New FEHRM Director Details Goals for Interoperability, Adaptability

Bill Tinston, previously PEO DHMS program executive officer, is now the director of the FEHRM.

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Former Program Executive Office Defense Healthcare Management Systems Program Executive Officer Bill Tinston has transitioned to the Federal Electronic Health Record Modernization program office as its first official director, a position in which he intends to operationalize the FEHRM as it delivers health IT solutions for the single, common federal EHR.
The FEHRM was initiated last fall in a charter signed jointly by the deputy secretaries of the departments of Defense and Veterans Affairs with the aim of implementing a single, common EHR and overseeing the delivery of the common record that is shared between departments and interoperable with community care providers.

The FEHRM’s initial Interim Director Dr. Neil Evans and Interim Deputy Director Holly Joers, who previously served as Tinston’s deputy at PEO DHMS, worked closely with Tinston in ensuring the continued progress of the common EHR rollout. Now that Tinston is helming the FEHRM, he praised the path Evans and Joers initially paved this past year.

Joers will now take over Tinston’s last role as the acting PEO DHMS program executive officer. Tinston said that her experience as both his deputy and the FEHRM deputy will make her prepared to oversee the rollout of the defense health EHR MHS GENESIS while also coordinating with VA and the Coast Guard as they rollout the same EHR.

“She is very familiar with both sides. She has been a part of the FEHRM and getting the FEHRM implemented, and she also understands the DOD EHR program, MHS GENESIS, and the other programs, capabilities that PEO DHMS delivers,” Tinston said. “Her deep understanding of what PEO DHMS does and how it contributes to the overall common mission the FEHRM is supporting will be critical going forward.”

In his new FEHRM position, Tinston told GovernmentCIO Media & Research that he aims to, in the short term, establish the FEHRM as the “air traffic control” of all common enterprise operations activities, so that the FEHRM can understand the impact DOD and VA have had so far in their common record deployment, manage the impact and prioritize changes that need to be made. Another goal, Tinston added, is to figure out EHR deployment at joint sites between the DOD and VA, where systems and processes are integrated.
“If we were to deliver the new record to one side or the other we would actually disrupt the operations without the authority,” Tinston said. “With the FEHRM, it’s looking at how we get a path in place and get a plan together to accomplish that without disrupting the flow of deployments that are necessary and happening in those departments, so let’s look at the joint deployments as separate lines of effort that we can execute jointly while the departments are delivering to the rest of the treatment facilities.”

In the longer term, however, operationalizing the FEHRM program office to deliver health IT capabilities is Tinston’s greatest goal.

“My intent is to operationalize what the FEHRM is doing, in that where there are joint elements of the EHR and other federal health IT opportunities,” he said. “We’ll deliver those capabilities from the front, so when you look at who runs the enclave, when you look at who is delivering capabilities, who will make sure that the capabilities are all available?”

To properly operationalize the EHR and health IT delivery, Tinston added that the FEHRM can’t get in the way of the DOD and VA’s efforts in delivering EHR capabilities to their treatment facilities.

These efforts will also soon encompass roping in the Coast Guard’s EHR as the FEHRM includes the Coast Guard, which deployed to its first sites Aug 29, he said.

COVID-19 has impacted the FEHRM and EHR deployments by shifting virtual health technology and support as a top priority. Whereas implementing telehealth capabilities would have been a later stage priority for DOD, Tinston said the DOD is leveraging VA capabilities to put telehealth platforms in place in recent months.

For the FEHRM, supporting telehealth capabilities has meant ensuring that there is distance connectivity into the common EHR solution between DOD and VA.
“[Telehealth] has gone from something we’re going to get to, to a priority for the FEHRM,” Tinston said. “We are delivering a common set of technology solutions tied into the new electronic health record, and frankly, also tied into the legacy health record, so that we can deliver these capabilities across the board and support the way that the medical systems and providers are delivering care — we want to give them the option to make the best choices about how to deliver care and take technology out of the equation by having it in place up front.”

During COVID-19, Tinston noted a distinct difference in the ease of updating the legacy EHRs from the modern EHR, which he found more agile and adaptable.

“The electronic health record that we’re delivering — because it’s a network set of delivered capabilities — it’s much more adaptable,” Tinston said. “Where we had MHS GENESIS deployed, we were able to respond to the changes that the situation required much more quickly than we were in the legacy environments.”

Across the eight military treatment facilities where DOD deployed the common EHR, for instance, scaling up changes to cope with the pandemic were much quicker than at MTFs with legacy platforms, which could take weeks to months to respectively adjust to absorb the changes required from the pandemic.

“Providers needed to be able to order COVID-19 tests, and the systems weren’t set up for that, but we were able to make those changes once it was determined how that fit into the workflow from an IT perspective, from a system perspective,” Tinston said. “We were able to make those changes in less than a day. Then we were able to add work the same way, everywhere the common record was deployed as we made those changes, rolling it out at the same time.”

While at PEO DHMS, Tinston helped oversee some of the first waves of the MHS GENESIS deployment to the eight MTFs, which began last year. He considered these some of his key accomplishments as he departed for the FEHRM, as well as collecting best practices for further deployments for future waves, such as engaging more closely with MTF providers.