

DOEHRS Navy Medicine Overview and Status

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The Good

- DOD Standard
- Data Repository (eventually)
 - Consistent data collection, no data loss
 - Legal, Congressional, compliance, limited epidemiologic application
 - Streamline data calls
- Source for enterprise and field metrics
- Latest DOEHRS version is vastly improved

Navy Field Testing Links Concept to Reality

- Limited Deployment: Pensacola and Carderock
 - 6 mission / critical areas tested with 70% rule
 - Acquisition and program rules
 - No bending, reinvention
 - Honest and fair with 3rd party impartial look
- Found some issues of concern and impact to Navy IH mission

Current Issues

- Full deployment decision pending field test results
- Ongoing Navy Communication and Awareness effort
- OPNAV policy to require Work Center Supervisor update DMDC personnel data
- DOEHRS Transition Team: strategic IH practice and policy work group to develop consequent implementation plan
 - Probable: Initial data entry limited to quantitative measurements only

Current Issues

- Continually evaluating how current DOEHRS:
 - Directly affects FTE work load, staffing level
 - Directly affects IH practice
- DOEHRS impact on serviced commands
- Field utility is very important
 - There must be field use benefit
- As DOEHRS continues to develop we need to consider the efficiency trade-off when more functionality is added.
 - Because inefficiency directly affects our mission

Over the Horizon

- Continued FY funding constraints
- HM systems interface?
- TMIP and operational theater use
- Addressing expectation:
 - Comprehensiveness of DOEHRS
 - Analyses tool for unexplained epidemiology or perceptive disease?