

STATEMENT BY

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DEFENSE HEALTHCARE MANAGEMENT SYSTEMS

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INTRODUCTION

Chairman Cochran, Ranking Member Durbin and distinguished Members of the Subcommittee, thank you for the opportunity to testify before you today. I am honored to represent the Department of Defense (DoD) as the Secretary's program executive responsible for modernizing the military's electronic health records (EHR) system and enhancing interoperability with the VA and 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 electronic health record for service members, veterans and their families. To this end, DoD is committed to three equally important objectives: deploy a single, integrated inpatient and outpatient electronic health record, branded MHS GENESIS; improve data sharing with the VA and our private sector healthcare partners; and successfully transform the delivery of healthcare in the Military Health System (MHS) through advanced tools that allow beneficiaries to have more control over their healthcare experience.

The DoD was an early pioneer in the development of a centralized, global electronic health record when it introduced the AHLTA in 2004. At the time, the DoD's in-house EHR solution was looked to by private sector enterprises as the future of EHRs. Over the last decade, significant advances have been made in the technologies offered by the private sector. In 2013 the DoD made the decision to transition from home-grown government-developed EHRs to a single, integrated commercial-off-the-shelf (COTS) capability. Two factors contributed to this decision. First, the needs within the MHS could be better met by state-of-the-market commercial applications. Second, the DoD could leverage private sector investments in technology and established data sharing networks with civilian partners to reduce costs and improve the customer experience. Staying current with the latest advancements in technology without being the only investment stream enables the DoD to benefit from some of the best products in health IT without carrying the financial burden alone.

As we work toward the goal of fully deploying a modern EHR across the MHS, I am excited to share that we hit an important milestone last month. On February 7, the DoD deployed MHS GENESIS at its first patient care facility at Fairchild Air Force Base (AFB) in Spokane, Washington. This was a massive effort that took the coordination, guidance and support of multiple DoD agencies and organizations. I'd also like to acknowledge the 92nd Air Refueling Wing, Air Force Medical Operations Agency (AFMOA) and Defense Health Agency (DHA) for their tremendous work to make the Go-Live at Fairchild AFB a success. With me today is the Commander of the 92nd Medical Group at Fairchild AFB, Colonel Margaret Carey. Colonel Carey's leadership has been instrumental in coordinating and implementing onsite deployment activities, including gathering site-specific information, training staff, overseeing change management, and providing post-deployment support. In our first month following deployment, we tracked user behavior and see progress in many areas, including patient portal utilization and improved clinician decision making. MHS GENESIS isn't just a technology. It's a transformation of culture and process that is powered by strong leadership from inside the MHS. Colonel Carey embodies the proactive leadership qualities that will be required throughout DoD to ensure continued success of MHS GENESIS.

MODERNIZE THE ELECTRONIC HEALTH RECORD (EHR) SOFTWARE AND SYSTEMS SUPPORTING DOD CLINICIANS

To streamline and improve healthcare delivery, MHS GENESIS integrates inpatient and outpatient best-of-suite solutions that connect medical and dental information across the continuum of care, from point of injury to the military treatment facility, providing a single patient health record. This includes garrison, operational, and en route care, increasing efficiencies for beneficiaries and healthcare professionals. Over time, MHS GENESIS will replace DoD legacy healthcare systems and will support the availability of electronic health records for more than 9.4 million DoD beneficiaries and approximately 205,000 MHS personnel globally.

The deployment and implementation of MHS GENESIS across the MHS is a team effort. Complex business transformation requires constant coordination and communication with

stakeholders and partners, including the medical and technical community, to ensure functionality, usability and data security. DoD engaged stakeholders across the MHS to identify requirements and standard workflows. The result was a collaborative effort across the Services and the Defense Health Agency to ensure the clinical workflows enabled by MHS GENESIS are standard and consistent across the enterprise to minimize variation in the delivery of healthcare.

In July 2015, the DoD awarded a \$4.3 billion contract to the Leidos Partnership for Defense Health (LPDH) to deliver a modern, interoperable EHR. The LPDH team consists of four core partners, Leidos Inc., as the prime developer, and three primary partners in Cerner Corporation, Accenture, and Henry Schein Inc. MHS GENESIS provides a state of the market COTS solution consisting of Cerner Millennium, an industry-leading EHR, and Henry Schein's Dentrax Enterprise, a best of breed dental module.

Through a tailored acquisition approach, DoD leveraged commercial best practices and its own independent test community to field a modern, secure and connected system that provides the best result for the end user with a positive experience from day one. One example of leveraging commercial best practices was opting to utilize commercial data hosting, which allowed DoD to combine private sector speed and technology with the Department's superior data security knowledge and provide advanced analytics for our end users and beneficiaries. While there is still much work to be done, the integration of the commercial data hosting into DoD networks and systems represents a new direction in Pentagon information technology (IT) culture and practice. This innovative approach has set the bar for COTS systems and commercial partnerships by the DoD and other federal agencies in the future.

Additionally, we are employing industry standards to deploy and optimize the delivery of MHS GENESIS. Rollout across the MHS follows a "wave" model. Initial fielding sites in the Pacific Northwest are the first wave of Military Treatment Facilities (MTFs) to receive MHS GENESIS, which began on February 7, 2017 at Fairchild AFB. Fielding at the next three sites in Washington State—Naval Hospital Oak Harbor, Naval Hospital Bremerton and Madigan Army Medical Center—will begin at the end of Fiscal Year 2017. By deploying to four Initial Operating Capability (IOC) sites that span a cross section of size and complexity of MTFs, we

are able to perform operational testing activities to ensure MHS GENESIS meets all requirements for effectiveness, suitability and data interoperability to support a full deployment decision in 2018. Deployment will occur by region—three in the continental U.S. and two overseas—in a total of 23 waves. Each wave will include an average of three hospitals and 15 physical locations, and last approximately one year. Regionally grouped waves will run concurrently. This approach allows DoD to take full advantage of lessons learned and experience gained from prior waves to maximize efficiencies in subsequent waves, increasing the potential to reduce the deployment schedule in areas where it makes sense to do so. Full Operational Capability (FOC), to include garrison medical and dental facilities worldwide, is scheduled for 2022.

To support our first deployment to Fairchild AFB in February 2017, the MHS GENESIS program established an aggressive schedule, with concurrent system configuration, contractor testing, government testing, and cybersecurity risk management. Together, the DoD Healthcare Management System Modernization (DHMSM) Program Management Office, DHA, the U.S. Air Force and our industry partner, the Leidos Partnership for Defense Health (LPDH), developed interfaces and user-approved workflows, and finalized the technical integration of the baseline operational system. Today, clinicians and dentists are documenting patient records in MHS GENESIS, and ancillary capabilities such as pharmacy, labs and radiology are working as expected. Feedback from providers at Fairchild has been positive, with many citing the ease of use and integration into their daily work practices.

While initial feedback was positive, we also captured lessons learned to improve provider experience at our remaining fielding sites in the Pacific Northwest. Training is one area noted where we can make a few adjustments. Feedback indicated the training modules built into our deployment schedule were more than adequate to teach the functionality of MHS GENESIS. Providers felt comfortable using and documenting patient care in MHS GENESIS. However, more specialized training with a deeper dive into provider specialty areas such as laboratory and radiology, to name a few, was requested. We are evaluating our existing training curriculum and assessing enhancements based on this feedback.

MHS GENESIS End User Feedback

“Provider notes are beautiful! In the legacy systems, notes were extremely hard to decipher for pertinent information. In MHS GENESIS, the workflow pages and dynamic documentation make it easier to document and review needed information. The notes are so much cleaner, and utilizing autotext/smart templates is great!” - Fairchild Provider

“By day two, many providers had already gotten fast enough, to where they were documenting in the patient room while seeing the patient – very uncommon with the legacy system.” - Adoption Coach

“Being able to use Message Center for secure messaging between clinical staff and patients is so easy to use. Wish we had it years ago!” - Fairchild User

“Rad Techs/Radiologist LOVE the new RadNet solution within MHS GENESIS. They have been much faster, and there are less errors than legacy!” - Fairchild User

“Overall, the ease of use of MHS GENESIS is so far beyond what their legacy system was capable of, there are no complaints even when issues arise. - Fairchild User

Another area noted is that of patient registration. While we did pre-register select patients in MHS GENESIS prior to the Go-Live deployment at Fairchild AFB, registering patients for the first time at the clinic resulted in a longer processing time. We anticipated this and provided the necessary resources to ensure patients were registered in a timely fashion with minimal impact to the care facility. With the experience gained at the first deployment site, we are now evaluating patient registration to determine the right course of action at our remaining fielding sites in the Pacific Northwest. We also have the opportunity to communicate with and educate patients about the many benefits of MHS GENESIS, including the MHS GENESIS Patient Portal.

INTEROPERABILITY AND DATA SHARING

As the DoD transitions to MHS GENESIS, our commitment to expand our interoperability efforts with the VA and private sector providers remains unchanged. Service members and their families frequently move to new duty assignments, they deploy overseas, and eventually, transition out of the military. As a result, there are many different places where they may receive medical care. For instance, more than 60 percent of all active duty and beneficiary healthcare is provided outside a MTF through TRICARE network providers. Healthcare providers need up-to-date and comprehensive healthcare information to facilitate informed decision making whenever

and wherever it is needed—from a stateside MTF to an outpost in Afghanistan, from a private care clinic within the TRICARE network to a VA hospital, and everywhere in between.

The DoD and VA are two of the world's largest healthcare providers and today, they share more health data than any other two major health systems. In April 2016, DoD and VA certified to Congress that they are fully interoperable, in accordance with the FY2014 National Defense Authorization Act (NDAA). While the Departments met the required objectives, interoperability is a spectrum wherein data sharing and functionality can continually improve. As a result, we continue to expand interoperability beyond last April's DoD/VA Joint Certification of Interoperability. MHS GENESIS's modern capabilities will allow DoD to share more complete data with similarly equipped federal and private sector partners while simultaneously increasing the number of DoD data sharing partners by the thousands.

The two Departments currently share health records through the Defense Medical Information Exchange (DMIX) program, which includes the Joint Legacy Viewer (JLV), a health information portal that provides access to medical information across multiple government and commercial data sources. In addition to enabling enhanced data sharing between DoD and VA, JLV allows DoD to leverage our expanding relationships with private-sector providers to give clinicians a comprehensive, single view of a patient's health history in real-time as they receive care in both military and commercial systems. JLV is currently available to DoD providers in AHLTA and is being incorporated into MHS GENESIS.

Over the past four years, DoD steadily increased its data-sharing partnerships with private sector healthcare organizations. Since many service members and their beneficiaries receive specialized care outside of the MHS, seamless access to healthcare records from civilian providers supports clinical decision-making by delivering a comprehensive picture of patient health. Expanding these partnerships will enable medical providers to move away from a reliance on fax machines for patient record sharing and into a modern era with increased, current health data that's available anytime, anywhere on a computer screen. To date, DoD has partnered with members of the eHealth Exchange via the Sequoia Project, a network of exchange partners who securely share clinical information across the United States. There are over 20 exchange partners already

connected with the DoD and another 10 in the process of connecting. In the future, DoD plans to expand its data-sharing partnerships via CommonWell—an independent, not-for-profit trade association with connections to more than 5,000 private sector healthcare sites. Leveraging this connection through MHS GENESIS will expand on the great work DoD has already accomplished through health information exchanges.

Another phase of interoperability is connecting the benefits and capabilities of MHS GENESIS to operational forces in a deployed theater environment that includes more than 450 forward and resuscitative sites, 300 ships, six theater hospitals, and three aeromedical staging facilities. While each service currently uses the Theater Medical Information Program-Joint (TMIP-J), MHS GENESIS will be fully leveraged as the core application for accessing, capturing, and documenting medical and dental care through the Joint Operational Medical Information System (JOMIS) to provide continuum of care support in various treatment phases including combat casualty care, medical evacuation, and in-theater hospitals. The DoD is also employing modern tools for operational first responders to document patient status and treatments rendered at point of injury. The Mobile Computing Capability (MCC), released last year, is a medical application that operates on DoD-approved phones and tablets in no or low communication environments and allows first responders to document and transfer patient treatment information, access reference material as well as view diagnostic and treatment decision support tools.

We fully recognize that health IT will keep evolving and that we must constantly improve our capabilities. The complexity of our interoperability mission takes time and steadfast commitment. To that end, DoD actively participates in forums with government and industry partners, including the U.S. Department of Health and Human Services, VA and commercial interoperability organizations, to outline and advance our common goals toward nationwide interoperability. It is DoD's hope and vision that driving a national approach with public and private community partners creates a viable economic model that allows us to make investments in industry and leverage their advances for long-term cost savings, with an end state of fully comprehensive and sharable data incorporated into modern EHRs throughout the industry. Through strong communication, collaboration, and technical leadership, we will continue to

ensure that current and future health information is seamlessly shared across public and private healthcare networks.

TRANSFORMING THE DELIVERY OF HEALTHCARE

A modern EHR incorporates advanced tools and capability improvements that promote efficiencies, provide a higher quality of care, and improve population health outcomes. The suite of tools available through MHS GENESIS include robust data reporting and tracking capabilities, improved analytics, drug-to-drug interaction alerts, and a user-friendly patient portal. Taken together, these tools enable healthcare professionals to more easily monitor and respond to a patient's health status and facilitate good decision making.

Patients in the MHS, not unlike their civilian counterparts, want more medical information transparency and to be actively engaged in their healthcare experience. The MHS GENESIS patient portal, which will replace RelayHealth and TRICARE Online (TOL), is a secure one-stop website where patients can access their current medical and dental health records, manage appointments, and request prescription refills. It also allows patients to view doctor's notes from their appointment and ask questions through secure messaging while their visit is still fresh in their mind. Within the first month of operation at Fairchild AFB, more than 1,100 beneficiaries have signed up for the new patient portal.

During the transition period, the MHS GENESIS patient portal and TRICARE Online (TOL) Patient Portal will co-exist, albeit with different functions. When service members move to a military hospital or clinic that has not started using MHS GENESIS, they will simply resume using RelayHealth and TOL.

Ease of use for the provider is another key benefit of MHS GENESIS, which puts more integrated information at the healthcare professional's fingertips for rapid decision-making, reducing duplication of data collection and procedures, such as ordering unnecessary labs or duplicate prescriptions. At Fairchild AFB, we have already seen evidence that the increased patient data, health alerts and tools to cross reference medical guidance has led MHS GENESIS

clinicians to make changes to their behavior. More information in the patient's record has yielded better guidance for providers to make more informed patient decisions. MHS GENESIS's life cycle management and component modernization approach will minimize obsolescence, and promote adoption of emerging Health Industry Standards and new technologies, including compliance with the Office of the National Coordinator (ONC) meaningful use regulations.

CONCLUSION

Thank you again for the opportunity to come here today and share the progress that we've made to transform the delivery of healthcare for service members, veterans, and their families. The successful rollout of MHS GENESIS is an important first step in implementing what will be the largest integrated inpatient and outpatient EHR in the United States. Because DoD purchased lifetime upgrades with MHS GENESIS, our health care providers will always have the latest advancements in technology in a timely manner. DoD beneficiaries will have greater access to their information, allowing them to be more engaged in their own health-related activities. While we are well on our way, the road ahead is long, with many challenges that we will have to anticipate and respond to. As a partner in our progress, we appreciate the Congress' interest in this effort and ask for your continued support to help us deliver on our promise to provide world-class care and services to those who faithfully serve our nation. Again, thank you for this opportunity, and I look forward to your questions.