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PEO DHMS RESPONDS TO COVID-19

The Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) consistently delivers a suite of capabilities to successfully support our military forces, including the current COVID-19 response. PEO DHMS recently initiated and accelerated a number of projects to ensure its partners in the Military Health System (MHS) have the resources when and where they need them to effectively manage patient care during these unusual times. The Joint Operational Medicine Information Systems (JOMIS) program office exemplified this flexibility by shifting gears to quickly develop and deploy new capabilities to COVID-19 responders as the disease spreads throughout the United States.

One new capability not only supports the COVID-19 response, but fulfills a need identified by Department of Defense (DOD) and combatant command leaders to have a full medical common operating picture to track warfighter readiness. This new capability will enhance Medical Situational Awareness in the Theater (MSAT), a JOMIS product providing DOD leaders with near real-time, data-driven decision-making tools, including tracking COVID-19 patients as well as resource and equipment visibility relating to the pandemic response. All units deployed in support of the COVID-19 response are mandated to communicate their status by completing regular medical situation reports via MSAT. While MSAT is traditionally used by overseas personnel, DOD leaders plan to extend this requirement to all military treatment facilities (MTF). The MTF mandate will mark the first time that garrison facilities will report data through MSAT. By mandating MSAT use domestically, the Defense Health Agency can monitor the available personnel, beds, equipment, and supplies at each site and allocate resources based on those reports.

In late April, more than 200 individual units filed medical situation reports, not including MTFs, increasing MSAT use by 100% from the end of 2019. Those reports track over 250,000 COVID-19 specific Class VIII supplies; more than 4.7 million pieces of personal protective equipment; over 30 medication types and more than 10,000 equipment pieces used to treat COVID-19 infected patients, such as testing and oxygen equipment as well as specific ventilator types.

Another tool in use by military first responders is the Health Assessment Lite Operations (HALO) app. JOMIS, along with the Army's Medical Communications for Combat Casualty Care (MC4), is integrating HALO into an existing system framework, and interfacing it to the Theater Medical Data Store (TMDS) to ensure records captured with HALO sync to the electronic health record. HALO, initially developed by MC4, is a first responder medical documentation application for Role 1 and Role 2 environments. Most U.S. Army units deployed in response to COVID-19 use or will use HALO.

In addition to these capabilities, JOMIS is coordinating with its Deployed Tele-Radiology System vendor on a deployable cyber-accredited virtual/tele-radiology capability in order for providers to capture, store, retrieve and share images for patients at field hospitals.

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MESSAGE FROM THE PROGRAM EXECUTIVE OFFICER



Welcome to the spring edition of The Scope! I trust this message finds you well as we face these challenging times. The current pandemic required us to modify the deployment of the Department of Defense's (DOD) modernized electronic health record, MHS GENESIS. For the time being, we are staying out of the way of the providers to ensure they can concentrate on treating patients and fighting COVID-19. However, I want to emphasize that we are changing focus, not shutting down.

MHS GENESIS is critical to DOD, and critical to providing safe and effective healthcare to service members and their families. Though we are suspending some activities due to the pandemic, our overall schedule remains. No acquisition strategy is sacrosanct, and there are inevitably evolving conditions that require us to think on our feet. This crisis reminds us that constant reevaluation and strategy adjustments are part of the hard work required to successfully acquire and deliver IT capabilities.

Before the pandemic, we looked at ways to work more effectively and efficiently, and because of this, we have a set of tools that will help guide us through this new environment. We seized opportunities to save time in deployment, which now gives us leeway. The current pandemic shows that staying flexible in times of plenty allows advantages when times are lean.

I'd like to recognize two other significant accomplishments we've achieved in recent months. First, the Joint Operational Medicine Information Systems (JOMIS) program office took on numerous new priorities as the world fights COVID-19. The Military Health System is moving to operational footing, and JOMIS' overall mission delivers the operational medicine capabilities needed to handle the current crisis. Second, in partnership with our counterparts at the Department of Veterans Affairs (VA) and the Federal Electronic Health Record Modernization program office, we launched the joint health information exchange (HIE) in late April. The new HIE streamlines private sector access to DOD and VA data and enables providers from both departments to share the same pool of community health partners. I'm very proud of the entire team and everything we've accomplished in the midst of an incredibly dynamic environment.

Thank you, and please take care of yourselves and your families.

— Bill Tinston, Program Executive Officer, PEO DHMS

PEO DHMS RESPONDS TO COVID-19

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The DoD Healthcare Management System Modernization (DHMSM) program office is also expanding telehealth capabilities, working with clinical and technical leadership within the MHS to aid MHS GENESIS sites. While telehealth has always been part of the long-term plan, the current pandemic offered an opportunity to accelerate delivery.

Throughout the COVID-19 response, DHMSM continues to add capabilities to MHS GENESIS to enhance provider support. In April, the DOD/Department of Veterans Affairs team approved MHS GENESIS content and configuration updates to support COVID-19, implementing more than 25 specific configuration changes to support clinicians at MHS GENESIS sites. DHMSM also delivered medical equipment supplies to MHS GENESIS sites in the Pacific Northwest facilities, including hospital beds, medical devices, medical device peripherals and other equipment. The team delivered workstations on wheels to Walter Reed and Fort Belvoir and ordered laboratory devices for COVID-19 testing at multiple MHS GENESIS locations. The team created a virtual ambulatory clinic location at each MTF currently using MHS GENESIS to support and track COVID-19 activities associated with: primary care; laboratory, radiology and pharmacy orders; in-clinic medicine administration; and mass vaccination. The team also identified a short-term solution to support COVID-19 monitoring and reporting; enabled e-visits via MHS GENESIS Patient Portal; and created two new emergency department order sets for evaluation and admission to streamline care coordination.

PEO DHMS will remain agile and adaptable to support the military's COVID-19 response efforts. While specific deployment activities are on hold due to social distancing requirements and travel restrictions, the team remains active and engaged in the development of new capabilities to support MHS GENESIS users as well as the operational medicine community.



DOD AND VA LAUNCH NEW JOINT HIE

The Department of Defense (DOD) and the Department of Veterans Affairs (VA) share a common purpose to support a lifetime of high-quality healthcare for service members, veterans, and their families. Together, the two departments took a big step on April 18, with the launch of the new joint health information exchange (HIE).

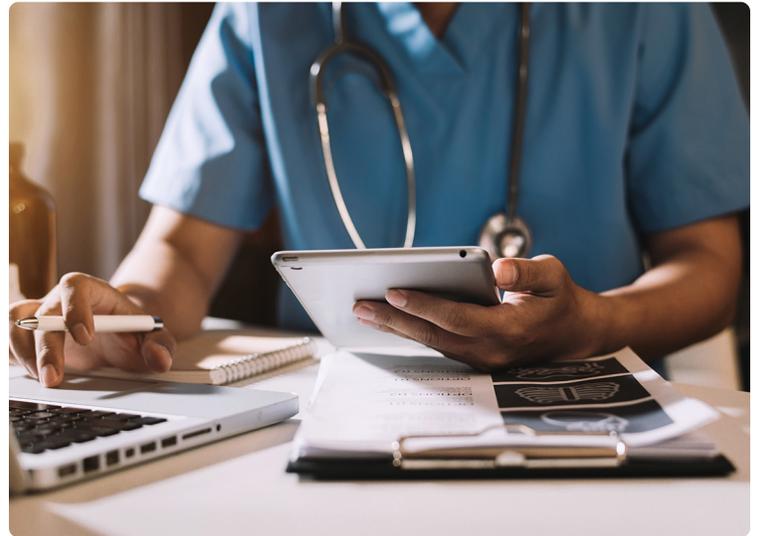
Both departments began the digital exchange of health information with the private sector years ago, but until recently, each department sought its own private sector partnerships. DOD shared information with DOD partners while VA shared information with VA partners. Today, private sector partners make a single call to access information from both departments. DOD providers can access patient information from VA partners and vice versa. Health information shared via the new joint HIE is available to providers across DOD and VA, including those using the departments' new electronic health record (EHR).

The improved health information accessibility is vital to patient care. By making patient records more accessible, the joint HIE enables providers to make more informed decisions about patient care. Current global health circumstances highlight the need for and benefits of HIE services.

“The recent COVID-19 pandemic underlines the importance for clinicians on the front lines to quickly access a patient’s health record, regardless of where that patient previously received care,” said Dr. Neil Evans, the interim director of the Federal Electronic Health Record Modernization program office. “As the DOD and VA implement a single, common record, the joint HIE and the associated expansion of community exchange partners is a critical step forward, delivering immediate value to all DOD and VA sites.”

The joint HIE will expand its total number of partners later this year by establishing a connection between the single, common record and CommonWell Health Alliance. Once the departments connect to CommonWell, the number of private sector partners will jump from hundreds to thousands. The increase in partnerships further enhances patient care by reducing reliance on paper-based records, making the delivery of care more efficient.

The joint HIE is just the latest example of the departments' ongoing pursuit of a single, common record. For more information about DOD and VA's electronic health record modernization program, visit <https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Defense-Healthcare-Management-Systems> and <https://www.ehrm.va.gov/>.



DHMSM WINS INNOVATION AWARD

The DoD Healthcare Management System Modernization (DHMSM) Program Management Office was among other federal programs awarded a 2020 FedHealthIT Innovation Award for driving innovation and results that are making a difference.

A collage of four images: a soldier in camouflage, a healthcare worker in white scrubs, a man in a military uniform, and a man in a military uniform saluting.

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PROGRAM EXECUTIVE OFFICE, DEFENSE HEALTHCARE MANAGEMENT SYSTEMS



DHA MANDATES JLV TRAINING FOR ALL END USERS

The Program Executive Office, Defense Healthcare Management Systems officially renamed the clinical application Joint Legacy Viewer to Joint Longitudinal Viewer (JLV) in March 2020. This change reflects JLV’s role as an aggregator of patient data from the Department of Defense and Department of Veterans Affairs.

As MHS GENESIS continues deployment, use of JLV becomes increasingly important to support the continuum of care. Until MHS GENESIS fully deploys, the Military Health System (MHS) will use MHS GENESIS and existing electronic health record systems concurrently (e.g., AHLTA, Composite Health Care System, Essentris® and Clinical Decision Support). JLV allows providers to see data from both systems in one viewer.

To support the continuum of care through MHS GENESIS deployment, the Defense Health Agency (DHA) mandated JLV training for medical and dental MHS record system users who document patient care. Users at all MHS facilities can also access data from hundreds of private sector partners through JLV, which is fed by data shared through the new joint health information exchange (HIE). See [page 2](#) of this issue to read more about the joint HIE.

JLV currently incorporates patient records from more than 200 HIEs and will add access to thousands more in August 2020. This increased access to patient health data will bolster the ability to process critical information about a patient’s medical history, especially as the nation continues to respond to the impact of COVID-19.

End users may access the DHA mandated training here: https://ljkodirect.jten.millhtml/COI.xhtml?course_prefix=DHA&course_number=-US053

TRAINING RESOURCES AND CONTACT INFORMATION

Operational Medicine

Visit the [JOMIS milSuite page](#) for MSAT training resources and information.

MHS GENESIS

Visit the [MHS GENESIS training page](#) on milSuite.

Joint Longitudinal Viewer

Visit the [DMIX site](#) on milSuite or click the Help (?) icon in JLV to visit the Information Portal.

JLV BY THE NUMBERS

VA	DOD
USER ACCESS (# of users with access to JLV)	
317,827	102,208
PATIENT SELECTS	
1,573,298	167,574

NEW JLV FEATURES AND ENHANCEMENTS

Existing JLV users will notice the following features and enhancements delivered within the last six months:

- A non-diagnostic image viewer on the Radiology Reports widget
- Detailed widget information on the widget selection tray
- Improved dental data display that can be accessed from more widgets
- Incorporated federal electronic health record identifiers
- Expanded access to community partner data through the joint HIE

For complete details on release updates, refer to the associated “What’s New” tip sheets on the DMIX milSuite site: <https://www.milsuite.millbook/community/spaces/mhs-genesis-mtfdmix/overview>.