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## DMHRSi Team Pleased with the Progress of Agile

*Agile with Scrum Methodology continues to yield positive results, across the board, especially when dealing with change management. Agile allows the Defense Medical Human Resources System internet (DMHRSi) project team to more quickly and easily work any change request (CR). In comparing the average number of days to work a CR, it was found that Agile releases under DMHRSi took around 30 days to complete, while similar development using the traditional waterfall approach took 80 days to complete the work.*

“Working through the processes and procedures to make Agile Scrum a success for DMHRSi application teams continues to be a rewarding experience,” said Hunter L. McCluer, Agile program lead /coach, DHSS Program Executive Office (PEO). “It has been very exciting to see how teams have jumped in to provide support, expertise and guidance in their various areas,” he added.

Currently, 100 staff members have been briefed on the new DHSS Agile Scrum Methodology. There are five Certified Scrum Masters onsite, with more being certified each month.

The Agile Scrum Methodology was adopted by DHSS to deliver mission critical application updates to users on time and within budget. The methodology helps increase productivity, while at the same time, reduce risks. Scrum helps DHSS teams deliver the most important capabilities, per the client, in the shortest amount of time and then reset to start work on the next high priority items. Working software is created in short time boxed cycles, called “sprints.”

The DMHRSi Code Maintenance team successfully completed their last Agile Scrum sprint/release on April 24, 2012, sending six approved change requests to production.

The DHSS PEO is planning a migration strategy to implement the Agile with Scrum Methodology with other programs later this year. The next projects scheduled to adopt the Agile method are: TRICARE Encounter Data, Patient Encounter Processing and Reporting, Electronic Surveillance System for the Early Notification of Community-based Epidemics and the MHS Management Analysis and Reporting Tool.

## MHS Learn is now CAC-enabled

MHS Learn Staff Learning Portal is now Common Access Card (CAC) enabled. This upgrade allows users who currently have CAC cards to sign in without using their username and mandatory 15-character password to take training.

This upgrade also moves MHS Learn away from any reference to the social security number as part of the username and replaces it with the validated email address in the learner's profile.

On initial login, new and current learners are asked to follow a few simple steps to begin using their CACs. This change will only take a minute. Users who need to access the system by username and password will retain that ability once they validate their email address.

If there are any questions on this upgrade, users can email [mhslearn@tma.osd.mil](mailto:mhslearn@tma.osd.mil) or call the MHS service desk at 1-800-600-9332 (CONUS). Additional documentation can be found here: <http://bit.ly/GF3daP>.



## JMAR Successfully Deploys Version 6.1.0.12

The JMAR team successfully deployed Release 6.1.0.12 to production. Release 6.1.0.12 includes fixes to several incident reports and corrects some information assurance vulnerabilities, to include SHA-1 encryption and FIPS compliant data.

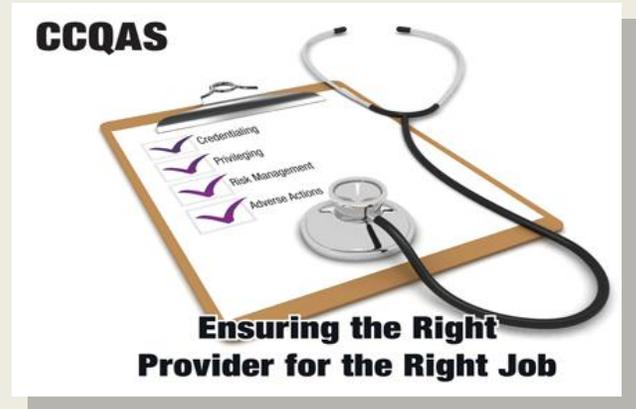
JMAR's interface with the Army Logistics Information Warehouse (LIW) System has been modified to include all Army equipment and work order information. This bridges Global Combat Support System –Army (GCSS-A) and DMLSS

medical equipment maintenance records and establishes the necessary communications to transmit the DMLSS/JMAR readiness data elements required by the LIW. Also included are modifications to facilitate automatic monitoring of system availability through the MHS system TOPAZ.



# CCQAS Master Privilege List Update

A CCQAS Tri-Service, Joint Master Privilege List (MPL) is being generated, reviewed and approved by the service specialists. This Joint MPL will support the Department of Defense (DoD) single business process requirement and the new CCQAS credentialing and privileging development effort currently underway. This effort is being led by Information Management, Health Affairs, and the Office of the Chief Medical Officer. It is closely coordinated with the CCQAS service representatives working with their service specialists.



To date, 98 specialty categories have been Tri-Service combined and are currently being reviewed. The 102 specialty categories have been consolidated into 98 specialty categories. To date, 95 of the 98 specialties have been approved by the Services.

This Joint MPL is a large level of effort requiring Tri-Service support and adherence to a common credentialing and privileging business process, as specified by DoD requirements and the United States Government Accountability Office.

## Department of Defense and Veterans Health Affairs Conduct User Focus Groups

Joint Department of Defense (DoD) and Veteran's Health Affairs (VHA) User Focus Groups were conducted on April 25-26 and May 9-10, 2012 at the Captain James A. Lovell Federal Health Care Center in North Chicago, IL. The purpose of the focus groups was to gather DoD TRICARE Online (TOL)



and VHA My HealtheVet (MHV) users together to document their opinions about each agency's current portals. The groups also discussed the design of the future MHV/TOL landing page, an online feature that allows both MHV and TOL users' direct access to their respective portals, via the eBenefits portal.

The DoD and VHA have utilized focus groups in the past to ensure active duty, veterans and their beneficiaries' needs are met through services and products offered. These groups have been very effective in capturing qualitative information that has helped influence the development and enhancement of various DoD and VHA products and services.

In an effort to ease access for DoD and VA beneficiaries alike, a link has been placed on the eBenefits portal. This link provides a central location for veterans, service members and their families to research, find, access and, in time, manage their personal health care benefit information. To access TOL or MHV via the eBenefits portal, click on the "Manage Your Health Care Online" box located at the following url: [www.ebenefits.va.gov](http://www.ebenefits.va.gov).

# User Training Opportunities

## Coding and Compliance Editor (CCE)

Date: May 23, 2012

Times: 8:00AM - 10:00AM (EDT)

1:00PM - 3:00PM (EDT)

Topic: User Manager

Registration: Send your name, session you wish to attend, and email address to [CCEtraining@tma.osd.mil](mailto:CCEtraining@tma.osd.mil) by May 18, 2012.



## Defense Occupational Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH)

Date: May 24, 2012

Time: 8:00AM - 9:30AM (EDT)

1:00PM - 2:30PM (EDT)

6:30PM – 8:30PM (EDT)

Topic: DOEHRS-IH Refresher Training

Registration: Send your name, session you wish to attend, and email address to [doehrs@ngc.com](mailto:doehrs@ngc.com) by May 15, 2012.