Defense Healthcare Management Systems

DoD Electronic Health Records & Interoperability Strategy

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Mary Ann Rockey
Deputy Program Executive Officer
Defense Healthcare Management Systems

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A Week in the Life of the Military Health System

**19,941 inpatient admissions**
- 5,000 in Military Facilities
- 14,941 in Network Facilities

**1.9 million outpatient visits**
- 834,867 in Military Facilities
- 1,042,080 in Network Facilities

**2,288 births**
- 943 in Military Facilities
- 1,345 in Network Facilities

**2.54 million prescriptions filled**
- 926,554 in Military Facilities
- 1.24 million in Network Pharmacies
- 375,734 Home Delivery

**3.5 million claims processed**

**12.6 million electronic health record messages**
DoD is pursuing two very important goals:

1. Provide seamless, integrated sharing of standardized health data among DoD, VA, and private sector providers
2. Modernize the electronic health record software and systems supporting DoD clinicians

The Program Executive Office (PEO) DoD Healthcare Management Systems (DHMS) is charged with achieving these goals in order to improve the quality of care delivered to our men and women in uniform and improve the continuity of care between all care venues, including care for those in uniform transitioning to Veterans.
PEO DHMS Structure

Department of Veterans Affairs

Secretary of Defense

Under Secretary of Defense for Acquisition, Technology, and Logistics (USD AT&L) (Acquisition)

Program Executive Office DoD Healthcare Management Systems (PEO DHMS) (Acquisition)

Under Secretary of Defense for Personnel and Readiness (Functional)

Assistant Secretary of Defense, Health Affairs (ASD(HA)) (Functional)

Defense Health Agency (DHA) (Functional)

Interagency Program Office (IPO)

Lead and coordinate DoD and VA adoption of and contribution to health data interoperability standards

DoD Healthcare Management System Modernization (DHMSM)

Competitively acquire, test, deliver, and successfully transition to a state-of-the-market EHR system

Defense Medical Information Exchange (DMIX)

Provide technical solutions for seamless data sharing and interoperable health records that evolve with national standards
EHR Modernization Approach

Acquire an HHS ONC certified off-the-shelf solution to replace DoD legacy electronic health records systems

Simplified open and competitive approach

- Fair and open competition resulting in a single award, indefinite deliver/indefinite quantity best value contract with a service provider/integrator

Iterative RFP process that includes strong industry involvement

- Conducted extensive market research to help drive requirements and minimize development
- Multiple releases of draft RFPs to maximize feedback from industry and shape final product
- Multiple industry day events
EHR Modernization Engagements

1 International Engagement

NHS

3 Draft RFPs

5+ Conferences

7 Requests for Information

12+ Healthcare Provider Engagements

27+ Vendor Demonstration with Clinicians

More than 50 one-on-one meetings with industry

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EHR Industry Engagement

- DoD has issued three draft RFPs (January 29, March 28, and June 12) receiving over 1,400 responses

- DoD has also hosted four industry day engagements with vendor representatives and government officials with approximately 500 participants from 200 companies at each event

Link to DoD Healthcare Management System Modernization Draft Request For Proposal, Industry Day briefings, and Q&A’s:

https://www.fbo.gov/index?s=opportunity&mode=form&id=7940e01977218d0d34d0837ff1e797a&tab=core&_cview=1
DoD/VA Interoperability

**DoD**

**Data on Shared Patients**

**Current Viewable Data**
- Outpatient pharmacy data
- Inpatient and outpatient laboratory and radiology results
- Discharge summaries (56* DoD sites = 100% of inpatient beds)
- Inpatient consultations, operative reports, history and physical reports, transfer summary notes, initial evaluation notes, procedure notes, evaluation and management notes, pre-operative evaluation notes, and post-operative evaluation and management notes (56* DoD sites = available to all DoD providers and VA providers enterprise wide)
- Allergy data and problem list data
- Ambulatory encounters, procedures, and vital signs
- Family, social, and other history

**Current Computable Data** (limited VA sites)
- Pharmacy data and medication allergy data – enables drug-drug and drug allergy safety checks and alerts

**Data on Separated Service Members**
- Outpatient pharmacy data
- Inpatient and outpatient laboratory results and radiology reports
- Allergy information
- Consult reports
- Admission, discharge, transfer information
- Standard ambulatory data record elements (diagnosis, treating physician)
- Pre- and post-deployment health assessments
- Post-deployment health reassessments
- Patient history
- Discharge summaries

**Data on OIF/OEF Polytrauma Patients**
(Walter Reed National MMC and San Antonio MMC)
- Radiology images and scanned medical records

* Walter Reed AMC and Bethesda NNMC merged to form Walter Reed NMMC in September 2011; Malcolm Grow AFMC closed its inpatient beds in September 2011; Wilford Hall AFMC closed its inpatient beds when San Antonio MMC (formerly BAMC) opened in October 2011.

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**VA**

**All VA Medical Facilities**

- 5.3 million correlated patients, including 2.5 million patients not in FHIE repository
- 221,371 FHIE/BHIE queries average weekly, Second Quarter FY 2014
- Computable pharmacy and allergy exchange on 2.1 million patients

- 95.1 million laboratory results
- 15.3 million radiology reports
- 96.7 million pharmacy records
- 139.4 million standard ambulatory data records
- 5.3 million consultation reports
- 3.9 million deployment-related health assessments on 1.7 million individuals

**5 VA Polytrauma Centers**
(Tampa, Richmond, Minneapolis, Palo Alto, San Antonio)
- Radiology images for 649 patients
- Scanned records for 769 patients

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**Bidirectional Health Information Exchange**

- Two-way on-demand view of health data in real-time
- Live data flow beginning 2004; data from 1989 forward

**Federal Health Information Exchange**

- Viewable data exchange between all DoD and VA medical facilities as of July 2007
- Live data flow beginning March 2007

One-way transfer of health data initiated at time of decision to transfer patient

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**DoD/VA Joint Legacy Viewer**

JLV provides an integrated read-only view of health data from VA and DoD sources in a common viewer.

Jointly developed by VA and DoD as an important stepping stone toward interoperability and modernization of our health information systems in support of Service members, Veterans and their families.

### Features
- Web-based Graphical User Interface (GUI)
- Delivers health data from multiple Composite Health Care Systems and DoD’s central repository
- Displays normalized data for clinical domains including allergies, immunizations, lab results, medications, problem list, progress notes and vital signs
- Easy-to-learn, intuitive user interface with customizable widgets and configurable layout
- In production, 508 certified, piloted by >650 unique users*

*Approved expansion to 3,500 users starting in 2014

### Benefits
- More complete understanding of patient health status
- Significant improvement in latency and system efficiency as compared to existing viewers
- Supports VHA, Veterans Benefits Administration (VBA) and DoD users and workflows
- Reduces printing, scanning and faxing of records
- Designed to support frequent enhancements and upgrades
  - JLV v2.1 current enterprise version
  - JLV v2.2 in development
- DoD is one of 41 participants in the eHealth Exchange
- Over 800 hospitals, 6,000 medical groups currently participating
- eHealth Exchange anticipated to reach 1,600 hospitals and 10,000 medical groups
- The network is expected to move participants in-line with Meaningful Use Stage 2
- CAREQUALITY initiative will accelerate progress by connecting eHealth Exchange to other networks, providers, vendors, & Health Information Exchanges (HIEs)
Looking Ahead

- DoD is on pace to deliver its final Request for Proposal by the end of this quarter

- DoD will continue to work with VA, HHS ONC and other public and private sector health organizations to increase interoperability

Resulting in ... *improved quality of care delivered to our men and women in uniform and the improved continuity of care between all care venues, including care for those in uniform transitioning to Veterans*