Results from the
AFCEA Industry
Brainstorming Session
in Support of the
Defense Health Agency (DHA)
About the Defense Health Agency (DHA)

The Defense Health Agency (DHA) is a joint, integrated combat support agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to combatant commands in both peacetime and wartime. The DHA supports the delivery of integrated, affordable and high-quality health services to medical health system (MHS) beneficiaries and is responsible for driving greater integration of clinical and business processes across the MHS.

Learn more at: http://www.health.mil/dha

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AFCEA International POC

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Summary of the Initiative:

Who:
Representatives from several organizations currently doing or having done business with DHA and with IT expertise. Participants included small, medium and large businesses as well as federally funded research and development centers and consulting firms.

List of participating organizations:

AFCEA International               Microsoft
Booz Allen Hamilton               Mitre
Deloitte                           Noblis
DLT Solutions                     Price Waterhouse Coopers
Hewlett Packard Enterprise         Wells Analytics

What:
A one-day, invitation-only non-attribution session to discuss DHA current information technology and related issues and brainstorm to generate a list of potential priorities and focus areas for a new incoming CIO.

When:
Wednesday April 13, 2016

Where:
AFCEA International Board Room
4400 Fair Lakes Court
Fairfax, VA 22033

Why:
To provide the new incoming CIO and other senior leaders at DHA material they may find useful as they address the numerous challenges they face in defense health IT.
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Readers Note:
Sections 2 through 6 of this document are the captured results of the brainstorming sessions. Items that drove significant discussion are rendered in a traditional narrative form. Inputs that were not fleshed out are grouped as bullets under each section and titled “Unvetted Items” so these inputs would not be lost.

Given the limited time window available for each section the reader should not assume unvetted items are less important, but instead either that they did not generate a significant discussion or that time constraints did not allow one to occur.

Identified higher priority items were synopsized in sections 7 through 9 where the Strengths/Weaknesses/Opportunities/Threats (SWOT) chart is shown, priority recommendations are made and general conclusions are drawn.
Section I: General Background on the Defense Health Agency (DHA)

Material in this section was gleaned from publicly available sources. It is intended to give readers without past exposure to the DHA basic reference material on the agency’s mission and structure to form a baseline for the captured session material.

The Mission

The Defense Health Agency (DHA) is a joint, integrated combat support agency (CSA) that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to combatant commands in both peacetime and wartime. The DHA supports the delivery of integrated, affordable, and high quality health services to military health system (MHS) beneficiaries and is responsible for driving greater integration of clinical and business processes across the MHS by:

- Implementing shared services with common measurement of outcomes
- Enabling rapid adoption of proven practices, helping reduce unwanted variation and improving the coordination of care across time and treatment venues
- Exercising management responsibility for joint shared services and the TRICARE Health Plan
- Acting as the market manager for the National Capital Region (NCR) enhanced Multi-Service Market, which includes Walter Reed National Military Medical Center (WRNMMC) and Fort Belvoir Community Hospital (FBCH).

Director Priorities

- Enhance relationship with the services.
  - Expand outreach with the surgeons general across the board.
  - Sustain and deepen the relationships created with counterparts at the service level.
- Mature our understanding of what it means to be a combat support agency.
  - Communicate the importance of the CSA designation.
  - Meet and exceed the combatant commanders’ high expectations.
• Optimize DHA operations.
  ○ Invest in greater internal communications efforts.
  ○ Ensure information is readily accessible internally.
  ○ Synchronize strategies and tactics across the agency.

**List of Key Stakeholders (Unprioritized)**

• Department of Defense (DoD) CIO

• Joint Staff, especially the J-6

• Services

• Office of the Under Secretary of Defense for Acquisition, Technology and Logistics (AT&L)

• DHMS(M)–Defense Health Management Systems (Modernization) Electronic Health Record (EHR)

• Office of the Under Secretary of Defense for Personnel and Readiness (USD P&R)

• Department of Veterans Affairs (VA)

• Defense Information Systems Agency (DISA)

• Congress
The Health Information Technology (HIT) Directorate

Mission
Provide the right information to the right customers at the right time to improve and maintain the health status of our beneficiaries across the entire continuum of health care operations.

Vision
 Seamlessly deliver the power of information to our stakeholders.
Priorities

- Support the warfighters and their families
- Promote innovation
- Adopt business process solution in concert with a technical solution
- Ensure information integrity and security
- Establish a consistent, integrated, aligned, agile and interoperable enterprise architecture
- Reduce complexity for the end-users
- Reduce time to implement functional capabilities
- Use industry standards and best practices

To support these priorities, the DHA’s Health IT Directorate has established an organization structure that encompasses:

- Portfolio Management and Customer Relations Division
- Information Delivery Division
- Cyber Security Division
- Infrastructure and Operations Division
- Innovation and Advanced Technology Development Division
- Solution Delivery Division
Section II: General Discussion Points and Inputs

To open the session attendees were asked for their initial thoughts on the DHA mission, in particular what makes it unique and different than other medical/health organizations, as well as what distinct challenges it faces.

What Makes DHA Different from Other Agencies in DoD

- A “joint” blend of service cultures
- Somewhat dispersed funding sources with limited control
- Highly dynamic information communications technology (ICT) environment
- Need to collaborate with and influence a wide audience to succeed

How DHA Interacts/Relates to the Services

- All of the services have strong incentive to continue their mission as it was before and avoid any transitional issues related to the new DHA structure.
- It’s not a traditional military chain of command.
- Surgeons general and services can and do push back.
- DHA depends on services for delivery/execution.
  - Navy (BUMED) and Army (MEDCOM) have their own command structure and control over IT assets.
  - Air Force (AMED) links are less clear—they have a strong infrastructure and security management in place, with the A6 as the manager.
  - These different approaches will compound problems for the DHA CIO since there is no integrated cost basis of what will be needed to manage the new combined network. AF “block 30” is considered to be advanced and efficient, but AF facilities aren’t used to managing it since it’s been done by the A-6. Separating this system that’s perceived to be effective will be hard. Moreover, although DHA has this mission, but not the budget to buy the AF into DHA, there will be a cost, but the precise numbers haven’t been worked out because the A-6 doesn’t separate out the medical infrastructure costs.

Why is the DHA Mission Different Than Commercial Health Organizations?

- Operates in the field with combat and humanitarian assistance/disaster relief missions in addition to the continental United States
- Deploys to austere environments with global logistical concerns
- Additional training concerns around highly mobile force
- More decentralized funding sources
- Some IT budget spending is embedded in fees to providers
- Coordinating multiple delivery services as one team
- Stakeholders have more competing interests than private sector
- Different focus for R&D investments such as battlefield injuries like traumatic brain injuries (TBI) and prosthetics
  - Most R&D under services
  - Also more focus on biological/chemical concerns
- Less need to tie IT investment to direct profitability/business value
- Traditionally less focus on patient experience vs commercial (mostly cost related).

The New EHR Transition

Early on in the discussion process the pending move to a new electronic health records (EHR) system came up and became a recurring theme throughout the day. It’s clear that the EHR rollout has tentacles that reach into just about every corner of the DHA IT operation.

Today visibility of downstream legacy systems is problematic but may be helped with an EHR rollout that will no doubt shine a light on problem areas both known and unknown. Do they know what’s waiting at all the facilities (applications, systems, hardware, etc)? The Navy found extraordinary amounts of legacy apps, systems, hardware, etc. at camps, posts and stations when they implemented Navy-Marine Corps Internet (NMCI). Something similar could become apparent as the EHR is deployed.

One of the expected outcomes is millions in cost savings, mostly through streamlining and eliminating redundancies. The real question is how quickly and safely can the savings be realized? The EHR system will be the biggest line item in the budget long term, estimated as high as 60 percent of the IT budget even after deployment. It will be critical that legacy applications that it can replace are stood down to free up long term budget slack.

Another issue is that with so many architectures and security stacks, doing a global root cause analysis is/will be virtually impossible. If something falters, knowing where to point the finger (application, network, architecture, etc.) will be very difficult.
Finding the right pace will be key for success. Moving too fast to consolidate may “break the china,” but moving too slowly will stall support and enthusiasm among the user base.

The Need to Evolve/Transitional Issues
DHA’s own 2015 status report addresses its relatively new role as a combat support agency with the following phrase:

“DHA is to medical as DLA is to logistics or as DISA is to communications”

While not completely analogous, the comparison is a good starting point to set a framework for DHA operations, especially those in support of the services.

Another comparison that was drawn during the discussion was the concept of retail versus wholesale. DLA has a huge central administrative, or wholesale, role, while the services provide retail functions; DHA’s wholesale function is more like TRICARE and they are the functional champions for EHR.

The theme that kept coming up in the dialogue was “evolving the organization.” The perception among the participants was that DHA leadership, including the CIO, has work to do both structurally and politically.

Unvetted Items

- Will need to operate as one cohesive organization despite fragmented controls
- Renewed focus on the customer: Be accountable for execution and results.
- Make data-driven decisions: Difficulty today justifying investments.
- The medical community of interest (COI) may be able to help. Its evolution is linked to Joint Regional Security Stack (JRSS)-segmented enclaves with border control points, and data centers. DHA and DISA are building an evolved common transport network.
- Consolidation up to centralized control is a barrier—inertia will be to stay as is.
● DoD CIO sets core security policies for DoD medical networks, not DHA CIO. DHA CIO implements HIPAA rules set in place by DHA and implements a risk management system (RMS).

● How much responsibility will incoming DHA CIO have for successes/failures outside of HIT Directorate?

● The Program Executive Office DHMS reports directly to AT&L. DHMS contracts can be done very quickly, but most of the analysis is based on point-to-point issues, not networked.

● Is this a JRSS model with a medical enclave, segregated with border control points?

● It’s not clear if DHA in charge of health cybersecurity policy and standards across all military health commands.
  - DHA implements policy set by the DoD CIO
  - They may “add” elements that relate to policy compliance given the somewhat unique health environment (Records Management, HIPAA)
  - FDA approvals for devices and instruments can be unique

● Data Security
  ○ Meeting standards
  ○ Highly variable by location and type of data
  ○ Enterprise security visibility and tools problematic
  ○ No continuous monitoring
  ○ Challenge of securing data across five different environments

● Approval To Operate Authority?
  ○ Transitioning to one designated approval authority (DAA), but there are five main organizations to be merged—three services, DHA and iEHR. As was pointed out, the M&A has been done, but the post-merger implementing rules haven’t been worked out.
  ○ Reciprocity across the services
  ○ DHA will accept a lot of risk during transition.
  ○ DoD JRSS applies
    ■ Funding issue here. Only partially funded this year
    ■ Not fully deployed until 2018. No agreements signed yet
• Medical device bounding difficult. Normal security approaches can't necessarily be applied to FDA-approved devices. The Internet of Things (IoT) in general, and medical IoT in particular, will pose a constant risk to DoD networks, even if it's an enclave behind JRSS.

• DHA does not have a centralized IT control/budgeting process. Hardware/software configuration not yet unified at components. DHA is just starting to implement hardware/software installations, and only is funded for two years. A DoD CIO architecture exists, and is beginning in the Pacific Northwest.

• No centralized ERP/finance system (General Fund Enterprise Business System).

• DoD CIO is doing a zero-based budget review (of what parts of DHA?)

• Healthcare operations directorate is the conduit to Joint Staff and combatant commands—on paper. JOMIS (Joint Operational Medicine Information Systems) is the materiel developer of the solution for theater.
Section III: Perceived DHA Strengths

A Good Story To Tell

There is a strong emphasis on the military health mission generally. DHA is in a position where it enjoys active political support and currently is able to obtain and maintain funding streams, especially where improved patient outcomes can be demonstrated. Support for serving its constituency is not expected to wane any time soon.

Adequate Budget Environment Despite Some Management Challenges

It is believed that the DHA IT budget is adequate to enable its mission, especially when compared to other organizations. While it is perceived to be a strength, long-term success will depend on demonstrating an ability to realize cost savings from consolidation and transition off of legacy systems. Savings will also need to be captured and rededicated to new investments.

New Electronic Health Records (EHR) System Should Drive Positive Change

The successful deployment of a modern EHR system has strong high level support and visibility. Successfully transitioning to the new EHR system globally should enable a renewed focus on maximizing the value of data—in particular data related to patient experiences and outcomes. The EHR deployment should also drive the retirement of other legacy applications under this project umbrella, providing additional cost savings and commonality of user experience across locations.

Unvetted Items

- DHA has a strong IT staff (though overworked).
- DHA has access to significant repositories of patient data due in part to its global mission.
- It is an environment where a global Patient Care Record (PCR) exists.
- Slightly more of a closed network system than private sector counterparts.
- Generally a new CIO is expected to have more control than prior leadership, resulting in a better platform to continue transitional success.
- Can be a strong liaison for the clinical user community (leverage best IT practices across the enterprise).
- Mandated spending, or earmarks, are slowly becoming less of a problem than in the past.
Section IV: Perceived DHA Weaknesses

Human Capital

Though the IT staff is listed as a strength above it was noted several times that the staff is overworked and stretched thin. The result is an uptick in turnover and employee dissatisfaction that could result in degrading of the staff long term. In specific clinical and technical areas there is already high staff turnover—significantly higher churn versus private sector organizations.

When forced to recruit new IT talent, DHA is faced with significant challenges in several forms, including higher private sector salaries; the general shortage of technically skilled talent; the lack of services’ recommendation/providing staff; challenges in procuring contract resources; lack of specific staff knowledge within HIT of standard contract practices; and the lack of a joint manpower document.

Lack of an Enterprise Strategy and Controls

The restructuring of DHA has resulted in a lack of clear central decision authority. Typical of a new joint environment, the relationships/authorities need to be more clearly defined. The lack of clear central authority also creates a barrier to consolidation of duplicate and redundant systems and applications leading to unnecessary waste.

DHA leadership including the CIO will find themselves leading by trying to drive consensus. Progress will be less about authority and more about influence.

Loose Governance Structure

Restrictive policy/data requirements (HIPAA, etc) have always slowed down progress and may continue to do so. Subordination to DoD CIO and other organizations for policy and guidance may also hinder speed and flexibility. A new CIO must adequately justify forecast costs and cost savings to improve “believability” upstream. In past contacts with AT&L cost savings estimates did not stand up to scrutiny. Services are also actively questioning priorities, seeing many current projects not as necessities nor driven by demand. It also is believed that the present infrastructure cannot support effective delivery of clinical services to the end users, although the inability to do an effective “root cause” analyses in the current fragmented environment makes that perception hard to validate.
Cybersecurity/Information Assurance/Data Integrity

As we’ve seen from several recent private sector health IT breaches in the past year, patient data is a hot target for hackers. The quantity of data the DHA has visibility over makes it a particularly attractive target. A data breach could lead to patient care lapses and would negatively impact DHA’s reputation both internally and externally. The global scale in which DHA operates, and in particular problematic security at the edge in austere environments, makes cybersecurity an especially daunting challenge.

Contracting

The private sector perspective is that DHA’s IT acquisition focus is often too narrow, focusing on small localized projects rather than maximizing broader efficiencies. In many cases this is due to poor management of contractor resources. Many staff now being asked to work on contracts are new to the acquisition process. Generally DHA needs to better manage and utilize outsourcing options, overcoming the fear of a loss of direct internal control.

Unvetted Items

- Current legacy systems aging rapidly and stagnating while EHR progresses
- Challenge adjusting to new command hierarchy
- Issues integrating with broader medical community
- Budget flexibility problem—money locked into legacy systems
  - Little left over for investment in new initiatives
  - EHR tying up too much of the budget slack
- More focus from above on results and adequate justification is expected
- Is there enough reachable data for using “data-based” approaches?
- Health care field is changing faster than most bureaucracies can manage.
  - Velocity of Health IT change increasing
  - Changes to reimbursements
  - Difficulty managing systems transition—lifecycle getting shorter
- What variances are there among the individual services (e.g. AF HIT not integrated with medical functions) and how will this affect decision-making?
Section V: Perceived Opportunities for DHA

Maximize the Move to a Next-Generation Health IT system

Access to centralized data will offer additional analytics capabilities. The DHA will need to be ready for the EHR sustainment transition and make sure problems do not result from infrastructure issues. This is an opportunity to build the new information superhighway but it must get the network “right”—everything depends on it. The DHS also must make sure the support structure is in place to handle the expected increase in training/operational issues during rollout (help desk for example).

Free Up Budget Slack to Create Flexibility

Accelerate focus on eliminating waste from redundant initiatives and legacy consolidation to free up as much budget slack as possible. Such initiatives should include data center consolidation, retirement of legacy software/applications and identifying project/personnel redundancies.

New CIO Will Have the Opportunity to Make Their Own Baseline Assessment

There will be a window in which a new CIO should have some “runway” to do some organizational course corrections. The incoming CIO will need to make a conscious effort to exert leadership and establish a culture of accountability, doing everything they can to be proactive and “sell the message.” There’s also a chance to help solidify relationships with the services to deepen bonds of trust. The new CIO should work on a near-term (18-month) strategy first that is tied to business value, making sure initial business model assessment/assumptions are correct, and then engage in a longer-term strategy.

Unvetted Items

- Possible opportunity that a new administration may enable some budget course corrections after elections (engage with transition team)
- Public/private partnerships: Look for new opportunities beyond approaches that have been used by DoD in the past.
  - Partnerships with other health care providers
  - Health information exchange between public/private sectors
  - Office of the National Coordinator for Health Information Technology at the Department of Health and Human Services
○ Research industry? Genomics?
○ Find ways to integrate private options to offload/improve capacity concerns.
○ Engage with private sector in development of RFPs
○ Apply Better Buying Power (BBP) initiatives
○ Need to better engage with industry to help them move forward. Industry is currently reactive and not proactively engaged.
○ Staff that are working acquisitions do not have enough experience.
  ■ Afraid to engage before RFP process
  ■ Requirements analysis is lacking
● Treat data/information as the number one strategic asset.
● Work to elevate CIO posture to key stakeholder/decision maker not just wires and switches person.
● Chance to change the culture to move to continuous process improvement.
● Set up and participate in joint exercises to demonstrate/work on deployable health IT progress.
● Improve business intelligence and data analytics.
● Create management dashboards to identify successful/failing initiatives.
● Change (Mis)Perceptions:
  ○ PEO/AT&L Leadership: “We did it because you couldn’t”
  ○ DoD CIO: “DHA is living in its own world”
  ○ Industry: Perceived lack of transparency and maturity of the strategy, still working internal issues: “difficult to get same answer twice”
  ○ Within DHA: “CIO organization not effective”
  ○ Medical Services: “This is still business as usual”
● Move toward AGILE development methodologies
● Leverage civilian best practices or perhaps service best practices (Air Force?).
● Leverage the benefits of IoT/personal technology inputs in health care environment.
  ○ Sensors
  ○ Patient health measurements
Section VI: Perceived Threats to DHA Success

Cybersecurity/Health Records Breach

Is Space and Naval Warfare Systems Command (SPAWAR) support enough? It’s possible that the health IT environment poses unique challenges not being addressed by typical DoD cybersecurity policies and procedures. Any cybersecurity strategy must encompass the broadest possible security framework and risk posture. Security needs to become a central part of the internal culture. It is important to note that improved cybersecurity also positively impacts disaster recovery and business continuity.

Lack of Control

Imposition of guidance and goals from “on high” may undermine authority and morale. Outside solutions from non-health small-and medium-sized businesses may not fit in the unique health care environment.

Migration Away From Legacy Systems

A slower than expected move away from legacy systems might undermine new systems rollout and lock up significant portions of the annual budget, blocking forward progress.

Acquisition Processes

Flawed oversight of acquisition processes and services contracts can undercut CIO credibility and effectiveness. Inadequate cohesive management of industry contractor engagement would contribute to this risk element.

Unvetted Items

- Resistance to Change
  - If one of the services revolts and urges a move away from central authority it could lead back to a more fragmented environment.
  - Is it possible that DHA might get broken up (a “joint” failure)?
  - Internal resistance to change among the staff
  - Agency resistance to systems consolidation

- Execution Barriers
  - Poorly executed change management in an environment where change is rampant could be catastrophic.
○ Failure to develop and implement an actionable strategy
○ Budget remains mostly tied up in locked in spending line items.
○ Inability to measure success and/or define metrics

● Staff Retention, Recruiting and Training Concerns
  ○ Too many “acting” titles among leaders
  ○ Hiring freeze prevents influx of new talent.
  ○ Delayering of the organizational structure is not ideal.
  ○ Staff motivation incentivizing/promotions problem
  ○ Managing mix of uniformed and civilian staff—career tracking
  ○ Service assigned staff have a dual command/reporting chain

● Potential Leadership Failures
  ○ An unsuccessful CIO selection leads to an extended leadership vacuum.
  ○ Could hurt brand with other organizations
  ○ Failure to identify and gain control of “Shadow IT Spend”
  ○ Fragmented collaboration among agency components
  ○ Failing to manage the transition to an execution/operational agency.
### Section VII: Summarized Top 3 SWOT Analysis Chart

**Strengths:**
- DHA has a good story to tell and enjoys political support
- Adequate funding streams when compared to other organizations
- New EHR system can be leveraged to improve data analytics and outcomes

**Weaknesses:**
- Staffing/human capital is a growing concern. Need to retain and train
- Lack of enterprise control and visibility of entire IT spend
- Contract management being done in silos and by novice acquisition managers

**Opportunities:**
- Maximize the benefits of EHR rollout, including access to data and retirement of legacy systems
- Reinvest savings from consolidation into new projects with clear objectives
- Opportunity for creative use of public/private partnerships to offset issues with staffing/human capital

**Threats:**
- Cybersecurity/data breach could undermine patient and stakeholder confidence
- Slow transition off of legacy systems ties up budget resulting in lack of forward investments
- Loss of trust from related orgs due to EHR rollout problems or other high-visibility failures
Section VIII: Top 5 Recommendations for an Incoming DHA CIO

Understand The Baseline Environment
It’s important to take the right amount of time to understand the existing baseline environment before taking on any major new initiatives. While collecting input, the CIO must at the same time define the vision and be able to explain it clearly, communicating accountability and establishing transparency. It will be pivotal to identify and aggressively connect in person with key stakeholders, aligning with champions to solidify partnerships and identify what’s working well and what isn’t. Publish a top priorities list within 30 to 60 days understanding it WILL be modified—it’s always a living list.

Focus on Assuring the Success of EHR and Network Transition
No matter what happens DHA cannot be seen as the cause for delays in the EHR rollout. Ensure this project gets the attention it needs for success.

Protect the Data
Ensure that the chief information security officer (CISO) is empowered and adequately fund efforts to protect data. This is a two-part mission to prevent a breach and to ensure resiliency and continuous operations.

Identify Budget Mechanisms and Core Funding Issues
The CIO will need to understand all funding sources in their control and/or influence both directly and indirectly. It will also be important to identify and eliminate wasteful programs quickly. Consolidation of duplicate systems is also key. Where multiple systems for the same function exist, choose a winner and move forward.

Establish Clear Guidelines for Industry Interaction
Define clear mechanisms and goals (innovation, savings, etc.) for the interaction. Put out a public document that outlines key problems and focus areas and consider establishing a vendor management office to centralize relationships.
Unvetted Items

- Establish/consolidate/improve collaborative mechanisms
- Increase focus on continuing education and training for staff
- Streamline the IT certification processes (not a unique problem)
- Embrace more rapid move to a cloud-first approach (hybrid model best?)
- Examine how to use big data analytics effectively
- Engage with support organizations like College of Healthcare Information Management Executives (CHIME) to garner best practices
- Facilitate move to operational model from oversight model
- Work with functional community to use IT to transform health care
- Consider embracing outsourcing model more aggressively
- Shift quickly from legacy systems sustainment to new integrated models of care
- Look to apply IoT in health environment (connected sensors driving action and cost savings).
Section IX: Conclusions and Final Thoughts

Look Outward, Not Inward
There was a strong general consensus that the incoming DHA CIO will need to proactively engage and manage the expectations of many key stakeholders, in particular service health leadership. Spending adequate time up front outside of the office visiting facilities and collecting inputs will be the key to quickly establishing and effectively communicating an IT strategic plan.

Identify Your A-Team
As part of an initial assessment, another key success factor will be to evaluate and act on measurable project and staff performance. Identifying the top talent and directing them toward top priority projects must happen quickly.

Understand That the Agency is in Transition
An incoming CIO must move to mature the organization quickly, exhibiting improved governance and controls, and ensuring consistent transparency to industry and other stakeholders regarding its business needs and opportunities. It’s important to note that the main focus has to be on improving the customer experience while at the same time improving internal operations.

Know What Could Possibly Go Wrong
The majority of the participants expressed that there were two significant pitfalls that must be avoided at all costs to ensure success. Being identified as a bottleneck/barrier to the successful rollout of the new EHR would be catastrophic for DHA in multiple ways, undermining credibility and trust. In addition, a significant cybersecurity breach would also be detrimental to DHA’s reputation and effectiveness.

Making a Difference
A new DHA CIO will have the unique opportunity to positively impact the health and well being of warfighters and improve health care outcomes for a massive constituency. By demonstrating vision and building consensus in the military health IT community, the CIO will be able to contribute to the successful rollout of a new EHR system, enable dramatic improvements in the patient and staff IT environment and move the organization to an information-driven model. At the end of the day however, the new CIO must do one thing effectively over and above everything else—lead.