



9th DoD/VA and Gov Health IT Post Summit Report

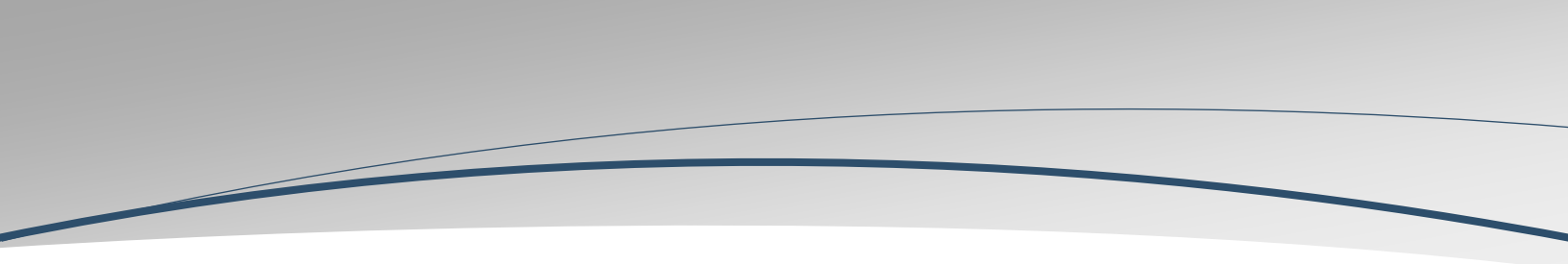
Creating a Connected Health IT Ecosystem for Military and Government

Defense Strategies Institute

9th DoD / VA and Gov Health IT Summit

October 21– 22, 2015 | Alexandria, VA





About Defense Strategies Institute

DSI is a premier non-partisan **woman-owned, minority owned small business** designed to assist in advancing the mission critical goals of the United States' Military and Government. Through our high level educational and training summits and symposiums , we are able to reach across all offices and departments in a fair and balanced manner. We bring together the mission relevant representatives in our non partisan forums in order to foster the necessary discussions and debates to help them achieve efficient and effective mission success. In order to maintain our neutrality, we receive no funding or investment for operating costs from any outside organization, group, or individual.

DSI does not take specific policy positions. Recommendations suggested within this report are derived from the summaries of comments and discussions that occurred during our 9th DoD/VA and Gov Health IT Summit, October 21– 22, 2015.

Authors

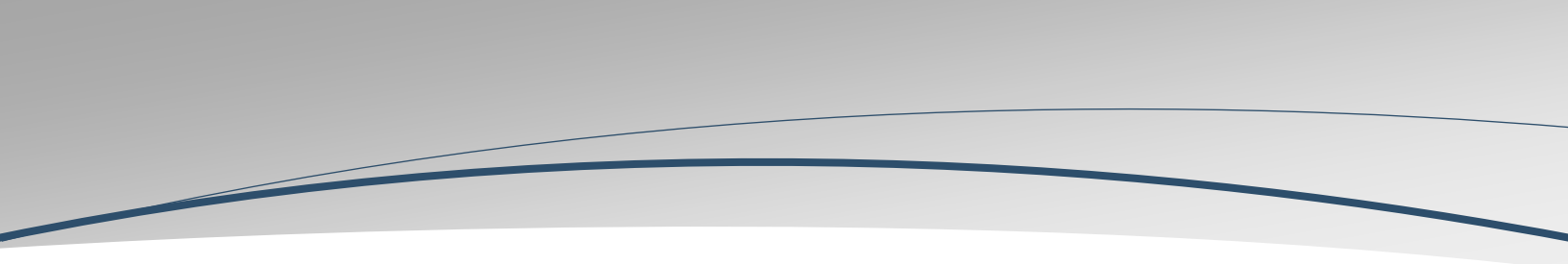
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INTRODUCTION

The Veterans Health Administration, within the Department of Veterans Affairs provides care to approximately 5.75 million unique Veteran patients a year. The Military Health System serves roughly 10.25 million beneficiaries, including active duty personnel and their families and retirees and their families. Approximately 60% of DoD and 40% of VA healthcare is provided outside of government facilities by private providers. Thus, creating a connected health IT ecosystem for our Service men and women and their families involves not only the respective departments of VA and DoD, but equally those of The Department of Health and Human Services and the State, local, and private sectors as well.

The health IT community has been embracing the evolution of ‘big data’, wireless and remote devices, along with the ability to readily “connect” as means to help improve the quality and access to care. Though each organization has unique characteristics that have to be accommodated for in any technology solution, underlying themes are emerging that will allow solutions aimed at one to be applied to others while helping to strengthen the “connectedness” of all.

Defense Strategies Institutes’ 9th DOD/VA & Gov HIT Summit brought together senior leadership from the Military Healthcare System, including the Defense Health Agency and the Service Medical community; the Department of Veterans Affairs and the Veterans Health Administration; The White House and HHS agencies ranging from the CDC to the ONC to discuss engaging patients, delivering medicine at the point of care, and creating a real time health system. Speakers discussed the proliferation of data from the modernized electronic health records being deployed at DHA and VA and the use of that data for retrospective analysis to improve the quality of care, lower costs, ensure public health, and improve population health. Key findings towards advancing the effectiveness and efficiency of connected health, discussed in detail in this report, include patient engagement, tele-health and tele-medicine, and big data and advanced analytics.

The following is a summary of key findings generated from this year’s Summit.

Primary Finding 1: Health information technology is enabling unprecedented patient engagement via the extension of electronic health records into integrated health management platforms

Summit presenters and participants agreed that technical advances were accelerating a healthcare transformation. Similar to other industries like banking, travel, and retail, technology is disrupting the old models in healthcare. The focus is increasingly on health, not health care. This is reflected in more patient ownership of their health care, recognition of multiple caregivers engaged, and the integration of complex healthcare information to get a situational awareness view of a patient.



An example of the change in paradigm is that veterans often went to a VA facility for a day long visit with multiple appointments. Now, the veterans' health is being monitored remotely and with telehealth and telemedicine tools, and he or she may have reduced in person facility visits, or at a minimum, the time at the facility can be greatly reduced.

Solution 1 : Patient Engagement Tools

Officials from VA and the DoD detailed the distinct populations that they serve and the unique challenges of meeting their health care needs. Many of the 9.1 million veterans who access VA Health are diagnosed with multiple conditions and 65 percent of the veterans are outside the 40 mile limit of a VA health facility, now eligible for private care, under the Veterans Choice Act. The VA is developing care coordination as a core competency to serve veterans. This includes a focus on the veterans' whole health care, led by a patient navigator, and encompassing comprehensive disease/care condition management. Even patients are generating health-related data that can be incorporated in the care team's full view of the patient's health and wellness.

Further HHS, in conjunction with industry , has developed a patient toolkit that can be leveraged to connect patient-generated data with patient electronic health records.

Solution 2: Health Management Platform

Presenters from VA and DHA spoke to efforts at both agencies to implement and modernize electronic health records technology, but they emphasized that the ultimate goal was a technology platform for health management. The legacy VistA and AHLTA/CHCS, respectively, consist of hundreds of modules that deliver functionality sitting on multiple technologies. The transformation of healthcare delivery is presenting opportunities for the integration of various technologies that support additional functionality desired by these customers. Discussions involved the challenges with implementation and integration; whether modernizing legacy applications or integrating a COTS EHR. A main challenge is at the platform level and whether the platform is truly interoperable and will accommodate the legacy to modern migration path.

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Primary Finding 2: Emerging technologies including mobile health applications, telehealth/telemedicine, and patient monitoring via sensor-based technologies are delivering healthcare at the point of care in a real-time health system

Presenters also touched on the introduction of modern technology that was bringing healthcare to the patient at the point of care in real-time. Operational medicine is critical to our soldiers and in this arena these technologies have already been impacting the care being provided to our soldiers; on the battlefield, in transit on an air transport, at bedside, then at home. The military is constantly in the search for technologies that will make this operational process highly efficient and effective, with better outcomes in the short and long term.

Solution 1 : Interoperability - Software, Systems, Medical Devices, Sensor-Based Technologies

One of the more interesting aspects of the military's needs is the desire for medical telemetry being built into the transport of a wounded soldier. At the Summit, it was posited that the military was seeking solutions to sensor-enable a medical gurney so that real-time health metrics could be transmitted from the gurney with no additional equipment. This point was illustrated by showing a wounded soldier on a transport and one could not even see the soldier because he was surrounded by so much additional equipment supporting his care.



Solution 2 : Technologies and applications that support real-time tracking of patient care, health, and wellness integrated with HMP

Discussions consistently came back to the theme that the movement towards technologies and applications that support real-time tracking of patient care, health, and wellness can exist in a vacuum, mimicking the stovepipes of our past system of care. All of this real-time data needs to be integrated into a health management platform so that multiple caregivers can see the information and support a coordinated response or care plan.

Attendees discussed the FitBit craze as a fitness phenomena, not necessarily a health tool. It can be integrated as such if needed, but ultimately there is far more valuable telemetry data that does have health impact that can be tracked and be helpful in providing a provider with a clearer and more timely picture of a patient's health. The integration of telemetry data within electronic health records and health management platforms is the real challenge presented by mobile health applications.

Primary Finding 3: The proliferation of health information technology amplifies the volume of data available for collection and analysis and presents new opportunities for improving the quality and cost of patient care, ensure public health, and improves population health.

The proliferation of data generated from VistA and AHLTA/CHCS is nothing new, however, the challenges of data standardization have long inhibited the ability of VA and DHA to utilize the data for effective analysis and to act on the data. But, what also has emerged is that their patients are receiving roughly 65% of their care from purchased care so they have a data challenge in that they can't retrieve that care information. This topic was discussed at times in the context of interoperability for the necessary clinical decision support for patients, as well as in the context of data analytics.

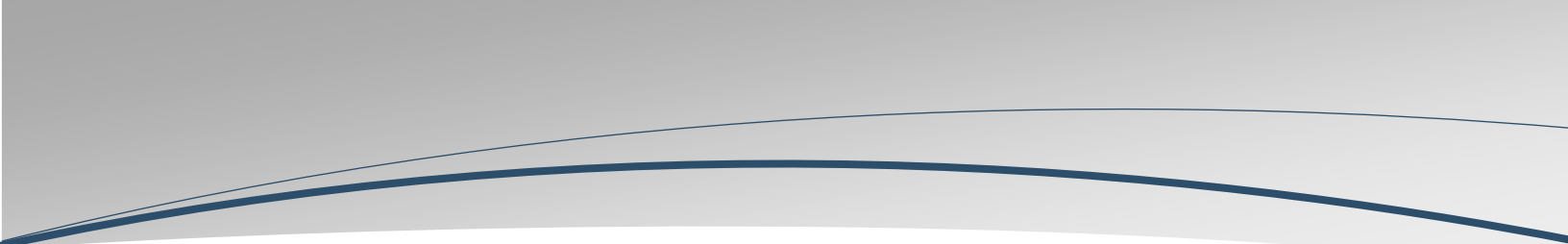


Solution 1 : Multi-variate data analysis

With so much data being generated now from medical devices, mobile health applications, remote monitoring devices, government systems, provider systems, payer systems, there is an emerging opportunity to do data analysis against available data sets. This analysis is not just within a single data set but is against two or more datasets that are mashed up. This slicing and dicing is creating a 3D view of activity within the ecosystem.

Solution 2: Visualization

A challenge with all the data flowing around is to do the *right* analysis (ask the right questions), show the findings in a compelling way (data visualization), and be able to translate the findings into actionable recommendations (for the patient, and actors in the ecosystem).



Summary of Findings and Solutions from Defense Strategies Institute's 9th DoD / VA and Gov Health IT Summit, October 21– 22, 2015

Primary Finding 1: Health information technology is enabling unprecedented patient engagement via the extension of electronic health records into integrated health management platforms

Solution 1 : Patient Engagement Tools

Solution 2: Health Management Platform

Primary Finding 2: Emerging technologies including mobile health applications, telehealth/ telemedicine, and patient monitoring via sensor-based technologies are delivering healthcare at the point of care in a real-time health system

Solution 1 : Interoperability - Software, Systems, Medical Devices, Sensor-Based Technologies

Solution 2 : Technologies and applications that support real-time tracking of patient care, health, and wellness integrated with HMP

Primary Finding 3: The proliferation of health information technology amplifies the volume of data available for collection and analysis and presents new opportunities for improving the quality and cost of patient care, ensure public health, and improves population health.

Solution 1 : Multi-variate data analysis

Solution 2: Visualization

Defense Strategies Institute would like to thank the following distinguished experts for speaking at the 9th DoD/VA and Gov Health IT Summit.

Dr. David Shulkin, Under Secretary for Health, VHA

Dr. Linda Schwartz, Assistant Secretary, Office of Policy and Planning, VA

BG Ron Place, USA, Assistant Surgeon General for Force Projection, U.S. Army Medical Command

Col Paul Friedrichs, USAF, Vice Commander, AFMOA

Ms. Gail Kalbfleisch, Federal Health Architecture, ONC, HHS

Mr. Damon Davis, Director, Health Data Initiative HHS

Ms. Mina Hsiang, US Digital Service in the White House and Senior Advisor to the US CTO on Health Data US Digital Service

Ms. Claire Evans, PM, JOMIS, PEO DHMS

COL John Bailey, USA DPM, JOMIS PEO DHMS

Col Tom Cantilina, USAF, Commander, 779th Medical Group

Dr. Gregg Margolis, Director, Division of Health System Policy for the Office of the Assistant Secretary of Preparedness and Response (ASPR), HHS

Mr. Gavin O'Brien, National Cybersecurity Center of Excellence ,NIST

Dr. Chesley Richards, Deputy Director, Office of Public Health Scientific Services CDC

Dr. Jonathan Nebeker, DCMIO, VHA

Dr. Paul Tibbits, SES, DCIO, Architecture, Strategy, and Design, OI&T, VA

Ms. Lisa Kaiser, Computer Scientist, DHS Cyber Security & Communications (CS&C) Chief Technology Office

Mr. Bo Dagnall, Health Informaticist, HP Account Chief Technologist for Veterans Affairs

Dr. Glen Coppersmith, Founder & CEO, QNTFY

Mr. Mark Monterastelli, HHS Entrepreneur-in-Residence, ONC

Mr. Gary Parker, Director, Meaningful Use Administration Alabama Medicaid Agency

Mr. Peter Li, Chief Engineer, OSEHRA

