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HYATT REGENCY NEW ORLEANS
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All Hands on Deck - Clinical Informatics in the MHS: Structure, Challenges and Recommendations

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Mr. Loran M Bather, Issue Resolution Lead



Agenda

- 1** Introduction
- 2** The Why: Need for Effective CI Teams
- 3** The How: building and Structuring the Team
- 4** Challenges and Recommendations
- 5** Live Poll & Discussion

Moderator Introduction



CDR Isaac E. Schwartz, MD, FACS

Chief Health Informatics Officer

Defense Health Network - National Capital Region

CDR Schwartz is a Navy Otolaryngologist and Clinical Informaticist. Currently serving as the Chief Health Informatics Officer at Defense Health Network- National Capital Region, he previously supported the MHS GENESIS Go Live at Walter Reed National Military Medical Center as their Chief Medical Informatics Officer.

Speaker Introduction



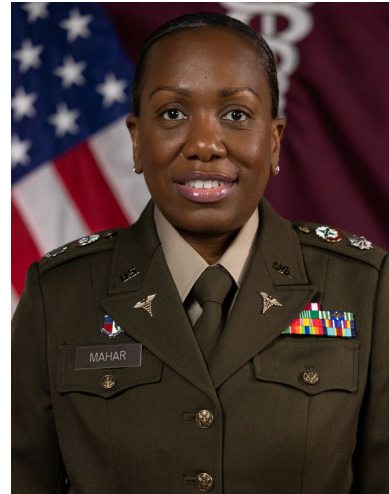
**CDR Lillian W.
White, MSEd, BSN,**

Deputy Chief
End User
Engagement
DHA DHIO



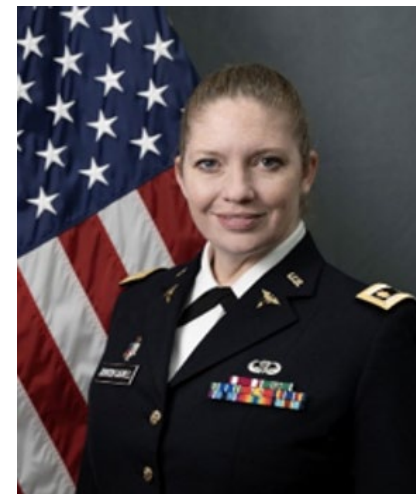
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**MAJ Tamara Johnson-
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Chief Informatics
Officer, Nurse
Methods Analyst
DHN Europe



**Mr. Loran "Mark"
Bather**

Issue Resolution
Lead,
DHN Pacific Rim
Naval Base San Diego,

Speaker Introduction - Bio

CDR Lillian W. White

DHA, Digital Health Integration Office, End User Engagement, Deputy Chief

CDR White, Deputy Chief of the EUE Division, is an accomplished Nurse Corps leader with over 20 years of experience. She expertly guides enterprise-level initiatives, fosters high-performance teams, and oversees the Stakeholder Engagement Sustainment Program. Her background spans global roles in patient care, education, and senior leadership.

LTC Jimmedda L. Mills

Deputy Chief Health Informatics Officer, Defense Health Network East

LTC Mills, the Chief Health Informatics Officer for Defense Health Network - East, is a proven leader with over 35 years of active-duty service. She is an expert in bridging the gap between clinical care and technology, driving collaboration and standardization across Military Treatment Facilities of all sizes.

Speaker Introduction, Bio Continued

LTC Victoria A. Mahar

Chief Medical Information Officer, Joint Base Lewis McChord

LTC Mahar is the Chief Medical Informatics Officer and Chief, Clinical Informatics Division at Madigan Army Medical Center (MAMC), Joint Base Lewis-McChord, Washington, the largest MTF informatics division in the MHS. She is board certified in Anatomic/Clinical Pathology and Clinical Informatics. She is core faculty for the MAMC Clinical Informatics Fellowship. Her research interests include clinical and pathology informatics.

MAJ Tamara Johnson-Caswell

Chief Clinical Health Informatics Officer, Nurse Analyst, Defense Health Network Europe

MAJ Johnson-Caswell is the Chief of the Clinical Health Informatics Office and Nurse Methods Analyst at Landstuhl Regional Medical Center in the Defense Health Network (DHN) Europe which services 250,000 beneficiaries and five COCOMs. She supports the Informatics Steering Committee (ISC), as the primary local account authorizer.

Speaker Introduction

Mr. Loran "Mark" Bather

Defense Health Network Pacific Rim, Issue Resolution Lead

Mark Bather, is a Veteran who served in the United States Navy for over 30 years. He has worked in some capacity of MHS GENESIS issue resolution for the past six years. As a deployment manager, he helped to lead the effort in achieving milestones toward a successful implementation at the Naval Medical Center San Diego. He served as Site Integrator, Issue Resolution Specialist, MTF Issue Resolution Lead, and now the MHS GENESIS Issue Resolution Lead for the DHN Pacific Rim in support of nine informatics teams within our Network.

Learning Objectives

- 1** Describe the role and impact of Clinical Informatics (CI) and the Chief Medical Information Officer (CMIO) in large Military Treatment Facilities (MTFs), including successes, challenges, and lessons learned from direct experience.
- 2** Identify key barriers and opportunities for implementing scalable, clinically led informatics solutions in small and medium MTFs, including staffing, expertise, and resource limitations.
- 3** Compare and contrast informatics structures, workflows, and governance models across MTFs of different sizes, highlighting which elements are essential and which can be adapted.
- 4** Discuss practical strategies for fostering collaboration, standardization, and continuous improvement in CI, regardless of facility size.
- 5** Engage in open dialogue to surface local challenges, share best practices, and inform leadership about the real-world needs and priorities of MTFs of all sizes.

Clinical Informatics Structure in the MHS

Clinical Informatics

Essential for optimizing care delivery, patient safety and readiness across all Military Treatment Facilities

Chief Medical Informatics Officer and Clinical Informatics Teams

Bridge the gap between Clinical needs and technology, ensuring the electronic health record and digital health tools empower, not hinder, care teams by utilizing the Stakeholder Program management structures

CI Models

Discuss Medical Center CI models with applications to Clinics and Community Hospitals. Rationale behind discussion

The Why: Need for Effective Teams



Stakeholder Engagement

- ✓ Misalignment causes downstream impacts.
- ✓ Proactively mitigate consequences.
- ✓ Fosters trust and enhances communication.



Bridging the Gap

- ✓ CI bridges clinical needs and technology.
- ✓ Ensures EHR tools empower care teams.
- ✓ Directly impacts patient safety and readiness.

The How: Building the Team



Standardization

Establish team-based performance measures to ensure high functioning health care delivery teams and baseline competency.



Succession Planning

Critical to ensure leadership continuity, long-term organizational readiness, and proactive risk management for key role departures.

Challenges

The Challenge - MTFs lack a standardized CI structure

- Slow resolution of technical and workflow issues
 - Inconsistent training and Support
 - Technology viewed as a barrier
 - Negative impacts on patient safety, clinician burnout, operational efficiency and readiness
-

The Challenge - Staffing

- Limited staffing united staffing and informatics expertise
- Competing clinical priorities and limited time for informatics work
- Communication barriers between clinical staff and decision makers at the MTF/Network/HQ
- Training gaps for new and existing staff

Recommendations

MTFs lack a standardized CI structure

- Establish a Standardized MTF Billet Structure & Mandate Governance Representation
 - Form localized Optimization Triad for Workflows & Establish Direct DHA-Service Escalation Pathways
 - Formalize Joint CI Professional Development & Develop Standardized Joint Education Pathways
 - Involve Informaticists in Systems Governance & EHR audits
 - Develop and Deploy Peer Expert Networks
-

Staffing

- Directly Target Clinician Burnout & Enable Real-Time Readiness Tracking
- Embed Informaticists in Leadership & Improve the Standardize Workflow Process
- Sustain Peer Expert Program
- Establish clear communication pathways and governance between IT and clinical staff.

MHS Informatics Structuring



Large MTFs

- Full Clinical Informatics department structure
- Led by a dedicated physician CMIO
- Supported by dedicated teams and robust governance
- Translates clinical priorities to technical execution



Small/Medium MTFs

- CMIO role may be part-time or shared
- Focuses on at-the-elbow support
- Trained for rapid issue resolution
- Tailored governance driven by local priorities
- Alignment to larger MTF or Network for support

Live Poll: Audience Pulse

Please participate in our live poll using the conference app

- ① What is your facility size (Clinic, Community Hospital, MEDCEN)?
- ② Do you have a CMIO and CNIO?
- ③ Do you have a dedicated Clinical Informatics Team?
- ④ Does your CMIO/CNIO spend > 0.5 FTE in informatics?
- ⑤ What is your biggest informatics challenge?
- ⑥ What support would make the most difference at your MTF?
- ⑦ What is one successful informatics initiative or best practice at your MTF?

Call to Action



Empower Users

Optimize collaboration to empower all MHS GENESIS users to work efficiently and safely.



Expand Coalitions

Expand coalition building within the Enterprise to provide total quality patient care.

Alignment: DHA Lines of Effort (LOE)

LOE 1: Deliver Medically Ready Warfighters

LOE 2: Deliver Medical Warrior Currency

LOE 3: Deliver Joint Warfighting Capabilities

LOE 4: Deliver the Healthcare Enterprise All Beneficiaries Deserve

We Align with DHA LOEs 1, 3, and 4

- Strengthen Clinical Informatics governance
- Enhance Stakeholder Competencies
- Promote Enterprise-wide adoption of MHS Genesis

By improving workflow optimization, Stakeholder accountability and data driven decision making, the initiative enables more efficient healthcare delivery, supports readiness through improved access and quality of care, and enhances interoperability across MHS.

Panelist Discussion Q&A

Panel Discussion: Addressing Challenges

Structure

MTFs often lack a standardized CI structure. This leads to slow of technical and workflow issues, impacting resolution overall delivery.

Staffing & Expertise

Limited staffing combined with competing clinical priorities restricts the time available for dedicated informatics work and training.

Burnout & Safety

Technology is frequently viewed as a barrier rather than an enabler, negatively impacting patient safety, clinician burnout, and readiness.

Communication

Fragmented governance creates communication barriers between clinical staff and decision-makers at the MTF, Network, and HQ levels.

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Thank You!

*Please don't forget to submit your session
evaluations via the DHITS App.*

The views expressed in this panel discussion are those of the speakers and do not necessarily reflect the official policy or position of the Defense Health Agency, Department of Defense, nor the U.S. Government.



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