JSS

Lessons Learned Report

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FEDERAL ELECTRONIC HEALTH RECORD MODERNIZATION

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Introduction

Purpose of this Report

- The Federal Electronic Health Record Modernization (FEHRM) office's Joint Sharing Sites Lessons Learned Report responds to House Report 117-391, page 82, accompanying H.R. 8238, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2023. This report was prepared in coordination with the Department of Veterans Affairs (VA).

- The report summarizes how electronic health record (EHR) coordination currently functions at joint sharing sites (JSSs); lessons learned from JSSs that can be applied to VA's implementation of the federal EHR; and how captured lessons learned are implemented at other JSSs to help those sites prepare for transition to the modernized EHR and ensure better coordination of systems across the Department of Defense (DOD) and VA.

Joint Sharing Sites Overview

- JSSs are medical facilities where DOD and VA collaborate to support health care delivery to Veterans, Service members and retirees and their beneficiaries. DOD and VA medical sharing varies significantly from facility to facility—from sharing providers, clinical, janitorial and administrative staff to leasing of physical space, and using locally developed processes and technologies.

- The least integrated JSSs may only share custodial services or coordinate purchases of supplies, while more tightly integrated JSSs embed clinical staff, such as providers, in the other Department's space; coordinate care and treatment options; and access the other Department's EHR to document care and submit clinical orders (laboratory, radiology and/or pharmacy) for processing by said Department. The most highly integrated JSS is the Captain James A. Lovell Federal Health Care Center (Lovell FHCC) in North Chicago, Illinois.

- As of February 2023, there are 165 facilities (89 DOD and 76 VA) with 170 resource-sharing agreements covering 2,489 shared services offered nationwide, to include Guam. This means there are 165 JSSs. The number of active resource-sharing agreements changes monthly based on the clinical and business needs of the sharing sites, availability of personnel to support those agreements and whether agreements are activated, de-activated or renewed.

- By leveraging the existing services of both DOD and VA facilities, JSSs can take advantage of economies of scale and offer a broader range of services to both DOD and VA patient populations in their catchment area. In some cases, JSSs also expand the access to care options a patient may have available by providing multiple

locations to receive the same type of care. JSSs are also a net benefit to DOD and VA clinical staff in locations where the increased patient acuity and volume supports training and readiness objectives.

- The FEHRM formed a Joint Workflow Assessment (JWA) Working Group with Defense Health Agency Health Informatics (DHA HI) and Veterans Health Administration Office of Health Informatics (VHA OHI). This working group gathered data from sites that currently share clinical services and categorized their relationships into five levels based on integration complexity to assess the asynchronous impact of the federal EHR deployment on their shared clinical services.

- Based on this categorization, in 2020, 14 DOD and 12 VA sites were initially classified by the JWA as highly integrated. Since then, JSS's clinical ranking is performed quarterly to determine current level of integration and areas needing mitigation strategies prior to a DOD deployment. As of February 2023, 22 DOD and 20 VA sites are classified as highly integrated.

- The JWA working group completed Discovery Assessments with the initial set of highly integrated JSSs to understand the people, processes and technologies involved, and to provide an initial recommendation on whether their EHR deployments should be synchronized to reduce operational impact. The outcome of this effort was as follows:

  - No impact of asynchronous deployment expected on JSSs with a clinical ranking level 0 to 3; reassessment would be required prior to these facilities reaching end state (meaning both DOD and VA at the JSS are on the federal EHR).

  - Further assessment is needed of JSSs ranked level 4, as mitigation steps might be required to minimize the impact of asynchronous deployment.

  - Lovell FHCC is the only level 5 integrated site, which denotes the highest level of integrated services and solutions between DOD and VA. A synchronous deployment is necessary to ensure continued integration of established service delivery.

  - A questionnaire to support data gathering on current state of services offered and shape areas of focus during scope of services calls was developed and used by the JWA, as an early lesson learned.

- In fiscal year 2023, the FEHRM engaged with the impacted JSSs included in the DOD deployment that went live in January (Waves DRUM/PORTSMOUTH) and March (Waves WALTER REED/BELVOIR). This engagement covered pre-, during and post-deployment activities. Additionally, the FEHRM began engaging with identified stakeholders for the DOD Wave WRIGHT-PATTERSON, scheduled to go-live on June 3,

2023, along with the VA sharing partners of the impacted JSSs. Engagement and support will continue throughout the deployment cycle and afterward.

Current EHR Coordination at Joint Sharing Sites

- Aside from Lovell FHCC, which utilizes an orders portability interoperability solution (Lab, Rad, Consults), there is no interface between both Departments' legacy EHR systems; specifically, between the VA Computerized Patient Record System (CPRS)/ Veterans Health Information Systems and Technology Architecture (VistA) and the DOD Armed Forces Health Longitudinal Technology Application and Essentris. Patient data contained in these EHR systems is obtained via direct user (targeted DOD/VA clinical staff at a given JSS) access or the use of the Joint Longitudinal Viewer.

- Electronic interface between DOD and VA EHRs is limited but was seen in some locations where laboratory services are shared. At these JSSs, a VA-built Laboratory Electronic Data Interchange (LEDI) and Laboratory Data Sharing and Interoperability (LDSI) interface is then connected to the DOD Composite Health Care System (CHCS). The LEDI/LDSI interfaces allow for orders to be automatically sent from the ordering Department EHR to the service-rendering Department's EHR, and for results to be automatically returned to the ordering Department. Following the DOD deployment, the JSSs with the LEDI/LDSI connection permitting automated order transmission and results retrieval lost this capability. These facilities included:

    - Anchorage VA medical center (VAMC) and Bassett Army Community Hospital, Ft. Wainwright, Arkansas;

    - San Diego VAMC and San Diego Naval Medical Center, California;

    - Montgomery VAMC and Lyster Army Health Clinic, Ft. Rucker, Alabama;

    - El Paso VAMC and William Beaumont Army Medical Center, Texas; and

    - Key West Community-Based Outpatient Clinic (Miami VA Health Care System) and Naval Branch Health Clinic Key West (Naval Hospital Jacksonville), Florida.

- Even though there are built-in functionalities within the federal EHR, like the capability offered by LEDI/LDSI, they can only be used if both impacted JSSs are on the same system. Therefore, the LEDI/LDSI interface was no longer functional between DOD and VA at JSSs impacted by the DOD deployment. Thus, the FEHRM had to provide mitigation strategies for the JSSs to continue laboratory sharing. The FEHRM created a Laboratory Interim State Enterprise Joint-Sharing Process Map (ISEJPM), depicting the workflow required for manual sharing of laboratory orders and result tracking. The Laboratory ISEJPM was reviewed with VHA OHI and DHA HI

representatives at the JWA Working Group prior to being offered as mitigation to the sites.

- Most ancillary services between JSS facilities are shared manually through staff transcription of orders from one JSS facility's EHR onto the joint sharing partner's EHR. Upon patient arrival at the service-rendering facility, the facility's staff manually enters the orders into the EHR for execution. Specialty service referrals and pharmacy services are also shared manually, via paper form, fax or email from the requesting Department to the service-rendering facility, where these requests are managed to include patient scheduling as defined by the facilities' Resource Sharing Agreement (RSA).

- Occasionally the requesting Department's staff also enters the order in the service-rendering facility's EHR. This is also known as 'swivel chair,' where staff need to enter the same order/request twice, in their facility's EHR and in the service-rendering facility's EHR. This level of duplication facilitates the timely and efficient electronic tracking, and results retrieval of these orders at multiple JSSs.

Joint Sharing Sites Have Unique Deployment Challenges

- DOD and VA federal EHR deployment timelines are not always synchronized for JSSs. Consequently, the asynchronous nature of the deployments may result in some level of risk and impact to required workflows and service offerings that are managed by the FEHRM to ensure continued health care. The FEHRM's focus is on the gap created by asynchronous deployments.

- The FEHRM views asynchronous deployments of the federal EHR as occurring through sequential phases. Except for the synchronous deployment at Lovell FHCC, DOD will deploy ahead of VA. The DOD deployment will bring the JSS to an interim state or transition state, in which DOD is on the federal EHR and VA is on the legacy EHR. The impacted JSS will be at an end state when both DOD and VA are on the same federal EHR.

- The FEHRM realizes that the interim state or transition state is temporary, and end-state joint sharing workflows that are approved by both DOD and VA are necessary for joint sharing support.

- It is important that standardized end-state joint sharing workflows are created, and that staff are trained on the workflows. The Departments run the risk of local alternate workflows development that do not satisfy business and clinical requirements and may cause delay or impediment in joint sharing altogether if end-state joint sharing workflows are not agreed upon and educated to staff of both Departments.

Joint Sharing Sites Evolve the Federal EHR

- Implementation of the federal EHR at JSSs 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 informs future federal EHR deployments and troubleshooting, especially at JSSs where care is integrated.
  - Promotes the standardization of user roles, forms and configuration variations between DOD and VA, where appropriate. More specifically, positions are being reviewed at the working group level for overlap and gaps. A project is underway to consolidate VA positions and then compare that product with the DOD positions to normalize/standardize across both Departments.
  - Models how large health care systems can leverage technology to drive the best health care decisions.
  - Enhances the ability to test and evaluate the 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, JSSs, especially Lovell FHCC, lead the way for future federal EHR deployments and improving patient care and the end-user experience.

Joint Sharing Sites EHR Coordination

- As previously noted, the federal EHR will be deployed synchronously at Lovell FHCC but deployed asynchronously at other JSSs. Thus, the coordination processes for these deployments are different and are outlined below.

Lovell FHCC Coordination

- Lovell FHCC federal EHR implementation is fundamental to interoperability and the federal EHR moving forward. The FEHRM, DOD and VA are committed to getting it right. By ensuring the Departments can work together as a single unit, Lovell FHCC becomes a model for how this can be done across DOD, VA, Department of Homeland Security's U.S. Coast Guard and the broader federal enterprise to ensure seamless, integrated care for patients. It will help simplify the ability to work together and how the Departments can demonstrate interoperability. Lovell FHCC is foundational to future JSSs.

- Originally, DOD planned to deploy the federal EHR at Lovell FHCC during Wave WRIGHT-PATTERSON in June 2023. However, once DOD and VA agreed on a synchronous deployment approach for Lovell FHCC, DOD pulled Lovell FHCC from the wave and the two Departments agreed to a March 2024 targeted go-live timeline.

- The FEHRM leads the deployment planning and program execution of the federal EHR in collaboration with the DOD Healthcare Management System Modernization (DHMSM) Program Management Office (PMO), VA's Electronic Health Record Modernization Integration Office (EHRM-IO) and Lovell FHCC stakeholders.

- DOD and VA are implementing the same single, common federal EHR. DOD sites, VA sites and Lovell FHCC are using the same federal EHR. DOD named the federal EHR MHS GENESIS, while VA refers to it as the new EHR. However, the federal EHR is the same single instance of the commercial product (Oracle Cerner Millennium) the Departments purchased. The Departments are not developing different custom systems. Occasionally, there may be elements of the core product that require configuration changes to meet departmental or business requirements.

- With that, DOD and VA are given a certain amount of flexibility to configure the federal EHR differently to meet specific facilities' needs while still maintaining interoperability between the Departments.

- Through established governance and change control processes, DOD and VA sites can each request configuration changes (e.g., add, edit or remove user roles, workflows and other configuration items such as interfaces, forms, assessments and scales) as long as these changes do not undermine interoperability between the Departments.

- Approved changes are implemented within the federal EHR, and any Departments using the federal EHR have access to these changes as well as other capabilities their specific facilities may need (that they may choose to turn on or off, as allowed). Regardless, they are still using the same instance of the federal EHR, which accesses and generates patient clinical data into a single integrated data source.

- However, the FEHRM focuses primarily on determining ways to converge EHR configurations to streamline the patient and provider experience between the Departments. The goal is to ensure providers have a common user experience defined by evidence-based best practices, and patients have a consistent care experience, regardless of where they get care.

- Lovell FHCC does require a unique approach for some items as a result of being a fully integrated, JSS. The FEHRM developed the Enterprise Requirements Adjudication (ERA) process to identify items necessary to complete an implementation plan and bridge the gap between DOD and VA standards and best practices for Lovell FHCC. The FEHRM categorized ERA topics by those related to the

design of the federal EHR and those related to the execution of the deployment at Lovell FHCC.

- In collaboration with DHMSM PMO and EHRM-IO, the FEHRM led nearly 70 ERA discussion sessions between January 2022 and February 2023. The ERA process relied on the knowledge and expertise of 341 unique subject matter experts (SMEs) from the FEHRM, Lovell FHCC, DHMSM, EHRM-IO, DHA, and VHA. Through their collaborative efforts, the cross-agency SMEs recommended courses of action (COAs) for all 69 identified ERA topics.

- Wherever possible, the ERA stakeholders drove toward convergence between the Departments' configurations when recommending a COA, and they were able to apply this approach to 31 ERA topics. Topics where convergence was not achievable was largely due to legislative and policy barriers; limited resources and time to complete convergence activities to meet the Lovell FHCC deployment timeline; or the stakeholders' assessment that there was minimal benefit from convergence and no negative impact to the site if those areas remain divergent. Topics that resulted in a divergence COA are opportunities for the team to consider for future convergence as the federal EHR continues to evolve.

- While the formal ERA process is complete with COA recommendations for the identified topics, several COA recommendations resulted in follow-on activities that the Lovell FHCC EHR Implementation Team is addressing. One such example is coordinating with the vendor partners to provide the Lovell FHCC Pharmacy Team with a demonstration of the EHR pharmacy functionality for a real-time view of the expected capability.

- In calendar year 2021, the FEHRM also completed a comprehensive end-to-end assessment at Lovell FHCC focused on gathering current-state clinical and business process workflows.

- Outputs of the end-to-end assessment and the ERA process will inform the Lovell FHCC EHR Implementation Plan, which will include milestones and timelines for the deployment.

- Additionally, in recent months, the FEHRM coordinated and supported several current-state review and assessment events by DHMSM and EHRM-IO and their vendor partners leading up to the formal kickoff of the Lovell FHCC synchronous deployment activities.

- On March 13, 2023, the FEHRM hosted an Executive Command Brief with the Departments and Lovell FHCC leadership to kick off deployment activities and discuss the approach, activities, schedule and Lovell FHCC resources and responsibilities required.

- Since there are many operational interdependencies such as orders portability in an integrated environment like Lovell FHCC, DOD created a mitigation plan in the event a synchronous deployment becomes unlikely. This includes creating interfaces that maintain the status quo at Lovell FHCC during an interim state. Regular checks will occur to ensure the deployment remains on track and is successful.

Other JSS Coordination

- For all the other JSSs that are deploying asynchronously, the FEHRM, in collaboration with DHA HI and VHA OHI, works relentlessly with both Department deployment teams and other stakeholder groups to assess the impact of asynchronous deployment at each JSS. The FEHRM spearheads the development of mitigation steps that are communicated to staff at the affected JSS to support continuation of shared services, in the interim state.

- The FEHRM first obtains a list of sharing agreements every quarter from the DOD/VA Sharing Office. The FEHRM reviews these agreements, looking at three categories:

    1. People: Who is touching the system?

    2. Process: What processes (workflows) are they using to support patient care and place orders?

    3. Technology: What are the systems they use (e.g., is it a DOD, VA or combination system and are there interfaces or workarounds that have been created at the JSS)?

- The FEHRM looks at each JSS to determine the relationships between DOD and VA; what kind of services they are sharing; and how the asynchronous deployment will impact services at the JSS (e.g., will the JSS still be able to share services after deployment, will anything break after deployment?).

- Given that RSAs are intended to address the specific needs of two sharing sites, this then greatly influences how services are shared locally. Because of these variabilities, the FEHRM established a method to assess how services are shared ahead of federal EHR deployment. An information-gathering questionnaire is sent to the DOD/VA leadership of each impacted JSS. Its purpose is to confirm the FEHRM's understanding of the nature of shared clinical services from available sharing documents and/or previous site-level engagements (e.g., JWA Working Group Discovery Assessment); collect site-level demographic and programmatic information; and inform future support to the site in preparation for federal EHR go-live.

- The analysis of the gathered data influences the content of FEHRM-led Scope of Service Calls (SoSCs) with the JSSs in partnership with DHA HI and VHA OHI. These

calls further identify risks associated with JSS processes that will need to be modified prior to asynchronous federal EHR deployment. The FEHRM conducts risk assessments and analysis to identify where issues and gaps will occur due to the nature of the federal EHR and its asynchronous deployment between DOD and VA. To mitigate risks, the FEHRM uses interim Enterprise Workflow Maps that are shared with DHA HI and VHA OHI for review and then DOD/VA functional SMEs, as appropriate, for final approval prior to being offered as risk mitigation tools.

- JSS members identified by leadership as SMEs for the various services assessed, including radiology, laboratory, pharmacy, specialty services and referral management, attend the SoSCs to answer questions on the current state of service sharing. Information gathered includes but is not limited to details within the workflows related to order entry, results retrieval, workload capture, critical results notification and business process regarding specialty care referrals.

- The FEHRM also reviews configuration and shared staff access required for the federal EHR. DOD and VA staff who work at the other Department's facility require role identification for training and provisioning prior to deployment, so staff can continue to provide services and patient care without disruption. To reach this goal, early on, the FEHRM works with the identified VA lead at an impacted JSS to obtain a definite list of VA users accessing DOD legacy EHR systems. This information is communicated to both Departments' deployment teams as "joint" users who will require access to the federal EHR. Six months prior to the scheduled go-live, the FEHRM leads weekly calls with the deployment teams to ensure that these users are being trained. One month prior to go-live, the FEHRM provides these joint users a tip sheet describing how to access the federal EHR depending on the network being used by the joint user.

- System configuration is also assessed for clinical locations that are physically located in one Department but managed by another Department (also known as shared space per RSA). Most specifically, patient care location (PCL) configuration is reviewed as it can impact workflows depending on PCL categorization. Since clinical requirements are configured based on the Department that manages the location, the determination of a clinic being DOD and VA is of significant impact to system configuration, workflow identification, biomedical equipment setup and staff training.

- If any services will be impacted or broken by an asynchronous deployment, the FEHRM works with various departmental SMEs to develop a plan for the JSS that addresses any operational risks and determines mitigation steps. Getting the right people to the table for this discussion is key to a comprehensive solution and capitalization on lessons learned.

- Once the plan is developed, the FEHRM meets with the assigned JSS Deployment Team to brief said plan along with its implementation strategy. Then meetings are set

to track the plan execution progress with both the JSS Deployment Team and DOD/VA identified stakeholders from the impacted JSS. Monthly updates on plan execution are provided to various groups (for example, DHMSM leadership, EHRM Coordination, JWA), as needed. If other JSSs have similar impacts and risks, the FEHRM also works with those deployment teams to implement the same mitigation steps, as appropriate.

- Three months before a go-live, the FEHRM, DHMSM and EHRM-IO deployment teams participate in weekly calls with the JSS's Joint Team managing end-user account access and training to check on the progress being made on training, roles assignment, system access and any other identified issues to ensure a smooth go-live.

- As of now, DOD is leading deployments at JSSs, while VA is following their lead. However, the same coordination process will be applied to VA and fine-tuned as VA begins deploying at JSSs and JSSs reach end state—meaning both DOD and VA at the impacted JSSs are on the federal EHR.

- Following VA's announcement to stop work or "reset" on future deployments of the federal EHR, except for Lovell FHCC, on April 21, 2023, the Lovell FHCC EHR Implementation Team quickly assessed the impact to the planned deployment approach. The team determined there would be no significant impact to the critical deployment milestones and activities. However, the team also identified the need for several changes to interfaces, primarily to support remote site services within the Veterans Integrated Services Network (VISN) 12. VA worked with site and VISN representatives on preparing necessary task order changes to address the remote site interfaces as well as other VA-specific activities as a result of the reset.

Joint Sharing Sites Lessons Learned

- There have been multiple DOD EHR deployments at JSSs to date. As of March 2023, 139 JSSs are in the interim state (DOD deployed, but not VA yet). Several common themes regarding lessons learned emerged across these JSSs that can be applied to VA and the broader federal EHR effort.

- Functionally, a strong change management strategy between implementation teams and site leadership is essential to successful federal EHR deployment and adoption. Preparing and supporting site leadership to workflow and technical changes; educating and training staff through the framework of the end-user workflow; and continually communicating with site leadership pre- and post-deployment will assist VA deployments.

- In addition, the technical aspect of federal EHR implementation needs to occur in conjunction with the functional steps, and not as a separate entity. Configuration is

dependent on system capabilities as much as workflow and is essential to system adoption. Verification of equipment being available and configured and confirmation that data upload from legacy EHRs has occurred assists in a successful deployment from the technical standpoint.

- It is imperative to record lessons learned with a clear description of the issue observed; the level of impact (an individual, a department or all users under one EHR role); the inference of the lesson learned about the issue; the recommendation for action; and the assurance that such action was executed. Failure to do so, will result in the same issues reappearing at go-lives.

- Additional specific lessons learned are outlined below. These are just a sampling of lessons learned compiled before, during and after each JSS go-live to drive future federal EHR deployments, especially VA deployments.

Pre-Deployment Lessons Learned

- Identify VA's presence at DOD military treatment facilities (lease space).

- Determine if VA cares for DOD beneficiaries, and which system is used to document this care.

- Ensure VA users who require access to the federal EHR in support of a DOD deployment at a JSS (prior to a VA deployment) are included on the DOD User Role Assignment (URA) list. Inform VA that a forthcoming DOD wave includes VA users who will need access to the federal EHR from the VA storefront and using the VA network.

- Develop interim-state process maps (workflows) to ensure the continuity of shared clinical services through the transition state that satisfies business and clinical requirements of both DOD and VA.

- Analyze and adjudicate differences between DOD and VA roles (e.g., DOD/VA surgeons and intensive care unit nurses) prior to each JSS reaching end state.

- Develop and apply processes for VA user access and provisioning to be leveraged by the Departments based on standard business rules.

- Ensure that equipment and configuration sign-off between Department leadership and BioMed to confirm equipment is present and fully operational.

- Conduct EHR production testing and sign off with site leadership for accuracy to identify missing or incorrect configuration.

- Identify how orders placed in the legacy VA EHR (VistA/CPRS) will be entered into the federal EHR.

  - If an automated process will be established to transfer information, ensure reports are run to confirm information transfer was successful.
  - If manually transferred, identify and properly train staff who will transcribe the information to the federal EHR. Validate staff understanding of and ability to complete assigned tasks.

- Track that JSS end users complete their assigned training and have provisioned access to the federal EHR prior to go-live.
- Engage DHMSM PMO deployment teams and brief them on findings about deployments (stressing that they need to account for VA users) and establish at least monthly touchpoints with DHMSM PMO.
- Engage the EHRM-IO URA Team; brief them on findings about DOD deployments and impacts on VA users (stressing the need to support these VA users); and establish at least monthly touchpoints with the EHRM-IO URA Team.
- Provide education materials for reference by end users, including federal EHR access tip sheets to support end users.
- Define criteria for how the PCL is determined.

During Deployment Lessons Learned

- Ensure reference materials are in a repository that can be updated as needed with system changes.
- Provide end-user elbow support and training reinforcement.
- Communicate with end users on issue resolution status and connect joint users with local key deployment team members for support, if needed.
- Participate in daily calls between deployment teams, executive leadership and team leads to obtain updates on go-live issues and resolutions. Review daily briefs for items impacting the joint space and coordinate with the appropriate deployment team at the impacted JSS for resolution.
- Annotate successes and issues during go-live and review with deployment teams.
  - Keep the processes that were successful.
  - Stop processes that were unsuccessful and replace with new strategies.

Sharing of Joint Sharing Sites Lessons Learned

- The FEHRM captures lessons learned from JSSs, pulling from a variety of sources, including:
  - Pre-deployment plans that include steps taken to mitigate identified risks;
  - On-site observations from FEHRM staff members during deployments; and
  - Post-deployment meetings discussing areas for improvement and recommendations for improvement.
- Lessons learned are continuously discussed during monthly meetings with DHMSM PMO deployment teams before, during and after deployments and referred to during subsequent deployments. This process will continue with VA deployment teams, being refined as needed based on lessons learned. Prior to go-lives, JSS deployment teams, with the FEHRM, review the active list of lessons learned being tracked, with the goal of validating their resolution. Following go-live, JSS deployment teams create a brief addressing all items that were observed, and based on outcomes, recommend whether they can be closed or remain open for further assessment during the next deployment.
- Lessons learned are also entered into the FEHRM's Lessons Learned Library that is available to all stakeholders. The FEHRM asks for lessons learned from each Department and FEHRM programs on a quarterly basis. The FEHRM then displays the content in the Lessons Learned Library and on the Risks, Issues, Opportunities/Lessons Learned Metrics Dashboard.
- The FEHRM leveraged lessons learned from EHR deployments at JSSs to develop a Playbook for Asynchronous Deployment. This playbook reflects coordination with DHMSM PMO, EHRM-IO, DHA HI and VHA OHI and includes standard operating procedures, tip sheets and more to help guide DOD and VA through asynchronous deployments.
- The FEHRM, along with DOD and VA, continues to regularly monitor, share and execute lessons learned to ensure continuous improvement for all federal EHR deployments, including VA deployments.

Conclusion

- As requested by Congress, this report summarizes how EHR coordination currently functions at JSSs; lessons learned from JSSs that can be applied to VA's implementation of the federal EHR; and how captured lessons learned are

implemented at other JSSs to help those sites prepare for transition to the federal EHR and ensure better coordination of systems across DOD and VA.

- Although JSSs present unique challenges for federal EHR deployments, they also present opportunities to further enhance health care delivery for Service members, Veterans and other beneficiaries. By harmonizing workflows between DOD and VA as part of deploying the federal EHR at JSSs, the FEHRM is getting beyond interoperability of data to interoperability of processes. This effort provides a roadmap for how all health care systems can seamlessly work together to make the best care decisions for beneficiaries without technology being a barrier.