**CMIO Leadership**

The CMIOs will be the voice of the all health IT user and our beneficiaries. We will stay focused on meaningful, measurable outcomes. Our sustained leadership bridging the clinical, business, and readiness communities with IT supplier will improve patient safety, efficiency, and readiness while remaining patient-centric. Transparency will be a foundation of all we do. Our advocacy and decisions will support prioritizations in a logical fashion allowing the MHS to “stay the course” and perform POM planning based upon clear priorities. We will sustain our leadership by workforce shaping and development.

**MHS Leadership IT Policy**

To successful leverage information technology to improve the quality of military healthcare, there must be specific guidance from leadership to direct actions throughout the IM-IT lifecycle. This specific policy guidance must be transparent to all levels of the organization so that execution does not depart from need. The CMIO share the conviction that the MHS should be guided by the following policy. First, we will stay the course such that IM-IT prioritization and approaches stay consistent regardless of leadership changes unless a clear, data based business case is made and document to support the benefits of the change. Second, the MHS goal is not be engaged in leading edge technology deployment or innovation. We will be on the leading edge of improving healthcare delivery, creating meaningful use of IM-IT, and achieving stated IM-IT goals. Third, the MHS is unique but the actual delivery of our healthcare is not. Therefore, it will be our policy to acquire COTS products to the maximum extent possible and use these without modification. It the COTS product does not meet 100% of the requested needs out of the box, excellence will be achieved through Business Process Management.

**Process Management**:

Despite advances in and the usability of information technology, meaningful adoption which includes user satisfaction with technology continues to lag. This is especially true as it relates to EHR systems. In large measure, this is due to our inability to account for complexity, variability, and relationships of our **processes** as well as our inability to effectively transition to new processes. Business Process Management (BPM) is a method to assist organizations in meaningfully redesign and innovation in work processes to deliver value to the patient and all stakeholders. By identifying key processes and training needs, organizationally the MHS IM-IT will be more efficient, relevant, and effective while creating sustainability. The NDAA 2010 mandates Business Processing Reengineering as part of any IT investment. The CMIOs support corporate adoption of BPM as the critical and fundamental management approach to be used throughout the MHS. Utilizing its holistic approach and engaging service and TMA level user in understanding and aligning process and technology in the organization, the MHS will create business effectiveness, IT relevancy, and personal efficiency. We believe meaningful innovation is supported by a BPM framework that includes a governance process that is informed by an operational architecture extending from the point of care and aligned to our strategic objectives.

**Patient-Centered Care**

The CMIOs will lead the effort to provide IM/IT support for patient-centered care. Among the tools that the CMIOs will advocate for patients and clinical staff, one of the most important is the patient portal. This provides the MHS the platform to make available to the patient tools to take an active role in the management of their own health in partnership with the health care team. Such capabilities as secure patient-provider messaging, personal health record, patient education, appointing, pharmacy refill and renewal, personal health and health risk assessments, pre-deployment and post-deployment health risk appraisals and immunization/medical readiness tracking will be the first tools provided to the patient.

**Outcomes/Measurement/Results - Weiner**

Underdevelopment Mike I drafted something as I had not seen your statement

The CMIOS believe that data is required to achieve of improvements in patient-centric care which leads to improved population health, business results and readiness. Information technology must focus on meaningful gathering, sharing, aggregation and display of data for each stakeholder need. These needs must be based on an understanding of the effort involved in the work process to collect data of increasing detail and the limits of current technology. The CMIOs focus is on ensuring that decision support needs are met for all MHS Stakeholders while maximizing system usability with minimal duplication of efforts. Therefore, we support the functional separation of Business Intelligence into specific areas but utilizing common data.

Application Business Intelligence – BI inherent to the application or system which depends on the data within the system. Typically it is focused on real time data needs such as point of care decision support or management of a business process (MTF Pharmacy efficiency or clinical practice guideline actionable reminders). The data source for this BI is the application data set and often facilitated by application specific software.

Corporate Business Intelligence – Does not require real time data updates, and is focused on aggregation and analysis of data across populations and IT systems (TMA level financial reports and forecasting).

Clinical Decision Support – Does not require real time data updates but is typically used at the point of care. The data source is usually very limited data extracts from clinical system based upon specific defined needs that can be presented in real time for review.

Minimizing duplicate data entry, maintaining data integrity and efficiency aggregating data cannot occur with selections and adhering to use of data standards. The CMIOs expect the MHS to define and maintain data standards as well as a data management policy as both are critical to patient safety and achieving better outcomes from health IT use. To this end, the MHS should expand it active participation in and leadership of health IT standards committees. We should

**Informatics Workforce Creation and Maintenance**

The CMIOs support an engaged, pro-active approach to developing, delivering, sustaining and retiring medical Information Technology. As the interface between the clinical user and the IT developer, the medical informatics specialist provides a unique skill set to active, intimate collaboration between the functional user and IT professionals from a project’s inception through to its eventual termination. To maintain an effective and creditable CMIO and medical informatics workforce several actions must occur: Healthcare provider should be encouraged to enter the field of informatics and receive formal training in informatics. The careers of medical informatics specialist should be managed to ensure adequate personal our trained and engaged in medical informatics work. Of equal importance is ensuring that healthcare informatics personnel are provided the opportunity to remain current in their clinical practice. We strongly advocate sustained professional scholarships, military billets, and information technology continuing education. Finally, the current growth and maturity of military medical informatics should lead to medical informatics officers leading program offices and holding key roles such as that information management and information technology are not seen as separate entities.

**Near Term Actions based upon the above**

MHS Leadership Policy

1. Based upon current planning, funding should not be used to modify CHCS or AHLTA beyond those items covered in the SOO unless the item justify as a critical patient safety issue, or is a federal mandate.
	1. Examples, funding should not be used to perform modifications to CHCS such as removing SSN from screens or printout, breaking CHCS into services unless part of the AoA recommendation.
	2. Changes related to HIPAA 5010 and ICD10 changes should be incorporated only to the extend necessary (based upon current legal opinion) with the MHS strategy being to become compliant with the implementation of the EHR WayForward.
2. The MHS should have a prioritize list of improvements and new capabilities and this list should lead to a maintained set of completed SOWs in a prioritized fashion. The SOW will be executed based upon their priority and any sequence dependency for POM funding, end of year windows, and other source of funds.

BPM Objectives:

1. Develop BPM CONOPS and associated framework that identifies key processes to inform, sustain, and innovate work systems that includes, as appropriate, modifications to, as well as design, development, and implementation of Clinical Information Systems.
2. Complete and publish a MHS IM-IT governance process plan which includes the services. The process must include steps to ensure functional requirements are aligned with strategic objectives and cannot be altered in the acquisition process without functional approval.

**Outcomes/Measurement/Results Objectives**

1. The MHS should establish MHS EA Data Standards and hold vendors/supplier accountable for compliance
2. The MHS should define execute a transition plan consolidated enterprise us of BOXI or other specific tools
3. Define a branch of the Services to lead the effort for Clinical Decision Support tools as part of the MHS IM-IT Strategic Plan goal of distributive development. (This would supercede the current CDM Effort).
4. The arbitrary distinction between the BAR and CAR portfolio capabilities should be removed and combined into a single Corporate Business Intelligence capability.
5. A strategy must be adopted so that a single central data mart and process to maintain and user it is established to meet clinical (Centers of Excellence) registry needs but allowing for access with custom views for specific registry needs.

------------------------ --------------------Below for tracking only----------------------------------

Highlights indicate it was addressed above

**CONSENSUS STATEMENTS - RANKED**

1. CMIO Lead –
2. Stay the course
3. Workforce info
4. medical network
5. Data policy – Supporting Patient healthcare/VLER/Partners/Standardization
6. Clinical BI
7. Embedded IM
8. Patient Portal (Centric/apps)
9. POM Priorities
10. Not be bleeding edge
11. Transparency
12. Secure messaging
13. 80%

Those that missed the official CUT.

1. Medical Network
2. SOA
3. Requirements – open/transparent
4. Park on AHLTA 3.3
5. S/W Standardization / Installed base
6. POM – Clinical priorities – 3 weeks
7. POM Business priorities – 3 weeks
8. FHCC – not the Enterprise Solution
9. Professional Organizations
10. Design Review/Full transparency to all stakeholders & vendors
11. ICD-10
12. 50/10 HIPPA
13. Informatics Core Competencies