Welcome!
DHA History & Background
Phased Approach to Transition & Market Concept
Quadruple Aim Performance Process (QPP)
MHS GENSIS, Desktop 2 Datacenter (D2D), & Medical Communities of Interest (MEDCOI)
2019 Top Innovations in Healthcare
Blockchain
Summary
“Ultimately, healthcare organizations are looking to drive improvements not just in the IT infrastructure but in the management and delivery of healthcare operations and patient care.” -AFCEA
Secretary of Defense’s 3 Lines of Effort

1. Increase Readiness and Lethality
2. Strengthen Alliances
3. Bring Business Reform to DoD
The Military Health System (MHS)

Our system is especially unique, acting as a Payer, Provider, and Health Plan for over 9 Million beneficiaries

A YEAR IN THE LIFE OF THE MILITARY HEALTH SYSTEM

128 MILLION
Prescriptions filled in Military and Network Pharmacies and Home Delivery

70.5 MILLION
Outpatient Visits

1 MILLION+
Inpatient Admissions

119,000
Births

MHS BY THE NUMBERS

205,000+
Healthcare Professionals and Support Staff

9.4 Million Eligible Beneficiaries

55 Military Medical Centers and Inpatient Hospitals

373 Health Clinics

245 Dental Clinics

5 Theater Hospitals

169 Forward Deployed Sites
  » 141 Army
  » 45 Navy
  » 11 Air Force
  » 2 Marine Corps

300 U.S. Navy Ships

2 Hospital Ships
VISION: Unified and Ready…

MISSION: As a Combat Support Agency, the Defense Health Agency leads the MHS integration of readiness and health to deliver Quadruple Aim: increased readiness, better health, better care, and lower cost.
## Background Studies

<table>
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<tr>
<th>YEAR</th>
<th>COMMISSION AND/OR STUDY</th>
<th>CREATE UNIFIED SERVICE</th>
<th>ADD TO CENTRAL AUTHORITY</th>
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IT Modernization: Improving Healthcare Outcomes
Today’s DHA: How We Got Here

- **DoD Task Force on MHS Governance** (September 2011)
  - Recommended DHA model for MHS governance
- **DEPSECDEF Planning Memo** (March 2012)
  - Directed planning for DHA implementation
- **DHA Planning WG Report** (November 2012)
  - Provided DHA and Shared Services implementation plan for DEPSECDEF approval
- **DEPSECDEF “Nine Commandments” Memo** (March 2013)
  - Directed implementation of DHA
- **DODD 5136.13** (September 2013)
  - Established the DHA
- **NDAA 2017** (September 2016)
  - Directed implementation of broader responsibilities
- **NDAA 2019** (August 2018)
  - Amended broader responsibilities

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**IT Modernization: Improving Healthcare Outcomes**

8
SUMMARY

A Phased Approach to Transition

DHA Market Reporting Structure

Phase 1 - By Oct 1, 2018
• Transition 8 MTFs (WRNMMC, FBCH, MH JAX, Womack AMC, 4 MDG, 81 MDG, 628 MDG, and 43 MDS) to DHA and align under NCR Transitional IMO
• Expansion of DHA HQ functions to manage the East Region MTFs coming under authority, direction, and control of the DHA
• DHA assumes responsibility for the administration of all MTFs through the issuance of enterprise-wide standard policies, administrative processes and clinical practices

Phase 2 - By Oct 1, 2019
• Transition all MHS MTFs in East TRO Region
• Finalize Market Management Offices (#1,#2) for East Region
• Establish Small and Standalone Office (SSO) (#3) for East Region standalone MTFs.

Phase 3 - By Oct 1, 2020
• Transition all MHS MTFs in West TRO Region
• Finalize Market Management Offices (#1,#2) for West Region
• Expand Small and Standalone Office (SSO) (#3) to administer and manage West Region standalone MTFs.

Phase 4 - By Oct 1, 2021
• Transition all MHS MTFs outside of the United States
• Establish Defense Health Regions #4 (Indo-Pacific) and #5 (Europe)
Markets: The Future of the MHS

Market Definition
A group of MTFs in a geographic area that operate as a system: sharing patients, functions, budget, etc., across facilities in order to improve the delivery and coordination of health services to drive value for beneficiaries.

Market Mission
DHA Markets will enable an integrated system of readiness and health by supporting and holding accountable assigned MTFs to optimize delivery of the Quadruple Aim.

Market Responsibilities

Readiness
• Support for Ready Medical Force
• Support for Medically Ready Force
• Force Generation

Health Services Delivery
• Access, quality and experience of care for the beneficiary population

Administrative Operations
• Management & oversight of MTFs through QPP
• Delivery of shared administrative functions
• Facilitation of external partnerships
• Management of TRICARE HealthPlan functions to integrate direct and purchased care

IT Modernization: Improving Healthcare Outcomes
• Value Measurements should focus on how well the care delivered meets individual patients' needs
• Measuring success, or the results of treatment, requires following the patient through the process of care, and looking at medical conditions and patients holistically

\[ \text{Value} = \frac{\text{Readiness} + \text{Health} + \text{Care}}{\text{Total Cost}} \]
VADM Bono identified her 7 Critical Initiatives for FY19 (which will continue for FY20), which include:

1. **Deployability**
2. **Improve Medical Force Readiness (Ready Medical Force)**
3. **Encourage Healthy Behaviors (Health)**
4. **Optimize & Standardize Access (Access)**
5. **Improve Condition Based Quality Care (Quality)**
6. **Achieve Zero Patient Harm (Safety)**
7. **Improve Effectiveness & Efficiency of DC Platform**

*The QPP is more than a plan. It is the process by which we engage the entire Military Health System to achieve breakthrough performance in pursuit of the Quadruple Aim.*
MHS GENESIS

Program Executive Office (PEO):
- Platform and Program Management

Functional Proponent
- Clinical and Business Functionality

Information Technology (IT)
- Infrastructure
MHS GENESIS Implementation

Limited Fielding ATP (Waves 1-6)  Full Deployment Decision (FDD) ATP  Full Deployment

FOT&E

Wave 1  Wave 4
Mountain Home AFB (H), Travis AFB (H)

Wave 3  Wave 6
Nellis AFB (H), 20 Palms (H)

Wave 5  Wave 21
Camp Pendleton (H), Elmendorf AFB (H), Ft. Wainwright (H)

Wave 7  Wave 8
NMC San Diego (H),  Ft Bliss (H)

Wave 15
Ft Carson (H), Ft Leavenworth (H), Ft Leonard Wood (H), Ft Riley (H)

Wave 3  Wave 20
NMC (H), Lackland, Corpus Christi

Wave 16  Wave 17
Ft Campbell (H), JAL FHCC (North Chicago) (H), Wright-Patterson (H)

Wave 19  Wave 20
Guantanamo Bay (H), West Point (H)

Wave 13  Wave 9
Misawa AB (H), Okinawa (H), Yokosuka (H), Yokota AB (H)

Wave 10  Wave 11
Guam (H), Osan AB (H), Seoul (H)

Wave 12
WRNMMC (H), Ft Belvoir (H)

Legend:
- [H] = Hospital
- Satellite MTF [MTF Command] = MEDCO: Fully Deployed Threshold
- Pre Deploymen Planning with MTFs
- Deployment Activities (12 months to Go-Live)
- Post Go Live Activities (Go Live to 3 months post Go-Live)
- TIDC = Technology Insertion Data Collection
- MHS GENESIS Technology Insertion
- If Needed = Alternate space in schedule for MTFs that don’t Go-Live with Wave

Note: This is not a comprehensive list of all sites within a wave.
D2D program provides centralized, standardized core infrastructure capabilities that collectively enable healthcare operations including the deployment of the Department Defense’s (DoD’s) new electronic health record (EHR) – MHS GENESIS.
2019 Top Innovations in Healthcare

- Payer-Provider Analytics/Data Software
- Artificial Intelligence
- Blockchain
- Internet of Medical Things (IoMT)
- Robotic Surgery
- Telehealth
- Gene Therapy
- 3D Printed Products/Devices
- Therapies for Pain Management
- Virtual and Mixed Reality

IT Modernization: Improving Healthcare Outcomes
Blockchain Overview

Blockchain is characterized as being...

- **Transparent**: Transactions are validated using a “consensus” algorithm.
- **Distributed**: Once validated, they are recorded on a single ledger that is replicated across every node (computer) in the network.
- **Immutable**: Once recorded, transactions can not be reversed, edited, corrupted, or otherwise changed.

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<th>HORIZONTALS</th>
<th>BENEFITS</th>
<th>EXAMPLES</th>
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<tbody>
<tr>
<td>Payments &amp; Settlements</td>
<td>• Ensure auditability</td>
<td>Treasury: Enable reconciliation of the $2.7T that remains unaccounted for annually across the interagency</td>
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<td></td>
<td>• Accelerate reconciliation</td>
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<td>• Reduce improper payments</td>
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<tr>
<td>Identity &amp; Access Management</td>
<td>• Prevent unauthorized disclosure of user credentials</td>
<td>OPM: Establish a Federal Employee Digital Record containing all relevant employee data for the entire human capital lifecycle</td>
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<td>• Rapidly confirm eligibility for services or benefits</td>
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<td>• Reduce friction in granting access</td>
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<tr>
<td>Supply Chains &amp; Smart Assets</td>
<td>• Maintain visibility across multi-modal transit</td>
<td>OSD/J4: Perform “point of use, time of need” Additive Manufacturing (3D Printing) using a digital supply chain</td>
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<td>• Ensure integrity of 3rd-party data submissions</td>
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<td>• Preserve reliability for chain of custody tracking</td>
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<td>Secure Data Sharing</td>
<td>• Strengthen privacy protections</td>
<td>DHA: Facilitate the exchange of encrypted, permissioned, health record data amongst the MHS’s MTFs</td>
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<td>• Facilitate file sharing among independent parties</td>
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<td></td>
<td>• Reduce storage requirements</td>
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Benefits of Blockchain in Health Care

Clinical Trials
- Increase transparency, auditability, and accountability of medical practitioners and clinical researchers

Patient Records
- Will give patients and doctors immutable log of healthcare records
- Irrefutable, signed, and secured through blockchain transaction

Drug/Device Tracking
- Leverages the immutability of the blockchain to develop track and chain of custody from manufacturer to patients
Secure data exchange
• Blockchain provides a secure, permissioned (Private Sector) way of exchanging information across a consortium of healthcare entities

Information transparency
• Any interaction by a member of the consortium is captured in a common ledger and is visible to any member of the consortium
With the use of Blockchain, MTFs, Private Hospitals, Clinics, Labs, Testing facilities, etc. will be able to communicate with each other with ease.
1. **Increase Readiness and Lethality**
   - Implementation of standardized performance metrics (QPP) that center around readiness and enhance accountability
   - Implement standard health record system across VA and MHS to streamline care and draw insights from longitudinal patient data
   - Work with other agencies (HHS, NIH) to gain industry understanding of health care best practices
   - Standardization of processes and procedures results in efficient, high quality care that can be compared across the system
   - Implement new IT solutions such as blockchain to enhance security and collaboration across the MHS
In Closing
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<td>AFCEA</td>
<td>Armed Forces Communications and Electronics Association</td>
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