DHA’s Organizational Resiliency Amid COVID-19

Improving resiliency amid technological and situational challenges will ensure smooth adjustments for IT initiatives.

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As the Defense Health Agency continues to undergo organizational and technological changes, especially amid recent challenges around COVID-19, the agency is looking to further strengthen its resiliency to both gradual and sudden disruptions.
DHA Assistant Director for Management and Component Acquisition Executive Barclay Butler explained the varying degrees of disruption that the Military Health System constantly encounters, from adjusting to the deployment of a new electronic health record to rapidly responding to endemic public health emergencies like COVID-19. With MHS being both a military and health care organization, resiliency is dependent on training for sudden change and problem solving from the root of any given problem.

“It’s the National Guard deploying on a moment’s notice to help a hurricane victim, or it’s a service member coming out of a hospital in Middle America and then next day, he or she is on the [USS] Mercy supporting that city on a virus [where] they have no idea what the effects are,” Butler said at Thursday’s G2Xchange and FedHealthIT event. “That’s the kind of personal and organizational disruption that we have and resilience that we actually train for every day.”

Organizational and technological changes are also pushing DHA to become more resilient, especially as it adopts its new electronic health record and consolidates the services’ medical treatment facilities (MTFs).

“It’s the deployment of our new electronic health record — our MHS Genesis — and is that incremental change or is that a sudden disruption? It kind of depends on whether you’re in the hospital getting it, or if you’re maybe managing it from the headquarters area,” Butler said. “It’s an entire upgrade of our infrastructure that affects all of our systems. ... It’s the DHA taking on the administration, management of all the military medical treatment facilities across the DOD.”

The adoption of treatment facilities is particularly challenging now because of COVID-19, Butler added. DHA has been taking the administrative reins on MTFs since October 2019 and determining which MTFs should be clinics or hospital and generally right-sizing them for effective purposes. But during the pandemic, MTFs had to selectively pause activities like elective surgeries and many non-emergency in-person visits, among others, making it difficult to continue the MTF transition.

Amid current and future changes and to increase resiliency, DHA needs more training in three areas — leaders, personnel and patients.
“It’s working with our leaders to help them understand the effect of these abrupt changes, the amount of incremental change that overall’s consuming that bucket of resiliency,” Butler said. “That helps our leaders then help our employees all throughout our organization.”

As DHA continues to see organizational change, Butler emphasized that it is critical to be resilient for patients in instilling confidence in their ability to get care as easily as possible, especially amid COVID-19.

“All of those changes that I’ve talked about, plus the coronavirus impact — right now we’ve got to look to the future,” Butler said. “We have patients that are delaying care because they’re actually afraid to come to the hospital. How do I break down those barriers to give them the confidence to come into the organization?”

DHA has implemented telehealth solutions and mobile health applications to help supplement reduced in-person visits in recent months, but as MHS continues to grapple with obstacles that stem from COVID-19, Butler highlighted that the consolidated MTFs will come with administrative consistency that will make the clinical care experience easier for patients.

Rather than disparate systems across MTFs and services, the MTFs in their new consolidated model will have the same appointment, referral, lab and radiology systems.

“Once you learn it as a patient, that now becomes familiar. Familiarity the builds resiliency. That kind of continuity, that consistency builds resilience,” Butler said.

Throughout these efforts, Butler emphasized that industry partners are critical in building up that resiliency across all areas of MHS.

“When I have this much change going on, and when I’m burning up this much organizational resilience, I need industry to help me connect those dots,” Butler said. “I need them to be looking over my shoulder, what is going on out there that I can’t see because on that abrupt change, that quick left turn that I’ve got to now manage. ... How can they connect the dots so that I can ... mitigate that rapid onset of that change? I can push down the degree of change that I’ve got.”

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