

# Military Health System Joint Virtual Health Services

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# Disclosures

Presenter has no interest to disclose.

AMSUS and ACE/PESG staff have no interest to disclose.

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Highlight key elements in the Military Health System (MHS) Virtual Health (VH) Strategic Plan
2. Explain Fiscal Year (FY) 2018 MHS VH strategic initiatives
3. Describe FY 2018 MHS VH accomplishments
4. Summary & Way Ahead

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# Our Team

The MHS VH Work Group (WG) Leads:

- Navy - CAPT Valerie Riege, RPh, MHA, MA (chair)
- Army - Ms. Jennifer A. Holloman , MHA, MBA
- Air Force - Lt Col Antonio J. Eppolito, M.D
- Defense Health Agency (DHA) – Catherine Zebrowski, PhD, MPH
- VH PMO - COL Francisco Dominicci, MS, MA, RN/BC

The MHS VH WG identified strategic initiatives that support NDAA 2017, Section 718 and Readiness.

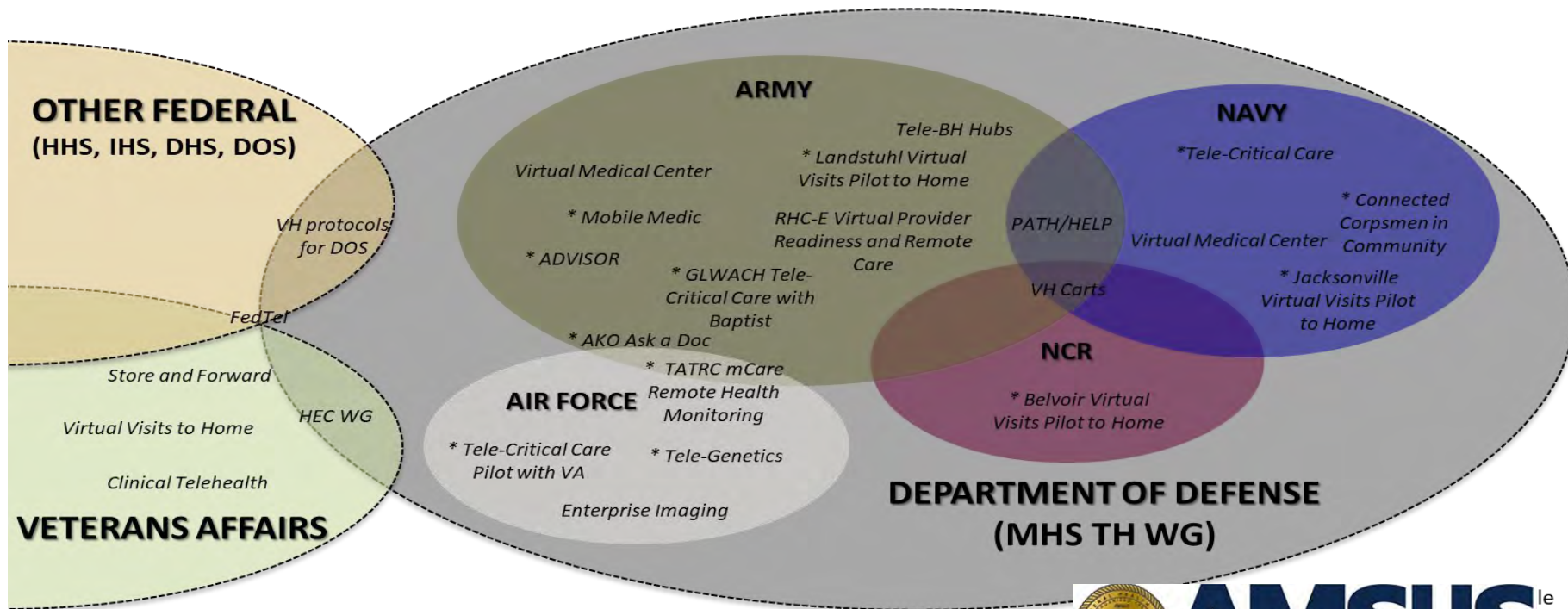


# Background

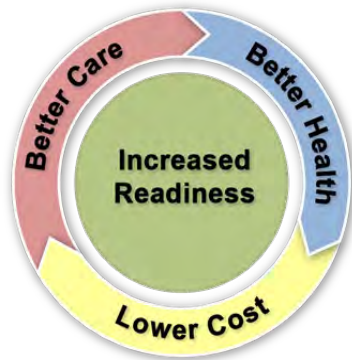
- Historically, Service VH efforts have been driven from the local level to meet local needs (both operational and garrison); funding was carved out of Regional, MTF or Service core Defense Health Platform (DHP) budgets.
- FY19 marks a significant departure from the status quo:
  - MTF DHP budgets will transition from services to DHA
  - MHS VH will operate under a single MHS VH enterprise Strategic Plan
  - MHS will execute a single VH Program Objectives Memorandum (POM) in support of the MHS VH WG Strategic Plan
- At the direction of the Medical Operations Group (MOG), the MHS VH WG developed a single MHS VH Strategy and POM for FY19. The Program Objectives Memorandum (POM) was submitted by Army on behalf of the MHS VH WG.
  - The POM was aligned to an overarching MHS VH WG Strategic Plan.
  - Initial execution through FY18 was directed to the Service level, but in a manner that was complementary in order to achieve the MHS Strategic Plan.
- The MHS VH Strategic Plan is also under a single Defense Business Certification and is considered a major initiative under Office of Management and Budget (OMB).
- The MHS VH Strategic Plan, was endorsed by the MOG and approved by the Medical Deputies Action Group (MDAG) on 4 JUN 18.

# Ongoing Activities in Current State

- Services have developed capabilities often at the local level and using core DHP budgets. This has resulted in silos of excellence, but also duplication of effort, non-standardized solutions, and increased costs.
- The MHS VH intent is to maintain and grow current Service capabilities that support the MHS VH Strategy and sunset capabilities that are duplicative or unsustainable.
- The MHS VH is moving from collaborative but stove-piped execution (see below diagram) to a single strategy and single budget.



# MHS VH Strategy



Goal 1: Develop VH support for the Warfighter
Goal 2: Support the MHS Clinical Communities
Goal 3: Use VH to Improve Access to Quality Care for MHS Beneficiaries
Goal 4: Manage Costs Through and Within VH

Initiative	1	2	3	4
Expand Asynchronous Specialty Support for Deployed Providers through a Global Teleconsultations Portal (Store and Forward)	X	X	X	X
Improve Access through Virtual Video Visits (V3) (VH to a Patient's Location)	X	X	X	X
Develop Virtual Medical Centers (VMCs) to support delivery of VH solutions	X	X	X	X
Expand Specialty Care through the use of VH Carts staffed by Trained Nurses	X	X	X	X
Enterprise Image Sharing for teleconsultation across the enterprise, available and archived in the EHR	X	X	X	X
Monitor outcomes of chronic disease patients through Remote Health Monitoring (RHM)	X		X	X
Stand up Synchronous Provider-to-Provider Warfighter Support for Urgent and Emergent Care (Real-time using Portable VH)	X	X	X	X
Examine Provider-to-Patient Warfighter Support (Pilots)	X	X	X	X
Establish enterprise VH IM/IT PMO to provide efficient , effective acquisition and management of MHS VH IT capabilities				X
Support Clinical Communities in Training Providers and Telepresenters on VH Modalities, Processes, Performance, and Documentation/Coding	X	X	X	X
Co-lead with Joint Staff Surgeon's Office (JSSO), a Joint Capabilities Integration and Development System (JCIDS) process for VH in Operational Environments	X		X	X
VH Program Evaluation			X	X
Assist in the integration of VH capabilities within Legacy and GENESIS EHRs, and MHS Clinical Workflows	X	X	X	X



## Transition to End State: Ongoing Activities to Map Current State

1

Ongoing Activities to  
Map Current State

- *Identify best practices*
- *Sustain current efforts (don't break processes during transition)*
- *Develop responsible sunset plans for duplicative/unsustainable programs*

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Create CAE VH Program Office



- *Provide accountability and oversight*
- *Manage single pot of money*
- *Administer enterprise solution*

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Ongoing Activities to Map Current State

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3

Establish ADHCA VH Clinical Integration Office

- *MHS VH WG*
- *Develop functional requirements*
- *Coordinate with clinical communities*
- *Vet proposals recommended for enterprise expansion*

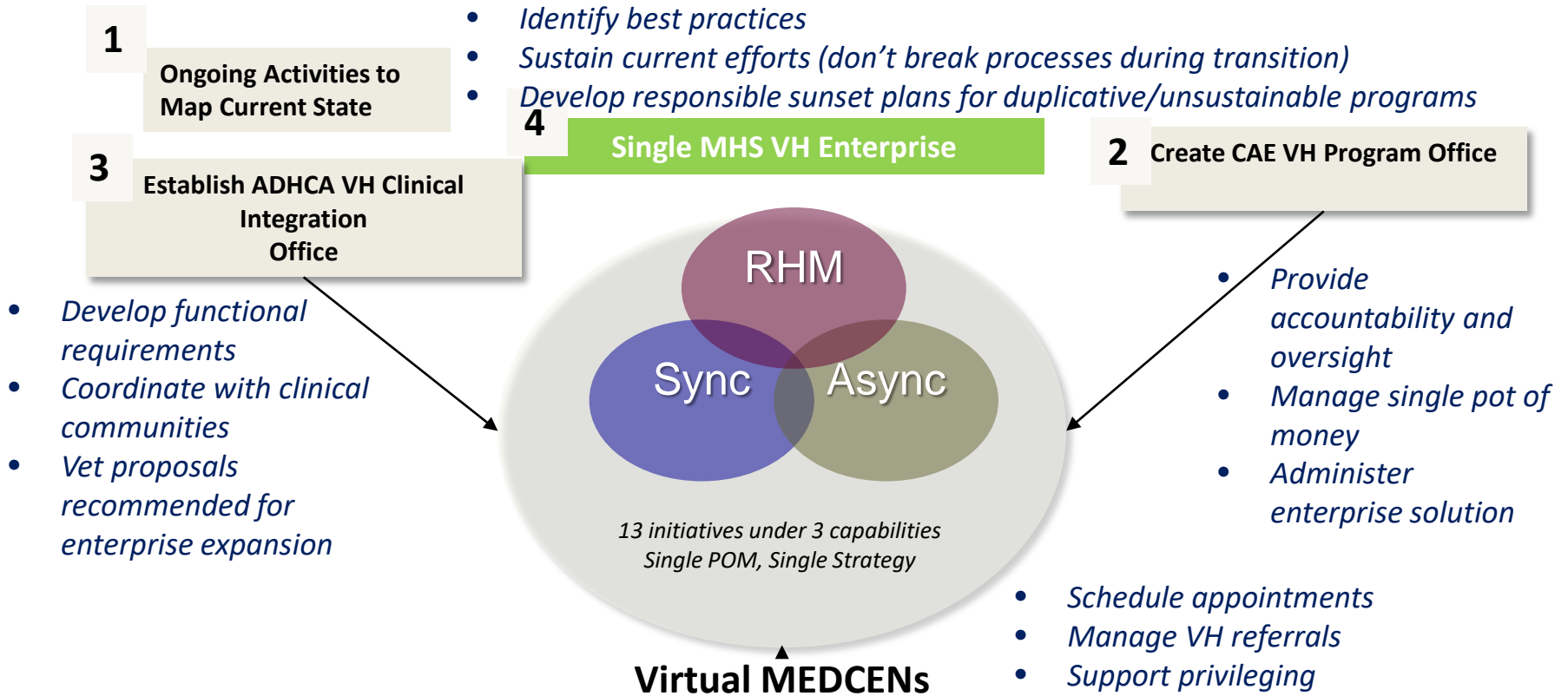
2

Create CAE VH Program Office

- *Provide accountability and oversight*
- *Manage single pot of money*
- *Administer enterprise solution*



# Transition to End State: Ongoing Activities to Map Current State



***End State: A single MHS VH enterprise that will allow Service Members and beneficiaries to receive care anywhere, anytime - deployed or in garrison - while enhancing readiness improving quality, increasing access, and reducing costs.***

# Approved Joint Initiatives

- FY18-22 POM and FY19-23 POM submitted and approved
- Phase I (FY18):
  - Navy is the interim lead for Synchronous Virtual Health
  - Army is the interim lead for Asynchronous Virtual Health
    - Health Experts onLine Portal (HELP)
    - Pacific Asynchronous TeleHealth (PATH)
  - Remote Health Monitoring in two Enhanced Multi-Service Markets (eMSMs)
    - National Capital Region (Navy & DHA)
    - San Antonio, TX (Army & Air Force)

# Synchronous Key Initiatives

- Virtual Video Visits: Finalize requirements documents, consolidate information and lessons learned from legacy pilots, and develop concept of operations.
- Virtual Medical Center (VMC): Identify core and unique capabilities for VMCs, assess MHS needs, and develop plan for expansion beyond the initial VMC.
  - The Army established their VMC in San Antonio, TX on 4 JAN 2018.
  - The Navy announced their VMC in the San Diego, CA on 25 JUN 2018
- Carts: Sustain legacy carts (plan maintenance or replacement), establish scheduling/referral workflows and seek interim solutions, and develop distribution plan for expansion.



# Asynchronous Key Initiatives

- Global Teleconsultations Portal: (HELP/PATH) Update requirements documents, stabilize legacy system/servers, and organize CONUS pilots to assess system architecture.
- Tele Radiology

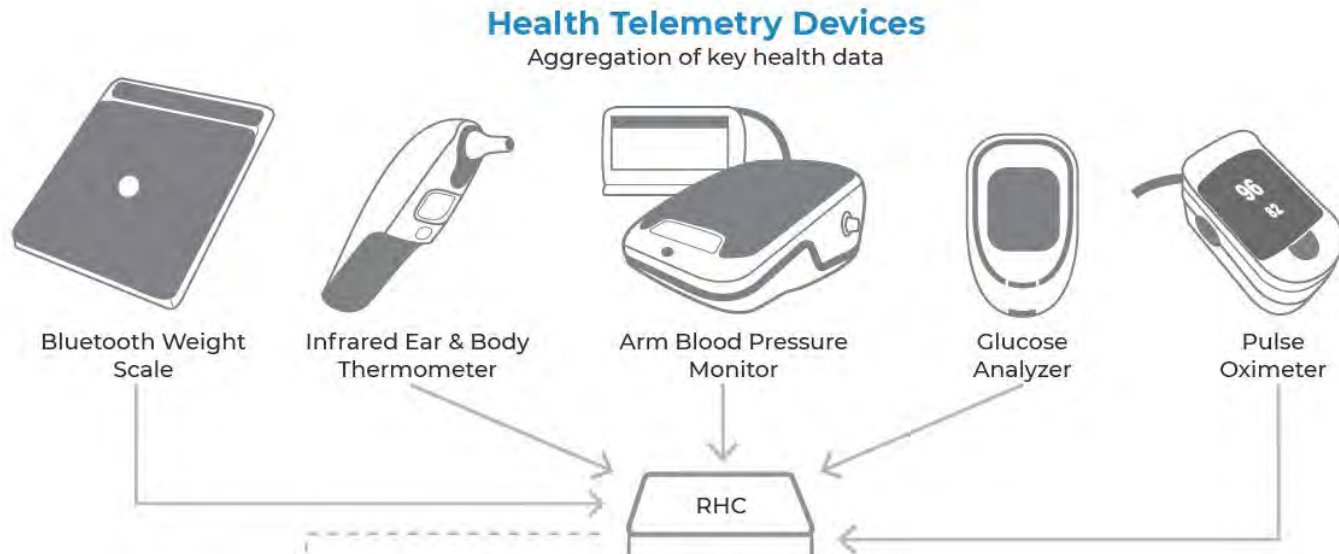
Pacific Asynchronous TeleHealth (PATH)

Health Experts Online Portal (HELP)



# Remote Health Monitoring (RHM)

- Joint Project located in two eMSMs
  - Walter Reed National Military Medical Center (Navy & DHA)
  - Brooke Army Medical Center (Army & Air Force)





# Other Key Initiatives

- VH Program Management Office: Establish a centralized DHA VH Program Management Office to define standards for virtual health, oversee the selection and implementation of approved solutions, and provide acquisition/execution oversight.
- VH Clinical Integration Office: Establish a clinical process to support providers to utilize virtual health, write joint policies, and execute and sustain the DHA VH Projects.
- Establish the following working sub groups:
  - Asynchronous
  - Synchronous
  - Remote Health Monitoring
  - Coding, Analytics, and Metrics
  - Education and Training
  - Operational Medicine

# Summary and Way Ahead

- MHS VH has an approved strategic Plan and an approved FY19-23 POM.
  - Regional MTF Commanders will not be responsible to utilize DHP budgets.
- Transition to the End-State will entail:
  - Ongoing activities to map current state
  - Create a VH Program Office (phase I)
  - Establish VH Clinical Integration Office (phase II)
  - Single MHS VH Enterprise Solution
- Risks to implementation include the potential loss of legacy projects and autonomy to establish new capabilities.
  - To mitigate risk, the MHS VH WG intent is to map current capabilities and identify those that support the MHS Strategic Plan.
- The end state will be a Single MHS VH Enterprise that will allow Service Members and Beneficiaries to receive care Anywhere, Anytime; deployed or in garrison; while enhancing readiness, improving quality, increasing access, and reducing costs.

# Questions?



Tele-Critical Care

# 2017 National Defense Authorization Act

Section 702 impacts VH because DHA will have oversight of DHP funds.

Section 718 mandates expansion of VH Services across the MHS.

## **SECTION 702 Language**

***“Administration of Military Medical Treatment Facilities.— Beginning October 1, 2018, the Director of the Defense Health Agency shall be responsible for the administration of each military medical treatment facility, including with respect to—  
budgetary matters;***

- *information technology;*
- *health care administration and management;*
- *administrative policy and procedure;*
- *military medical construction; and*
- *any other matters the Secretary of Defense determines appropriate...”*

## **SECTION 718 Language**

***“Not later than 18 months after the date of enactment... the Secretary of Defense shall incorporate, throughout the direct and purchased care components of the MHS, the use of telehealth services, including mobile health applications:***

- *to improve access to primary care, urgent care, behavioral health care, and specialty care;*
- *to perform health assessments;*
- *to provide diagnoses, interventions, and supervision;*
- *to monitor individual health outcomes of covered beneficiaries with chronic diseases or conditions;*
- *to improve communication between health care providers and patients; and to reduce health care costs for covered beneficiaries and the DoD...”*

However, there is an MHS strategy and POM to specifically support VH efforts.

# Risks, Benefits, and Process

## Risks

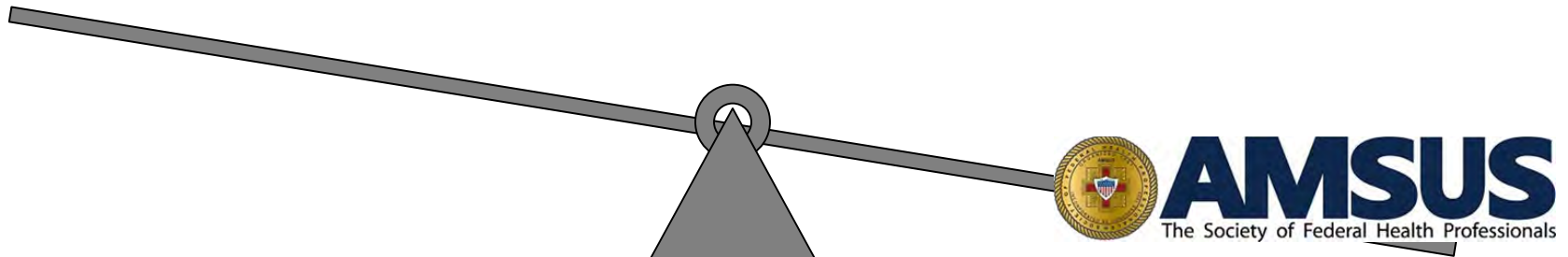
- Loss of capabilities that have historically supported local needs.
- Loss of autonomy, control, and agility at the local level.

## Risk Mitigation

- Map current capabilities and identify initiatives that support the MHS VH Strategy and sunset those that are duplicative or non-value add.
- Route MTF/Regions/Services proposals through governance processes to ensure capability is accounted for, endorsed, and supported at MHS level.

## Benefits

- Establishment of enterprise VH that supports beneficiaries anytime, anywhere.
- Reduces variation in access and quality of care from MTF to MTF.
- Cost savings from central contracts and single acquisition strategy.
- Common equipment to train as we fight.
- Long-term, sustainable strategy to ensure viability of program in outyears.



# Proposed Transition to End State Timeline

