The BEAT

THE NEWSLETTER OF THE SOLUTION DELIVERY DIVISION

Joint Technologies Showcased at HIMSS18

COL Richard Wilson explains how SDD applications are supporting Department of Defense and Department of Veterans Affairs collaboration.

The Defense Health Agency's (DHA) Solution Delivery Division (SDD) showcased its accomplishments and capabilities as leaders in Health Information Technology (IT) at the annual Healthcare Information and Management Systems Society (HIMSS) conference March 5-9 in Las Vegas, Nevada.

SDD Chief COL Rich Wilson and Chris Nichols, Program Manager, Enterprise Intelligence and Data Solutions Program Management Office, took the opportunity to share SDD's significant health IT milestones during speaking sessions. COL Wilson delved into the steps taken by the Department of Defense (DoD) and Veterans Affairs (VA) to achieve a single quality and interdependent health IT system. Nichols, along with Chris Spevak, Director of DHA's National Capital Region's Opioid Safety Program, discussed the development of the Military Health System Opioid Registry in combatting the opioid epidemic.

"HIMSS provides us with a knowledge-sharing opportunity among experienced leaders from all over the world who share the common goal of advancing and transforming health IT," said COL Wilson.

Within the Federal Health IT Solution Pavilion, four SDD product teams showcased their applications. The Joint Patient Safety Reporting team demonstrated a single data source for comparing patient safety data between the DoD and VA. The Service Treatment Record (STR) Processing Operations Reporting Tracking Solution team displayed how they leveraged the Health Artifact and Image Management Solution and the STR process to ensure the smooth transition of Service members from active to retired status.

COL Richard Wilson and Ms. Leanne Spinale demonstrate SDD's joint credentialing system, JCCQAS, to the Director of the DHA, VADM Raquel C. Bono.

Individual Longitudinal Exposure Records team members exhibited their joint DoD and VA initiative aimed to collate and store occupational and environmental exposures of individuals. And the Joint Centralized Credentials Quality Assurance System team demonstrated a single interagency system that uniformly manages credentialed health care providers within the DoD and VA. The exhibitors of these systems demonstrated the capabilities of their application to leaders from all over the world.

SDD AT-A-GLANCE

SDD Portfolio

- The SDD portfolio delivers the functional benefits of information technology to drive health care to health
- Global reach in all military treatment facilities (MTF)
    - 55 hospitals, 5,519 beds
    - 373 medical clinics
    - 245 dental clinics

Direct Impact to MTF Operations

- 9.4M beneficiaries with clinical data
- 95K+ active users, 125K+ end-user devices
- 150K+ new encounters daily
- Process nearly 25K requisitions and $13M+ in medical supplies and pharmaceuticals daily
- Near real-time global medical surveillance
- Support patient safety, nutrition services, blood programs, occupational health, and more

Clinical EHR Solutions

- AHLTA – outpatient EHR
- Essentris® – inpatient EHR
- CHCS – appointing and ancillary
- TOL Patient Portal and Secure Messaging
- EHR Sustainment – transition to new, modernized EHR
- HAIMS – artifacts and imagery
- EBMS – blood product management

Business & Administrative Solutions

- DMHRSi – medical human resources
- DMLSS – medical logistics
- ESSENCE – syndromic medical surveillance
- JCCQAS – credentialing
- iMEDCONSENT – patient consent
- S3 – surgical scheduling
- JPSR - patient safety
- EIRB – research support
- CCE – medical coding assistance

Message from SDD Division Chief

As we approach the end of the first half of Fiscal Year 2018, I'm really proud of how much our Solution Delivery Division (SDD) team has accomplished so far this year! In addition to MHS GENESIS deployment support, decommissioning, training and workflow optimization activities, SDD teams remain responsible for the maintenance of more than 70 military health information technology applications. A few of those systems were highlighted during our recent participation at HIMSS18, where I was honored to travel with other members of the SDD team and share the great work we've been doing to increase interoperability with other health care experts from around the world. Please continue reading this March edition of The BEAT to learn about more of our recent accomplishments.

First, our Feature Story explains how SDD systems assisted in the identification and correction of nearly 1,000 duplicate patient records, avoiding potential patient safety issues and easing decommissioning efforts. Next, in our PMO Spotlight, read about how our EHR Core PMO's blood management systems helped injured passengers during a recent Amtrak derailment and, in the Product Spotlight, how ABACUS enhancements allow users to expedite billing and collections processes. Finally, learn about Logical Observation Identifiers Names and Codes, the standards the Military Health System uses to identify clinical information in electronic reports, and where you can go to access the WAR, a report that publishes news items to our military hospitals and clinics each week.

Thank you for taking the time to learn more about SDD and the work we do each day! We are dedicated to our mission to support and advance military health care and honored to serve our 9.4 million Department of Defense beneficiaries.

COL Richard A. Wilson, Division Chief, SDD

Visit SDD News subscriber page to register for topics of interest.

Organizations Collaborate to Improve Patient Safety, Ease Decommissioning

HIT WARDS
FY QUARTER 1

The EHR Core Site Operations team collaborated with the Defense Manpower Data Center (DMDC) to correct patient records in the Defense Enrollment Eligibility Reporting System (DEERS) database. DMDC provided the Site Operations team with a list of 1,078 patients with potential duplicate records or unmerged records in the Central Data Repository (CDR) and the Composite Health Care System (CHCS) based on indicators found in the DEERS database.

This effort was initiated due to the potential of multiple or crossed patient records in the CDR and CHCS systems. The cases that DMDC identified and sent to the Site Operations team were identified because Military Treatment Facilities had one Internal Entry Number (IEN) belonging to two different records in DEERS. These records appeared to be either duplicated DEERS records or two completely different people labeled mistakenly with the same IEN. All 1,078 records were analyzed and queued for next steps in the remediation process. The records were categorized based on what steps need to be taken:

- 353 require no further action
- 463 require fix in DEERS only by DMDC with no issue on the CDR or CHCS
- 142 require a CDR merge pending fix in DEERS by DMDC
- One requires a CDR unmerge pending fix in DEERS by DMDC
- Two required a multiple IEN drop on the CDR and are now pending fix in DEERS by DMDC
- 117 are pending merge or unmerge by the Site Operations team on the CDR
- 27 merges completed
- 16 unmerges completed

"As MHS GENESIS continues deployment, this collaboration with DMDC and the Site Operations team is crucial to ease decommissioning activities and will continue to be," said COL Jason Windsor, EHR Core Program Manager, who noted that DMDC collaboration is now a standing process for the Site Operations team. Going forward, the Data Center will provide all errors to the team for review and remediation.

Award Program Recognizes SDD Personnel

Congratulations to Solution Delivery Division's SMSgt Jairo Antonio Mejia Ventura!

SMSgt Mejia Ventura was named DHA Deputy Assistant Director Information Operations (J-6) Service Member of the Quarter in the Senior Non-Commissioned Officer category!

The J-6 Service Member awards program recognizes military members who performed their duties in an outstanding manner, provided outstanding service to their community and demonstrated commitment to self-improvement.

Service Member of the 1st Quarter

SMSgt Jairo Antonio Mejia Ventura, Senior Non-Commissioned Officer

SDD SPOTLIGHT

PMO / BRANCH SPOTLIGHT:
EHR Core System Helps Injured Amtrak Derailment Passengers

After December's tragic Amtrak train derailment in Dupont, WA, the EHR Core's Enterprise Blood Management System (EBMS) was the go-to resource for coordinating emergency blood needs for injured passengers. Thirty of the 100 injured passengers were taken to Madigan Army Medical Center (MAMC) for medical attention.

To prepare for the rush of incoming patients, MAMC knew they needed additional units of blood from the Armed Services Blood Bank Center – Pacific Northwest (ASBBC-PNW), so they initiated an emergency blood collection. Blood bank staff turned to EBMS-Donor to collect and prepare new donations and coordinate the blood inventory.

ASBBC-PNW also used EBMS-Donor to manage about 80 special emergency donations from the community. Forty units of O positive red blood cells were also requested from local civilian blood donation centers to help replenish the base's blood inventory. In return, ASBBC-PNW will help several local civilian blood donation centers and hospitals restore their blood product inventories.

MAMC holds a vwhole blood collection drive to support emergency services for injured Amtrak passengers

PRODUCT SPOTLIGHT:
ABACUS Enhancements Released

The Armed Forces Billing and Collection Utilization Solution (ABACUS) team released various system enhancements over the past few months. The releases included routine maintenance upgrades, improvements in response to user submitted help-desk tickets and other enhancements to system performance and features. ABACUS is used by the Services' Uniform Business Office to manage billing and collections in support of Military Health System revenue recovery for medical services rendered at Military Treatment Facilities worldwide. Included in the upgrades were enhanced content and an improved format to the electronic DD 2569 form used to collect patients' third party medical services and health insurance information. The improvements are projected to help users streamline their workflow. The changes allow users to more easily find patients with negative accounts, update their status and in turn complete open claims in less time.

Weekly Reports Support Military Hospitals

The Weekly Activity Report (WAR), produced by the User Integration Branch (UIB), provides reports on how updates to SDD systems will improve the day-to-day efforts of our military health care staff. Some of the systems viewable on the WAR are AHLTA, ABACUS, APLIS, ARMD, BHPD, CHCS, EBMS, Essentris®, HAIMS, JLV and WMSNi. The WAR allows anyone with a CAC to see what system status information is communicated to military hospitals and clinics each week. This serves as a central location for outage reports, new feature releases and many other news items.

The WAR is available on UIB's milSuite, where you can also connect with other SDD and DHA team members who are working to improve military hospital and clinic operations.

LOINC Sets Standards for Identifying Clinical Information

What is LOINC?

The Logical Observation Identifiers Names and Codes (LOINC) was developed by the Regenstrief Institute to provide a definitive standard for identifying clinical information in electronic reports. LOINC is an Access database and international standard for identifying medical tests and observations, such as labs, vital signs, or clinical documents. Since its 1993 inception, the database has expanded to include not just medical laboratory code names but also nursing diagnosis, nursing interventions, outcomes classification, and patient care data sets.

What's new in LOINC?

The Radiological Society of North America (RSNA) owns and maintains the RadLex™ medical terminology for radiology. RSNA and Regenstrief formed a collaborative relationship to unify terms for radiology procedures. Creating standardized radiology procedure names will improve the quality, consistency and interoperability of radiology test results in electronic medical record systems and health information exchange. The goal of the project is to produce a single unified source of names and codes for radiology procedures with a cooperative governance process. The combined update with referenced LOINC and RadLex version was published in December 2017 and includes:

1. Unified Model for Radiology Procedure Names

2. Mapped attribute-values between each terminology (i.e., LOINC Parts to RadLex Playbook RPIDs)

3. Devised collaborative integrated governance process for new terms

4. Creating single point-of-contact and governance structure for the unified terminology

5. LOINC codes as the primary identifier for radiology procedures while linking to the RadLex attribute/values for each term so they can be used as metadata

6. A software tool for transforming between instances of radiology procedures coded in LOINC and the RadLex Playbook

What is the MHS impact?

As we transition legacy data to MHS GENESIS, an emphasis is on standard codes to maximize data usability; e.g., orderable item CPT codes, orderable test LOINC codes, observation and test results and Systematized Nomenclature of Medicine codes.

DID YOU KNOW?

DHA Releases Registry Development Guidance

The Defense Health Agency (DHA) recently released guidelines for developing registries for health care surveillance, performance improvement, clinical decision support and research. The memo from DHA Director VADM Raquel Bono notes that new registries must be submitted into the MHS Submission Portal. Registries under development must also be entered to the portal, while existing registries will be transitioned into CarePoint.

The guidelines enable the Solution Delivery Division Enterprise Intelligence and Data Solutions Program Management Office to determine if they can build out the registries as part of their baseline.

The DHA memo is available here