AMEDD CIO Perspective

IM/IT Strategy in Action

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AMEDD CIO
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Mission
- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

Vision
America's Premier Medical Team Saving Lives, Fostering Healthy and Resilient People

ARMY MEDICINE
Bringing Value...Inspiring Trust

Strategic Themes & Results
Maximize Value in Health Services
Effectively and efficiently provide the right care at the right time to promote a healthy population and ready force.

Provide Global Operational Forces
Agile and adaptive medical teams ready to execute relevant, responsive Health Services in any operational environment and in combination with any partnered team.

Build the Team
A compelling place to serve and a preferred partner in leading joint interagency health services.

Balance Innovation with Standardization
A culture of innovation which provides standardized solutions to support best practices and optimal outcomes.

Optimize Communication and Knowledge Management
Leverage Communication to impart knowledge and build meaningful, positive relationships.

ENDS
Patient/Customer/Stakeholder
CS 1.0 Improved Healthy and Protected Warriors
CS 2.0 Improved Healthy and Protected Families, Beneficiaries and Army Civilians
CS 3.0 Responsive Battlefield Medical Force
CS 4.0 Optimized Care and Transition of Wounded, Ill, and Injured Warriors
CS 5.0 Inspire Trust in Army Medicine
CS 6.0 Improved Patient and Customer Satisfaction

WAYS
IP 1.0 Optimize Medical Readiness
IP 2.0 Improve Information Systems
IP 3.0 Implement Best Practices
IP 4.0 Provide Safe Patient Care
IP 5.0 Maximize Physical and Psychological Health Promotion and Prevention
IP 6.0 Improve Quality, Outcome-Focused Care and Services
IP 7.0 Improve Access and Continuity of Care
IP 8.0 Build Relationships and Enhance Partnerships
IP 9.0 Tell the Army Medicine Story
IP 10.0 Leverage Research, Development and Acquisition
IP 11.0 Synchronize Army Medicine to Support Army Stationing & BRAC

MEANS
LG 1.0 Improve Recruiting and Retention of AMEDD Personnel
LG 2.0 Improve Training and Development
LG 3.0 Promote and Foster a Culture of Innovation
LG 4.0 Improve Knowledge Management

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Resource
R 1.0 Optimize Resources and Value
R 2.0 Optimize Lifecycle Management of Facilities and IT Infrastructure
R 3.0 Maximize Human Capital

SUSTAIN PREPARE RESET TRANSFORM

This has been a dynamic, living document since 2001

For more information go to: https://ke2.army.mil/bsc
• Implement mTBI/Concussive Injury Protocols
• Implement Comprehensive Behavioral Health System of Care (CBHSOC) Campaign Plan
• Implement Comprehensive Pain Management Campaign Plan (CPMCP)
• Complete BRAC and Transition to Full Operational Capability
• Implement Soldier Medical Readiness Campaign Plan (SMRCP)
• Support Physical Disability Evaluation System (PDES) Improvements
• Implement the Patient Centered Medical Home
• Implement Culture of Trust
• Develop Army Medicine support to an integrated DOD – DVA Electronic Health Record
• Design Civilian Workforce Development Plan
• Develop and implement Dismounted Complex Battle Injury Campaign Plan
• Plan, resource, and execute TSG/CG MEDCOM Transition

(Note: not listed in any order of priority)
In order to address the Quadruple Aim, Army Medicine BSC and Army Medicine Top Ten, we have established 11 Strategic Objectives to guide our transformation and improve use of information throughout the value chain.

1. Enable patient-centered care
2. Deliver actionable information through efficient business processes and effective information systems
3. Achieve Operational Excellence in Provision of Information Technologies
4. Balance Innovation with Standardization
5. Provide IT Support to AMEDD Readiness Programs
6. Establish an Effective IM/IT Human Capital and Workforce Development Program
7. Support Knowledge Management
8. Improve Training Programs for Information Systems
9. Establish A Culture of Service in the IM/IT Community
10. Optimize Lifecycle Management of IT Infrastructure
11. Secure, Allocate and Manage Enterprise Resources

We must successfully execute in those areas we control, and successfully influence others in those areas we do not control.
Strategic Plan & BSC

Where are we going and how do we know we are successful when we get there?

Requirements & Innovation

What do we need to get there?

That must fit into the…

Enterprise Architecture

What is the roadmap to get there?

Readiness

Enacted effectively and efficiently by…

Portfolio Management

How do we afford to get there?

Executive 2.0

Governance

-Enabling a resilient and medically ready force
-Improving quality and health outcomes
-Providing patient & family centered care
-Building a culture of trust
-Managing the cost of providing care

How do we ensure we get there on time & on budget with maximum efficiency and effectiveness?

Program Management
Meaningful Use of HIT is Quintessential to Health Care Reform

"These goals can be achieved only through the effective use of information to support better decision-making and more effective care processes that improve health outcomes and reduce cost growth"
MAPS as a Catalyst for Transformation

MAPS is an education, training, and process strategy designed to ensure clinical users have core competencies to allow efficient use of healthcare information technology (HIT). It includes instruction on how certain technologies can enable more effective and efficient use of AHLTA and Essentris, as well as any future HIT products. It also enables the business process management necessary to transform healthcare delivery to achieve the strategic objectives of the Army Medical Department, as well as the Military Health System’s Quadruple Aim.

In other words:
- Fewer late days, less work at home
- Less frustration
- Ongoing improvements in healthcare delivery
• Success of PCMH is significantly dependent on a mature IM/IT capability
  • Patient centered care/personalized medicine depend on enabling technologies that empower patients (e.g Medical Home, Patient Portal with Secure Messaging)

• In support of OTSG PCMH Workgroup, OCIO has identified Primary Care and Pain Management data elements to support PCMH and a developing customized, automated Comprehensive Care Plan (CCP)
  – Currently working closely with Primary Care and Pain Task Force SME’s to develop AIM form-based CCPs to support MTF’s and CBPCC providers.
  – Future specialty areas to be introduced into CCP are; Behavioral Health, TBI, Alternative Medicine, with other specialties to follow.
  – MEDCOM AIM CCP being developed so a single CCP exists - not one per MTF.

• Patient Portal/TOL
  – Slowly increasing utilization
  – Patient appointment and Rx refill available now
  – Lab results and Blue Button will be available in few months..

• Secure messaging funding approved..
What to Look for in 2011-2012

- DoD-VA EHR Modernization (iEHR)
- Portfolio Management maturation and integration with Governance, Enterprise Architecture, and Strategy (AMEDD and TMA/HA levels)
- Budget Reduction and efficiencies
- Cascading AMEDD IM/IT BSC with Standard Metrics
- CIO Score Card
- Telehealth Program Office
- Virtualization of AHLTA and other applications
- MAPS Maturation
- Integrated Objective IM/IT Workforce Model
- Secure Messaging/ Patient Centered Medical Home IM/IT Support
- Mobile Platform
- Leadership Change: CIO will retire in September 2011
- MODS Modernization
The Army’s Home for Health...

Saving Lives and Fostering Healthy and Resilient People

~ A Partnership Built on Trust