Recommendations for the DoD/VA Gov Health IT Summit Agenda
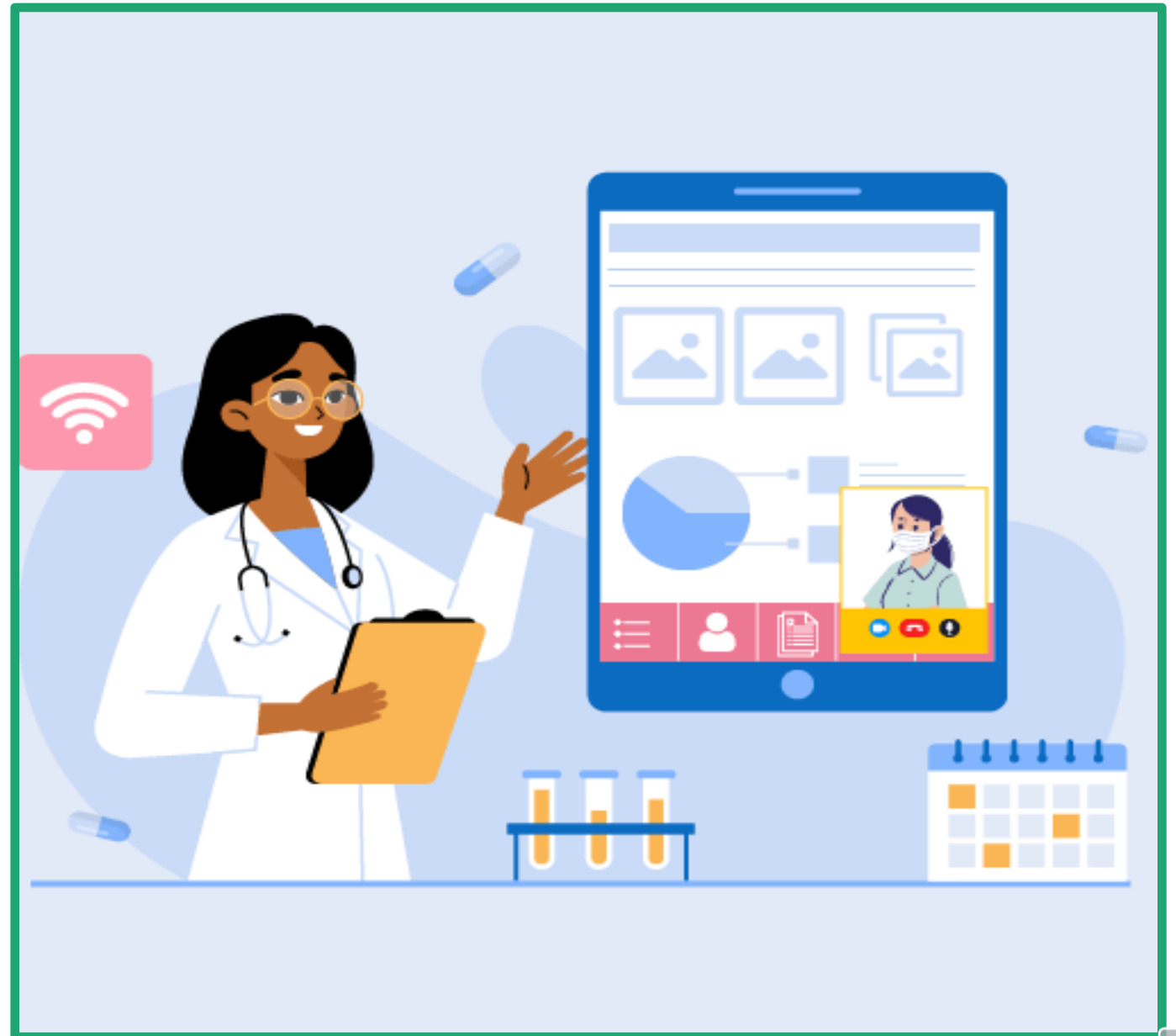
Shontrice McCrory
HCS 700 Healthcare Management Capstone
Professor Sam Hanna

BIO | HEALTHCARE IT STRATEGY

Chief Government Healthcare Strategist

Defense and Veteran Healthcare Strategist with thirteen years of successfully applying medical and technological background to interface directly with stakeholders for planning and reflection. She is disciplined in the role of strategizing and collaborating with high-ranking officials to execute deliverables on government healthcare projects.

Prior to founding GovHealth IT Solutions, Shontrice has been a part of the Strategic Advisory Group to drive strategy across the VA's multi-billion-dollar EHR implementation, managed correspondence for the VA with DoD, OIG, GAO, Congress, and its many government stakeholders. The continuum of her work is being applied to the Defense Health Administration to now help strategize theirs.

OVERVIEW | DOD & VA EHR PROJECTS

The Department of Defense (DoD) and the Department of Veteran Affairs (VA) have been individually funded by Congress to implement a new electronic health record (EHR) under each agency that is interoperable for their shared patients. Military service members and veterans are one in the same, and each agency is responsible for different stages of their lives.

The DoD manages the healthcare of the service members who are still enlisted.

The VA is responsible for managing the healthcare of veterans post service enlistment.

OVERVIEW | DOD & VA PROGRESS TO DATE

The DoD has been working on their EHR program, known as MHS Genesis since **2015**

MHS Genesis was first deployed in **2019**

The DoD has implemented MHS Genesis at over 1,000 healthcare facilities, in **2022**

since **2018** the VA has been working on their HER, known as EHRM

in **2020** EHRM was first deployed

in **2021** VA takes performs a 12 week strategic review and pauses further implementation.
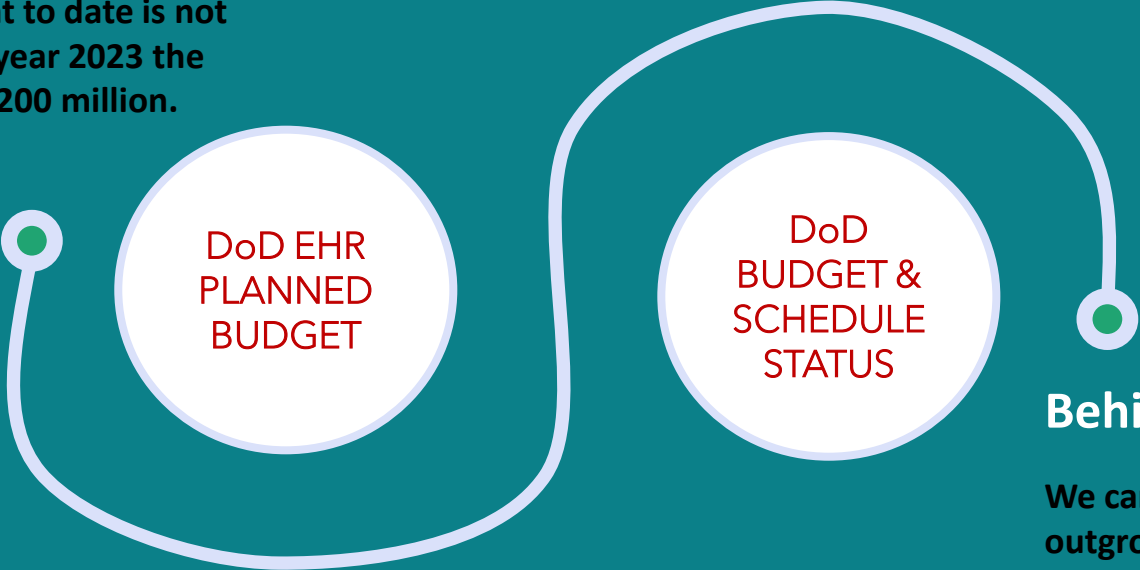
in **2022** VA has not had any further implementations since 2020

10 Year Budget Allocation

Congress appropriated $4.3 billion in 2018. The DoD has completed 50% of it's schedule since 2018. Information about how much spent to date is not publicly listed. However, for fiscal year 2023 the budget request amount is nearly $200 million.

50%

COMPLETE

DoD EHR PLANNED BUDGET

DoD BUDGET & SCHEDULE STATUS

Behind Schedule Over Budget

We can assume that the expected cost has outgrown the original $4.3b since 2015 due to inflation, staggered progress, etc. However, the complete rate in comparison to the VA is substantially higher, even given the head start.
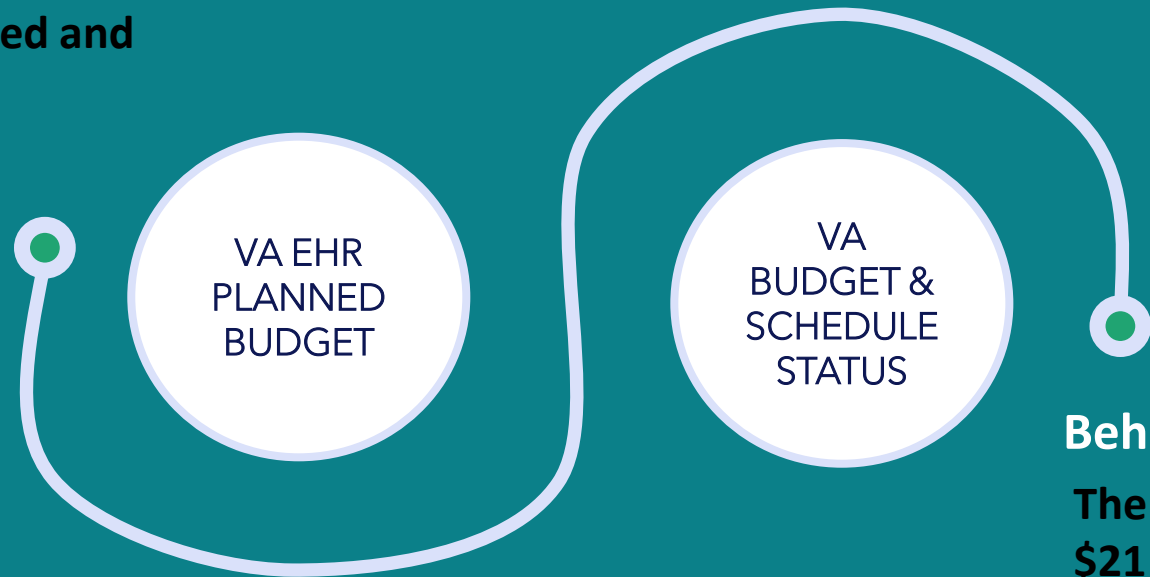
There are over 85,000 new federal EHR users across DOD, VA and USCG.
52 DOD Commands, as of February 2022

OVERVIEW | VA PLANNED BUDGET SPENT & STATUS

10 Year Budget Allocation

Congress appropriated $6 billion in 2015 as a contract ceiling. In which has been appropriated and spent.

3%

COMPLETE

VA EHR PLANNED BUDGET

VA BUDGET & SCHEDULE STATUS

Behind Schedule Over Budget

The expected cost has grown to $21 billion for deployments and has been paused for two years.

There are over 85,000 new federal EHR users across DOD, VA and USCG.

2 VA sites, as of Feb 2022

SUMMIT AGENDA | CURRENT PLAN & RECOMMENDATIONS

Since the start of the VA's congressional mandate to implement their EHR, the two agencies have met yearly at the DoD/VA & Gov Health IT Summit to foster collaboration and discuss impressing challenges that they both face.

The next summit is scheduled to occur on May 4 -5, 2022, where the executives from both agencies and programs will attend to cover topics related to:

From my perspective working very closely with the executive decision makers for these EHR implementations and conducting research, I recommend that the summit be used as a workstream that will optimize collaboration. While the current topics to be discussed at the summit are justified, there are some topics that I'd like to recommend injecting and suggest a strategy for conducting the DoD/VA Gov Health IT Summit.

Current Summit Topics
EHR Governance
Creating Enterprise Standards Across the Military Health System
Delivering Excellent Customer Service
Effective Acquisition Leadership

Recommended Topics
EHR Collaboration Oversight
Standardizing Implementation/Deployment Strategies Across Both Agencies
Instituting a Patient Safety Council
Revamp Joint Coordination Recurring Meetings into Workstreams and Checkpoints

SUMMIT STRATEGY | TOPICS & IMPLEMENTATION

Summit Strategy Topics

The recommended topics for the upcoming summit derived from my research and knowledge about collaboration pain points. I recommend that the following topics be approached with a snowball method and in the order below. From this point, we'll look at the background based on research of why each topic is of concern and the actions that are necessary to remedy them.

- *EHR Collaboration Oversight*
- *Standardizing Implementation/Deployment Strategies Across Both Agencies*
- *Instituting a Patient Safety Council*
- *Revamp Joint Coordination Recurring Meetings into Workstreams and Checkpoints*

Implementation of Summit Strategy

Establish a collaborative workstream environment for the event, and less of a speaker/presentation style event by:

- *Bring along tiger teams from each agency of key principals for each topic*
- *Host open forums led by the executives*
- *Breakout into 2–3-hour workstreams for each topic*
- *Present to executives for decision making*
- *Establish agreement and partnership between each agency*

SUMMIT TOPIC | EHR COLLABORATION OVERSIGHT

Current Collaboration Oversight	Recommendation	Goal
The DoD and VA are jointly governed by the Federal Electronic Health Record Modernization (FERHM) office.	FEHRM enforce closer collaboration.	The VA achieves similar success as the DoD from effective collaboration.
Both agencies are individually held accountable by the Government Accountability Office (GAO) and the Office of Inspector General (OIG).	Congress mandate that the GAO and the OIG grade the collaborative efforts between DoD and VA and hold them accountability.	Strengthened oversight of collaboration between the two agencies.
DoD and VA also have a monthly coordination meeting, where they meet to discuss any efforts that cross either of the two to achieve interoperability, hosted by the FEHRM.	DoD and VA have a monthly workstream where they work through implementation strategy, deployment methodology, lessons learned, and knowledge share.	Strengthened collaboration that leads to successful implementation with both EHR solutions.

SUMMIT TOPIC | STANDARDIZING STRATEGIES ACROSS DOD & VA

Current Collaboration of Standard Strategies	Recommendation	Goal
The DoD and VA work together to try to integrate their individual strategies.	The VA should adopt the same strategies of DoD.	Standardization of strategies across both agencies.
They are working with the same commercial product from the same vendor, but the configurations are not the same.	The VA should consider plugging in the same configurations of the DoD and retain only the capabilities necessary for VA's unique infrastructure.	Strengthen integration and interoperability as well as deployment schedule and path.
DoD has longevity in success with their implementation, while VA is struggling to move forward.	The VA should work closely with the DoD to mitigate their pain points and challenges according the DoD.	Strengthened knowledge share and success with future deployments.

SUMMIT TOPIC | INSTITUTING A PATIENT SAFETY COUNCIL

Current Collaboration of Patient Safety

Between the DoD and VA there are not any patient safety councils that work to mitigate IT concerns.

The DoD and VA are both currently struggling with patient safety concerns due to their IT management systems and user adoption.

Both DoD and VA have been investigated by OIG concerning patient safety issues related to the new EHRs post deployment.

Recommendation

Establish a patient safety council.

Both agencies should work together to address their patient safety issues related to end-user adoption and work to provide post implementation support.

Both agencies should take the recommendations out the OIG investigations seriously and work to apply them.

Goal

Patient safety collaboration.

Strengthen integration and interoperability as well as deployment schedule and path.

Strengthened patient safety governance.

SUMMIT TOPIC | WORKSTREAMS AND CHECKPOINTS

Current Collaboration of Workstreams & Checkpoints	Recommendation	Goal
The DoD and VA currently meet monthly for coordination of integration between the two systems.	The DoD and VA should hold recurring workstreams for VA adoption of DoD strategies.	Increase productivity of meetings.
The current meeting structure covers coordination of integration between the two systems.	The DoD and VA should revise their meeting structure to perform as workstream that has tangible results.	Real time advancement of strategies and implementation plans.
The current coordination meetings are hosted by the FERHM.	FEHRM should continue to host the workstreams and provide mediation as needed.	Stronger oversight over collaboration.

REFERENCES

https://www.fedhealthit.com/2021/11/va-mhs-leaders-discuss-interoperability-as-part-of-a-unified-approach-to-federal-ehr-modernization/

https://governmentciomedia.com/vas-terry-adirim-ehr-challenge-and-opportunity

https://www.gao.gov/assets/a315525.html

https://www.fehrm.gov/about-fehrm

https://politicalpipeline.wordpress.com/2013/02/21/top-down-and-bottom-up-approaches-within-implementation/

https://federalnewsnetwork.com/veterans-affairs/2022/03/va-ehr-rollout-increased-risks-for-errors-in-veteran-health-care-watchdog-warns/

https://iehrsummit.dsigroup.org/

https://www.health.mil/News/Articles/2022/01/12/New-Electronic-Health-Records-Rollout-Will-Hit-Major-Milestone-in-2022

https://www.kmworld.com/Articles/Editorial/ViewPoints/Knowledge-management-culture-and-the-government-workforce--146344.aspx

https://www.fehrm.gov/success-stories

FEEDBACK | QUESTIONS?

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