



Happy Holidays!



The arrival of December here in Washington brings with it the sights, sounds, tastes and smells of the approaching holiday season. It also brings a natural tendency to look back over the accomplishments of the past year. For the moment I will resist that temptation and look instead toward what I see is a bright (and very busy) future for NMIMC. The biggest single initiative coming our way is the start of the MHS-wide deployment of CHCS II toward the end of FY01. This comprehensive and integrated software will have a substantial impact on the way we deliver and document healthcare. Much work still needs to be done before the first sites begin to come on-line, and I will keep you informed of the progress being made toward that goal. You will also see a myriad of other initiatives at your facilities, including enhancements to Telehealth/Telemedicine addressed in this newsletter, and of course the "webification" efforts. We will be working closely with BUMED and your CIOs to ensure a continued smooth and optimized transition toward a very technology-rich future.

NMIMC News Updates

Patriot's Choice

It is my pleasure to announce the addition of Dell Computers to the Patriot's Choice Leasing program. We have just completed the specific details necessary to accommodate your needs, and I believe you will be quite pleased with the results. My staff and I have attempted to address your concerns during the negotiation of this venture to include the maintenance, service, and lease/purchase options.

Please note, there are some management differences when using PC leasing with Dell as compared to ITC. The Dell contract is managed by NAVSEA/MSSD of Portsmouth, NH and in place of a MIPR, Dell EUDs will be ordered using [Form 2276A](#) (available on the Patriot's Choice web site http://imcenter.med.navy.mil/patriot_choice/). Ordering guidelines for Dell equipment are on the Patriot's Choice web site as well.

In addition to bringing this new vendor online to the Patriot's Choice program, I am releasing a PC policy that allows for the flexibility to purchase or lease EUDs under a small number of stipulations. Please review it carefully. Although a number of the field CIOs have spoken with me about their ability to execute deals with greater savings, there are Claimancy issues regarding interoperability, maintenance and technology refresh that must be maintained if you choose to procure PCs in that fashion. The outyear costs to maintain those capabilities will be assumed by the individual commands and not part of the procurement price as it is with leasing. Again, this information is available on the Patriot's Choice web site http://imcenter.med.navy.mil/patriot_choice/. My POC is Ben Weaver (301)319-1275 or BEWeaver@us.med.navy.mil. The Draft PC Lease Policy can be viewed [here](#).

NMIMC CO-HOSTS NATO TELEMEDICINE SUB-COMMITTEE WORKSHOP:

My staff and I had the unique pleasure of co-hosting the North Atlantic Treaty Organization (NATO) Telemedicine Concept Exploration Workshop that was held at the Naval Medical Information Management Center 14-16 November 2000. This meeting followed the previous meeting of the NATO Military Medical Working Group (MED WG) and the initial meeting of this newly formed sub-committee on Telemedicine who both met in Brussels, Belgium from 5-8 June 2000. The US Military Telemedicine delegation included COL Ron Poropatich, Col Mark Janczewski and CAPT Rich Bakalar representing the US Army, Air Force and Navy, respectively. Mr. Rick Gonzales was in attendance representing the US official host and US Delegate to the NATO MED WG from the Office of the U S Army Surgeon General. The NATO MED WG appointed the US as custodian for the development of a Telemedicine Standardization Agreement (STANAG) on Telemedicine and the US Chairs the sub-committee on Telemedicine.

NATO members in attendance included representatives from Canada, United Kingdom, Germany, France, Turkey, Romania, Netherlands, Poland and the United States. The agenda included presentations on the following:

- US Federal Joint Working Group on Telemedicine, Clinical Standards Development.
- The Future of Telemedicine in Space Exploration by NASA.
- G-8 Telemedicine Projects and Clinical Standard Development.
- Summary of International Technical Standards Organizations and Interoperability Process
- Presentations by individual NATO Member Country Representatives.
- The Standard NATO Agreement (STANAG) Development Process.

Following the formal presentations, the MED WG Telemedicine sub-committee conducted three breakout concurrent sessions which focused on Operational, Clinical and Technical telemedical issues.

Participating Delegates worked on a second revision of the DRAFT document "Telemedicine Within NATO - The Development of a NATO Standardization Agreement (STANAG)." This advanced draft policy paper includes high level recommendations regarding operational, clinical and technical minimum standards and guidelines for international interoperability of telemedicine applications among NATO members. After required member nation internal staffing, this document shall be finalized at a meeting in Brussels, Belgium in early March, 2001 and reported to the NATO MED WG in June, 2001 also in Brussels, Belgium.

Many of this meeting's presentations are available on the NTBO website at: <http://navmedinfo.med.navy.mil/ntbo/nato/> For more information on this NATO Telemedicine Workshop contact my POC CAPT R. S. Bakalar, MC, USN at rsbakalar@us.med.navy.mil or by telephone at 301-319-1327 or 1062 (DSN 285).

My POCs for the workshop are Mr. Angel Rodriguez at (301) 319-1066, afrodriguez@us.navy.med.mil and Mr. Thomas Koenig at (301) 319-1075, trkoenig@us.navy.med.mil.

FUNDING OF IM/IT SYSTEMS, SERVICES AND EQUIPMENT UPDATE

Beginning in fiscal year (FY) 2001, there are now three funding streams for procurement of systems, services and equipment. In general terms, Operations and Maintenance (O&M) is for IM/IT salaries, sustainment and equipment under \$100,000; Research, Development Testing and Evaluation (RDT&E) is for development of systems over \$100,000; and Other Procurement (OP) is for deployment of systems and equipment over \$100,000. Let me explain each type:

Operations and Maintenance (O&M). This is the appropriation you receive in your budgets. It is used to fund your requirements to sustain IM/IT operations in your command. It includes salaries, network maintenance, equipment procurement under \$100,000, software maintenance, hardware maintenance and other expense requirements.

Research, Development Testing and Evaluation (RDT&E). This is the appropriation used for the acquisition, development and testing phases of IM/IT systems over \$100,000. Currently, no field commands have access to these dollars in local budgets. TMA or NMIMC maintains these funds for development of MHS-wide or Claimancy wide IM/IT systems.

Other Procurement (OP). This is the appropriation used for deployment of IM/IT systems and equipment acquisition over \$100,000. Let me address equipment first. Any piece of equipment or network in excess of \$100,000 is to be considered OP. If you procure 100 computers costing over \$100,000, O&M funding applies because you are procuring 100 individual computers, each costing less than \$3,000. BUT if you need to procure a network router costing \$150,000, it is an OP procurement. These funds are not in local budgets and must be referred to NMIMC and NMLC. Secondly, deployment of standard systems is a TMA or NMIMC responsibility depending on the system.

The bottom line is IM/IT systems and equipment procurement, development, sustainment is complicated and we stand by to assist you. If there are any questions, please contact my Comptroller, LCDR Kevin Little, MSC, USN at 301-319-1048 or klittle@us.med.navy.mil.

HEALTH INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS): The Health Information and Management Systems Society (HIMSS) meeting will be held in New Orleans, LA, 4-8 February 2001. For complete and up to the minute HIMSS information, I invite your attention to the DoD MHS 2001 HIMSS Conference Web Site at <http://www.tricare.osd.mil/conferences/himss2001/>. My point of contact is Ms. Rita DeShields at DSN 285-1045, (301) 319-1045 or rsdesields@us.med.navy.mil.

AMSUS 2000 IN REVIEW

At the AMSUS 2000 Conference, a number of my staff members delivered presentations complementing Navy Medicine's focus on information management as a key to success in healthcare. I have included in this week's Newsletter synopses of two presentations of interest given at AMSUS.

Knowledge Management at Work - Integrating Data Quality into Information Systems: CDR Sharon Banks-Tarr, NC, USN, my Deputy Director for Data Quality, Decision Support, Business Intelligence, and Knowledge Management delivered a presentation on Dimensions of Data Quality and Systems Analysis/Functional Review at the AMSUS Poster Session. You may view the actual slide presentation on Data Quality, by clicking [here](#).

Traditional acuity systems serve as a means to quantify intensity of resources required to determine requirements. Nurse staffing needs are currently determined, using Workload Management for Nurses (WMSN), a 30 year old system of nursing tasks indicator lists which are used to generate a mathematical prediction of the nursing care needed per patient and per shift. In response to customer concerns about the interim nature of WMSN and the growing system incident requests, Naval Medical Information Management Center (NMIMC) conducted a system analysis/functional review. The purpose of this analysis was to document the current business processes at each user level. The goal was to provide decision makers with a more thorough understanding of the problems, risks, and workload data collection issues/concerns specific to the WMSN. The steps include: Identification of the potential problem, identification of users, diagram data flow, interview users, findings/recommendations and identifying the plan of action. The plan takes into account that the current system is time consuming, requires multiple data entry, is not standardized. The Systems Analysis/Functional Review presentation may be viewed by clicking [here](#). My POC for Data Quality is CDR Sharon Banks-Tarr at 301-319-1109, sbanks-tarr@us.med.navy.mil.

NAVY PLENARY SESSION ON TELEHEALTH:

As you know, the focus area for the 107th meeting of AMSUS in Las Vegas, Nevada (5-10 Nov 2000) was "Information Management: One Key to Healthcare Success" . The Navy Plenary Session chaired by RADM Maurice Hill, Jr., DC, USNR presented many examples of how information management has, is, and will be impacting Navy Medicine. The Keynote Address was presented by Mr. Ken Klienbergr from the Gartner Group. He provided a provocative discussion and examples of how current and emerging mobile IM technologies will change how we do business in healthcare.

Captain Dave Snyder, MC, USN, Program Manager for CHCS II at TMA gave an update on the MHS progress on integrating component solutions that will emerge as the new military Computer-based Patient Record (CPR). Not only is the patient record going to be computer-based, but the on-going user training shall leverage modern digital technology supporting over 100,000 users in the active and reserve components within DoD.

Captain Rich Bakalar, MC, USN, Head of the Naval Telemedicine Business Office (NTBO) lead a panel on Optimizing Telehealth-Yesterday, Today and Tomorrow. His presentation highlighted Navy Medicine's investment and return on investment for Contingency Telemedicine applications in the operational and sustaining base over the past 5 years. Improved access to specialty care, expedited focused care, cost containment through medevac avoidance and enhanced quality of care have all been demonstrated on a limited basis from several Naval operational and regional prototype testbeds. Now we are moving toward expanding these initial benefits Navywide.

Lieutenant Commander Brian Grady, MC, USN, Clinical Champion for Telemedicine and Director for Tele-Mental Health services at NNMC presented his recent two year experience in direct care applications in Tele-Psychiatry in TRICARE Northeast. Having conducted over 350 VTC patient encounters last year, he will now be the principal investigator (PI) in a focused Navy study evaluating the ROI and business model for Tele-Mental Health services in collaboration with research partners NHRC in San Diego and the civilian organization, CERMUSA in western Pennsylvania. NMIMC Code 21-NTBO shall provide project support and NNMC/BMC Willow Grove shall be the initial medical testbed partners for this new study.

Colonel Warren Whitlock, MC, USA, Medical Director at the Center for Total Access in TRICARE Region 3 in FT Gordon, GA presented his futuristic medical model for multi-service (Navy, Air Force, Army and Coast Guard) Tele-Dermatology services using web (Internet) technology. Having completed over 400 patient consults, over a virtual network of 17 referral sites (including Puerto Rico and Guam) and 7 multi-service consulting centers, patient care has been significantly improved and expedited. Consult cycle times have been reduced from weeks to hours (average consult response time of 18 hours) and the marginal cost has been minimized using modern web technology with a digital camera. This successful business model is now also being used in TRICARE Europe applying the same core technology.

For copies of these presentations see the NTBO website:

<http://navmedinfo.med.navy.mil/ntbo/briefs/briefs.htm> For more information of Navy Telehealth applications please contact my NTBO POC LCDR Kim Corley, MSC, USN at kcorley@us.med.navy.mil or by telephone at 301-319-1071 or 1062 (DSN 285).

NMIMC INTRODUCTION: It gives me great pleasure to introduce CDR Mark Turner, MC, USN, the new director of Code 06, the Directorate for Data Quality, Decision Support, Business Intelligence, and Knowledge Management. CDR Turner's last tour was NMC San Diego where he was the Nephrology division head and the project manager for the NMC San Diego/Region 9 Data Warehouse Project. CDR Turner's educational experience includes a BS in Electrical Engineering and MD from the University of KY. He completed his board certification in Internal Medicine and Nephrology while at NMC San Diego. In addition, he has served 2 years in Okinawa Japan with the US Marine Corps and 2 years as a general internist at NH Camp Pendleton during which time he spent 6 months in Croatia with the United Nations. Please welcome CDR Turner to the NMIMC team.



CDR Mark Turner, MC, USN