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# Modernizing Health Records for Service Members and Veterans: The Contractor Perspective

Testimony before the Committee on Veteran's Affairs

Subcommittee on Technology Modernization

Tuesday, June 4, 2019

2:00 p.m.

House Visitor Center (Room 210)

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Chairwoman Lee, Ranking Member Banks, and distinguished members of the Subcommittee, thank you for the opportunity to provide a contractor perspective on modernizing health records at the Departments of Defense (DoD) and Veteran's Affairs. It is my privilege to represent Leidos – the prime contractor for the Department of Defense on the Defense Healthcare Management System Modernization (DHMSM) contract. The Leidos Partnership for Defense Health consists of four core partners. They are Leidos, which is the prime integrator and developer of the project, along with Cerner Corporation, Accenture, and Henry Schein One. The Leidos Partnership for Defense Health (LPDH) is complemented by 30 businesses with expertise in commercial hospitals and the Military Health System.

Together the Leidos Partnership for Defense Health is developing a modern, secure, connected Electronic Health Record (EHR) – called MHS GENESIS – that will provide a state-of-the-market, commercial-off-the-shelf solution consisting of Cerner Millennium, an industry leading medical EHR, and Henry Schein One's Dentrix Enterprise, a best-of-breed dental record system, as well as several other commercial software packages that make the system work together. This team is responsible for helping the DoD achieve its mission of standardized care for Military members, higher states of readiness for our armed forces, and to make possible essential data and record interoperability across the DoD, the Department of Veterans Affairs (VA), US Coast Guard, and private sector providers.

Implementing this program is complex and benefits from the holistic partnership and collective capabilities brought to bear by the Leidos Partnership for Defense Health. I am pleased to share that implementation is on track and on budget, and is projected to document health across the Military Health System (MHS) by the end of 2023.

The Mission of Leidos is “to make the world safer, healthier, and more efficient through information technology, engineering, and science.” Implementing MHS GENESIS embodies that mission. For fifty years, Leidos has proudly served the interests of our country and embraced the mission of our customers. We recognize that our responsibilities to the DoD are great because they directly impact the health and well-being of our fighting forces and their families. Some of us who have served and raised families in the Military recognize the need to now replace the current system that has served us for so long. We are proud to be a part of this and we are committed to success.

## **Objective of Our Work**

Working closely with our DoD customer, the Leidos Partnership is committed to executing three equally important objectives: deploying the single, integrated inpatient and outpatient EHR; incorporating continuous improvement to the implementation of MHS GENESIS through lessons learned; and successfully transforming the delivery of healthcare in the Military Health System (MHS) to ensure our Service members receive the same standard of care no matter where they are in the world.

## **What is MHS GENESIS?**

MHS GENESIS is a healthcare transformation system designed to standardize the delivery of healthcare for nearly 10 million Service members and their families. MHS GENESIS is a collection and integration of products that will help the DoD and VA efficiently manage the health of our Service members, retirees, Veterans, and their families.

The Defense Healthcare Management System Modernization (DHMSM) contract was awarded to Leidos in 2015. At present, the program is on schedule to be fully deployed in 2023. While there are many partners involved with the DHMSM program and MHS GENESIS system, the program's contractor team is led by Leidos. The Leidos Partnership is a team of proven innovators who have consistently delivered large, complex solutions for the DoD and VA on time and within budget for decades. We specialize in delivering patient and clinician-centric tools, training, and organizational change management support to offer high-quality health care technology. As one of the most experienced IT integrators in the federal space, Leidos was chosen as the prime integrator for the DHMSM program, and is responsible for the its day-to-day management and overall success.

Once implemented, MHS GENESIS will seamlessly integrate patient records so providers spend less time managing records – and more time with patients. At completion, the program will have modernized the military's healthcare system and enabled patients and clinicians to capture and share health data that improves continuity and quality of care for all active military, their families, and their beneficiaries.

MHS GENESIS is currently operating the Pacific Northwest at our Initial Operational Capability (IOC) sites. We are proud to report that MHS GENESIS is successfully managing more than 100,000 encounters per month at military treatment facilities. Children recently

born at the OB GYN clinic at the Naval Clinic Oak Harbor in Washington State, for example, have an MHS GENESIS health record, and should those children join the military and eventually become beneficiaries of the Veterans Benefits Administration, they will carry the same single health record with them throughout their lives. If they choose to go with private health care, they will have an MHS GENESIS record that can be integrated into a commercial system at any hospital or clinic. This is an important differentiator from past efforts by the DoD and the VA.

## **Timeline**

The DoD was an early pioneer in the development of a centralized, global electronic medical record when it introduced the Armed Forces Health Longitudinal Application – or AHLTA – in 2004. At the time, the private sector viewed the DoD’s in-house EHR solution, like the VA’s similar system, as advancing the state of healthcare documentation. However, by today’s standards, DoD’s health information technology (IT) systems are dated and need replacing. As well, because DoD and VA installations evolved independently, the EHR systems are not designed to interoperate, and this must be solved. We know this is a significant frustration to our veterans, to the agencies, and to Congress.

In 2013, then Secretary of Defense Chuck Hagel directed DoD to seek a commercial off-the-shelf software solution that would better integrate military health care records with the VA. This was the first step toward creating the single-instance program that DoD and VA are now working toward. This is important to highlight – a single-instance program is not the same as “interoperable”, it is much better, as I will discuss a bit later.

In November 2017, the Leidos Partnership for Defense Health initiated “live” operations of MHS GENESIS in Washington State at our initial operational capability sites, which included four military treatment facilities and more than 20 ancillary clinics. These IOC sites initiated a period of use expressly intended to operate and collect “lessons-learned” and refine implementation practices that can be applied to future sites. The results are impressive: in 2018, our pilot sites experienced a 32 percent increase in outpatient appointments, a 63 percent increase in new prescriptions and refills, and more than 4,500 duplicate lab orders were avoided – improvements all achieved while maintaining stable staffing levels at each military treatment facility.

After gathering feedback at these sites intended to enhance the system for future deployment, DoD approved its deployment to the first wave of military hospitals and clinics, which includes Travis AFB, Naval Health Clinic Lemoore, Presidio of Monterey, Mountain Home AFB, and surrounding clinics.

MHS GENESIS will go live at these locations in September 2019.

We cannot over emphasize how important DoD's intentional and methodical approach to implementing, learning and improving is to successfully rolling out MHS GENESIS.

Implementing a new platform of this scale and complexity requires a process with reasonable steps and multiple feedback loops.

### **What We Have Learned**

The IOC sites, which ranged in size and complexity, allowed for feedback to be gathered and incorporated into the refined MHS GENESIS deployment strategy. As of today, those four pilot sites continue to use MHS GENESIS to safely deliver, manage, and document healthcare – documenting more than 100,000 patient encounters each month.

DoD plans to deploy MHS GENESIS by geographic region—three in the continental U.S. and two overseas—in a total of 23 waves. Each wave includes an average of three hospitals and 15 physical locations, and lasts approximately one year. Waves will run concurrently. This wave-based approach allows the DoD and LPDH to take full advantage of lessons and experience gained from prior waves to maximize performance in subsequent waves. Full operational capability, to include medical and dental facilities worldwide, is scheduled to be completed by the end of 2023.

We acknowledge that the IOC go-live effort was not flawless – but its intended purpose was achieved - and that was to identify areas for improvement and set course corrections to address issues prior to full deployment. This may be the most important lesson of the pilot, which is that learning is constant and incorporating those lessons as the system is developed will make the implementation of MHS GENESIS that much more of a success. And I would again emphasize that the initial pilot sites are successfully using the system and improving healthcare outcomes through its use.

I'd like to provide you with a quick overview of some of the insight we gained from the IOC

implementation. They include: improved training, necessary infrastructure investments, and change management across military treatment facilities.

## **Training**

Our partnership has refined its training approach through three fundamental changes to the overall strategy. First, workflow adoption in key areas is being trained in advance of MHS GENESIS deployment and being led by the functional community. Second, training is being tailored to focus on role-based workflows that teach the user how to perform key tasks using MHS GENESIS. Third, the health system utilizes proven commercial best practices that deliver team-based training and just-in-time training during and after the system goes live.

Our pilot deployments provided critical insight on the importance of defining user roles and assigning targeted curriculum using a scenario and workflow-based approach, thus ensuring the training technical environment is in sync with the production environment.

## **Infrastructure**

Highly-reliable hosting services are fundamental to enabling the delivery of MHS GENESIS. The Leidos Partnership has worked closely with DoD technical and cyber threat management leadership to build, deliver, and protect hosting services capable of storing personal health information and enabling the delivery of effective care.

Hosting services must be connected to each military treatment facility with high-speed/highly-reliable and secure Network Services. The DoD's Medical Community of Interest, or MED-COI, is a virtual, private network that DoD is investing in to ensure each Wave delivers sound connectivity to patient care locations.

Patient care workflows and services that take place within each treatment facility are enabled/supported with a variety of medical devices, lab instruments, patient monitors, imaging tools, and end-point Electronic Medical/Dental Record access devices. Our Wave deployment plan includes a rigorous assessment of existing military treatment facilities' equipment against MHS GENESIS requirements, followed by "refreshment as needed," which enables clinical staff to operate at peak efficiency and effectiveness.

## **Change Management**

Implementing systems is a people business and change is hard. Fundamentally, the technologies that this system are commercially available and in production in hundreds of commercial locations. Technically, this system, while complex, is absolutely feasible. The most essential challenge is a people-challenge. A program of this size and complexity fundamentally changes the way people perform their jobs. Thus, we have worked side-by-side with clinicians to better understand their workflows in order to design a system that makes the delivery of healthcare more efficient and produces better clinical outcomes.

We have refined our deployment approach to ensure that change management begins on day one. Our team works with the staff at each military treatment facility to ensure they understand not only *how* things are changing, but also *why*, enabling greater ownership and engagement throughout the implementation process. We have developed enhanced materials and resources to address any gaps in order to ensure a smoother transition for future Waves. We will continue to refine and improve our process with continued feedback from each Wave deployment. The Leidos Partnership is fully committed to making this transition as seamless as possible for the Military Health community.

## **Joint Governance**

The FY2008 National Defense Authorization Act (NDAA) directed the creation of an interagency program office for the DoD and VA. The DoD/VA Interagency Program Office (IPO) was established to lead EHR efforts between the DoD and VA to improve the quality of healthcare, improve clinical and patient experiences, and increase interoperability among the Departments and the private sector.

Ultimately, it was the lack of standardization between the Departments' policies that inhibited the ability of the DoD and VA to implement the technologies available at the time and define long-term success. Joint leadership and consensus is fundamental to the ability to deliver a single, seamlessly integrated electronic health record.

Earlier I mentioned the importance of having a single-instance for health records keeping. Rather than having two separate systems, as DoD and VA have historically had, and have them "interoperable" in that they can read one another's data, MHS GENESIS is intended to be one instance, or one record used across both agencies. I used the example of a baby being born at Oak

Harbor earlier – that is single instance. That child will have one record throughout their life, so long as they are in the defense health or VA systems. So in order for this to succeed, both programs must be near identical to allow for seamless transition of information and data.

To that end, on September 28, 2018, the Secretaries of Defense and Veterans Affairs signed a Joint Commitment Statement pledging to align VA and DoD strategies to do just that - to implement the same MHS GENESIS 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. The DoD and VA leadership determined that the optimal and lowest risk alternative was to re-charter the DoD/VA IPO into the Federal Electronic Health Record Modernization (FEHRM) Program Office.

The FEHRM, which is intended to 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. Leadership commitment and alignment is critical to drive change. This is especially true when deploying a single, integrated inpatient and outpatient EHR, while standardizing enterprise-wide workflows across more than 400 military treatment facilities. While the scope of our mission remains unchanged, the scale will continue to grow and we are prepared to deliver.

We believe the key to success is to empower the FERHM to make decisions that ensure the joint requirements are in place for both the DoD and the VA.

We believe this program office should be small, nimble, and they should be an arbiter of key decisions, not an overseer of each program. In other words, the FERHM should not be tasked with delivering a product, but rather driving requirements that are universal across DoD and VA.

### **Commitment to Protecting Patient Data**

An essential priority is keeping patients safe and protecting their personal data. This principle guides the implementation of MHS GENESIS. We work closely with the MHS community to continuously refine and enhance the system to meet the needs of the military health community based on ongoing, real-time feedback from the testing sites (Fairchild Air Force Base, Naval Health Clinic Oak Harbor, Madigan Army Medical Center, and Naval Hospital Bremerton).



## **Closing**

The Leidos Partnership for Defense Health team collectively brings decades of experience implementing healthcare IT solutions in the federal space. Together, we have the experience and know-how to deliver a project of this magnitude through to completion.

In closing, I would like to share a quote from Vice Admiral Raquel Bono who said, “We have the potential to create the very best healthcare system ever, not just for the military, but for the United States, our Nation, and across the world.” Leidos and its partners are confident in our ability to make that vision a reality, by implementing the integrated electronic health record system – MHS GENESIS – across the military health community by the end of 2023. On behalf of the Leidos Partnership for Defense Health, I promise we are committed to honoring this noble mission. Thank you and I look forward to your questions.