

STATEMENT BY

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INTRODUCTION

Chairman Visclosky, Ranking Member Calvert, and distinguished members of the House Appropriations Subcommittee on Defense, thank you for the opportunity to testify before you today. I am proud to represent the Program Executive Office, Defense Healthcare Management Systems (PEO DHMS), and I am excited to share our achievements with you. PEO DHMS is a committed team of professionals, and it is my honor to represent their tireless efforts to achieve a single, common electronic health record for our service members, veterans, and their families.

Patient-centered care is not only an ethos we use to describe our mission, is it also at the core of our design. Each and every choice we make in the delivery of MHS GENESIS stems from this concept. From the complexities of capturing critical data on the battlefield to documenting extended care at military treatment facilities and beyond, we understand the patient is our focus.

Whenever I speak about MHS GENESIS, the patient-centered model leads the conversation. Our model serves as a blueprint—to remind people every day that behind the data and the complex IT system are people who will depend on MHS GENESIS for decades to come.

We are not clinicians or direct healthcare providers, but our system is a crucial tool that enables clinicians to deliver the best quality care. By using our patient-centered model as our guiding light, we ensure we never lose sight of the big picture.

Serving as PEO, I have witnessed significant progress during the past 12 months. I know we all agree our mission is of paramount importance and our ability to deliver a world class system is a responsibility that should never be taken lightly. I am proud to say the future is bright for MHS GENESIS, and we are poised to deliver positive, tangible results within the coming year.

MHS GENESIS TEAM

Systems do not create success, people do. Putting the right people in the right place is critical to the successful implementation of MHS GENESIS. Our progress depends on the hard work and talent of the clinicians, infrastructure architects, IT engineers, and business operations managers, fondly called our MHS GENESIS team. They collaborate daily to deliver the greatest capability to the Military Health System. Extensive cross-discipline expertise is required to ensure effective healthcare delivery, and I am convinced we have the best and the brightest coordinating to make sure our product fully meets that need. I especially want to thank our functional champion, Air Force Major General Lee Payne, and my VA counterpart, Mr. John Windom, executive director of the Office of Electronic Health Record Modernization, for their partnership as we deliver a single, common record.

As you know, we experienced challenges early in our deployment. However, this team embraced the challenges as opportunities and took the time to transform the record. We stabilized the infrastructure, standardized the workflows, and we improved our training, which all served as the foundation for our deployment to Wave TRAVIS. In September 2019, we completed Wave TRAVIS at four installations across California and Idaho, simultaneously, and without any patient safety issues. By all accounts, it was a very successful deployment.

In fact, I would like to share with the committee two assessments we received from Wave TRAVIS commanders. The first is from Captain Christopher Tepera, a doctor and Executive Officer at Naval Health Clinic – Lemoore.

“From Mr. Schaefer, CAPT Leal, CAPT Hardy, Mr. Edwards, CDR Guidry and, countless others, the willingness to work with our staff to ensure a smooth go-live was phenomenal. All were available, approachable and worked well with us.

[Your support] allowed for major workflow changes to happen.... Perhaps most importantly was the request by us to use Powerchart for our Urgent Care Clinic instead of FirstNet....[which]

simplified our processes and allowed for greater flexibility while appropriately taking care of our personnel."

CAPT Tepera also noted that engagement with the PMO allowed us to get the right capability in place for the providers. In addition, Lemoore's facilities were fully up and running within one month.

The largest facility involved in Wave TRAVIS was the David Grant USAF Medical Center (DGMC), at Travis Air Force Base. Colonel Kristen Beals, Commander, 60th Medical Group, shared with us:

"[PEO DHMS] bolstered my confidence that [they] trusted and valued the 60 MDG to provide honest feedback of the reality on the ground, straight from us.

Bottom line, we affirm that the support we've received from the PEO DHMS has significantly contributed to our success in adopting MHS GENESIS, and our willingness to identify and communicate system issues."

The team at Travis Air Force Base demonstrated confidence in MHS GENESIS' capabilities day one, in part because they were actively involved and engaged in the deployment process. They were so confident in the capability of this system that when a patient arrived at the emergency room in sudden cardiac arrest two hours before the official Go-Live, the team chose to document the patient's care in MHS GENESIS rather than defaulting to a contingency. They knew using MHS GENESIS was the right move, and it would support after-care for the patient by making treatment information more readily available to clinicians in the future.

WAVE TRAVIS

It took a team of capable clinicians to save the life of a patient hours before Go-Live at Wave TRAVIS. Clinical and IT experts both in the D.C. area and in the field built the system that

supported that patient's care. Every one of these individuals comprises the MHS GENESIS team, and the team expands by thousands each time we deploy to a new site.

As a result of our Wave TRAVIS success, we not only increased the number of users by more than 30%, we doubled the number of sites using MHS GENESIS and received fewer than half the number of trouble tickets reported during our initial fielding in the Pacific Northwest. It is important to note a majority of the trouble tickets we received during Wave TRAVIS pertained to user permissions. The tickets were not about the effectiveness of MHS GENESIS. These facts demonstrate our effectiveness in reconfiguring workflows and transforming training between our initial sites and our first Wave, proving that success depends on getting the right people in the right places, and we did.

Following the initial fielding, we capitalized on lessons learned. I credit functional champion, Maj Gen Lee Payne, and his team for their support in the evolution of our clinical workflows and training. By standardizing workflows, we transformed the training process from start to finish in advance of Wave TRAVIS. Working closely with our clinical community, we established a peer-based training system, enabling new system users to learn from colleagues who were already using MHS GENESIS. These changes made a monumental difference in the experiences of all users in the first Wave of MHS GENESIS deployment.

With every deployment, we hone our processes and improve the way we deliver capabilities to the field. The peer-to-peer training was such a success that, after Wave TRAVIS, Maj Gen Payne's staff recommended initiating a commanders' workshop to offer commanders a peer-to-peer engagement opportunity. Travis Air Force Base hosted the first of these workshops for commanders who will lead their staff through Wave BLISS/CARSON. The workshop proved an effective means of engaging commanders and establishing relationships as well building the MHS GENESIS team. The workshops will continue to be part of the deployment process.

GOING FORWARD

This summer, MHS GENESIS will deploy to Wave NELLIS, which includes multiple sites across southern California and Nevada. Training and preparations are on schedule, and I'm confident we'll see a smooth and efficient Wave NELLIS Go-Live.

As the Department of Veterans Affairs prepares to go live in the Pacific Northwest, we are working with them and our vendors to configure our single, common record to meet the needs of all our clinicians and patients, regardless of the care location. Specifically, we are working with the VA to assess areas for joint decisions and increased program efficiencies. One specific example is DoD's participation in VA's clinical workshops which resulted in opportunities for us to improve the DoD-deployed clinical workflows. I want to thank Mr. John Windom for his leadership and partnership as we jointly deliver a secure, modern electronic health record that will follow our service members from their first day in DoD through veteran status, easing transitions from DoD to VA care. Mr. Windom served as an integral part in the delivery of this EHR to both departments, and I know he joins me in celebrating our progress.

In December 2018, my team received approval to move forward with the first six Waves of MHS GENESIS deployment. We saw an opportunity to industrialize our deployment processes in ways that allow us to accelerate delivery while remaining true to all of our safety and cybersecurity requirements. We are actively exploring ways to refine the delivery of software releases to the enterprise, further standardize training, and re-prioritize deployment sites based on synergies with the VA schedule.

Accelerating delivery of healthcare IT will enhance the patient experience for DoD and VA beneficiaries, something far too significant not to mention. Anytime we can advance capabilities and enhance patient care, we absolutely should. We can also leverage this acceleration to focus on the operational medicine community earlier than planned, delivering capabilities to our forward deployed service members, enhancing medical readiness abroad. I'm pleased to announce that our Joint Operational Medicine Information Systems (JOMIS) Program Office continues to deliver modernized operational medicine capabilities to the warfighter. The Defense

Health Agency recently stood up the Office of the Operational Medicine Functional Champion (OMFC), which will work closely with JOMIS. OMFC under the leadership of Major General Lee Payne will represent the voice of operational medicine stakeholders such as combatant commands. In the future, I look forward to reporting more about the growing and strong partnership between JOMIS and OMFC.

As we move forward with this deployment, we will continue implementing creative approaches to problem solving, and will achieve results by looking beyond the “now” to formulate strategies for future success. We continue to foster inventive and collaborative methods, anticipate risks, and prepare for contingencies, while maintaining efficient, effective fiscal stewardship, making every dollar count.

We commit to the delivery of high-quality solutions by applying acquisition best practices and innovative approaches with speed and efficiency. We focus on maintaining a high-achieving culture to deliver cost-effective, timely, customer-focused results. As you saw in the feedback from Wave TRAVIS commanders, we value transparency, and we value you, the committee. We appreciate your feedback and remain committed to honest communication with our stakeholders.

CONCLUSION

As I mentioned several times, one of the most important aspects of our success is the MHS GENESIS team. I could not do this job without them. I am honored to work with this committee to achieve the ultimate success of a single, common record. Your support is vital to our mission’s success. Thank you for your ongoing commitment to our nation’s servicemen and veterans.

In closing, as a son and brother of veterans, I remain focused on delivering patient-centered care, providing the greatest capabilities available to support the most informed clinical decision making. As the wise sentiment goes, it is amazing what can be achieved as long as we don’t care who gets the credit, and I believe the entire MHS GENESIS team exemplifies this wisdom. I’ve acknowledged some of my counterparts in leadership roles in my testimony today, but there are thousands of individuals across the country who, as we speak, are striving to secure a successful

future for DoD and VA patients. The success of MHS GENESIS is fulfilling a solemn promise to our service members, veterans, and their families. Together, we have an opportunity to make a tangible difference in the lives of millions of Americans, and I am confident we have the right people delivering on that promise.

Thank you again for your time and your attention this morning. I look forward to your questions.