

The Honorable Robert Gates
Secretary of Defense
1000 Defense Pentagon
Washington, DC 20510

Dear Mr. Secretary:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

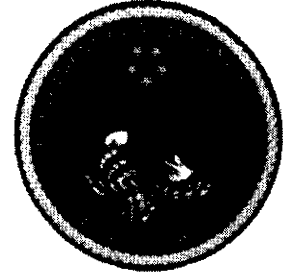
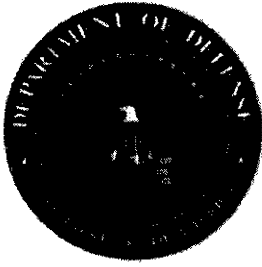
This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Sincerely,

Raul Perea-Henze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated



The Honorable Eric K. Shinseki
Secretary
Department of Veterans Affairs
810 Vermont Ave, N.W.
Washington, DC 20420

Dear Mr. Secretary:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

A handwritten signature in black ink, appearing to read "Clifford L. Stanley".

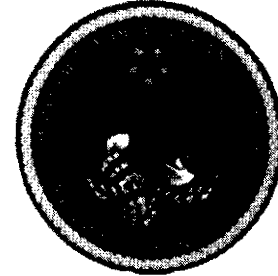
Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Sincerely,

A handwritten signature in black ink, appearing to read "Raul Perea Henze".

Raul Perea Henze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated



The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

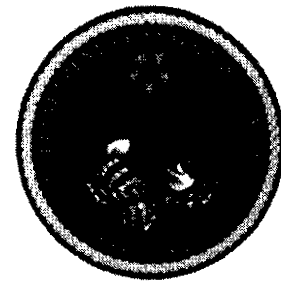
Sincerely,

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Raul Perea-Nenze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

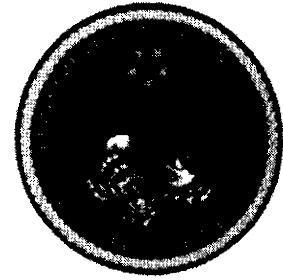
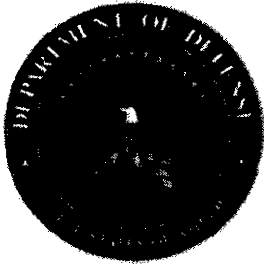
Sincerely,

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Raul Perea Menze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member



The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

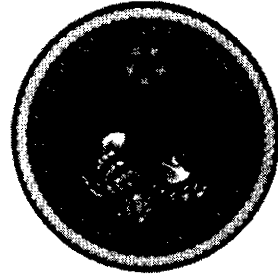
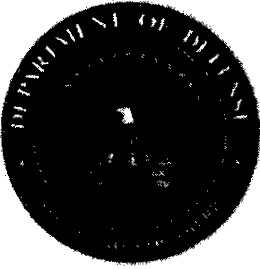
Sincerely,

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Raul Perea-Henze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable Howard P. "Buck" McKeon
Ranking Member



The Honorable Susan A. Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

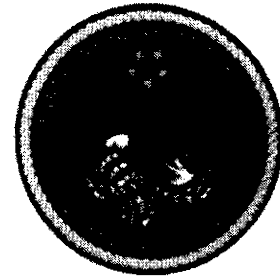
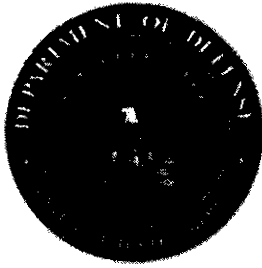
Sincerely,

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Raul Perea-Pienze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member



The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

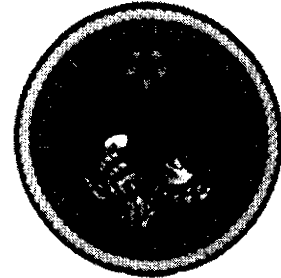
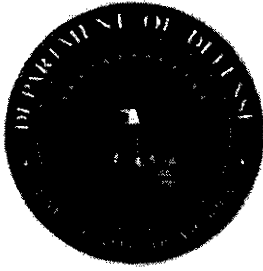
Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Sincerely,

Raul Perca-Alenze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member



The Honorable David Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 200, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

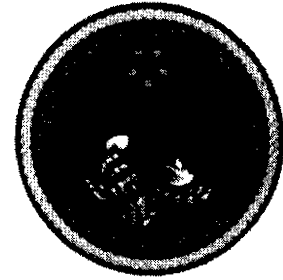
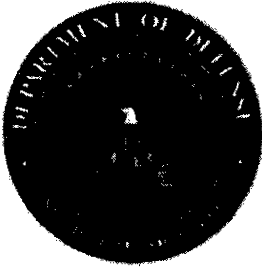
Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Sincerely,

Raul Perea Henze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member



The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

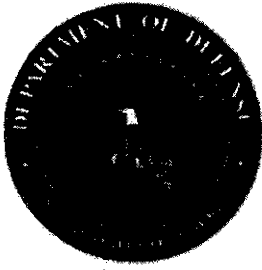
Sincerely,

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Raul Perea-Henze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member



The Honorable Robert Filner
Chairman, Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

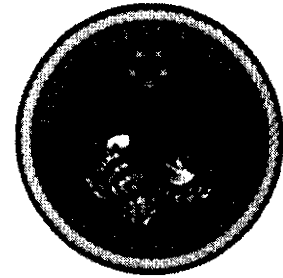
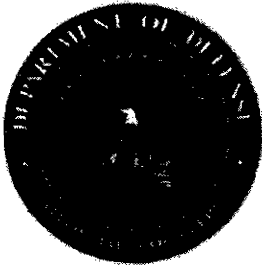
Sincerely,

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Raul Peres Henze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable Steve Buyer
Ranking Member



The Honorable Daniel K. Akaka
Chairman, Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress on the 2009 Activities of the IPO, DoD and VA responds to the requirement in the National Defense Authorization Act for Fiscal Year 2009, Public Law 110-181, Section 1635. This legislation stipulates that a report on the IPO be provided to Congress by January 1, 2010, and subsequent years through 2014.

This report describes the activities of the IPO and the Departments in achieving the implementation of systems or capabilities that allow for full interoperability of electronic health data needed between the DoD and VA, for the provision of clinical care to our Nation's Armed forces and Veterans.

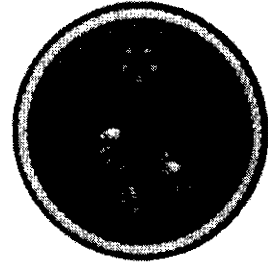
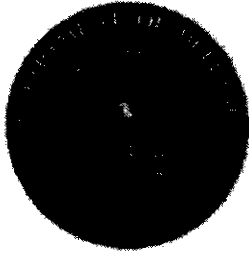
Sincerely,

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Raul Perca-Henze, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Enclosure:
As stated

cc:
The Honorable Richard Burr
Ranking Member



DoD/VA Interagency Program Office Annual Report to Congress

Clifford L. Stanley
Under Secretary of Defense
(Personnel and Readiness)

Raul Perea-Henzl, M.D.
Assistant Secretary for Policy and Planning
Department of Veterans Affairs

Debra M. Filippi
Director,
DoD/VA Interagency Program Office

2009

TABLE OF CONTENTS

ABOUT THIS REPORT.....	1
EXECUTIVE SUMMARY	2
<i>Background</i>	2
<i>Activities and Accomplishments</i>	2
<i>Efforts toward National Electronic Health Information Sharing in 2009</i>	3
<i>The Future</i>	4
INTRODUCTION	5
<i>A Brief Overview of the IPO: History, Purpose, and Function</i>	5
BACKGROUND	7
<i>Defining "Interoperability"</i>	7
<i>Summary of Foundational DoD/VA Electronic Data-Sharing Initiatives</i>	8
<i>The Mandate for Full Interoperability</i>	12
<i>Overview of DoD/VA Governing Bodies</i>	13
<i>The IIP and the JSP: Planning the Way Ahead</i>	17
INTERAGENCY PROGRAM OFFICE	19
<i>Building the Office</i>	19
<i>Establishing Governance and Office Procedures</i>	20
<i>The IPO's Unique Role</i>	21
<i>IPO Goals, Activities, and Accomplishments in FY 2009</i>	22
<i>Financial Report</i>	26
<i>Challenges for the IPO</i>	26
DoD/VA INTEROPERABILITY ACTIVITIES.....	28
<i>DoD/VA Goals for EHR Interoperability in FY 2009</i>	28
<i>IPO Assessment of DoD/VA Efforts to Meet the Mandate for Full Interoperability</i>	29
<i>Future Interoperability Efforts: VLER and NHIN</i>	30
<i>Challenges for DoD and VA</i>	31
CONCLUSION.....	33
APPENDICES:	
<i>Appendix A: List of Acronyms</i>	
<i>Appendix B: September 2009 Interagency Program Office Charter</i>	
<i>Appendix C: Health Data Sharing Capabilities</i>	

ABOUT THIS REPORT

This report responds to Section 1635 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 (P.L. 110-181), as amended by Section 252 of the NDAA for FY 2009 (P.L. 110-417), which requires the Department of Defense/Department of Veterans Affairs Interagency Program Office (DoD/VA IPO) to provide an annual accounting of IPO and DoD/VA health data sharing activities through 2014. In accordance with the reporting requirements established by P.L. 110-181 and P.L. 110-417, this year's IPO Report to Congress provides:

- (a) A description of the activities of the IPO in FY 2009 (pages 19-26), including an accounting of the IPO's budget and expenditures over the last fiscal year (page 26);
- (b) A description and analysis of the level of interoperability and security of electronic healthcare information sharing between DoD and VA (herein referred to as "the Departments") and their transaction partners (pages 8-11);
- (c) An assessment of the progress made in FY 2009 by the Departments in achieving full interoperability of electronic health record (EHR) systems or capabilities for the provision of clinical care (pages 29-30);
- (d) A description and analysis of the challenges the Departments face as they continue to develop greater data sharing capabilities, while ensuring the security of patient healthcare information (pages 31-32).

EXECUTIVE SUMMARY

Background

Section 1635 of NDAA FY 2008 established the IPO to act as the single point of accountability for the Department of Defense (DoD) and the Department of Veterans Affairs (VA) in the rapid development and implementation of Electronic Health Records (EHR) systems or capabilities that allow for full interoperability of personal healthcare information between the Departments by September 30, 2009, and to accelerate the exchange of healthcare information between DoD and VA to support the delivery of healthcare by both Departments.

Activities and Accomplishments

The IPO had significant accomplishments during FY 2009. The IPO started the year with an Acting Director, an Acting Deputy Director, and a limited budget. Moreover, the office had no permanent government employees, no charter, and no formalized standard operating procedures (SOPs). The IPO obtained a signed formal charter in mid-January. SOPs were then put in place for every staff function, and processes were developed in coordination with the Departments to assist the IPO in carrying out its oversight and accountability role. The IPO then carefully staffed vacant government and contractor positions with qualified personnel. Today, only the permanent Deputy Director position and two VA government positions remain unfilled.

The mandate to develop and implement electronic health record systems or capabilities that allow for full interoperability of personal healthcare information between DoD and VA by September 30, 2009 was the primary focus of the IPO's oversight activities in FY 2009, requiring thorough coordination with the Departments, frequent reporting to Congress, and responding to periodic assessments by the Government

Accountability Office (GAO). As expected with the management of complex interagency Information Technology (IT) projects, the Departments did encounter problems, including challenges in the areas of funding and contracting. However, implementation of risk mitigation strategies enabled the Departments to reach their FY 2009 interoperability objectives. By late September 2009, the Departments had implemented systems or capabilities that allow for full EHR interoperability for the provision of clinical care. The Departments achieved their goal by implementing enhancements to existing data exchanges as well as implementing new capabilities.

In September 2009, a revised IPO Charter was signed by the Deputy Secretaries of both Departments (See Appendix B). The revised charter assigned the IPO a key role in coordinating and overseeing the Departments' efforts to realize President Obama's vision of a Virtual Lifetime Electronic Record (VLER), which will include health, benefits, and administrative information for Service Members and Veterans from the point of accession in the military to the time of interment. The IPO continues to work collaboratively with the Departments to determine budget requirements that are sufficient to fund the coordination and oversight activities it is expected to perform for the VLER initiative, and for other interoperability efforts under its revised charter in FY 2010 and beyond.

Efforts toward National Electronic Health Information Sharing in 2009

In collaboration with the IPO, the Departments increased their efforts to improve healthcare information sharing with other government agencies and private sector partners in FY 2009. A large part of these efforts included providing assistance to the Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC) on ongoing work to develop national standards for the sharing of health information. This work centered on continuing the expansion of the Nationwide Health Information Network (NHIN), ONC's 'network of networks' that

is emerging as the foundational mechanism to enable nationwide exchanges of state, regional, and non-geographic electronic healthcare information.

The Future

On April 9, 2009, President Obama defined his vision for future data sharing between DoD and VA when he announced the VLER initiative. The Secretaries of both Departments have emphasized the importance of developing and adopting well-defined standards that can provide a foundation for interoperability among all EHR systems, both public and private. These standards will be guided by HHS and will be consistent with the NHIN model, which is based on Federal Health Architecture. The IPO is poised to play an important coordination and oversight role in the VLER initiative now that it has a revised charter, a permanent Director, and permanent government staff.

INTRODUCTION

A Brief Overview of the IPO: History, Purpose, and Function

Section 1635 of the NDAA for FY 2008 established the IPO to act as the single point of accountability for the DoD and the VA in the rapid development and implementation of EHR systems or capabilities that allow for full interoperability of healthcare information between the Departments by September 30, 2009, and to accelerate the exchange of healthcare information between DoD and VA to support the delivery of healthcare by both Departments.

The IPO was officially established by the Departments on April 17, 2008. On December 30, 2008, a Delegation of Authority Memorandum was signed by the Deputy Secretary of Defense, assigning the IPO to the Under Secretary of Defense for Personnel and Readiness [USD (P&R)] for operational and oversight purposes. The memorandum charged the USD (P&R) to: (1) work jointly with VA to accomplish the purposes and goals identified in Section 1635 of the NDAA for FY 2008; (2) identify leadership and resources to carry out the mission; (3) appoint a permanent IPO Director, with concurrence of the VA Secretary, and (4) concur with the appointment of a permanent IPO Deputy Director by the VA Secretary (Source: Delegation of Authority Memorandum). This memorandum allowed the DoD to begin the process of recruiting and hiring IPO leadership and staff.

In accordance with Section 1635 of the NDAA for FY 2008, the IPO's original focus was on EHR systems and other healthcare data sharing initiatives between DoD and VA. The scope of the IPO's duties was later expanded by the Wounded, Ill and Injured Senior Oversight Committee (SOC) to include oversight of personnel and benefits data sharing initiatives. The IPO is now responsible for providing oversight and management assistance to the Departments during the requirements development process for various DoD/VA interoperability initiatives. The IPO recently began collaborating with the Departments to develop and maintain a master program plan, an integrated

master schedule, and budget plans to execute VLER; and working with the Departments and HHS to identify critical milestones for VLER execution, to include appropriate risk assessments.

BACKGROUND

Defining "Interoperability"

Acknowledging that several levels of interoperability exist, the Departments agreed to adopt the definitions of interoperability that were established by the Center for Information Technology Leadership (CITL)¹ as a classification framework to define interoperability targets across information areas. The CITL framework outlines an interoperability continuum consisting of four basic levels. The lowest level of standardization is defined as non-electronic data, though it does include data sharing that takes place through facsimile. The highest level, Level 4, enables computer-to-computer interpretation of data with systems that use the same formats and vocabularies. The levels are:

- Level 1: Non-electronic data (e.g., standardized paper forms);
- Level 2: Unstructured, viewable electronic data (e.g., scanned paper forms);
- Level 3: Structured, viewable electronic data (data that is manually entered into an electronic records system, which is then viewable in that system and in other systems, but cannot be computed by other systems);
- Level 4: Computable electronic data (electronic data that is computable by other systems).

It is currently neither practical nor necessary for all of the electronic health data in DoD and VA to be interoperable between the Departments at Level 4. For instance, doctors' notes from previous periods of treatment should not be altered by clinicians who are currently providing care for a patient. As such, it is sufficient to ensure that doctors'

¹ CITL is a Boston-based, nonprofit research organization that was established in 2002 to help guide the healthcare community in making more informed strategic IT investment decisions. Their website is <http://www.citl.org/>.

notes can be viewed electronically (at Level 2 or Level 3) by the physician currently providing care. In contrast, it is important for patient safety that exchanges of pharmacy and allergy data occur at the computable level, so that automated computer systems can provide healthcare providers with alerts to ensure that a patient is not prescribed a medication that will cause an allergic reaction or negatively interact with a previously-prescribed medication. How the Departments came to agreement on the various levels of interoperability that are required for different types of medical data is described in the section below entitled "Overview of Governing Bodies and Technical Requirements Bodies" (see subsection on the ICIB on pages 15-16).

Today, the Departments have solutions operating at all four levels of the CITL interoperability framework, including the highest level, with computer-to-computer interpretation. The next section provides an overview of the interoperability capability that is currently provided by the Departments' major electronic data sharing systems.

Summary of Foundational DoD/VA Electronic Data-Sharing Initiatives

The first exchange of electronic healthcare information between the Departments occurred in 2001. Since that time, the Departments have incrementally expanded the type of information that is shared, and improved the manner in which the information is shared. The following initiatives are currently responsible for the majority of healthcare data that is exchanged between the Departments (Appendix C offers a graphic representation of the current DoD/VA health data sharing initiatives).

Since 2001, for separated Service Members, DoD has provided VA with one-way historic information through the Federal Health Information Exchange (FHIE). On a monthly basis DoD sends: laboratory results; radiology reports; outpatient pharmacy data; allergy information; discharge summaries; consult reports; admission/discharge/transfer information; standard ambulatory data records; demographic data; pre- and post-deployment health assessments (PPDHAs); and post-deployment health reassessments (PDHRAs).

- As of September 2009, DoD transmitted health data on more than 5.0 million retired or discharged Service Members. Of these 5.0 million patients approximately 1.8 million have presented to VA for care, treatment, or claims determination. This number grows as health information on recently separated Service Members is extracted and transferred to VA monthly.
- DoD is also transmitting data for VA patients being treated in DoD facilities under local sharing agreements. As of September 2009, more than 4.3 million patient messages (i.e., laboratory results, radiology reports, pharmacy data, and consults) have been transmitted to VA for patients treated in DoD facilities.

Beginning in 2005, deployment health assessments completed by Service Members and demobilized Reserve and National Guard members as they leave for and return from duty outside the U.S. became available to VA providers. This information is used to monitor the overall health condition of deployed troops, inform them of potential health risks, as well as maintain and improve the health of Service Members and Veterans. Deployment health assessments on Reserve and National Guard members who have been deployed and are demobilized are included in the monthly data transmissions. DoD also sends deployment health assessments to VA weekly for individuals referred for VA care or evaluation. As of September 2009, more than 2.7 million PPDHA and PDHRA forms on more than 1.1 million individuals have been sent from DoD to VA.

For shared patients being treated by both DoD and VA, the Departments continue to maintain the jointly developed Bidirectional Health Information Exchange (BHIE) system which was implemented in 2004. Using BHIE, DoD and VA clinicians are able to access each other's health data in real-time, including the following types of information: allergy, outpatient pharmacy, inpatient and outpatient laboratory and radiology reports, demographic data, diagnoses, vital signs, family history, social history, other history, questionnaires and Theater clinical data, including inpatient notes, outpatient encounters, and ancillary clinical data, such as pharmacy data, allergies, laboratory results, and radiology reports. As of September 2009, there are more than 3.4 million shared patients (including 1.6 million patients not in the FHIE repository) including more than 155,300 Theater patients, available through BHIE.

To increase the availability of clinical information on a shared patient population, VA and DoD collaborated to further leverage BHIE functionality to allow bidirectional access to inpatient discharge summaries from DoD's inpatient documentation system. Access to DoD discharge summaries is operational at some of DoD's largest inpatient facilities representing approximately 59 percent of total DoD inpatient beds. In 2008, additional DoD inpatient note types became available to all DoD providers and VA providers in the Puget Sound area including: inpatient consultations; operative reports; history and physical reports; transfer summary notes; initial evaluation notes; procedure notes; evaluation and management notes; pre-operative evaluation notes; and post-operative evaluation and management notes. DoD will implement the inpatient documentation system at additional sites in FY 2010.

In addition to sharing viewable text data, VA and DoD expanded the BHIE capability to support the sharing of digital radiology images. The Departments expanded the BHIE imaging pilot to support the bidirectional exchange of digital images at key locations. The technical accomplishments and lessons learned from the bidirectional image pilot will be used in broader image sharing planning activities.

Since 2006, DoD and VA have been sharing computable outpatient pharmacy and medication allergy data through the interface between the Clinical Data Repository

(CDR) of AHLTA, DoD's EHR system, and VA's Health Data Repository (HDR). This initiative is called "CHDR." CHDR integrates outpatient pharmacy and medication allergy data for shared patients, making this data available to providers in both Departments. Exchanging standardized pharmacy and allergy data on patients supports enhanced patient care and safety through the ability to conduct drug-drug and drug-allergy interaction checks using data from both systems. In December 2007, all DoD facilities received the capability to initiate the exchange of this data on shared patients. In VA, the capability to initiate the exchange is at seven locations. Once a patient is activated by either Department, the CHDR integrated view of data is viewable for that patient across both enterprises.

- In September 2008, DoD implemented a process to automatically identify patients being treated in both Departments and began setting the active dual consumer "flag" on approximately 50 patients per day. This was later increased to approximately 100 patients per day.
- As of September 2009, the Departments have exchanged computable pharmacy and medication allergy data on more than 44,400 patients who receive healthcare from both systems.

Since 2004, the Laboratory Data Sharing Initiative (LDSI) has been facilitating the electronic sharing of laboratory orders and results between DoD, VA, and/or commercial reference laboratories. LDSI is used at several DoD and VA sites where one facility uses the other as a reference laboratory. Either Department may function as the reference laboratory for the other with electronic order entry and results retrieval. LDSI enhances patient safety by helping to reduce potential clerical errors that can result from manual transcription of orders or results into a computer system.

The Mandate for Full Interoperability

The effort to implement systems or capabilities that allow for full interoperability between the electronic health records systems of DoD and VA represented one of the largest health interoperability challenges in history. AHLTA and VistA CPRS, the respective electronic medical records systems of DoD and VA, were developed within the two Departments over a period spanning several decades. Today, AHLTA and VistA are complex, multifaceted systems that accommodate tens of millions of patients who are dispersed throughout the globe. AHLTA and VistA store and display a vast array of medical health data, from simple clinical notes to high-resolution scans.

The interoperability challenge of sharing healthcare data between the Departments was enormous. To implement healthcare data sharing initiatives, the Departments agreed upon which data elements would be exchanged, terminology and messaging standards, and technical solutions. Each Department worked to align these requirements within their respective portfolio capabilities and budgetary processes.

In spite of these and other challenges, DoD and VA were able to incrementally make great strides in the sharing of electronic health information. By 2006, health information exchange capabilities between the Departments were well ahead of those in the private sector, in both scope and scale. By 2007, the Departments had developed enough health data sharing capability to make the prospect of full interoperability feasible.

Congress then added Section 1635 to the NDAA for FY 2008 (P.L. 110-181). This section of the NDAA for FY 2008 mandated that DoD and VA jointly develop and implement electronic health record capabilities to allow for full interoperability of personal healthcare information by September 30, 2009.

Overview of DoD/VA Governing Bodies

Several governing bodies have a significant role in ensuring that the Departments' development and implementation of interoperability technology solutions are aligned and stay on target. This section provides an overview of seven such bodies:

- (1) The VA/DoD Joint Executive Council (JEC);
- (2) The Wounded, Ill, and Injured (WII) Senior Oversight Committee (SOC);
- (3) The VA/DoD Health Executive Council (HEC);
- (4) The VA/DoD HEC Information Management/Information Technology Work Group (HEC IM/IT Work Group);
- (5) The VA/DoD Benefits Executive Council (BEC);
- (6) The DoD/VA BEC Information Sharing/Information Technology Work Group (BEC IS/IT Work Group); and
- (7) The DoD/VA Interagency Clinical Informatics Board (ICIB).

The IPO works closely with all of these groups, to assist in serving as a central point of information and accountability for JEC-approved interoperability initiatives, ensuring that these groups are fully informed and moving in a coordinated fashion toward a common goal.

The SOC and the JEC:

The Departments have a formal governance structure to oversee the joint development of data sharing policies, and to support interoperability initiatives through proper resource allocation. The two major governing bodies that make up this structure are the SOC and the JEC.

The Wounded, Ill, and Injured Senior Oversight Committee (SOC):

The SOC was established by Congress in 2007 to facilitate the efficient delivery of high-quality care and services for wounded, ill, and injured Service Members. The committee is co-chaired by the Deputy Secretaries of Defense and Veterans Affairs. The SOC has established numerous workgroups to focus on a wide range of areas, including a workgroup on data sharing between the Departments.

The DoD/VA Joint Executive Council (JEC) & Supporting Councils:

The JEC institutionalizes VA and DoD sharing and collaboration to ensure the efficient use of services and resources for the delivery of healthcare and other authorized benefits to Service Members, Veterans, and beneficiaries. Through a strategic planning process, the JEC recommends to the respective Secretaries the strategic direction for these joint coordination and sharing efforts. The JEC then oversees the implementation of those efforts. The JEC oversees the efforts of the HEC, BEC, the IPO, and all other councils or working groups designated by the co-chairs. Finally, the JEC directs and supports mutually beneficial opportunities to improve business practices, ensures high-quality, cost-effective services for both VA and DoD beneficiaries, facilitates opportunities to improve resource utilization, and removes barriers that impede collaborative efforts. The JEC, HEC, BEC, and IPO use the VA/DoD Joint Strategic Plan (JSP) to document and track goals and objectives related to electronic data sharing (see section on the IIP and the JSP on pages 17-18).

The ICIB, the HEC IM/IT Work Group, and the BEC IS/IT Work Group:

Several functional and technical requirements bodies represent key coordinating structures within and between the Departments that ensure business needs drive the development of the Departments' interoperability initiatives. For clinical care, the ICIB provides the business and end-user high level capabilities and priorities to drive the development of interoperability solutions. The ICIB coordinates with the HEC and the

HEC IM/IT Work Group, to help ensure that appropriate beneficiary and medical data is visible, accessible and understandable through secure and interoperable information management systems. The BEC IS/IT Work Group provides the coordinating activities for the “benefits” functions. Within each Department, requirements organizations work closely with the ICIB and both Works Groups to ensure that end-user requirements are developed that are consistent with priorities set by the ICIB and other functional groups.

The DoD/VA Interagency Clinical Informatics Board (ICIB):

The ICIB is the primary source of input from clinical stakeholders. Its proponents are the DoD Deputy Assistant Secretary for Clinical and Program Policy, and the Chief Patient Care Services Officer, Veterans Health Administration (VHA). The ICIB is co-chaired by designees of its proponents, and includes representation from DoD/VA local Joint Venture sites, Chief Medical Informatics Officers, clinicians from both Departments, and other key stakeholders. It is responsible for identifying and prioritizing the types and formats of electronic medical information that need to be shared by DoD and VA in order to provide the highest level of patient care. The ICIB stays engaged throughout the project development process, helping to ensure that the Departments’ health data sharing initiatives remain focused on the needs identified and prioritized by clinicians.

The ICIB clinical community provides the Departments with guidance regarding what types of information should be exchanged between DoD and VA in order to assure that clinicians have the information they need to provide quality healthcare. For this reason, the Departments asked the ICIB to define the high priority items to be shared by September 30, 2009 to achieve full interoperability of personal healthcare information, in accordance with the language in Section 1635 of the NDAA for FY 2008.

After receiving this request, the ICIB worked to identify capabilities that, along with existing data sharing initiatives, would allow the Departments to implement systems or capabilities that allow for full interoperability for the provision of clinical care by September 30, 2009. In July 2008, the ICIB submitted and briefed a final list of six high-

level capabilities to the IPO and the HEC IM/IT Work Group. In August 2008, the six high-level capabilities listed in Table 1 were approved by the HEC. Upon approval of these capabilities by the HEC, the Departments executed the requirements development, software development, and testing necessary to implement the capabilities by September 30, 2009.

Table 1: FY 2009 DoD and VA Interoperability Objectives and Description

Information Type	ICIB Language
Expansion of Essentris implementation in DoD	DoD expansion of Essentris to at least one additional site in each military medical department
Demonstration of initial Trusted Partnership Gateways (Secure Network to Support Health Data Exchange)	Demonstrate the operation of the Partnership Gateways in support of joint DoD-VA health information sharing
Social History (Refined)	Enhanced sharing of the social history data that is currently captured in the DoD EHR with the VA
Document Scanning (initial capability)	Demonstrate an initial capability for scanning medical documents of service members into the DoD EHR and forwarding those documents electronically to the VA
Expansion of Questionnaires/Self-Assessment Tools	Provide all Periodic Health Assessment data stored in the DoD EHR to the VA in such a fashion that questions are associated with the responses
Separation Physical Exams (Pilot)	Provide initial capability to share electronic access to separation physical exam information captured in the DoD EHR with the VA

The HEC Information Management/Information Technology Work Group (HEC IM/IT Work Group):

In response to the requirements from functional users, Congress, or Senior leadership, the HEC IM/IT Work Group ensures that appropriate beneficiary and medical data is visible, accessible and understandable through secure and interoperable information management systems. They provide the day to day executive oversight of health IM/IT activities and ensure that commonly-accepted government IT program

management practices are utilized. They also oversee the development and implementation of VA/DoD health IM/IT initiatives, to include review and approval of program scope, development, and execution; management of overall program schedules, accomplishments, and risks; and review of selected individual project costs, schedules, and performance. The HEC IM/IT Work Group reports to the HEC; the HEC, in turn, reports to the JEC. This reporting structure ensures that there is senior level executive oversight of the execution of VA/DoD health IT initiatives.

The BEC Information Sharing/Information Technology Work Group (BEC IS/IT Work Group):

The BEC IS/IT Work Group provides key stakeholder input on information sharing requirements for benefits issues. The BEC IS/IT Work Group receives leadership and guidance from the DoD/VA Benefits Executive Council (BEC). Recommendations and input from the BEC IS/IT Work Group are forwarded through the Departments' governance structures for portfolio approval, funding, and execution. This work group is also subject to the same reporting structure up through the BEC and JEC.

The IIP and the JSP: Planning the Way Ahead

The Departments use two major planning documents to provide a clear, comprehensive plan for the development of future data sharing capabilities. The first plan is known as the DoD/VA Information Interoperability Plan (IIP). The purpose of the IIP is to document current interoperability gaps, and organize and define future potential interoperability capabilities for the Departments' consideration, including those identified by the ICIB for FY 2010 and beyond. The IIP is updated annually. Version 1.0 of the IIP was completed in late 2008. This plan serves as a high level "blue print" to guide policy decisions needed to achieve and maintain an enhanced level of interoperability between the Departments.

As interoperability initiatives are approved by the DoD/VA governing bodies and included in the Departments' funded information technology portfolios, they are incorporated into the next version of the VA/DoD Joint Strategic Plan (JSP) as objectives with specific due dates. The JSP represents an effort to provide a roadmap for the Departments' approved and funded interoperability goals. The JSP is updated annually and covers a two year period. The JSP for FY 2010-2012 will identify the Departments' goals for further data sharing.

INTERAGENCY PROGRAM OFFICE (IPO)

Building the Office

The IPO started FY 2009 with an Acting Director, an Acting Deputy Director, and no permanent government employees. At the beginning of the year, IPO staff consisted of a group of four military personnel, all of whom were in the process of transitioning to retirement. This small staff was responsible for acquiring suitable office space, obtaining computer support, setting a budget, determining a staffing structure, hiring contractor support, developing office procedures, interviewing job applicants, and other work required to stand up a new office. They assumed a variety of responsibilities, ranging from obtaining office supplies to working with the most senior levels of Department leadership to determine matters of strategic importance.

The permanent staffing structure for the IPO was developed in close coordination with the Departments. The agreed-upon office structure consists of 14 civilian government positions, half of which are VA, and half of which are DoD. The office is led by a DoD Director and a VA Deputy Director, and is managed by a DoD Chief of Staff. All of the staff government positions are at the GS-14 and GS-15 level, with the exception of one position at the GS-13 level. Additionally, the government staff is supplemented by contract support staff.

Staffing the office with permanent senior government staff was challenging work, but it was a process that has been met with great success. With the exception of the permanent Deputy Director position and two VA government positions, the IPO is now fully staffed. Every functional area is represented by accomplished individuals. Together, the IPO staff possesses a broad array of relevant experience and education. It includes certified project managers, health and benefits IT specialists, masters in business administration, budget experts, juris doctors, former professional Congressional staff, combat veterans, and current and former military officers with significant experience working at the strategic level of both of the Departments.

Establishing Governance and Office Procedures

At the outset of 2009, the IPO lacked a clear governance structure and formalized SOPs. The Acting Director of the IPO worked quickly to remedy this by directing IPO staff and contract support to develop clear SOPs for each staff section of the office. Formal SOPs were drafted, vetted, and signed by the Acting Director within the first quarter of FY 2009.

While work was proceeding on the SOPs, the Acting Director and the Acting Deputy Director worked with senior leaders in the Departments to adopt a formal IPO Charter that clearly spelled out the duties and responsibilities of the IPO within the Departments. The IPO's first formal charter was signed on January 16, 2009 by the Deputy Secretary of VA and by the USD (P&R). This charter established a reporting requirement to the JEC, and defined the IPO's authorities and responsibilities in overseeing and managing DoD/VA efforts to implement systems or capabilities that allow for full interoperability of the Departments' EHR data in accordance with the requirements of Section 1635 of the NDAA for FY 2008.

The IPO carried out its oversight activities under this charter through September 2009. In late September 2009, a revised IPO Charter was signed by the Deputy Secretaries of both Departments (See Appendix B). The revised charter redefined the IPO's roles, responsibilities, authorities, and reporting requirements in greater detail than the previous charter. It also clarified the IPO's "oversight and coordination mission" as separate and distinct from the Departments' responsibilities for establishing mission requirements and solution development. The IPO's dual "oversight and coordination mission" is described in detail in the next subsection of this report.

The IPO's current mission is clearly defined in the revised charter: "The IPO will serve as the single point of accountability for the coordination and oversight of JEC approved IT projects, data, and information sharing activities, including the VLER." The acronym "VLER" stands for the Virtual Lifetime Electronic Record, which is President

Obama's vision of establishing a virtual electronic record that will include health, benefits, and administrative information for Service Members and Veterans from the point of accession in the military to the time of interment.

The IPO's duties on the VLER initiative include, but are not limited to: consolidating and coordinating the transition of VLER approved functional requirements into IT requirements; working with the Departments to develop and maintain a master program plan, an integrated master schedule with milestones, and budget plans to implement VLER; working with the Departments to establish and monitor performance metrics for the development of VLER; and conducting milestone and program reviews to track program and project progress. VLER progress reports are due to each Deputy Secretary quarterly. For a complete listing of the IPO's duties on the VLER initiative, please refer to pages 2-4 of Appendix B.

The IPO's Unique Role

Section 1635 of the NDAA for FY 2008 established the IPO and provides the legal basis of its purpose and authority. Specifically, Section 1635 designated the IPO to act as the single point of accountability in the rapid development and implementation of EHR systems or capabilities that allow for full interoperability of personal healthcare information between DoD and VA by September 30, 2009. Furthermore, Section 1635 requires the IPO to take actions to accelerate the exchange of medical information between DoD and VA to support the delivery of healthcare by both Departments. The role and responsibilities of the IPO were further formalized in the revised charter.

IPO Goals, Activities, and Accomplishments in FY 2009

Goals:

- Serve as an effective single point of accountability for the Departments as they develop systems or capacities that will allow for full interoperability by September 30, 2009;
- Oversee, plan, monitor, and report on activities that will enhance health data sharing between the Departments, and further the President's national health data sharing agenda;
- Staff all authorized positions in the IPO;
- Produce formal SOPs and practices to ensure efficient and effective day-to-day operation of the IPO;
- Establish clear roles and authority for the IPO within and between the Departments. Formalize these in a written charter that is signed by the two Deputy Secretaries;
- Establish clear reporting chains to the JEC and other Departmental leadership. Formalize these in a written charter that is signed by the two Deputy Secretaries;
- Develop collaborative working relationships with individuals and stakeholders in both Departments who work on or contribute to information sharing initiatives; and
- Consult with industry regarding the adoption of industry-driven technology-neutral information technologies.

Activities:

In addition to the activities previously described in this report, the IPO invested a considerable amount of time in 2009 establishing partnerships with senior and mid-level

DoD and VA personnel who are working to develop IT interoperability solutions. These partnerships now extend to DoD and VA project development sites across the country. The IPO's Acting Director and Acting Deputy Director also reached out to stakeholders in the HHS and numerous other federal entities to educate them on the mission, goals, and responsibilities of the IPO. In addition, IPO leadership and IPO government staff developed solid relationships with external audit agencies that also provide oversight of the Departments' interoperability efforts.

In 2009, IPO leadership and government staff made concerted efforts to inform the public about the role of the IPO by providing information to IT trade publications and other relevant media outlets. IPO leadership also spoke at numerous professional meetings and conferences, such as the Government Health Information Technology Conference. An IPO Strategic Communications Work Group was established to expand and continue to improve management of external relationships. The Work Group met with numerous communications and public affairs stakeholders both inside and outside the government to educate them on the IPO's mission, solicit support, and open communication channels for on-going information sharing and collaboration. In addition, the IPO also developed strong, collaborative relationships with the VHA Office of Communications, the Secretary of Defense's Office of Public Affairs, and the President's Executive Office of Media Affairs.

Finally, IPO staff members attended conferences on service-oriented architectures, enterprise architectures, and recent health information technology developments. Attendance at these conferences allowed the IPO to consult with industry regarding the adoption of technologies that may be appropriate for use by the Departments.

Together, these efforts provided a foundation for establishing credibility and effective working relationships with the Departments, Congress, GAO, private industry, IT media outlets, and other stakeholders. Furthermore, it set the stage for the collaborative development of strategies for VLER and for the interoperability of other healthcare systems.

Accomplishments:

The significant IPO accomplishments during FY 2009 are listed below:

- In collaboration with the Departments, the IPO produced the DoD/VA IIP, Version 1.0;
- In collaboration with the Departments, the IPO produced and delivered the FY 2008 Report to Congress;
- In collaboration with DoD, the IPO helped steer the development and execution of the DoD Delegation of Authority Memorandum, which placed the IPO within the Office of the Under Secretary of Defense for Personnel and Readiness;
- The IPO helped coordinate the inter-Departmental staffing process that led to the drafting, approval and signature of the first IPO Charter in January 2009. A revised charter was drafted and signed in September 2009, giving the IPO a central role in the oversight of the VLER initiative (see Appendix B);
- The IPO successfully planned and executed an aggressive external relationship management effort, meeting with numerous stakeholders to educate them on the mission, scope, and authority of the IPO. The IPO also established communication channels for on-going information sharing and collaboration with several federal Departments and agencies;
- The IPO facilitated, monitored and reported on efforts by the Departments to implement systems or capabilities that allow for full interoperability of electronic health capabilities and systems by September 30, 2009;
- The IPO collaborated with the Departments to develop an effective governance and management model for the development and implementation of VLER. Accomplishments included:
 - Establishment of the VLER Senior Steering Committee;

- Collaborative development of VLER “Plan of Action & Milestones” briefings to the JEC;
- Establishment of the Strategic Architects Group;
- Providing leadership and key input at numerous JEC-directed Work Groups;
- The IPO testified to various Congressional Committees on the progress of DoD/VA data sharing; VLER plans and challenges; and IPO activities;
- IPO staff travelled to the following sites to observe the data sharing capacity of various interoperability systems:
 - Tampa, Florida, James A. Haley Veterans Hospital;
 - Phoenix, Arizona, VA Health Care System/Carl T. Hayden VA Medical Center;
 - Montgomery, Alabama, Central Alabama Veterans Health Care System;
 - Biloxi, Mississippi, VA Gulf Coast Veterans Health Care System;
 - Las Vegas, Nevada, Mike O'Callaghan Federal Hospital (located on Nellis AFB);
- IPO leadership, in consultation with the Departments, filled all but two of the government staff positions at the IPO;
- The IPO finalized an Inter-Service Support Agreement with the Space and Naval Warfare Systems Command for subject matter experts to advise the IPO Director and Deputy Director on technical matters, such as common services and service oriented architectures;
- The IPO authored SOPs for staff operational use to include: Strategic Communications, Legislative Affairs, Audit Management, SOC/JEC/HEC/BEC Interface, Issue Escalation, Program Management Oversight, Process Improvement, Personnel Management, Resource Management, and Operations Security; and
- The IPO installed and developed an internal document and information management system to help office personnel effectively track IT initiatives.

Financial Report

In FY 2009, IPO salaries, training, travel, and general operations were supported by DoD and VA funds of approximately \$6.9 million, as depicted in Table 2 below.

Table 2: IPO FY 2009 Expenditures

Item	DoD FY 09	VA FY 09	Total FY 09
Salaries	\$ 370,900.00	\$ 301,671.60	\$ 672,571.60
Training	\$ 1,460.00	\$ 2,953.00	\$ 4,413.00
Travel	\$ 9,434.00	\$ 5,179.00	\$ 14,613.00
Supplies	\$ 34,440.00	\$ -	\$ 34,440.00
ForceNet (Computer Support)	\$ 508,171.00	\$ -	\$ 508,171.00
Rent	\$ 412,105.00		\$ 412,105.00
Contractor Support Services*	\$ 4,002,000.00	\$ -	\$ 4,002,000.00
Contractor Support Services	\$ 997,000.00		\$ 997,000.00
ISSA with SPAWAR**	\$ 300,000.00	\$ -	\$ 300,000.00
Total	\$ 6,635,510.00	\$ 309,804.00	\$ 6,945,313.60
*Paid through WIISOC contract			
**Paid through WIISOC RDTE			

Challenges for the IPO

Access to timely, accurate information on DoD/VA data sharing efforts and coordination of documents are critical to the mission of the IPO. With many parties and stakeholders involved, it can be problematic to receive a “one voice” response from each Department. A working group was established to determine the needed information, the frequency with which it was needed, the individuals and offices that need the information, and the process for coordination and exchange.

Federal hiring procedures requiring lengthy recruitment and vetting processes created challenges to fully staffing the IPO. The IPO is now fully staffed, with the exception of the permanent Deputy Director position and two VA government

employees. Selections for these vacancies are expected to occur in the early weeks of January 2010. Should additional staff be required in order to support other interoperability initiatives, the IPO will notify the Departments as early as possible. The challenge for the Departments will be to identify funding to support the positions.

DoD/VA INTEROPERABILITY ACTIVITIES

DoD/VA Goals for EHR Interoperability in FY 2009

During FY 2009, the Departments planned and funded activities to deliver the additional interoperability capabilities described in Table 1 (on page 16) to implement systems or capabilities that allow for full interoperability of EHR systems or capabilities for the provision of clinical care by September 30, 2009. The left column of Table 3 provides a broad summary of the basic technical requirements that had to be met in order to achieve the ICIB's six high-level interoperability objectives. The right column of Table 3 gives the status of whether these technical requirements were met as of September 30, 2009, as provided by the Departments.

Table 3: The Six ICIB High-Level Interoperability Objectives, with September 30, 2009 Status as Reported by the Departments

ICIB Capability	Status
DoD expansion of Essentris to at least one additional site in each military medical department	CliniComp's Essentris™ product suite is the current Inpatient Documentation System solution for DoD. DoD coordinated with the Services to successfully deploy Essentris to one additional site per Service by September 2009. Four Army sites were added in FY 2009: Reynolds ACH, Moncrief ACH, US Army Hospital, Seoul, Korea, and Fort Leonard Wood ACH. Navy and Air Force sites included Naval Hospital Bremerton and David Grant Medical Center, Travis Air Force Base. Essentris is operational at 27 DoD sites. Inpatient discharge summaries are currently available to DoD and VA providers from 24 of the 27 DoD Essentris sites through BHIE, accounting for 59 percent of total DoD inpatient beds.
Demonstrate the operation of Partnership Gateways in support of joint DoD-VA health information sharing	Four new DoD/VA gateways to support expanded bandwidth requirements are operational in Dallas, Texas; Kansas City, Missouri; Santa Clara, California; and Reston, Virginia. Efforts are underway to migrate data traffic to the new gateways, with 30 percent complete as of September 2009.
Enhance sharing with VA of social history data currently captured in DoD EHR	Baseline functionality was completed in November 2008, for the one way sharing of social history data (DoD to VA). DoD and VA will address improved usability for enhancements beyond September 2009.

ICIB Capability**Status**

Demonstrate initial capability for scanning medical documents of Service Members into DoD EHR and forwarding those documents electronically to VA

DoD and VA met the objective to demonstrate an initial capability for scanning medical documents and sharing these documents electronically with the VA utilizing a test environment. Going forward, when fully implemented this capability will enable DoD users to scan/import documents and artifacts, associate those documents/artifacts with a patient's record, and make them globally accessible to authorized DoD and VA users. DoD will begin deployment to Limited User Test sites in the first quarter FY 2010.

Provide all Periodic Health Assessment data stored in DoD EHR to VA in such a fashion that questions are associated with responses

DoD and VA completed initial capability to enable display health assessment information using BHIE in November 2008, which established the capability for VA to view questions and answers from questionnaires collected at DoD MTFs and stored in the DoD EHR. The Departments successfully completed the ability for VA to view information from DoD's health assessment reporting tool in September 2009.

Provide initial capability to share electronic access to separation physical exam information captured in DoD EHR with VA

Initial capability, which supports the separation physical exam processes, was met in May 2008. Healthcare information currently shared includes: Outpatient Treatment Record; Inpatient Discharge Summaries; Ancillaries (laboratory, radiology, and pharmacy); and Deployment Health Assessments.

IPO Assessment of DoD/VA Efforts to Meet the Mandate for Full Interoperability

The IPO conducted a high-level assessment of the capabilities listed on the right column of Table 3, and concluded that these capabilities are now operational and allow for full interoperability of EHRs between the Departments in accordance with the ICIB requirements. The addition of these capabilities has resulted in greater continuity of care for our Service Members and Veterans. The Departments are sharing unprecedented amounts of electronic health information at every VA and DoD facility for those patients receiving care from both Departments.

For future years, the ICIB will prioritize additional health related sharing capabilities or usability enhancements to continue the advancement of DoD/VA interoperability in a manner that supports clinicians in healthcare delivery. The

Departments will continue to work together to improve and expand upon the interoperability of healthcare data as appropriate and necessary, and as initiatives are approved and funded.

Based on site visits and survey assessments, the two Departments and the IPO recognized that, although data sharing capabilities are available to the DoD and VA workforce, there are opportunities to enhance the training and awareness of the data sharing clinical applications. The Departments and the IPO formed an interagency work group and developed a draft DoD/VA Health Information Technology Data Sharing Products Awareness plan. It is anticipated that the plan will be completed in FY 2010.

Future Interoperability Efforts: VLER and NHIN

On April 9, 2009, President Obama affirmed a mutual strategic objective for DoD and VA: the definition and construction of a VLER solution that “will ultimately contain administrative and medical information from the day an individual enters military service throughout their military career and after they leave the military.”

VLER will rely on the Nationwide Health Information Network (NHIN) as the mechanism to share standards-based health data between DoD, VA, and private sector care partners. Since a significant number of DoD and VA beneficiaries receive healthcare from the private sector, a virtual lifetime electronic record requires the interchange of patient information with private sector care providers. The IPO, DoD, and VA understand that well-defined standards are the essential foundation for interoperability among systems. These standards will be guided by HHS and will be consistent with the NHIN model based on the Federal Health Architecture.

DoD and VA have not only been active participants, but also leaders in the development of the NHIN, working with the HHS Office of the National Coordinator for Health Information Technology. The NHIN will tie together health information exchanges, integrated delivery networks, pharmacies, government health facilities and payors, diagnostic laboratories, providers, private payors, and other stakeholders into a

'network of networks.' The NHIN provides national standards-based information exchange capabilities for previously unconnected electronic health records and other sources of healthcare information to share information securely while protecting patient privacy.

The Data Use and Reciprocal Support Agreement (DURSA) is a comprehensive, multi-party trust agreement that will be signed by all NHIN Health Information Exchanges (NHIEs), both public and private, wishing to participate in NHIN. The DURSA provides the legal framework governing participation in NHIN by requiring the signatories to abide by a common set of terms and conditions. These common terms and conditions support the secure, interoperable exchange of health data between and among numerous NHIEs across the country. DoD and VA participated in FY 2009 DURSA negotiations. Completion of those negotiations (subject to pending HHS approval) is an important milestone in the development of NHIN.

DoD, VA, Social Security Administration, Centers for Disease Control and Prevention, Indian Health Service (IHS), National Cancer Institute and a number of private sector participants demonstrated the capability in December 2008 for the NHIN to be the foundational infrastructure to share healthcare information among DoD, VA, IHS, and private sector organizations.

Challenges for DoD and VA

The opportunity to share information with private sector partners will increase as the private sector adopts EHRs and as additional health and benefits information is captured electronically and shared between the Departments in consonance with national standards and use of the NHIN. While great successes have been achieved to date, key interoperability challenges remain in the following areas:

- Abiding by all legal and regulatory requirements to safeguard the security and privacy of beneficiary data. In an effort to comply with these protocols, the

Departments may limit or restrict access to certain information;

- Developing and adopting standards at the national level and the maturing of those standards to be ready for operational use;
- Updating systems, infrastructure, and technology consistent with emerging standards;
- Identifying and prioritizing information requirements;
- Identifying, prioritizing, and implementing common services; and
- Safeguarding against the inappropriate use of information.

The Departments also face challenges with different acquisition and funding cycles; different contracting processes; and differences in Information Assurance certification processes for VA, DoD, the Defense Information Systems Agency, the Services, and the facilities at the local and regional levels. The IPO, DoD, and VA are working to not only identify areas where potential process differences may exist, but are collaboratively engaging in efforts to ensure that any impediment that may arise is resolved in an efficient manner.

CONCLUSION

In the future, as clinical practices and processes change, shared capabilities mature and/or technology evolves, DoD and VA will continue to assess information interoperability needs and identify potential information technology opportunities to promote efficiencies in the delivery of healthcare and benefits administration. Future information interoperability improvement opportunities may encompass sharing more items or improving the ease of use or access to items already being shared.

DoD and VA are currently funding and implementing improvements to their respective EHR systems. These EHR capabilities are essential to the viability of VLER. Much of the interagency EHR interoperability at the present time is accomplished by ensuring access to data using BHIE.

While BHIE makes DoD and VA data available to each other, it is not designed to provide access to the care provided by contract healthcare providers in the private sector in an efficient manner. As NHIN matures, it is anticipated that it will allow for VLER to meet the goal of access to health data among DoD, VA, and private sector healthcare providers. With more than half of DoD and VA healthcare provided in the private sector, VLER will provide for interoperability using national standards through the NHIN. The Departments, in collaboration with the IPO and HHS, will partner with private sector healthcare providers to participate in pilot programs that will enable health data exchange between all participants. Using the NHIN accomplishes key objectives: use of industry, technology-neutral information technology infrastructure guidelines and standards; and protection of exchanged information in a secure and private manner.

As plans for the DoD/VA VLER capability solidify, and additional data sharing initiatives are planned, these plans will be synchronized and funded by the Departments, and be scheduled for execution into a future version of the VA/DoD JSP.

The Departments and the IPO are aggressively pursuing the interoperability goals established by the President and Congress in support of our Service Member and

Veteran beneficiaries. The Departments and the IPO are striving to accomplish something that has never been done before in our nation's history on such a large scale: secure government-to-government agency health data sharing and government-to-private sector health data sharing. Progress toward this goal will occur incrementally. Lessons learned from years of experience will position the Departments to continue to lead the nation in health data sharing and electronic health record adoption. The IPO and the Departments are proud of what has been accomplished to date and are fully committed to continuing to enhance and expand our data sharing capabilities.

APPENDICES

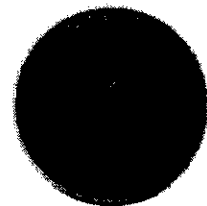
LIST OF ACRONYMS

BEC	Benefits Executive Council
BEC IS/IT	BEC Information Sharing/Information Technology
BHIE	Bidirectional Health Information Exchange
CDR	Clinical Data Repository
CHCS	Composite Health Care System
CHDR	Clinical Data Repository/Health Data Repository
CITL	Center for Information Technology Leadership
DoD	U.S. Department of Defense
DURSA	Data Use and Reciprocal Support Agreement
EHR	Electronic Health Record
FHIE	Federal Health Information Exchange
GAO	Government Accountability Office
GS	Government Service
HEC	Health Executive Council
HDR	Health Data Repository
HHS	U.S. Department of Health and Human Services
ICIB	Interagency Clinical Informatics Board
IHS	Indian Health Service
IIP	Information Interoperability Plan
IM/IT	Information Management/Information Technology
IPO	Interagency Program Office
ISSA	Information System Security Association
IT	Information Technology
JEC	Joint Executive Council
JMIS	Joint Medical Information Systems
JSP	Joint Strategic Plan
LDSI	Laboratory Data Sharing Initiative
NDAA	National Defense Authorization Act

NHIES	NHIN Health Information Exchanges
NHIN	Nationwide Health Information Network
ONC	Office of National Coordinator for Health Information Technology
PDHRA	Post-Deployment Health Reassessments
PPDHA	Pre- and Post-Deployment Health Assessments
PRC	Polytrauma Rehabilitation Centers
RDTE	Research, Development, Test & Evaluation
SES	Senior Executive Service
SOC	Senior Oversight Committee
SOP	Standard Operating Procedure
SPAWAR	Space and Naval Warfare Systems Command
USD (P&R)	Under Secretary of Defense for Personnel and Readiness
VA	U.S. Department of Veterans Affairs
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VISTA	Veterans Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Record
WIISOC	Wounded, Ill and Injured Senior Oversight Committee



**Department of Defense (DoD)
and
Department of Veterans Affairs (VA)
Interagency Program Office
Charter**



Purpose:

This Charter establishes the mission, roles, responsibilities, authorities and reporting requirements of the DoD/VA Interagency Program Office (IPO) for DoD/VA Information and Data Sharing on behalf of the Joint Executive Council (JEC). This charter also clarifies that the IPO's oversight and coordination mission is separate and distinct from the Departments' responsibilities for establishing mission requirements and solution development. This Charter supersedes all prior versions.

Background:

Section 1635 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 (P.L. 110-181) mandated the establishment of a DoD/VA IPO to act as a single point of accountability for DoD and VA in the rapid development and implementation of electronic health record systems or capabilities. These systems and capabilities are expected to allow for full interoperability of health care information between the DoD and VA by September 30, 2009, and to accelerate the exchange of health care information between DoD and VA to support the delivery of health care by both Departments. Subsequent to NDAA 2008, the Departments expanded the IPO's scope to include personnel and benefits electronic data sharing between the Departments. Furthermore, the Secretaries of Defense and Veterans Affairs, in coordination with the President, determined that the DoD/VA Virtual Lifetime Electronic Record (VLER) initiative will represent the first iteration of a new national capability for access to electronic health and administrative information. This charter clarifies the organizational and functional decisions made at the JEC on June 26, 2009 regarding governance and the IPO's responsibilities. DoD and VA established the IPO with the appointment of the Acting Director and Acting Deputy Director on April 17, 2008.

Authority:

Section 1635 of the National Defense Authorization Act (NDAA) for FY 2008, P.L. 110-181, as amended by Section 252 of the NDAA for FY 2009, P.L. 110-417. The NDAA for 2008 provides for, among other guidance, that the Director IPO receives direction, supervision, and control from the Secretaries of Defense and Veterans Affairs, and guidance from the JEC.

Mission:

The IPO will serve as the single point of accountability for the coordination and oversight of JEC approved IT projects, data, and information sharing activities, including the VLER.

Structure:

The IPO is led by a Director, selected by the Deputy Secretary of Defense, with concurrence of the Deputy Secretary of Veterans Affairs, from among persons who are qualified to direct the development, acquisition, and integration of major technology capabilities, and Deputy Director, selected by the Deputy Secretary of Veterans Affairs, with concurrence of the Deputy Secretary of Defense, from among employees of the DoD and VA in the Senior Executive Service who are qualified to direct the development, acquisition, and integration of major information technology capabilities.

For the purposes of organizational management and supervision, the Director, IPO is subject to the authority, direction, and control of the Under Secretary of Defense (Personnel and Readiness), and reports directly to the Director, Defense Human Resources Activity (DHRA), a DoD field activity under the authority, direction and control of the Under Secretary of Defense (Personnel and Readiness).

Reporting Requirements:

As Co-Chairs of the JEC for high priority initiatives as defined in the JEC charter, the Deputy Secretaries of DoD and VA will provide guidance and oversight of the execution of the activities of the IPO that support these high priority initiatives.

Scope of Responsibilities:

DoD and VA will retain responsibility for mission requirements development, life cycle program management activities including financial management, IT systems development, and implementation. Each Department will develop a plan for meeting the requirements of JEC approved programs, including VLER, to include identifying task activities, deliverables, costs, and schedules. The IPO will ensure harmonization between the Departments' plans and the result will serve as the baseline agreement between the Departments and as the roadmap required to achieve successful implementations.

Specific to VLER Execution:

The Deputy Secretaries will task their Departments to articulate their respective functional requirements in consultation with Health and Human Services (HHS) and the IPO. The IPO provides tasking, oversight and coordinating functions for the VLER program as set forth below and on behalf of the Deputy Secretaries. The IPO will:

1. Ensure that Deputy Secretary tasks to develop functional requirements are executed.
2. Collect, analyze, and synchronize VLER requirements in order to develop a fully integrated VLER requirements document for approval by the JEC.

3. Consolidate and coordinate the translation of VLER approved functional requirements into Information Technology requirements.
4. Develop and maintain a Master Program Plan, Integrated Master Schedule with milestones, and Budget Plans to implement VLER, in coordination with DoD and VA. These schedules, milestones, and plans will be developed from information derived from project plans and schedules developed and maintained by the various implementation organizations in both Departments.
5. Establish and monitor performance metrics for the development of VLER. Monitor performance metrics (established by the Departments) for the implementation and operation of VLER.
6. Oversee development and execution by reviewing, analyzing, evaluating, and coordinating the acquisition strategies, budgets, and execution plans of the Departments to ensure adherence and compliance with guidance provided by the JEC. As part of this function, the IPO will also provide, in collaboration with the Departments, programming and resource allocation recommendations to the Deputy Secretaries.
7. Work with the VA, DoD, and HHS to identify critical milestones for execution, to include appropriate risk assessments.
8. Conduct Milestone and Program reviews to track program and project progress.
9. Inform the Deputy Secretaries of any critical milestones that are at risk of not being met, as well as causes, potential solutions, alternatives, and recommended courses of action.
10. Report, no less than quarterly, directly to the Deputy Secretaries of DoD and VA on program status, to include any impediments to success.
11. In collaboration with the Departments, define the metrics to measure the impact of VLER on care and benefit delivery.
12. Once the VLER strategy is fully implemented, define the sustaining mechanisms and resolution of the IPO mission and office.
13. Actively participate with the DoD, VA, and Department of Health and Human Services (HHS) to develop, adopt, and implement National Standards for health and benefit sharing.
14. Identify and suggest solutions to gaps or conflicts in National Standards or other standards used by the Departments.

15. Actively interact with HHS, DoD, and VA to further the Nationwide Health Information Network (NHIN).
16. Continuously collaborate with elements of the VA and DoD such as the Health Executive Council (HEC), Benefits Executive Council (BEC), and the designated VLER leads for DoD and VA in order to iterate and monitor requirements.

Other IPO Responsibilities:

1. Ensure implementation of, not later than September 30, 2009, interoperable electronic health records systems or capabilities that allow for full interoperability of health care information for the provision of clinical care.
2. Oversee execution of VA/DoD programs and projects applicable to electronic information and data sharing of health and benefits systems between VA and DoD in accordance with the Joint Strategic Plan for Information and Data Sharing such that:
 - a) The development of systems is compliant with, and enables implementation of the "Virtual Lifetime Electronic Record" initiative for health and benefit records.
 - b) Privacy and security standards are applied and compliant with the cyber-security standards for each Department.
 - c) Development is compliant with accepted national standards, such as OMB's Federal Enterprise Architecture Framework with the understanding that DoD must comply with the DoD architecture framework and the VA must comply with its VA Enterprise Architecture.
 - d) To the maximum extent possible, DoD and VA to implement open standards and open architecture.
3. Develop and monitor metrics and timelines for successful IT implementations in coordination with the HEC and BEC.
4. Ensure implementation of national standards within DoD/VA data sharing and VLER initiatives when practical. When these standards are not available, the IPO will work with DoD, VA, and other external stakeholders to promote standards development and adoption.
5. Ensure interoperability with the Nationwide Health Information Network (NHIN) initiatives.
6. Coordinate the annual review of the DoD/VA Information Interoperability Plan for the JEC.

7. When required, propose or recommend actions or decisions to/from the JEC or request arbitration of issues that could not be resolved at the HEC or BEC level.
8. Ensure configuration control plans have been developed and implemented by DoD and VA for data sharing and VLER initiatives.
9. Submit an annual report to Congress as required by P.L. 110-181, Section 1635, as amended by P.L. 110-417, Section 252.
10. Establish and manage a catalog of DoD/VA Common IT Services with regard to electronic health and benefits systems.
11. In coordination with the Departments, the IPO will develop, maintain and implement a DoD/VA Data Sharing Strategic Communications Plan.
12. In consultation with industry and appropriate federal agencies, shall develop, or shall adopt from industry, technology-neutral information technology infrastructure guidelines and standards for use by the DoD and VA to enable the departments to effectively select and utilize information technologies.

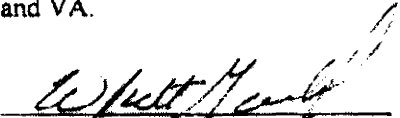
Funding:


1. Applicable Defense-wide appropriations will be used to pay for DoD government employee salaries, benefits and performance awards, training, travel and IPO office infrastructure and operational costs.
2. VA Information Technology appropriated funds will be used to pay for VA government employee salaries, benefits, performance awards, travel, and training.
3. Administrative and operational support, and budget execution and formulation for DoD funds for the IPO, will be provided by the Defense Human Resources Activity.

Charter Review:

This charter will become effective upon the later date of below signature, and shall be reviewed for applicability at a minimum of every 2 years, or at the request of the JEC.

Modifications of the Charter will be made in writing with the written consent of DoD and VA.


 The Honorable W. Scott Gould
 Deputy Secretary of Veterans Affairs
 Date 9-24-07


 The Honorable William K. Lynn III
 Deputy Secretary of Defense
 Date 9-19-07

Data Sharing - Health

