

## PMITS

### An Unsung Hero in Military Medicine

*Advances in aero-medical evacuation technologies have dramatically improved the overall quality of care for military service men and women. Historically, patients injured overseas were treated at U.S. military treatment facilities (e.g. hospitals or mobile medical units) located around the world. These treatment facilities, though well staffed and stocked, were increasingly costly to maintain.*

During the Vietnam War, drastic improvements began to be seen in recovery time and survival rates of patients who were successfully transported by air to military treatment facilities. At this time, the entire process to transfer patients injured in battlefield operations to stateside care took approximately 45

days. A substantial improvement was realized during the 1991 Persian Gulf War when patient movement time was decreased to 14 days. Today, it takes approximately three days to successfully move a patient from battlefield to stateside care.

The key to these advancements is highly skilled aero-medical personnel who have been trained on appropriate treatment procedures for aero-medical evacuations. Just as critical to these advancements, however, are developments in the supporting technologies. One such technology is DHSS's Patient Movement Items Tracking System.

PMITS manages the designated pool of medical equipment necessary to support a patient during an aero-medical evacuation by providing real-time information on the operational status and location of mobile medical equipment. Without clear visibility on the availability and status of all the medical equipment needed to treat patients in transit, it is impossible to ensure mission readiness. PMITS supports timely recycling of patient movement items through accurate tracking processes coupled with worldwide asset visibility capabilities. PMITS ensures the right equipment is present at the right time for aero-medical patient care.

PMITS uses a bar coding system to link uniquely identified medical equipment with its location and operational status at the point it was scanned. By marrying the concept of basic inventory tracking and the power of just in time logistics, the application has substantially decreased inventory costs and improved operational readiness of aero-medical evacuations, a key element in increasing the patients' survivability rates.

*Continued on page 5*



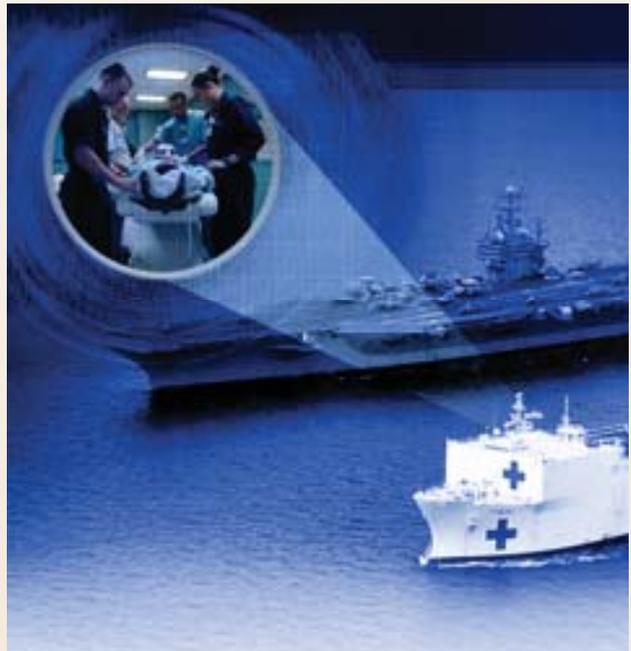
*Educating DHSS personnel on PMITS, Ernie Spain, PMITS Project Manager, above right, demonstrates the system on May 21, 2009.*

# Defense Supply Center Philadelphia Medical Materiel Directorate

Featured in Military Medical/  
CBRN Technology Magazine

*Philadelphia, Pa. — The Medical Operations Directorate, Defense Supply Center Philadelphia, is featured in the April issue of Military Medical/CBRN Technology magazine. The article by Col. Marsha Langlois describes operations of the Department of Defense Executive Agent for Medical Materiel, the Defense Logistics Agency Medical Directorate that provides \$4.2 billion annually in medical materiel and services to the DoD and other federally funded customers. The directorate supports small medical field units, hospitals and both 1,000-bed U.S. Navy hospital ships, the Comfort and Mercy as illustrated in the graphic on right.*

By conducting over 98% of its business electronically, Langlois reports how the DLA Medical Directorate's model for conducting business has saved the military billions of dollars in wasted medical materiel inventory and overpayments. This business model leverages demand-driven, just-in-time



inventory business practices. The directorate negotiates the government's best price with prime vendors for medical consumables and equipment. Once the prices are negotiated, customers can order medical materiel at the point of need using the DHSS Medical Logistics Division's Defense Medical Logistics Standard Support suite of systems. To read the article, please click onto this link:

<http://www.military-medical-technology.com/mmt-archives/115-mmt-2009-volume-13-issue-2/1052-directorate-of-medical-materiel.html>

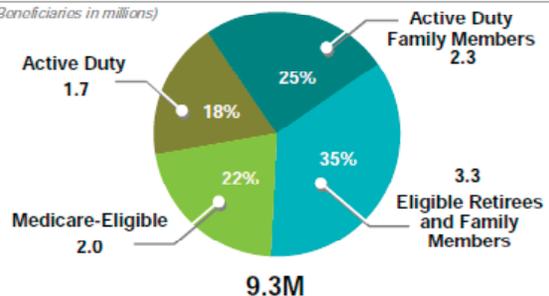
# Managed Care Forecasting and Analysis Tool Data Used in Fiscal Year 2010 DoD Budget Summary

## OVERVIEW

The Military Health System (MHS) consists of the medical services of the Army, Navy (including the Marine Corps) and Air Force, the TRICARE Management Activity, and the Office of the Assistant Secretary of Defense for Health Affairs. The MHS provides healthcare services to approximately 9.3 million eligible beneficiaries – Active Duty, Reserve and National Guard Soldiers, Sailors, Marines, Airmen, and their family members, plus military retirees and their family members (Figure 2.1). The MHS strives to provide optimal Healthcare Services in support of our Nation's military mission – anytime, anywhere. The Department's FY 2010 Base request for the Unified Medical Budget includes \$47.4 billion to achieve that goal.

**Figure 2.1 MHS Eligible Beneficiaries**

*(Beneficiaries in millions)*



Source: MCFAS FY 2007.0 Version. FY 2010 estimate.

B309-100

SPECIAL TOPICS

2-2

TAKING CARE OF PEOPLE

*This illustration is in the DoD FY2010 Budget Request Summary Justification published in May and shows the MCFAS projection of 9.3 million eligible beneficiaries for the Military Health System and projects a united medical budget request of \$47.4 billion.*

MCFAS is the official source of healthcare beneficiary population forecasts and is used to project the number and location of people eligible for medical benefits in the Military Health System. To view the entire budget summary click onto this link:

[http://www.defenselink.mil/comptroller/defbudget/fy2010/fy2010\\_SJ.pdf](http://www.defenselink.mil/comptroller/defbudget/fy2010/fy2010_SJ.pdf).

## Three DHSS Applications Selected To Support Army Suicide Prevention Task Force

*The Office of the Chief Medical Officer (OCMO) has asked DHSS for its support in data reporting for the Army Suicide Prevention Task Force.*

DHSS Director of Business Intelligence, Jim Copeland and Lt. Col. Jean Meink, Director of Clinical Informatics, met with OCMO representatives on May 28 to discuss how DHSS can provide data reporting to the task force from the MHS Management Analysis and Reporting Tool, the MHS Data Repository and the Clinical Data Mart. M2 is a powerful ad-hoc query tool used to manage and oversee operations from all DoD Military Health System regions worldwide. MDR is the centralized data repository for the MHS providing executive information and decision support for secured electronic healthcare data from the enterprise down to individual recipients of care. CDM is the clinical reporting for AHLTA, the military's electronic health record for direct care.

## DHSS Demonstrates Two Products at National Patient Safety Foundation Congress

*DHSS demonstrated its Centralized Credentials Quality Assurance System and the soon-to-be-released Patient Safety Reporting System during the National Patient Safety Foundation Congress in Washington, D.C., May 20-22.*

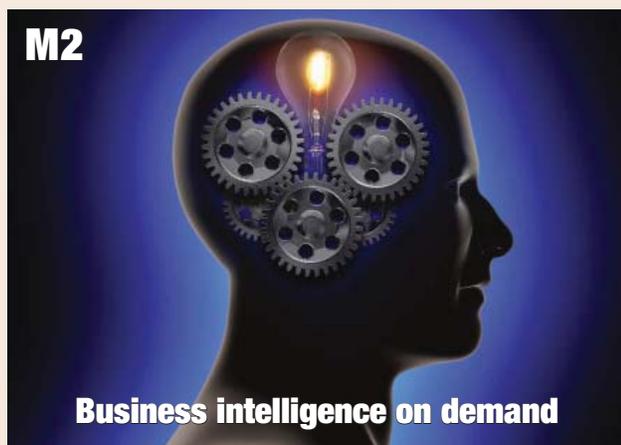
Nearly 1,000 patient safety representatives from across the United States attended the three-day conference at the Gaylord Convention Center. Shown here at the DHSS exhibit are CDR Donald Sawyer for CCQAS and PSR Subject Matter Expert Donna Sheets. CCQAS is a Web-based, worldwide credentials, privileging management, risk management and adverse actions system used throughout the Military Health System. When deployed later this year, PSR will automate patient safety event reporting and help identify areas for patient safety improvement within the MHS.



# MHS Management Analysis and Reporting (M2) Business Objects XI Limited User Validation On Schedule To Begin in June

*The M2 Business Object XI R3 Limited User Validation is on schedule to begin in June.*

This six-month LUV will feature an elite cadre of M2 users who will explore and test the capabilities and enhanced functionality available in BOXIr3. The complete migration to BOXIr3 will begin once these M2 proponents are satisfied that LUV objectives have been met. M2 is a powerful ad-hoc query tool used for summary and detailed views of population, clinical, and financial data from all MHS regions. With M2, analysts can perform trend analysis, conduct patient and provider profiling studies, and identify opportunities for transferring healthcare from the private sector to MTFs.



## PMITS

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According to the Department of Defense, 42,808 individuals were medically evacuated during Operation Iraqi Freedom. For Operation Enduring Freedom, 8,271 individuals were medically evacuated. None of these patient evacuations were ever cancelled or hindered because of the lack of availability of patient movement items.

Currently, PMITS supports over 100 sites worldwide including 61 peacetime sites, 18 theater sites, nine training systems, and 15 PMITS rapid deployment kits. The turn around time for PMITS rapid deployment kits, from the date of a request to actual implementation is one week.

For more information on PMITS, please contact Ernie Spain, PMITS Project Manager, at [ernest.spain@tma.osd.mil](mailto:ernest.spain@tma.osd.mil).

## **Prospective Payment System Reconciliation Tool to Permanently Shut Down June 12, 2009.**

*At the direction of the functional sponsor, the PPS Reconciliation Tool will be permanently shut down on Friday, June 12, 2009 at 6 p.m. (ET).*

As a result of this action, no further updates will be made to PPS RT. Users who want to run any PPS RT reports need to do so before the shutdown occurs on June 12. The PPS Business Planning Tool will remain available to users. For additional information or support, please contact the MHS Help Desk at 1-800-900-6332 or at [eids@mhs-helpdesk.com](mailto:eids@mhs-helpdesk.com).

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## **2009 ComputerWorld Laureate Award Winners**



*Two DHSS initiatives, DoD/VA Data Synchronization and CDM both received 2009 Laureate Awards from the ComputerWorld Honors Program in Washington, DC. Accepting on behalf of DHSS were Kathy Garvin, left, for DoD/VA Data Synchronization and Lt. Col. Jean Meink for CDM.*

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