MHS IM/IT TACTICAL PLAN
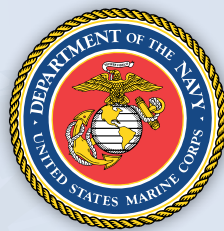
FY2012

FY2013

MILITARY HEALTH SYSTEM

STRONG TO SAVE
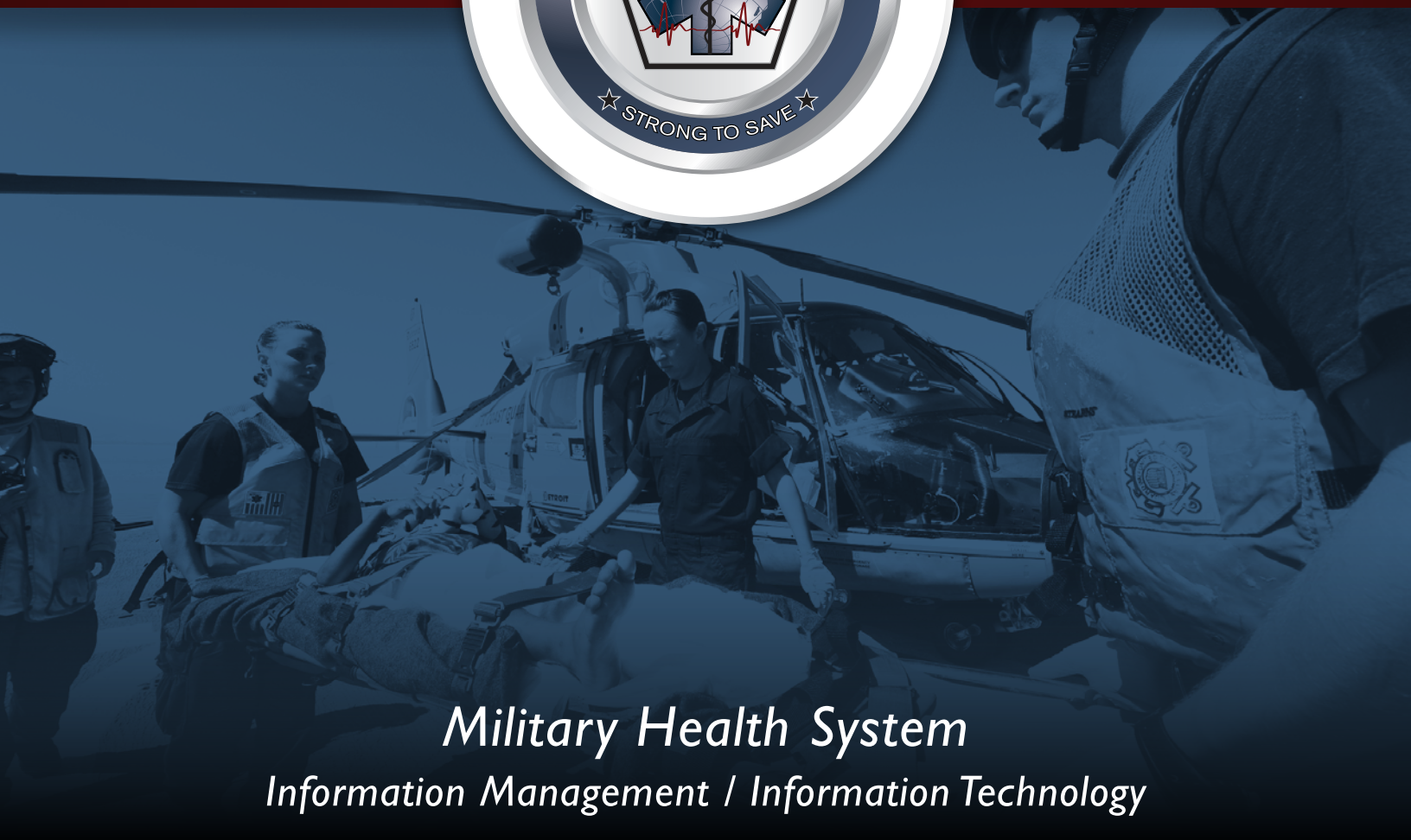
Military Health System

Information Management / Information Technology

About the MHS

America's Military Health System (MHS) is a unique partnership of medical educators, medical researchers, and healthcare providers and their support personnel worldwide. This Department of Defense (DoD) enterprise consists of the Office of the Assistant Secretary of Defense for Health Affairs; the medical departments of the Army, Navy, Marine Corps, Air Force, Coast Guard, and Joint Chiefs of Staff; the Combatant Command surgeons; and TRICARE providers (including private sector healthcare providers, hospitals and pharmacies).

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EXECUTIVE SUMMARY

A TACTICAL PLAN THAT PROVIDES DIRECTION FOR IM/IT OVER THE NEXT TWO YEARS.

Background

Beginning in late summer 2011, Information Management/Information Technology (IM/IT) leaders began convening to discuss the alignment of the IM/IT Strategic Plan 2010-2015 to HA/TMA leadership priorities, and changing organizational and environmental dynamics. Through a series of monthly prioritization discussions, which culminated in March 2012, IM/IT leaders determined that a more acute focus was needed for the IM/IT Strategic Plan, which resulted in the alignment of IM/IT activities and resources around five areas.

Our Tactical Areas of Focus

The IM/IT community delivers a diverse set of products and services to the MHS to serve our active duty members of the Armed Forces. These products and services require: *Architecture* – providing the blueprint for connecting systems that enable the operational processes of the MHS; *Enterprise Intelligence* – providing innovative access to information with decision support tools to enhance health care practices and behaviors; *Governance* – an effective and efficient decision-making structure with supporting processes and tools for directing investments and priorities; *HIT Transition* – a sound framework for analyzing IT investments and facilitating our portfolios transition to the future iEHR state; *Human Capital/Workforce Planning* – ensuring our constant state of readiness by supporting our people with the right training and placing them in the right jobs.

The following five priorities represent our tactical areas of focus for FY12 – FY13:

- Architecture
- Enterprise Intelligence
- Governance
- HIT Transition
- Human Capital/Workforce Planning

These five areas highlight the important role that IM/IT contributes to the development of capabilities supporting the delivery of care to the MHS beneficiaries.

GUIDING PRINCIPLES

SIX CORE IM/IT GUIDING PRINCIPLES WERE APPROVED BY MHS LEADERSHIP IN THE FALL OF 2011 AND HAVE SINCE BEEN ADOPTED BY THE IM/IT TACTICAL PLAN. THESE PRINCIPLES ARE EMBEDDED INTO OUR PROCESSES AND CULTURE.

On November 30, 2011, the Senior Military Medical Advisory Council (SMMAC) approved six guiding principles for the MHS IM/IT. The purpose of the guiding principles are to serve as durable policy statements about the role or use of IT in the business of the MHS while also serving as a filter during the decision-making process to:

- Reduce both time and resources spent exploring inappropriate solutions; and,
- Promote consistency in the IT decision-making process

Collectively the guiding principles are derived from the MHS' basic beliefs, experience, strategic priorities, core competencies and its underlying culture based on serving the health care needs for DoD service members, retirees, and their families.

Joint First, Common Architecture	Adopt, Buy, Create	Speed to Market
• The MHS invests in joint capabilities, applications, and systems built to support common business processes • The MHS is committed to a common EA with well-defined technology and data standards	• When acquiring a new capability, MHS first seeks to adopt a product already in use • If not possible, the MHS next looks to buy a proven product • If not possible, MHS creates the solution	• The MHS continuously strives to shorten the time it takes to get capabilities to customers • Within legal and regulatory limits, the MHS does not tolerate process steps that do not add value

Requirements Drive Solutions	Driven by Strategy	Transparent and Accountable Management

• Functional sponsors, SMEs, and users identify the clinical and business needs which drive the solutions
• The MHS maintains clear traceability from business and clinical processes to derived requirements
	• The MHS focuses its discretionary IM/IT investments in two places:
	  - On IM/IT requirements that explicitly support the MHS portfolio of strategic initiatives
	  - On IM/IT projects with robust business cases
		• IM/IT management decisions are made in an open manner and documented for all stakeholders' view
		• A business case defining the benefits and measures of success must precede all new program development

TACTICAL AREAS OF FOCUS

In late 2009, the MHS IM/IT community developed an IM/IT Strategic Plan presenting ten (10) goals with corresponding objectives and action plans. Towards the end of 2011, with an increased emphasis on DoD resource efficiencies, IM/IT stakeholders acknowledged the need to identify a "critical path" for the tactical initiatives associated with the current IM/IT Strategic Plan. Accordingly, through a series of monthly workshops with leaders from TMA, IM, OCIO, PEO, and the three Services, the IM/IT community confirmed the following five (5) tactical areas of focus for the next two years (FY12 to FY13).

> **IN THE NEXT TWO YEARS, WE WILL FOCUS RESOURCES AND MANAGEMENT EFFORTS ON FIVE TACTICAL GOALS: ARCHITECTURE, ENTERPRISE INTELLIGENCE, GOVERNANCE, HIT TRANSITION AND HUMAN CAPITAL/ WORKFORCE PLANNING.**

1. **Architecture.** To assist in decision making there is a need to implement an MHS Enterprise Architecture that describes our business processes, systems, applications, data and standards.

2. **Enterprise Intelligence.** For the MHS to become a learning healthcare system, it needs a common way of using our data to provide Enterprise Intelligence for informing decision-making from the point-of-care to the enterprise level beginning with clinical data.

3. **Governance.** We will have a standard process for prioritizing and managing HIT investments across the MHS to include new development, sustainment, pilots, and ensure that innovation investments support the MHS consolidated portfolio, while meeting our guiding principles.

4. **HIT Transition.** Using the TAP framework, we will be able to objectively identify those systems that provide the greatest value to the underlying business process, are the most technically mature, and also ensure continuity of operations by identifying current system dependencies as we transition to the future state iEHR.

5. **Human Capital/Workforce Planning.** We need a skilled and competent workforce to meet the evolving organization and changing business and technical requirements.

1:ARCHITECTURE

To assist in decision making there is a need to implement an MHS Enterprise Architecture that describes our business processes, systems, applications, data and standards.

Objectives

1.1 Implement an MHS architecture artifact repository that will be used to define the current, target, and transition architecture states

1.2 Implement an MHS architecture methodology that addresses architecture development standards and compliance processes within the IM/IT Lifecycle

1.3 Define and publish an MHS Data Management Strategy *(note: iEHR data management strategy and roadmap is due April 2012 and will inform overall MHS roadmap and strategy)*

Deliverables & Milestones

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 1.1 Implement an MHS architecture artifact repository that will be used to define the current, target, and transition architecture states	**1.1.1** Description of current, target and transition states • **1.1.1a:** MHS EA Inventory Report *(FY13 Q1)* • **1.1.1b:** Architecture Gap Analysis & Recommendations *(FY13 Q2)* • **1.1.1c:** Architecture Gap Resolution Plan *(FY13 Q4)*	*FY13 Q4*
	1.1.2 MHS Architecture Repository • **1.1.2a:** TMA System Architect tooling and licenses expanded to IPO, Services and VA *(through FY13 Q3)* • **1.1.2b:** Implementation Plan *(FY12 Q4)* • **1.1.2c:** Draft Guidance Memorandum *(FY13 Q2)*	*FY13 Q3*
Objective 1.2 Implement an MHS architecture methodology that addresses architecture development standards and compliance processes within the IM/IT Lifecycle	**1.2.1** MHS EA Methodology CONOPS	*FY12 Q4*
	1.2.2 MHS EA Modeling Guidebook	*FY13 Q1*
	1.2.3 MHS EA Review and Evaluation Process	*FY13 Q2*
	1.2.4 MHS EA Configuration Management Plan	*FY13 Q2*

1: ARCHITECTURE (CONT'D)

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 1.3 Define and publish an MHS Data Management Strategy	**1.3.1** iEHR Data Management Strategy • **1.3.1a:** Milestone A Package Version *(FY12 Q3)*	*FY12 Q3*
	1.3.2 iEHR Data Management Implementation Roadmap • **1.3.2a:** Milestone A Package Version *(FY12 Q3)*	*FY12 Q3*
	1.3.3 MHS Data Management Strategy	*FY13 Q1*
	1.3.4 MHS Data Management Plan	*FY13 Q2*

Future Milestones (FY14 and beyond)

In addition to the documentation of FY12-FY13 deliverables, the following items are potential deliverables and milestones for FY14 and beyond. These items will be refined and scheduled as progress occurs on the primary FY12-FY13 efforts.

Objective 1.1
- Plan for additional EA reporting and Management tools
- Annual Architecture Gap Analysis
  - Review and expand current, target, and transition states
- Annual MHS EA Inventory Report

Objective 1.2
- Annual reviews and updates to expand guidance
- Publish new guidance as DoD EA matures

Objective 1.3
- Semi-annual review and update to continue alignment of MHS strategy to iEHR strategy
- Semi-annual review and update of management plan to continue alignment to iEHR and MHS operational processes

Timeline of Deliverables & Milestones
A graphic timeline of the Architecture deliverables and milestones is presented on page 9.

I: ARCHITECTURE (CONT'D)

IM/IT Tactical Plan
ARCHITECTURE – FY12 – FY13

Legend
★ Deliverable/Milestone

Architecture Objectives	FY12-FY13 Deliverables & Milestones						Future Milestones
	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4	FY14 +
Objective 1.1 Implement an architecture artifact repository used to define the current, target and transition architecture states		★ **1.1.2b** Implementation Plan	★ **1.1.1a** EA Inventory Report	★ **1.1.2c** Draft Guidance Memo ★ **1.1.1b** Gap Analysis and Recommendations	★ **1.1.2** Architecture Repository ★ **1.1.2a** Expansion of Licenses	★ **1.1.1** Current, Target, and Transition States ★ **1.1.1c** Architecture Gap Resolution Plan	• Plan for additional EA reporting and management tools • Annual Architecture Gap Analysis - Review and expand current, target, and transition states • Annual MHS EA Inventory Report
Objective 1.2 Implement an architecture methodology that addresses development standards and compliance processes		★ **1.2.1** EA Methodology CONOPS	★ **1.2.2** EA Modeling Guidebook	★ **1.2.3** EA Review / Evaluation Process ★ **1.2.4** EA Configuration Management Plan			• Annual reviews and updates to expand guidance • Publish new guidance as DoD EA matures
Objective 1.3 Define and publish an MHS Data Management Strategy	★ **1.3.1** iEHR Data Management Strategy ★ **1.3.2** iEHR Data Management Implementation Roadmap ★ **1.3.1a and 1.3.2a** Milestone A Package Version			★ **1.3.4** Data Management Plan ★ **1.3.3** Data Management Strategy			• Semi-annual review and update to continue alignment of MHS strategy to iEHR strategy • Semi-annual review and update of management plan to continue alignment to iEHR and MHS operational processes

2: ENTERPRISE INTELLIGENCE

For the MHS to become a learning healthcare system, it needs a common way of using our data to provide Enterprise Intelligence for informing decision-making from the point-of-care to the enterprise level beginning with clinical data.

Objectives

2.1 Bring clinical data together in one place to provide a trusted source of clinical information

2.2 Create analytic capability for clinical decision support

2.3 Share data using enterprise-wide clinical intelligence tools to drive evidence-based care

Deliverables & Milestones

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 2.1 Bring clinical data together in one place to provide a trusted source of clinical information	**2.1.1** Align enterprise intelligence efforts across the organization • **2.1.1a:** Submit POM FY14 Clinical Enterprise Intelligence Issue Paper *(completed)* • **2.1.1b:** Finalize the Clinical Enterprise Intelligence Initiative and brief MHS leadership at the 25 April Review & Analysis (R&A) *(completed)*	*Completed*
	2.1.2 Specify coverage of Clinical Analysis & Reporting (CAR) 501 functional requirements per DOORS with HSDW and how it closes the requirements' gap against the Clinical Data Mart (CDM)	*FY12 Q4*
	2.1.3 Adopt and resource AFMS' Healthcare Informatics FY11-14 Roadmap strategy • **2.1.3a:** Develop CDR-HSDW Interface and data model *(FY13 Q2)* • **2.1.3b:** Platform implementation *(FY13 Q2)* • **2.1.3c:** Integrate Clinical Data Repository (CDR) into HSDW *(FY13 Q3)* • **2.1.3d:** De-identify MHS Data for use as a National Asset for Research *(FY13 Q4)*	*FY13 Q4*
Objective 2.2 Create analytic capability for clinical decision support	**2.2.1** Implement Governance Structure for Care Management Institute to accomplish: • **2.2.1a:** Organization design *(FY12 Q4)* • **2.2.1b:** Prioritization process *(FY13 Q1)* • **2.2.1c:** Data standards *(FY13 Q2)* • **2.2.1d:** Informatics Group (without walls) *(FY13 Q3)* • **2.2.1e:** Measure standards *(FY13 Q4)*	*FY13 Q4*

2: ENTERPRISE INTELLIGENCE (CONT'D)

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 2.2 Create analytic capability for clinical decision support	**2.2.2** Health Analytics Training Curriculum - Develop training for informatics franchise • **2.2.2a:** Train Service franchisee lead (train the trainer) *(FY13 Q3)* • **2.2.2b:** Train 1 franchisee per multiservice market *(FY13 Q4)*	*FY13 Q4*
Objective 2.3 Share data using enterprise-wide clinical intelligence tools to drive evidence-based care	**2.3.1** Standup Research Data Service	*FY12 Q3*
	2.3.2 Deliver PCMH/DM Dashboards	*FY12 Q4*
	2.3.3 Deliver Clinical Quality Dashboards	*FY12 Q4*
	2.3.4 Create application (app) store and tool kit/framework for rapidly developing new solutions	*FY13 Q1*
	2.3.5 Conduct business process review at clinics to incent widespread use of clinical intelligence tools	*FY13 Q2*
	2.3.6 Deliver Clinical Decision Support Tools (alerts, warnings, reminders, prompts)	*FY13 Q3*
	2.3.7 Deploy registry capability that uses HSDW as the definitive data source for all MHS registries	*FY13 Q3*

Future Milestones (FY14 and beyond)

In addition to the documentation of FY12-FY13 deliverables, the following items are potential deliverables and milestones for FY14 and beyond. These items will be refined and scheduled as progress occurs on the primary FY12-FY13 efforts.

2: ENTERPRISE INTELLIGENCE (CONT'D)

Objective 2.1
- Continue to identify data sources and resource new functionality as needed by clinical leadership for performance based management

Objective 2.2
- Workflow and Management Integration
- Establishment of an MHS Care Management Institute (Competency Center)

Objective 2.3
- Panel Management Tools
- Enter HSDW and CarePoint into OSEHRA or similar Open Source management to reduce contractor re-packaging MHS business logic
- Data Sharing partnerships with the VA and other healthcare partners
- Continue to resource and prioritize enterprise clinical tools
- Focus on:
  - Creating a Virtual Hospital environment that is patient-centric
  - Personalized medicine using genomic data (PC2)
  - Predictive Care Applications

Timeline of Deliverables & Milestones
A graphic timeline of the Enterprise Intelligence deliverables and milestones is presented on pages 13-14.

2: ENTERPRISE INTELLIGENCE (CONT'D)

IM/IT Tactical Plan
ENTERPRISE INTELLIGENCE – FY12 – FY13

Legend
★ Deliverable/Milestone

Enterprise Intelligence Objectives	FY12-FY13 Deliverables & Milestones						Future Milestones
	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4	FY14 +
Objective 2.1 Bring clinical data together in one place to provide a trusted source of clinical information	★ **2.1.1** Align EI Efforts ★ **2.1.1a** POM FY14 Issue Paper ★ **2.1.1b** Finalize Clinical Enterprise Intelligence Initiative	★ **2.1.2** Coverage of CAR 501 against CDM		★ **2.1.3a** CDR-HSDW Interface and Data Model ★ **2.1.3b** Platform Implementation	★ **2.1.3c** Integrate CDR into HSDW	★ **2.1.3** Adopt AFMS' Informatics Roadmap ★ **2.1.3d** MHS Data as a National Asset	• Continue to identify data sources and resource new functionality as needed by clinical leadership for performance-based management
Objective 2.2 Create analytic capability for clinical decision support		★ **2.2.1a** Organization Design	★ **2.2.1b** Prioritization Process	★ **2.2.1c** Data Standards	★ **2.2.1d** Informatics Group (Without Walls) ★ **2.2.2a** Train the Trainer	★ **2.2.1** Governance Structure ★ **2.2.2** Health Analytics Training Curriculum ★ **2.2.1e** Measure Standards ★ **2.2.2b** Train Multi-Service Franchisees	• Workflow and Management Integration • Establishment of an MHS Care Management Institute (Competency Center)

2: ENTERPRISE INTELLIGENCE (CONT'D)

IM/IT Tactical Plan
ENTERPRISE INTELLIGENCE – FY12 – FY13 (CON'T)

Legend
★ Deliverable/Milestone

Enterprise Intelligence Objectives	FY12-FY13 Deliverables & Milestones						Future Milestones
	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4	FY14 +
Objective 2.3 Share data using enterprise-wide clinical intelligence tools to drive evidence-based care	★ **2.3.1** Stand-up Research Data Service	★ **2.3.2** PCMH/ DM Dash-boards		★ **2.3.5** Business Process Reviews at Clinics	★ **2.3.6** Deliver Clinical Decision Support Tools		• Panel Management Tools • Enter HSDW and CarePoint into OSEHRA or similar Open Source management to reduce contractor re-packaging MHS business logic • Data Sharing partnerships with the VA and other healthcare partners • Continue to resource and prioritize enterprise clinical tools • Focus on: - Creating a virtual Hospital environment that is patient-centric - Personalized medicine using genomic data (PC2) - Predictive Care Applications
		★ **2.3.3** Clinical Quality Dash-boards	★ **2.3.4** Create application store and toolkit/ framework		★ **2.3.7** Deploy Registry Capability		

3: GOVERNANCE

We will have a standard process for prioritizing and managing HIT investments across the MHS to include new development, sustainment, pilots, and ensure that innovation investments support the MHS consolidated portfolio, while meeting our guiding principles.

Objectives

3.1 Implement an enterprise IM/IT governance process

3.2 Integrate Distributive Development, Innovation, Research, and Change Request processes into enterprise governance process

3.3 Implement an enterprise tool to track and document governance processes, and achieve 100% adoption of the tool

Deliverables & Milestones

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 3.1 Implement an enterprise IM/IT governance process	**3.1.1** Finalize Rehearsal of Concept to identify process and artifact gaps • **3.1.1a:** Updated Initial Process • **3.1.1b:** Gap Findings	*FY12 Q2*
	3.1.2 Implement limited field testing for 6 months to evaluate effectiveness • **3.1.2a:** Draft Principal and Business Rules led by each Management Board Chief for improved decision making *(FY12 Q4)* • **3.1.2b:** Draft SOP *(FY12 Q4)* • **3.1.2c:** Create Draft Resourcing Plan *(FY12 Q4)* • **3.1.2d:** Create Draft Transition Plan *(FY12 Q4)* • **3.1.2e:** Create Draft Policy for Enterprise IM/IT Governance Process *(FY12 Q4)* • **3.1.2f:** Complete Lesson Learned Action Items *(FY12 Q4)*	*FY12 Q4*
	3.1.3 Get interim approval for Enterprise IM/IT Governance Process	*FY13 Q2*
	3.1.4 Coordinate Draft Policy and SOP with all Key Stakeholders	*FY13 Q2*
	3.1.5 Updated SOP, Policy & Resourcing Plan	*FY13 Q3*
	3.1.6 Coordinate SOP, Policy & Resourcing Plan through Governance for approval	*FY13 Q4*

3: GOVERNANCE (CONT'D)

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 3.2 Integrate Distributive Development, Innovation, Research, and Change Request processes into enterprise governance process	**3.2.1** Identify initial integration point	*FY12 Q4*
	3.2.2 Review with all Process Owner Stakeholders	*FY12 Q4*
	3.2.3 Integrate into Enterprise IM/IT Governance Draft SOP	*FY13 Q1*
	3.2.4 Coordinate through Governance for approval as part of Enterprise IM/IT Governance SOP	*FY13 Q4*
Objective 3.3 Implement an enterprise tool to track and document governance processes, and achieve 100% adoption of the tool	**3.3.1** Identify existing systems in the MHS enterprise that could support governance processes to include traceability of requirements and funding, documents routing and tracking, metrics dashboards, decisions etc.	*FY12 Q3*
	3.3.2 Conduct AoA on interim solution with all MHS components and align with iEHR where feasible	*FY12 Q4*
	3.3.3 Draft Organizational Level Agreement (OLA)	*FY12 Q4*
	3.3.4 Coordinate draft OLA review with all key Stakeholders	*FY12 Q4*
	3.3.5 Coordinate OLA through Governance for approval	*FY13 Q1*
	3.3.6 Conduct Transition Analysis of potential systems for enterprise	*FY13 Q2*
	3.3.7 Implement interim tools to support tracking documents, metric, decision and Governance processes	*FY13 Q4*

3: GOVERNANCE (CONT'D)

Future Milestones (FY14 and beyond)

In addition to the documentation of FY12-FY13 deliverables, the following items are potential deliverables and milestones for FY14 and beyond. These items will be refined and scheduled as progress occurs on the primary FY12-FY13 efforts.

Objective 3.1

- Implement IM/IT governance process across enterprise
- Enterprise Adoption and Codification of the IM/IT Enterprise Governance Process
- Plan Bi-Annual review of the Process as well as the following documents:
    - SOP
    - Resourcing Plan
    - Policy
- Lean Process based on Lessons Learned & Metrics

Objective 3.2

- Fully integrate and connect governance processes
- Review process as part of Bi-Annual review of the Enterprise IM/IT Governance Process
- Lean Process based on Lessons Learned & Metrics
- Identify additional process outside the Enterprise IM/IT Governance Process and begin Integration process

Objective 3.3

- Conduct an Analysis of Alternatives (AoA) to review an Enterprise Application Lifecycle Management (ALM) set of tools for the MHS Governance and Software Development Lifecycle

Timeline of Deliverables & Milestones

A graphic timeline of the Governance deliverables and milestones is presented on pages 18-19.

3: GOVERNANCE (CONT'D)

IM/IT Tactical Plan
GOVERNANCE – FY12 – FY13

Legend
★ Deliverable/Milestone

Governance Objectives	FY12-FY13 Deliverables & Milestones						Future Milestones
	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4	FY14 +
Objective 3.1 Implement an enterprise IM/IT governance process		★ **3.1.2** Implement Limited Field Testing ★ **3.1.2a** Draft Principal and Business Rules ★ **3.1.2b** Draft SOP ★ **3.1.2c, 3.1.2d, and 3.1.2e** Draft Resourcing Plan, Draft Transition Plan, and Draft Policy ★ **3.1.2f** Complete Lessons Learned Action Items		★ **3.1.3** Secure Interim Process Approval ★ **3.1.4** Coordinate Draft Policy and SOP with all stakeholders	★ **3.1.5** Updated SOP, Policy & Resourcing Plan	★ **3.1.6** Coordinate SOP, Policy & Resourcing Plan through Governance for approval	• Implement IM/IT governance process across enterprise • Enterprise Adoption and Codification of the IM/IT Enterprise Governance Process • Plan Bi-Annual review of the Process - SOP - Resourcing Plan - Policy • Lean Process based on Lessons Learned & Metrics

3: GOVERNANCE (CONT'D)

IM/IT Tactical Plan
GOVERNANCE – FY12 – FY13 (CONT'D)

Legend
★ Deliverable/Milestone

Governance Objectives	FY12-FY13 Deliverables & Milestones						Future Milestones
	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4	FY14 +
Objective 3.2 Integrate Distributive Development, Innovation, Research, and Change Request processes into enterprise governance process		★ **3.2.1** Identify initial integration point ★ **3.2.2** Review with Process Owners	★ **3.2.3** Integrate into Enterprise IM/IT Governance Draft SOP			★ **3.2.4** Coordinate through Governance for approval as part of Enterprise IM/IT Governance SOP	• Fully integrate and connect governance processes • Review process as part of Bi-Annual review of the Enterprise IM/IT Governance Process • Lean Process based on Lessons Learned & Metrics • Identify additional process outside the Enterprise IM/IT Governance Process and begin Integration process
Objective 3.3 Implement an enterprise tool to track and document governance processes, and achieve 100% adoption of the tool	★ **3.3.1** Identify Existing Systems Supporting Governance	★ **3.3.2** Conduct Analysis of Alternatives to Review Enterprise Tool ★ **3.3.3 and 3.3.4** Draft OLA and Coordinate with Stakeholders	★ **3.3.5** Coordinate OLA through Governance	★ **3.3.6** Transition Analysis of Potential Enterprise Systems		★ **3.3.7** Interim Tool to Support Tracking Documents, Metrics, and Decisions	• Conduct an Analysis of Alternatives to review an Enterprise Application Lifecycle Management (ALM) set of tools for the MHS Governance and Software Development Lifecycle

4: HIT TRANSITION

Using the TAP framework, we will be able to objectively identify those systems that provide the greatest value to the underlying business process, are the most technically mature, and also ensure continuity of operations by identifying current system dependencies as we transition to the future state iEHR.

Objectives

4.1a Central Systems – Establish standards-based decision support data collection baseline (business processes, technical errors, interfaces, hardware and software) for 100% of the MHS centrally managed systems to input into the TAP framework

4.1b Services Systems – Establish standards-based decision support data collection baseline (business process, technical errors, interfaces, hardware and software) for 100% of the Service systems to input into the TAP framework

4.2a Central Systems - Provide TAP central portfolio disposition assessment to the MHS and Service leadership to help determine what central systems need to be nurtured, consolidated or upgraded

4.2b Services Systems - Provide TAP disposition assessment to the MHS and Service leadership to help determine what Service systems need to be nurtured, consolidated or upgraded

4.3 Create a self-service decision support portal for enterprise decision making

Deliverables & Milestones

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 4.1a Central Systems – Establish standards-based decision support data collection baseline (business processes, technical errors, interfaces, hardware and software) for 100% of the MHS centrally managed systems to input into the TAP framework	**4.1a.1** Redistribute tasker to collect missing system information for centrally managed systems	*FY12 Q2*
	4.1a.2 Distribute TAP memo requiring data submission	*FY12 Q3*
	4.1a.3 Import missing data into framework	*FY12 Q3*
	4.1a.4 Ensure collection of 100% of system data	*FY12 Q4*

4: HIT TRANSITION (CONT'D)

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 4.1b Services Systems - Establish standards-based decision support data collection baseline for 100% of the Service systems to input into the TAP framework	**4.1b.1** Collect Service system information via official tasker	*FY12 Q3*
	4.1b.2 Distribute TAP memo requiring data submission	*FY12 Q3*
	4.1b.3 Leverage additional Service information collected through Consolidated Portfolio Working Group (CPWG)	*FY12 Q4*
	4.1b.4 Ensure collection of 100% of Service data	*FY13 Q1*
Objective 4.2a Central Systems - Provide TAP central portfolio disposition assessment to the MHS and Service leadership to help determine what central systems need to be nurtured, consolidated or upgraded	**4.2a.1** Based on central portfolio information, complete central IM/IT Assessment Report	*FY12 Q3*
	4.2a.2 Provide to joint governance for decision	*FY12 Q4*
	4.2a.3 Incorporate TAP outputs into iEHR architecture development	*FY12 Q4*
	4.2a.4 Work with IPO to complete future state transition timeline	*FY13 Q1*
Objective 4.2b Services Systems - Provide TAP disposition assessment to the MHS and Service leadership to help determine what Service systems need to be questioned, nurtured, consolidated or upgraded	**4.2b.1** Based on Service information, complete disposition Assessment Report; updated quarterly	*FY12 Q4*
	4.2b.2 Provide to joint governance for decision	*FY13 Q1*
	4.2b.3 Incorporate TAP outputs into iEHR architecture development	*FY13 Q1*
	4.2b.4 Work with IPO to add Service information into the future state transition timeline	*FY13 Q2*

4: HIT TRANSITION (CONT'D)

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 4.3 Create a self-service decision support portal for enterprise decision making	**4.3.1** Finalize requirements and design specs for transition planning decision support portal	*FY12 Q3*
	4.3.2 Import central and Service information into portal	*FY12 Q4*
	4.3.3 Draft portal guidance/training; provide to users	*FY13 Q1*
	4.3.4 Implement decision support portal	*FY13 Q2*

Future Milestones (FY14 and beyond)

In addition to the documentation of FY12-FY13 deliverables, the following items are potential deliverables and milestones for FY14 and beyond. These items will be refined and scheduled as progress occurs on the primary FY12-FY13 efforts.

Objective 4.1a
- Begin to transition / retire systems based on TAP outputs

Objective 4.1b
- Begin to transition / retire systems based on TAP outputs

Objective 4.2a
- Begin to transition / retire systems based on TAP outputs

Objective 4.2b
- Begin to transition / retire systems based on TAP outputs

Objective 3
- Leverage self-service decision portal to make informed MHS and iEHR portfolio decisions

Timeline of Deliverables & Milestones
A graphic timeline of the HIT Transition deliverables and milestones is presented on pages 23-24.

4: HIT TRANSITION (CONT'D)

IM/IT Tactical Plan
HIT TRANSITION – FY12 – FY13

Legend
★ Deliverable/Milestone

HIT Transition Objectives	FY12-FY13 Deliverables & Milestones						Future Milestones
	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4	FY14 +
Objective 4.1a Central Systems – Establish standards-based decision support data collection baseline (business processes, technical errors, interfaces, hardware and software) for 100% of the MHS centrally managed systems to input into the TAP framework	★ **4.1a.2** Distribute TAP Memo ★ **4.1a.3** Import Missing Data into Framework	★ **4.1a.4** Collect 100% of System Data					• Begin to transition / retire systems based on TAP outputs
Objective 4.1b Services Systems - Establish standards-based decision support data collection baseline (business process, technical errors, interfaces, hardware and software) for 100% of the Service systems to input into the TAP framework	★ **4.1b.1** Collect Services System Information ★ **4.1b.2** Distribute TAP Memo	★ **4.1b.3** Leverage Additional Service Information Collected through CPWG	★ **4.1b.4** Collect 100% of Service Data				• Begin to transition / retire systems based on TAP outputs

4: HIT TRANSITION (CONT'D)

IM/IT Tactical Plan
HIT TRANSITION – FY12 – FY13 (CONT'D)

Legend
★ Deliverable/Milestone

HIT Transition Objectives	FY12-FY13 Deliverables & Milestones						Future Milestones
	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4	FY14 +
Objective 4.2a Central Systems – Establish standards-based decision support data collection baseline (business processes, technical errors, interfaces, hardware and software) for 100% of the MHS centrally managed systems to input into the TAP framework	★ **4.2a.1** Central Assessment Report	★ **4.2a.2** Provide to Joint Governance for Decision ★ **4.2a.3** Incorporate TAP Outputs into iEHR Architecture Development	★ **4.2a.4** Future State Transition Timeline				• Begin to transition / retire systems based on TAP outputs
Objective 4.2b Services Systems - Establish standards-based decision support data collection baseline (business process, technical errors, interfaces, hardware and software) for 100% of the Service systems to input into the TAP framework		★ **4.2b.1** Services Disposition Assessment Report	★ **4.2b.2** Provide To Joint Governance for Decision ★ **4.2b.3** TAP Outputs into iEHR Architecture Development	★ **4.2b.4** Future State Transition Timeline			• Begin to transition / retire systems based on TAP outputs
Objective 4.3 Create a self-service decision support portal for enterprise decision making	★ **4.3.1** Requirements / Design Specifications for Decision Support Portal	★ **4.3.2** Import Central and Service Information into Portal	★ **4.3.3** Portal Use Guidance and Training	★ **4.3.4** Implement Decision Support Portal			• Leverage self-service decision portal to make informed MHS and iEHR portfolio decisions

5: HUMAN CAPITAL/WORKFORCE PLANNING

We need a skilled and competent workforce to meet the evolving organization and changing business and technical requirements.

Objectives

5.1 Complete a comparative staffing report with a focus on the TMA IM/IT and Service HQ Medical CIO offices total workforces (government, contractor, and military personnel) to better understand commonalities and differences

5.2 Analyze existing TMA, Service, USAMITC, AFMSA, and NAVMISSA HQ CIO billets (including competencies and skill requirements documented in these billets) and identify opportunities to develop common alignment in order to best meet emerging needs within these organizations

5.3 Develop a process to allocate and manage TMA IM/IT military resources to provide full transparency and better align resources to effectively meet mission requirements, the MHS leaders' priorities, and individual professional development

5.4 Establish a central repository for IM/IT Medical staffing plans for the TMA and Service HQ offices (as the work is done to satisfy Objectives 1-3, above)

Deliverables & Milestones

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 5.1 Complete a comparative staffing report with a focus on the TMA IM/IT and Service HQ Medical CIO offices total workforces to better understand commonalities and differences	**5.1.1** IM/IT and Service HQ Medical Services Comparative Staffing Report • **5.1.1a:** Gather total workforce staffing reports for TMA IM/IT and Service HQ Medical CIO offices with breakdowns by civilian, military and contractor personnel • **5.1.1b:** Review all staffing reports to identify commonalities and differences • **5.1.1c:** Document commonalities and differences • **5.1.1d:** Leverage best opportunities across all organizations	*FY12 Q3*
Objective 5.2 Analyze existing TMA, Service, USA MITC, AF MSA, and NAV MISSA HQ CIO billets (including competencies and skill requirements documented in these billets) and identify opportunities to develop common alignment in order to best meet emerging needs within these organizations	**5.2.1** Separate Standardized OCIO Workforce Model • **5.2.1a:** Gather all TMA, Service, USAMITC, AFMSA, and NAVMISSA HQ CIO billets • **5.2.2b:** Review all billets/functions to determine opportunities for common alignment • **5.2.3a:** Document recommended standardized alignments	*FY13 Q1*

5: HUMAN CAPITAL/WORKFORCE PLANNING (CONT'D)

Objective	FY12-FY13 Deliverables & Milestones	Suspense Date
Objective 5.3 Develop a process to allocate and manage TMA IM/IT military resources to provide full transparency and better align resources to effectively meet mission requirements, the MHS leaders' priorities, and individual professional development	**5.3.1** TMA IM/IT Military Distribution Plan • **5.3.1a:** Identify the key leader who adjudicates the allocation process for existing military resources within TMA IM/IT • **5.3.2a:** Deliver the current distribution of military IM/IT resources to key leader for approval or recommended changes based on known and projected losses due to normal PCS/retirements	*FY13 Q2*
Objective 5.4 Establish a central repository for IM/IT Medical staffing plans for the TMA and Service HQ offices	**5.4.1** Central Repository of Staffing Plans, Working Papers and Signed Documents • **5.4.1a:** Gather all documents created to meet Objectives 1-3 above to populate a central repository for IM/IT Medical staffing plans for TMA and Service HQ offices • **5.4.2a:** Research available options and tools within TMA and Service HQ offices to create a central repository • **5.4.3a:** Select the most appropriate tool and create the Central Repository of Staffing Plans • **5.4.4a:** An individual will be identified to approve access to the repository	*FY12 Q3*

Timeline of Deliverables & Milestones

5: HUMAN CAPITAL/WORKFORCE PLANNING (CONT'D)

IM/IT Tactical Plan
HUMAN CAPITAL/WORKFORCE PLANNING – FY12 – FY13

Legend
★ Deliverable/Milestone

Human Capital/ Workforce Planning Objectives	FY12-FY13 Deliverables & Milestones						Future Milestones
	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4	FY14 +
Objective 5.1 Complete a comparative staffing report with a focus on the TMA IM/IT and Service HQ Medical CIO offices total to better understand commonalities and differences	★ **5.1.1** IM/IT and Service HQ Medical Services Comparative Staffing Report						• TBD
Objective 5.2 Analyze existing TMA, Service, USA MITC, AF MSA, and NAV MISSA HQ CIO billets (including competencies and skill requirements documented in these billets) and identify opportunities to develop common alignment in order to best meet emerging needs within these			★ **5.2.1** Separate Standard- ized OCIO Workforce Model				• TBD
Objective 5.3 Develop a process to allocate and manage TMA IM/IT military resources to provide full transparency and better align resources to effectively meet mission requirements, the MHS leaders' priorities, and individual professional development				★ **5.3.1** TMA IM/ IT Military Distribu- tion Plan			• TBD
Objective 5.4 Establish a central repository for IM/IT Medical staffing plans for the TMA and Service HQ offices	★ **5.4.1** Central Repository of Staffing Plans, Working Papers, and Signed Documents						• TBD

CONCLUSION

MAINTAINING OUR PROMISE THROUGH CONTINUED RESOLVE.

Looking Ahead

With these five tactical focus areas, the MHS IM/IT leadership has verified where resources and activities will be committed over the next two years. Through the emphasis of these initiatives, IM/IT leaders have highlighted the evolving nature of our technical landscape, the partnership required of our stakeholders, the importance of taking care of our workforce and the priority of serving the needs of our customers. This IM/IT Tactical Plan supports the MHS and its partners in the preparation needed to take advantage of the rapid and dynamic changes occurring in healthcare and health information technology.
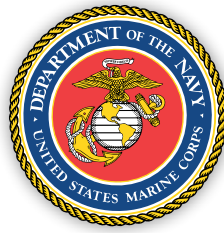
The MHS' strategy and measured activities range from providing tools for improved decision-making, to ensuring that it has a well-prepared workforce, to providing for a data-driven architecture, to optimizing its decision-making capabilities, to pursuing an aggressive modernization of legacy systems. Through tactical planning, streamlining and restructuring, the MHS is aligning its focus with the reality of fewer resources. This IM/IT Tactical plan is essential to keeping the MHS moving forward.

APPENDIX

A. Acronyms

Acronym	Name
AFMS	Air Force Medical Service
AFMSA	Air Force Medical Support Agency
AoA	Analysis of Alternatives
CAR	Clinical Analysis & Reporting
CDM	Clinical Data Mart
CDR	Clinical Data Repository
CIO	Chief Information Officer
CONOPS	Concept of Operations
CPWG	Consolidated Portfolio Working Group
DoD	Department of Defense
DOORS	Dynamic Object-Oriented Requirements System
EA	Enterprise Architecture
HA	Health Affairs
HIT	Health Information Technology
HQ	Headquarters
HSDW	Health Services Data Warehouse
iEHR	Integrated Electronic Health Record
IM	Information Management
IPO	DoD/VA Interagency Program Office
IT	Information Technology
MHS	Military Health System
NAVMISSA	Navy Medicine Information Systems Support Activity
OASD	Office of the Assistant Secretary of Defense
OCIO	Office of the Chief Information Officer
OLA	Organization Level Agreement
OSEHRA	Open Source Electronic Health Record Agent
PEO	Program Executive Office
PCMH/DM	Patient Centered Medical Home/Disease Management
PCS	Permanent Change of Station
POM	Program Objective Memorandum
R&A	Review & Analysis
ROC	Rehearsal of Concept
SME	Subject Matter Expert
SOP	Standard Operating Procedure
TAP	Transition Application Planning
TMA	TRICARE Management Activity
USAMITC	U.S. Army Medical Information Technology Center
VA	Department of Veterans Affairs