

FEHRM FRONTLINE

Winter 2022, Issue 1



Mr. Bill Tinston
Director

FEHRM LEADERSHIP MESSAGE

Dear colleagues,

Welcome to our first issue of FEHRM Frontline, a new external quarterly newsletter from the Federal Electronic Health Record Modernization (FEHRM) office. As the FEHRM celebrates its third anniversary this month, we introduce this publication to reflect the increasing scope of our collaborative work. FEHRM Frontline aims to inform our federal partners and stakeholders—including the Department of Defense (DOD), Department of Veterans Affairs (VA), Department of Homeland Security's U.S. Coast Guard (USCG) and others—of thought leadership related to our common mission to implement the single, common federal electronic health record (EHR). This product provides recent news, activities, engagements and project updates, including helpful resources such as universal talking points and frequently asked questions.

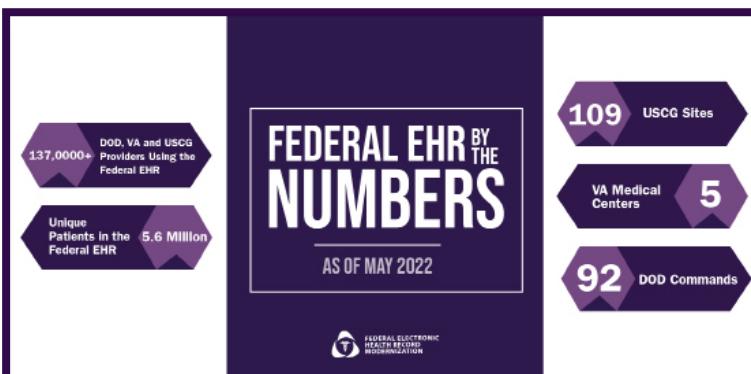
The FEHRM continues to establish itself as a health information technology (IT) leader, building on the growing recognition of and reputation as a guiding voice within the health IT community and broader health care industry. As such, the FEHRM continues to spread the word about the federal EHR at several high-profile engagements, including the HIMSS Global Health Conference & Exhibition in March and the Defense Healthcare Information Technology Symposium (DHITS) in August (learn more about DITS in the Recent Engagement section, pages 3-4). Aside from these kinds of conferences, the FEHRM also communicates with partners and colleagues in other ways, such as congressional and oversight agency engagements; stakeholder workgroups and meetings; interagency reporting; audit compliance; media monitoring; social media; and the FEHRM website; including the Contact Us feature that enables visitors to ask the FEHRM questions directly.

The collaboration between the FEHRM, DOD, VA, USCG, and now, the National Oceanic and Atmospheric Administration, as well as other partners happens every day at all levels, from headquarters and clinics to business offices and at the frontline with patients. Not only is it inspiring to watch, but it is an honor for the FEHRM to lead this collaboration. DOD and VA leadership had the insight and foresight to say, “we are doing the same thing, but not doing it together—how do we bridge the gap?” This is why the FEHRM was conceived. The FEHRM is about the things we do together, delivering common capabilities that evolve the federal EHR and respond to the needs of the Departments and our patients and providers. From converging EHR workflows and configurations to leading interoperability efforts and integrating deployment activities, the FEHRM encourages continued communication and collaboration on this important journey.

The FEHRM commits to proactive, transparent communication while facilitating teamwork and sharing lessons learned as we work through challenges together.

Happy holidays to you and your families. The FEHRM looks forward to continuing to transform health care delivery together in 2023!

Mr. Bill Tinston
Director



FEHRM Insight

Baselining Ethics—Department of Defense’s Principled Approach to Artificial Intelligence

Mr. Doug Anderson, FEHRM Technical Workstream Contract Support

The FEHRM continues to explore relevant activities with the Departments using the federal EHR. The focus of this article is baselining ethics, DOD’s principled approach to artificial intelligence (AI). While ethics and ethical questions are part of our daily life—was Will Smith’s punishment for his Oscar kerfuffle just?—the role that ethical principles play in our work is at most tertiary; they are mostly assumed, infrequently discussed and rarely codified. AI—defined by the Defense Innovation Board as “a variety of information processing techniques and technologies used to perform a goal-oriented task and the means to reason in pursuit of that task”¹—will end that paradigm. Proof of that assertion can be found in DOD’s updated AI strategy, which operationalizes five ethical principles into how DOD will design, develop, test, procure, deploy and use AI.² DOD’s principles are:

- Responsible.** DOD personnel will exercise appropriate levels of judgment and care, while remaining responsible for the development, deployment and use of AI capabilities.
- Equitable.** The Department will take deliberate steps to minimize unintended bias in AI capabilities.
- Traceable.** The Department’s AI capabilities will be developed and deployed such that relevant personnel possess an appropriate understanding of the technology, development processes and operational methods applicable to AI capabilities, including with transparent and auditable methodologies; data sources; and design procedures and documentation.
- Reliable.** The Department’s AI capabilities will have explicit, well-defined uses, and the safety, security and effectiveness of such capabilities will be subject to testing and assurance within those defined uses across their entire lifecycles.
- Governable.** The Department will design and engineer AI capabilities to fulfill their intended functions while possessing the ability to detect and avoid unintended consequences, and the ability to disengage or deactivate deployed systems that demonstrate unintended behavior.

DOD updated its strategy because of “AI’s unique characteristics and potential for unintended consequences.”³ Unlike other technologies, the point of AI is to augment or replace human judgment.⁴ Those judgments cannot be relied upon if bias—either through programmer blind spots or maladaptive behavior—becomes embedded in an AI solution. Moreover, some AI applications, particularly machine learning, continue learning after fielded, making them susceptible to external manipulation.^{5,6} Consequently, even though civilian organizations do not need to account for the law of war or combat AI applications, every organization seeking to leverage AI will need to devise and operationalize well-considered ethical principles to guide their AI programs.



Ask the FEHRM: How Do I Share my DOD or VA Medical Records With an Outside Provider?

Your medical records should be visible in your MHS GENESIS patient portal or My HealtheVet patient portal. Additionally, if your outside provider is a member of either the CommonWell or eHealth Exchange network, they have the ability to retrieve your DOD and/or VA records.

These networks, composed of 100,000 members ranging from single-physician offices to multi-hospital systems, participate in the joint health information exchange (HIE). The joint HIE is a secure gateway that connects your federal EHR information with EHR information from participating health care organizations that provide care outside of DOD or VA.

Visit Health.mil for the list of private sector partners who are part of the joint HIE. If your provider’s organization is not part of the joint HIE, encourage them to join by directing them to the [FEHRM website](#) for more information.

Have a question for the FEHRM? Go to the [FEHRM website](#) to contact us.

FEHRM Activities

The FEHRM Focuses on Enhancing the End-User Experience

The FEHRM champions new publications and releases.

- In August, the FEHRM released the Quarter 3 Fiscal Year (FY) 2022 Joint Sustainment and Adoption Board (JSaAB) Catalog, providing guidelines for JSaAB; Solution Experts and Solution Owners; and individual or local site approval levels to improve the system end-user experience.
- By September, DOD, VA and USCG all released the Clinician Satisfaction Annual Survey of FY2022. Jointly developed by the FEHRM-led Federal Clinician Satisfaction Working Group, the survey received more than 7,000 responses. The team is analyzing responses to garner input from end users.
- Additionally, the Joint Interoperability Heat Map went live on a new platform and in a new hosting environment. Clinicians can search the map by zip code to find where bidirectional health care data are exchanged and shared in the vicinity.

These resources and tools help improve the federal EHR's end-user experience, aligning with the FEHRM's mission and common goal of achieving top-quality patient care and provider effectiveness.

The FEHRM's Interoperability Efforts Set New Standards

The vast majority of cross-organizational exchange in the United States occurs through the Consolidated Clinical Document Architecture (C-CDA) standard, including exchanges through the joint HIE. Nationwide, providers exchange more than 24 million of these documents daily in support of patient care.

- In May, Health Level Seven (HL7®) International published the FEHRM-developed C-CDA Companion Guide Release 3, which updates the standard to support the Office of the National Coordinator for Health Information Technology's (ONC's) United States for Core Data for Interoperability (USCDI) v2 data policy, including data to advance health equity, such as sexual orientation, gender identity and social determinants of health.
- In June, ONC published its 2022 Standards Version Advancement Process Update, which included the FEHRM's work, enabling all EHR vendors in the United States to be certified with this new FEHRM-driven version.
- In September, the FEHRM submitted a maintenance release of the C-CDA standard to be published by HL7®, which fixes more than 60 implementer-reported issues. The ONC Certification Validator and the Sequoia Interoperability Testing Platform will incorporate these updates, which will improve the testing experience for all health IT vendors and provider organizations exchanging patient data nationally.

Recent Engagement

The FEHRM Takes the Spotlight at DHITS

For the first time, FEHRM leadership attended the Defense Health Information Technology Symposium (DHITS), August 16 to 18, in Orlando, Florida. Sponsored by the Defense Health Agency (DHA), DHITS provides a unique venue for sharing knowledge, innovative ideas, lessons learned and exciting new developments. During the DHITS three-day event, the FEHRM made a great impression on the health IT community, including government, military and industry IT professionals. FEHRM leaders participated in nine sessions and managed a FEHRM exhibition booth.



Mr. Tinston, Director, FEHRM, and Mr. John Windom, Deputy Director, FEHRM, participated in popular plenary sessions.

During their plenary session, Mr. Tinston; Ms. Holly Joers, Program Executive Officer, Program Executive Office, Defense Healthcare Management Systems; and Dr. Leslie Sofocleous, Executive Director, Electronic Health Record Modernization Integration Office's Program Management Office, talked about how they are transforming health care delivery together with a single, common federal EHR.



In another plenary session, with Ms. Cori Hughes, Program Integration Director, FEHRM, Mr. Windom shared his firsthand experience in using the federal EHR. He noted, "There are three levels of interoperability the FEHRM achieves with the single, common federal electronic health record. It's about the Department of Defense and Department of Veterans Affairs being able to create a single, longitudinal record for a lifetime; interoperability within the Departments; and interoperability with the community providers who care for our Service members and Veterans."



Other FEHRM leaders presented on a variety of hot topics during DHITS breakout sessions.



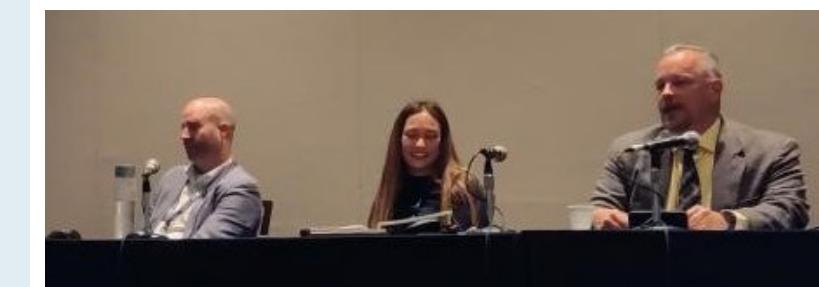
Lt. Col. Norman Stone, III, M.D., Clinical Informaticist, FEHRM, participated in the session, Environmental and Occupational Exposures: Using Data to Understand their Clinical Effects, which demonstrated how the individual longitudinal exposure record can inform clinical decision-making and advance research on toxic exposures.



Mr. Rogelio Raymond, Cybersecurity Technical Deputy, FEHRM, presented in the session, Managing Cyber Risk for the Federal EHR, explaining how the FEHRM, DOD, VA and USCG are mitigating risk to the federal EHR through layers of cybersecurity protections.



Dr. Josephs participated in the session, Bringing Health Data from the Frontline, a joint panel focused on operational medicine data efforts by Enterprise Intelligence and Data Solutions (EIDS); FEHRM; and Joint Operational Medicine Information Systems.



A panel of FEHRM and DOD leaders, including Mr. Chris Nichols, Program Manager, EIDS; Ms. Crystal Baum, Product Manager, FEHRM; and Mr. Lance Scott, Solutions Integration Director, FEHRM, discussed the vision for data sharing between the federal health care system and community partners in the session, Interoperability: A Global Perspective.



The FEHRM networked with colleagues while demonstrating collaborative tools as part of the DHITS Exhibit Hall.



The FEHRM managed booth #416 in the busy DHITS Exhibit Hall, showcasing joint HIE and HealtheRegistries in action.



FHCC Leads the Way for All Future Joint Sharing Sites in the Federal Ecosystem



The deployment of the federal EHR at the Captain James A. Lovell Federal Health Care Center (FHCC) is at the forefront of the FEHRM's mission to implement a federal EHR. A first-of-its-kind partnership between DOD and VA, FHCC is a fully integrated federal health care center that serves both DOD and VA patient populations.

Located in North Chicago, Illinois, FHCC provides health care to 90,000 patients per year, including Service members, beneficiaries and Veterans throughout northern Illinois and southeastern Wisconsin. In addition, FHCC ensures the nearly 50,000 Navy recruits who transition through Naval Station Great Lakes each year are medically ready. To accomplish these missions, FHCC shares medical and nonmedical services and operates through a fully integrated DOD/VA medical personnel and leadership team.

The FEHRM leads the deployment of the federal EHR at FHCC in collaboration with the DOD Healthcare Management Systems Modernization (DHMSM) Program Management Office, VA's Electronic Health Record Modernization Integration Office and FHCC stakeholders. The resulting system will be the federal EHR, not a DOD system nor a VA system.

The FEHRM completed a comprehensive end-to-end assessment at FHCC focused on gathering current-state clinical and business process workflows. Currently, the FEHRM is finalizing the enterprise requirements adjudication (ERA) process. This decision-making process focuses on DOD and VA requirements and a deployment approach to deconflict builds and drive toward convergence. The ERA process defines the design of the federal EHR for implementation at FHCC and the deployment approach.

Outputs of the end-to-end assessment and the ERA process will inform the FHCC Implementation Plan, which will include milestones and timelines for the deployment and will lead discussions between senior Department leadership to finalize the projected FHCC go-live timing.

The deployment of the federal EHR at FHCC puts the FEHRM's priorities into action. By leading the synchronous deployment, the FEHRM mitigates the risk of disrupted services if DOD and VA were to deploy the EHR to FHCC at different times, or asynchronously. The FEHRM-led deployment represents an opportunity to realize cost-savings by reducing the duplicate work of two deployment efforts. The deployment of the federal EHR at FHCC will lead the way for how two large health care systems work together to make the best care decisions without a technological barrier.

TPs and FAQs: Getting the Message Out

Talking Points Emphasize the FEHRM's Unique Role

- The FEHRM unites efforts and delivers common capabilities that enable DOD, VA, USCG and other federal agencies to deploy the federal EHR record. The FEHRM focuses on areas like standardization, convergence and interoperability across the Departments and with the private sector.

- The common capabilities the FEHRM delivers in support of the federal EHR refer to common solutions, tools and activities needed to effectively implement the federal EHR and ensure meaningful data sharing between the federal EHR and private sector providers. Learn more on the [FEHRM website](#).
- The Departments are implementing the same single, common federal EHR. They are deploying, using and updating the same federal EHR. If one Department adds new capabilities to the federal EHR, the other Departments benefit from the same capabilities.

FHCC FAQs Provide an Overview of a One-of-a-Kind Deployment Effort

What Are the Benefits of the FHCC Federal EHR Implementation?

Implementation of the federal EHR at FHCC benefits providers, patients and the broader health care enterprise in the following ways:

- Enhances the federal EHR baseline to better serve patients and providers across the federal government
- Converges configurations, workflows, terminology and content, where appropriate, between DOD and VA to improve clinical decision-making
- Documents lessons learned and provides a road map for future federal EHR deployments and troubleshooting, especially at joint sharing sites where care is integrated
- Standardizes user roles, forms and configuration variations between DOD and VA, where appropriate
- Models how large health care systems can leverage technology to drive the best health care decisions
- Allows for the test and evaluation of meaningful exchange and use of data between DOD, VA and other health care systems, as required by the National Defense Authorization Act for Fiscal Year 2020

Ultimately, FHCC leads the way for future federal EHR deployments and improving patient care and the end-user experience.

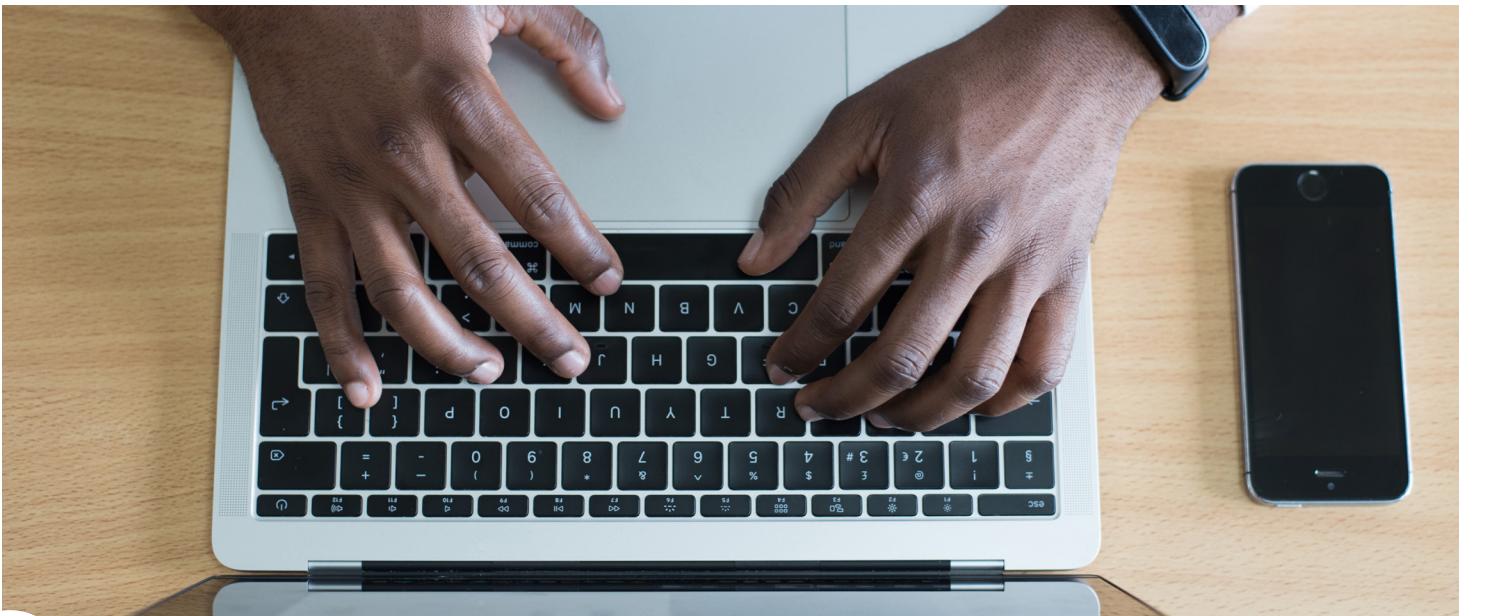
 For more common messaging, visit the [FEHRM's FAQs page](#).

For Your Reference

EHRs Encompass a Broader Scope Than Electronic Medical Records

EHRs are designed to contain data from all clinicians involved in a patient's care. Health records contain information about the patient's medical history, diagnoses, medications, immunization dates, allergies, radiology images, treatment plans and lab and test results. They incorporate and allow access to evidence-based tools that providers can use to make care decisions. The FEHRM continues to evolve the federal EHR to enhance clinical decision-making, such as capturing factors like gender identity and social determinants of health, which may be more important to an individual's health outcomes than the actual clinical care received.





Recent Go-Lives and Capability Releases

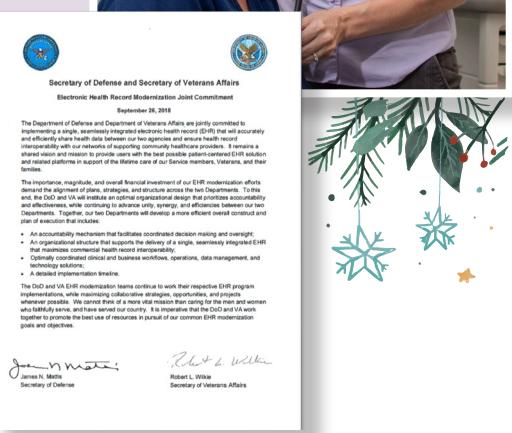
- September 9:** DOD released Capability Block 7 upgrades to the federal EHR. This upgrade included Issue Tracker, a highly anticipated capability by end users, as well as Encounter-Based Imaging, HealthIntent Registries Phase 1 (including the Scorecard), Helix and Pharmacogenomics, Lab Point of Care, Medicare Secondary Payer Questionnaire and PowerChart Touch.
- September 24:** DOD went live at Waves JACKSONVILLE/EGLIN, bringing 18 new DOD Commands onto the new federal EHR.
- November 1:** DOD went live with Revenue Cycle Expansion (RevX) to groups 1 and 2. This deployment included 47 DOD Commands, spanning Fairchild, Madigan and Waves TRAVIS, NELLIS, PENDLETON, SAN DIEGO, TRIPLER and CARSON/CARSON+. RevX integrates patient accounting, medical coding and patient registration/access capabilities and workflows into the federal EHR baseline.



Website Watch

Get to Know the FEHRM

The FEHRM's leaders are primed with varied expertise to fulfill the office's collaborative mission to successfully deploy the federal EHR, together enhancing health care delivery to all beneficiaries. Learn more about [FEHRM Leadership](#).



Fun Fact

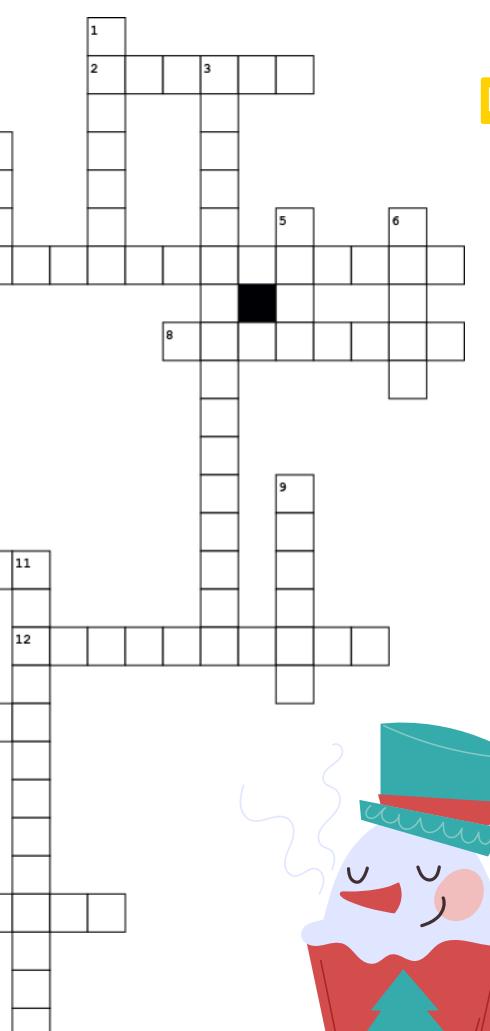
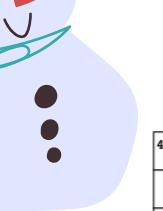
The FEHRM Is Built on Teamwork

The creation of the FEHRM office resulted from a concerted, joint effort between DOD and VA. In 2018, the Secretary of Defense and Secretary of Veterans Affairs issued a joint commitment to implement a single, common federal EHR.

The FEHRM Crossword

Across

- Moral principles governing behavior and activities
- The act of working together toward a goal
- A group of EHR beneficiaries
- The office created to lead federal EHR implementation
- Implementation of an EHR at a site
- A modernized patient health record
- FEHRM Frontline is a quarterly one



Q: What do elves listen to while they work?

A: Rap (wrap) music!



Federal Electronic Health Record Modernization (FEHRM) Office

1700 N. Moore St., Suite 2350
Arlington, VA 22209
(703) 588-8761

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Contact Us

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www.linkedin.com/company/fehrm

