DHMS, along with the Defense Health Agency, implemented an eight week stabilization and adoption period to optimize MHS GENESIS, with a specific focus on improving network stability and medical device interfaces, governance, training, change management, and adoption of workflows.

As with any transition, leadership is key. Ensuring the right people are in place to make decisions significantly impacts a successful site deployment. Understanding this, DHA established a clear, agile, and accountable management structure to provide guidance and policy for effective enterprise decisions. Further, DHA implemented processes to ensure network stabilization and medical device configuration prior to MHS GENESIS Go-Live.

To address the change management and training challenges, we implemented three fundamental adjustments to the MHS GENESIS training strategy: functionally led workflow adoption; role based training configuration; and implementation of a peer expert training program.

Going forward, MHS GENESIS will deploy using a Wave approach. This deployment strategy allows optimal use of lessons learned to enhance our efforts as we proceed through enterprise-wide deployment.

Progress and Patient Safety Enhancements

Statistics revealed significant progress in 2018, ultimately improving patient care. For example, we avoided nearly 2,500 duplicate lab orders. Further, through new and effective decision support tools, MHS GENESIS equips our clinicians with the right tools and resources to evaluate a patient's status and quickly determine the best solution.

Recently at Madigan Army Medical Center, the MHS GENESIS inpatient nursing management module alerted the staff to an emergent patient situation. The nurses responded to the patient's bedside, identified the distressed patient, and activated the rapid response team. The patient immediately transferred to the cardiac catheterization lab and received a life-saving procedure. This example illustrates the new record's improved capabilities over our legacy systems. There are markedly improved tools within MHS GENESIS to monitor care and measure improvement as well as monitor care to the individual provider. For instance, we can monitor the time a provider spends documenting care outside of duty hours (current less than 3% of the time). This allows us to identify providers experiencing challenges and focus our training efforts in this area. Further, with our VA partners, we are now connected to a wide range of commercial partners across the globe, who are collectively dedicated to improving care and interoperability within the DoD, VA, and the nation.

Joint Engagement

The VA's decision to implement the same EHR as the DoD and the United States Coast Guard (USCG) will result in a single, common record enabling more efficient, highly reliable, safe, and quality care, ultimately protecting our most important asset – our people. The DoD does not take this lightly, and understands this decision comes with the practicality of implementation. A single, common record requires extensive collaboration and joint decision making to ensure efficient workflows and standardized processes.

Federal Electronic Health Record Modernization Working Group

On September 28, 2018, the Secretaries of Defense and Veterans Affairs signed a Joint Commitment Statement pledging to align VA and DoD strategies to implement an interoperable EHR system. In response to this commitment, the DoD and VA evaluated program dependencies such as infrastructure, incorporation of clinical and business processes, and other requirements from the functional, technical, and programmatic communities. DoD and VA leadership determined the optimal and lowest risk alternative is to re-charter the DoD/VA IPO into the Federal Electronic Health Record Modernization (FEHRM) Program Office. The FEHRM, which will incorporate key members of the IPO as well as DoD and VA program office staff, will provide a more comprehensive, agile, and coordinated management authority to execute requirements necessary for a single, seamless integrated EHR.

Another example, of the DoD and VA currently collaborating and sharing best practices via joint workshops which focus on system standardization and configuration versus customization. Specifically, the clinical nursing workshop recently completed an extensive process optimization review, identifying and agreeing to more than 2,300 workflow process optimizations, reducing nurse charting by 70%. This significant time savings provides more time for our priority – the patient. A DoD clinical nurse at one of our pilot sites highlights the improvements provided via MHS GENESIS and our commitment to collaboration with the VA in the quote below.

*"Modernization of the DoD Electronic Health Record was a **necessity**. MHS GENESIS became our **opportunity**. It shined a light onto the Military Health System, illuminating the best practices throughout the MHS and identifying areas in need of improvement. It caused us to breakdown not only the barriers between services and the barriers between the DoD and the VA, but also the barriers between all specialists within a hospital's or clinic's care continuum. Never before have I seen nurses, physicians, surgeons, and transfusion technicians sit side-by-side and collaborate as intensely as I witness daily with MHS GENESIS. Every day, multi-disciplinary teams work across the pilot sites and the country to bring timely, relevant, evidenced-based practice to MHS GENESIS. This is more than an Electronic Health Record; it is a **collaborative** health record serving our nation's Service Members, Veterans, and beneficiaries. There is much work to be done to deploy and optimize MHS GENESIS, but it has been a great leap forward in support of the healthcare of this deserving population."*

Joint Solutions

Cybersecurity, the foundation of a joint solution, demands practical implementation. The DoD sets the standard for cybersecurity, and we invested significant time and resources to satisfy those requirements. By co-locating personnel at one commercial DoD/VA data center, our people assist with continuous cyber monitoring and are engaged in maintaining cyber integrity. Further, this strengthens the collaborative federal and commercial relationship, encouraging the VA to leverage these capabilities and actively participate in critical activities to uphold the DoD cybersecurity standards. The continuous collaborative cyber work will not only benefit DoD and VA users, but it will contribute to the development of national standards, raising the bar for protecting the patient health information.

Further, the DoD and VA established workgroups which consists of cross-organizational representatives who resolve technical challenges and establish new processes to identify enterprise solutions and opportunities for both Departments to leverage. They work together to minimize the impact to both Department's schedules and ensure the most efficient use of program resources. For example, the DoD agreed to accept a Cerner software upgrade only a few weeks following its Wave 1 Go-Live to ensure VA fields its desired baseline solution to meet its scheduled Initial Operational Capability Go-Live in March of 2020. The timing of the upgrade adds complexity and risks to DoD's Wave 1, but it is the right decision for the DoD and VA's successful implementation.

Patient Centered Delivery

Patient centered delivery relies on the continued advancement of system capabilities, while maintaining system integrity and patient data throughout the life of the patient. To support this effort, the DoD and VA agreed to the joint execution of HealtheIntent, a data warehouse and analytics platform which captures all patient data and migrates it into a single, common record that stays with the patient throughout their lifetime. Once executed, the Departments agreed to numerous decisions, including a joint URL which required collaborative decision making.

Continuous delivery demands established processes to address system enhancements and maintain the integrity of the system baseline and the hosting environment. Recognizing the

significance, the DoD and VA established a joint decision making process to evaluate any request that would modify the technology solution, ensuring the practical implementation of an enterprise solution.

Conclusion

MHS GENESIS is on track for full deployment by the end of calendar year 2023. In December 2018, the DoD EHR Defense Acquisition Board met, and the Assistant Secretary of Defense for Acquisition affirmed MHS GENESIS met the criteria for approved deployment to Waves 1-6 beginning with Wave 1 in September 2019. The DoD and VA remain committed to continued communication and collaboration to ensure the successful implementation of a single, common record throughout the MHS, the USCG, and the VA.