



**Mr. Bill Tinston**  
Director

## FEHRM LEADERSHIP MESSAGE

*Dear colleagues,*

2022 was a banner year for the Federal Electronic Health Record Modernization (FEHRM) office, from the success of the second Federal Electronic Health Record (EHR) Annual Summit to continued growth of the federal EHR's usage and evolution. The FEHRM is excited to bring on board another federal partner, the Department of Commerce's National Oceanic and Atmospheric Administration (NOAA, see page 3). The office continues to support enhanced capabilities. Recent stability processes and enhancements to the federal EHR greatly reduced system crashes. Capability upgrades increased MPages workflow performance by 40%, which in turn contributed to a greater than 10% increase to the entire system.

In this issue of FEHRM Frontline, learn about these exciting developments and more, such as an overview of common product design and an update on the latest progress at the Captain James A. Lovell Federal Health Care Center (Lovell FHCC). The FEHRM continues to focus on people—the patients and providers benefiting from the federal EHR. With them in mind, we look forward to working together to best serve the millions of Service members, Veterans and others who rely on the federal EHR for seamless, efficient, top-quality health care.

Mr. Bill Tinston  
Director

**2022 | FEHRM YEAR IN REVIEW**

- Enhanced the joint health information exchange
- Supported DOD/VA/USCG deployments -> 137,000+ EHR users
- Deployed the federal EHR at 7 joint sharing sites
- Executed Enterprise Requirements Adjudication for Captain James A. Lovell Federal Health Care Center
- Advanced information sharing
- Established single interface authority
- Launched satisfaction surveys
- Oversaw data management activities
- Approved 1,699 federal EHR changes
- Optimized Federal Enclave performance
- Supported the Individual Longitudinal Exposure Record
- Onboarded NOAA to the federal EHR

2022 FEHRM Year in Review

### In Case Your Missed It

- **March 10:** [Biden's 2024 Fiscal Budget Request Seeks \\$1.9B for VA EHR Modernization – EHR Intelligence](#)
- **March 7:** [Federal EHR Patient Safety Outperforms Legacy, Per Industry Standards – Health.mil](#)
- **March 2:** [VA Appoints Guy Kiyokawa Acting Deputy Secretary; Denis McDonough Quoted – ExecutiveGov](#)

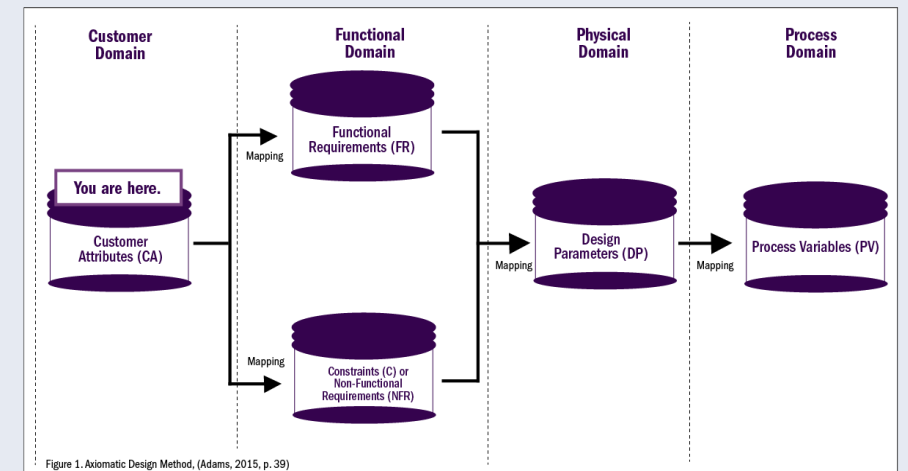
## Understanding Common Product Design

Mr. John Dempsey, Product Manager, Solutions Integration Workstream, FEHRM

Establishing a managed environment that supports higher usability, enhanced levels of interoperability as well as a purposeful common design are characteristics of the Axiomatic Design Method (ADM). Products that comprise the federal EHR benefit from adopting the ADM framework as it provides a standards-based approach, which enables a better user experience, interoperability and design convergence—all key items that offer enterprise efficiency and affordability.

As detailed in Figure 1, iterative techniques across ADM domains support a common product design achievement. This means using ADM domains increases agility. Each domain is capable of increasing usefulness, interoperability and design objectives along the way toward product release or upgrade. Functionally and technically benchmarking activities across each domain (Customer, Functional, Physical and Process) ensures proper purpose and usable features are achieved for end users. There are also added factors that offer efficacy to this method, namely the information and independence axioms.

The framework illustrated in Figure 1 relies on two principles, or axioms—the basis for approaching standards—independence and information. These axioms reduce information content and design complexity for faster system or product results. In plain terms, they make problems solvable by limiting complexity growth and focusing on establishing design attributes before emergent properties begin to manifest in the lifecycle in an uncontrollable manner.



- The independence axiom focuses on better management of coupled functional requirements inside product features. This limits the impact of changes and improves cohesion inside the product for a more robust solution. Overall, this supports awareness of dependencies between physical, virtual or logical components and supports lower complexity.
- The information axiom brings together a concept that the design should satisfy the minimum level of requirements to establish functionality. This axiom seeks to prevent overengineering and again lowers requirement complexity for feature commonality and better usability.

Enabling common products by controlling requirements and design parameters across the domains allows for meaningful impact once the product, outputs and variables are realized.

[Follow the FEHRM on LinkedIn](#) for two more upcoming in-depth articles by Mr. Dempsey about ADM domains.

Reference: Adams, (2015). [Design Methodologies. Nonfunctional Requirements in Systems Analysis and Design, 15–43.](#)

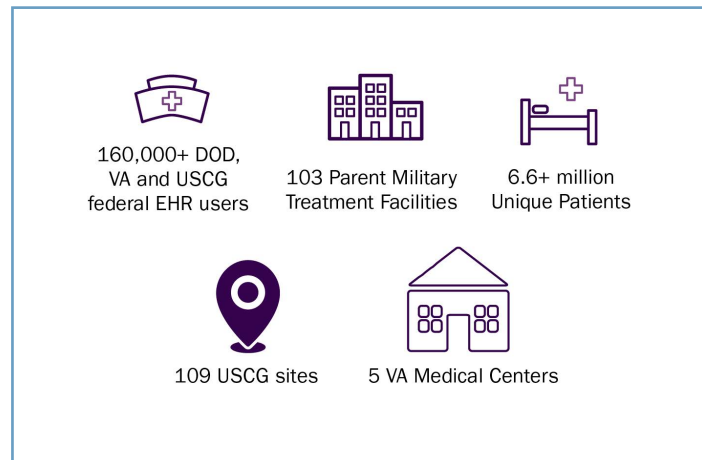
**JOKE OF THE QUARTER**

Last night, I had a dream I was a muffler... and I woke up exhausted!



## Ask the FEHRM: What Does the FEHRM Do?

- The FEHRM, Department of Defense (DOD), Department of Veterans Affairs (VA), Department of Homeland Security's U.S. Coast Guard (USCG)—and now, NOAA—work together to implement the single, common federal EHR. The FEHRM is all about the things we do together. The FEHRM delivers common capabilities that respond to the needs of our providers and patients and evolve the federal EHR.
- The FEHRM focuses on standardization and convergence by determining ways to converge EHR workflows and configurations to streamline the patient and provider experience. The goal is to ensure the provider's experience is defined by evidence-based best practices and patients experience consistent care regardless of where they receive it.
- Congress tasked the FEHRM and Departments to be interoperable—to meaningfully use and share data to benefit Service members, Veterans and other beneficiaries—across the Departments and the private sector community. The FEHRM's efforts ensure the Departments converge, avoiding each having different EHRs that are not interoperable.



Learn more about the FEHRM on the [FEHRM website](#).



### Do you have a question for the FEHRM?

Go to the [FEHRM website homepage](#), click the Contact Us button and complete the submission form.

## FEHRM Activities

### The FEHRM Welcomes New Federal EHR Partner, NOAA, Deploying This Summer

With seven sites across the country, NOAA and its Office of Marine and Aviation Operations will use the federal EHR to manage the agency's records for the Commissioned Officer Corps, including approximately 300 officers and 400 divers. With 24 projected provider clinicians, the office manages and operates a fleet of 15 research and survey ships and nine aircraft—the largest federal research and survey fleet in the nation—supporting everything from oceanography research to climate studies. It also manages NOAA's diving, small boat and aviation safety programs. Listen to the GovCIO Media & Research's Healthcast podcast with Mr. Tinston, [An Inside Look at NOAA's Plan to Join Federal EHR](#), for more information about this exciting partnership.



**Top Three Areas for Improvement**

- Functionality:** End users noted several areas for improved functionality, including enhanced search functions and streamlined user roles. This requires adding the ability to search and filter patient charts, documents, labs, orders, clinics, family members, medications and ICD-10 codes by name. End users also specifically want better search features added to Ad Hoc, Powerforms and Notes. Regarding user roles, end users want simplified roles that better align with tasks, reducing the number of times they need to switch roles to access all the information they need to do their jobs.
- Change Request Ticket Process:** End users want a more transparent, efficient and responsive change request ticket process that prioritizes real-time issues. This includes decreasing the time it takes to address tickets and centralizing and enhancing visibility of tickets, including showing trends, issues, status and resolutions at all sites to avoid duplicate tickets and work. End users cited the lengthy ticket process as forcing local workarounds to get work done.
- Training:** End users requested more comprehensive training on the federal EHR including training on upcoming changes and enhanced training on work flows, documentation, coding, PowerPlans and data availability. They also want earlier access to the federal EHR before go live, a testing environment for end users and more on-site support from peers experienced with the EHR.

**Top Three Areas of Strength**

- Ease of Use:** End users enjoy the ease of finding patients, reading notes, scanning documents, customizing templates, seeing outside records, navigating between modules and communicating with patients and providers via embedded features for messaging. They also value the efficiency of features like auto text and e-prescribing.
- Standardized Care:** End users appreciate accessing a single, standardized system (rather than up to five systems) to see a patient's entire medical record across facilities, from military service to end of life. They also enjoy having a single solution for documenting inpatient and outpatient care. End users also feel standardization provides the opportunity to build in evidence-based care and that standardized data elements, documentation and best practices result in time savings.
- Data Availability:** End users value the detailed, real-time data sharing across Departments and the reconciliation of data with external partners, which saves time and results in enhanced patient care. This includes the integration of previously separate programs and products, leading to more visible data. End users cited interoperability across the Departments as reducing documentation burden, and the ability to collect, see and drill down on data as helping with patient care and improving patient outcomes.

*HealthRegistries is fantastic. We can actively pull forward patients within a registry for proactive care. We can verify the frequency providers follow clinical decision support tools ... Data collection is richer in detail than what was available.* – End User

December 2022  
Approved for public release; distribution unlimited

## Did You Know?

### The FEHRM's 2022 Federal EHR Annual Summit Results are In!

Did you know the FEHRM hosts an annual summit to gather feedback about the federal EHR from DOD, VA and USCG clinical staff? The second Federal EHR Annual Summit—which took place October 25–27, 2022, with the theme Partners in EHR Excellence—welcomed more than 700 attendees. Visit the [Congressional Reports](#) page on the FEHRM website and read the 2022 Federal EHR Annual Summit End-User Feedback Executive Summary for more information. The summary highlights the top three areas for improvement and top three areas of strength of the federal EHR end users identified during the summit.

## JSS-FHCC Focus

### The FEHRM Makes Strides with Lovell FHCC Federal EHR Implementation

The Lovell FHCC EHR Implementation Team continues to move forward with its synchronous deployment of the federal EHR, reaching a notable milestone with the completion of the enterprise requirements adjudication (ERA) process.

Lovell FHCC, located in North Chicago, Illinois, is a first-of-its-kind partnership between DOD and VA that integrates all medical care into one federal health care facility. However, within the single instance of the federal EHR, DOD and VA configurations differ in workflows, content and user role privileges. As a result, the FEHRM established and managed the ERA process to serve as a forum to identify, address and resolve differences between DOD and VA policies, procedures, nomenclature and workflows.

The FEHRM created the ERA process to confirm a more integrated federal enterprise baseline for deployment of the federal EHR at Lovell FHCC; this baseline will also be available to other joint sharing sites. Topics identified for the ERA process focused on items necessary to complete an implementation plan and bridge the gap between DOD and VA standards and best practices. In collaboration with the DOD Healthcare Management System Modernization (DHMSM) program management office and VA's Electronic Health Record Modernization Integration Office (EHRM-IO), the FEHRM categorized topics by those related to the design of the federal EHR and those related to the execution of the deployment at Lovell FHCC. The formal ERA process is complete with courses of action recommended for the identified topics.

Recently, the FEHRM supported several assessment efforts by DHMSM, EHRM-IO and their vendor partners leading up to the the March 2023 Command Executive Brief. The brief served as the formal kickoff of the Lovell FHCC synchronous deployment activities. The team continues to work toward synchronous deployment of the federal EHR at Lovell FHCC.



## Getting the Message Out

### Joint HIE Is a Critical Step in Interoperability

- The joint HIE is a secure gateway used to connect to participating provider organizations across the United States who agree to securely share clinical information with the DOD, VA and USCG providers. Participating provider organizations include single-physician offices to multi-hospital systems outside the federal health care systems (DOD, VA and USCG) that participate in the joint HIE.
- The joint HIE enhances the ability of DOD, VA and USCG providers to access patient electronic health information quickly and securely from participating provider organizations and vice versa.



### Recent Go-Lives and Capability Releases

- **March 25:** The federal EHR is now live in the National Capital Region. DOD deployed to Waves WALTER REED and BELVOIR, encompassing nine new parent Military Treatment Facilities across the District of Columbia, Maryland and Virginia. This double-wave deployment brought 500,000 new beneficiaries and 14,000 clinicians and providers onto the federal EHR. DOD is now 81% deployed to garrison facilities with more than 154,000 active users and reaching 6.6 million of 9.6 million DOD beneficiaries.
- **February 17:** Capability Block 8—including DOD/VA/USCG joint content, DOD/USCG joint content, DOD/VA joint content and DOD content—went live with multiple enhancements to pharmacy and trauma capabilities.
- **February 1:** The DOD Command Center shifted operations to Revenue Cycle Expansion deployment, going live with Waves BAMC and LACKLAND.
- **January 21:** DOD completed federal EHR deployment to Waves PORTSMOUTH and DRUM.

## For Your Reference

### Convergence Is Essential for Every Federal EHR Deployment

According to Merriam-Webster dictionary, to converge is to come together and unite in a common interest or focus. To the FEHRM, convergence represents a series of dynamic processes that drive cross-departmental alignment of governance and management of the configuration and content of the federal EHR, in promotion of a uniform end-user experience and standardization of the care process for federal beneficiaries.

## Website Watch

### FEHRM Leaders Share the Benefits of the Federal EHR

[Hear FEHRM leaders](#) discuss the FEHRM's work and its place in the health information technology field during various conferences and other speaking engagements across the country.



## Fun Fact

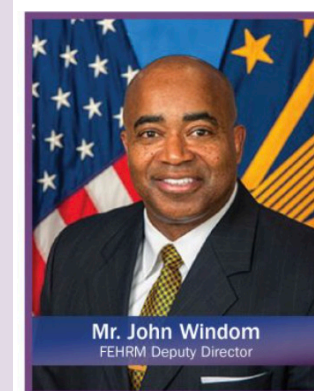
### Top LinkedIn Posts of 2022

On LinkedIn, the FEHRM's most popular posts of 2022 championed DOD providers using the federal EHR as well as some FEHRM leadership milestones and words of wisdom.



“Continue with our federal mission. The population you serve needs it. They need you to be innovative, to think outside the box and to continue to contribute to the national dialogue on health IT.”

– Dr. Monica Farah-Stapleton,  
FEHRM Senior Technical Director



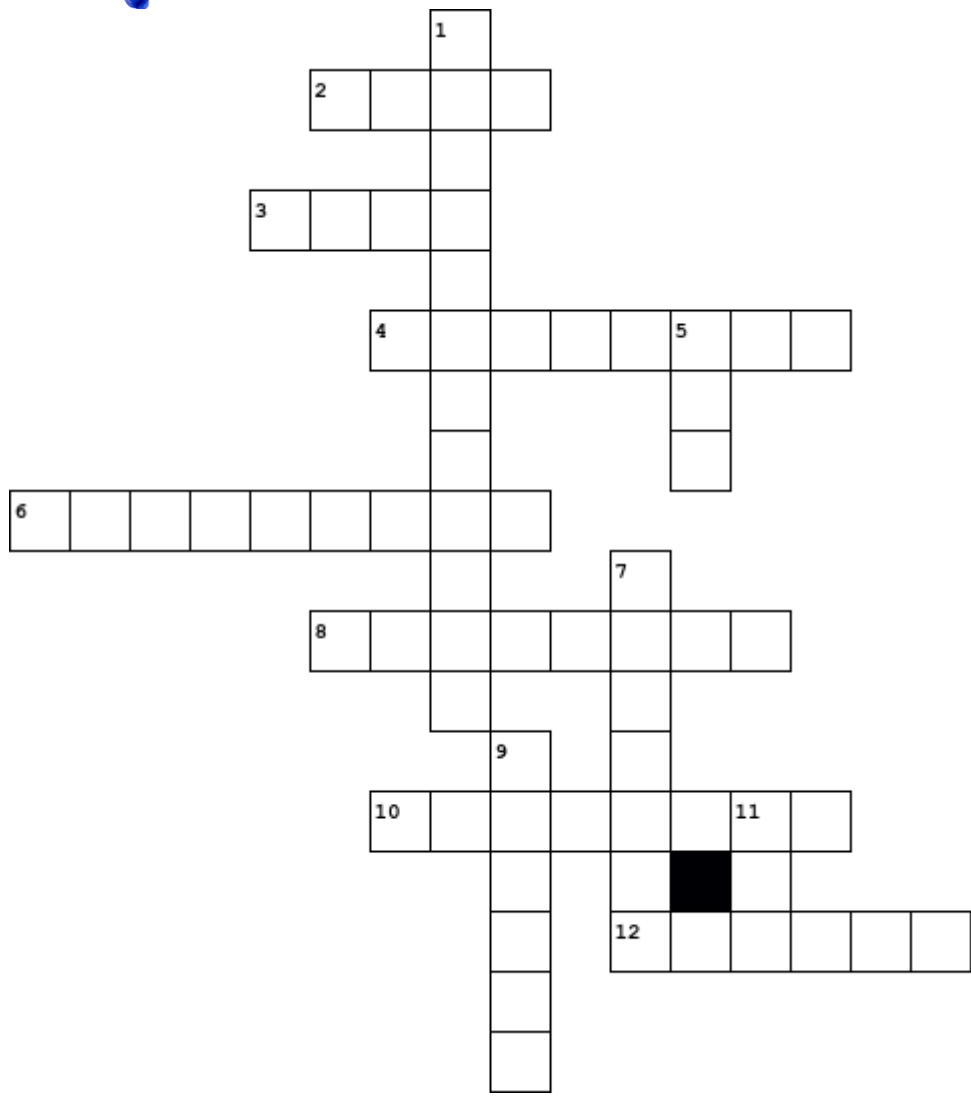
“The savings alone on immunizations with the federal EHR is remarkable”

– Mr. John Windom,  
FEHRM Deputy Director



Join the conversation by connecting to the [FEHRM's LinkedIn account](#).

# The FEHRM Crossword



## Across

2. This is the FEHRM's newest partner to join the federal EHR.
3. This information is collected about a patient in the federal EHR.
4. The FEHRM has more than 2,000 followers on this social network.
6. The joint HIE connects federal partners to this kind of organization.
8. This type of session encourages discussions among specific groups of conference attendees.
10. Joint HIE participants share this type of information.
12. The goal of this FEHRM-hosted annual event is to gather end-user feedback about the federal EHR.

## Down

1. The FEHRM strives to provide its federal partners with these to ensure safe, top-quality health care to all beneficiaries.
5. This federal partner achieves Waves of federal EHR deployments.
7. These different areas support common product design.
9. On LinkedIn, he noted one of the many benefits of the federal EHR.
11. This framework is characterized by a purposeful common design, higher usability and enhanced levels of interoperability.

## Federal Electronic Health Record Modernization (FEHRM) Office

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

DISCLOSURE STATEMENT A: Approved for public release: distribution unlimited.

[Contact Us](#)

[FEHRM Website](#)

[FEHRM LinkedIn](#)



**FEDERAL ELECTRONIC  
HEALTH RECORD  
MODERNIZATION**