

Memorandum of Agreement for
DoD/VA Joint Electronic Health Records Interoperability Plan -
HealthPeople (Federal)

This document provides an update to the Memorandum of Agreement (MOA) for Federal Health Information Exchange (FHIE) Governance and Management and extends the expiration date of the current agreement between the Department of Defense (DoD) and Department of Veterans Affairs (VA). This document also contains the overarching agreement between VA and DoD to manage the activities and projects that fall within the joint strategy to develop interoperable health record systems.

1. BACKGROUND

FHIE Near Term Solution, Phase I of the Joint Electronic Health Records Interoperability Plan – HealthPeople (Federal), has been fully implemented and supports the one-way transfer at the point of separation of pre-separation health data from DoD Composite Health Care Systems (CHCS) to VA Veterans Health Information Systems and Technology Architecture (VistA) for use in clinical care and VA disability claims processing. The FHIE MOA originally signed in May 2002 by the Under Secretary of Defense Personnel and Readiness and the VA Deputy Secretary is due to expire October 31, 2004. This revised and updated MOA describes the Mid-Term and Long-Term objectives for bi-directional data exchange and extends the period of agreement between DoD and VA. As a result, it will replace the May 20, 2002 FHIE MOA.

2. MISSION AND OBJECTIVES

DoD and VA are pursuing a number of joint information management and technology initiatives that will significantly enhance the ability of both departments to securely share appropriate health information. These joint initiatives will enhance health care delivery and improve the continuity of care for beneficiaries in both Departments.

The objectives of the joint information management and technology initiatives are as follows:

- a. **Near-Term Objective** – Continue to support the one-way transfer of health data through FHIE. FHIE is compliant with the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act of 1974, and other privacy regulations that protect sensitive health care information of DoD beneficiaries. All information is encrypted prior to transmission and is sent using a virtual private network. VA providers nation-wide have access to this data thereby facilitating the delivery of needed care. FHIE is also being used by Veterans Benefits Administration (VBA) personnel. VBA claims adjudicators use FHIE data to assist in fulfilling the evidentiary requirements for processing disability compensation claims and in determining eligibility for Vocational Rehabilitation and Employment Benefits.

- b. Mid-Term Objective** - In order to improve patient safety and continuity of care at sites with a significant shared patient population, DoD and VA have initiated a project to provide local bi-directional data exchange between DoD's CHCS and VA's VistA. This initiative, DoD/VA Bidirectional Health Information Exchange (BHIE) (formerly DSI) will support sharing selected CHCS and VistA near real-time clinical data at local sites. The initial data shared will be patient demographic data (name, patient category, social security number, gender, and date of birth), DoD and VA outpatient pharmacy data (Military Treatment Facility data for all shared beneficiaries, DoD mail order pharmacy and retail pharmacy network for separated service members, and VA pharmacy data), and allergy information. Additional data elements that will be added are: DoD mail order pharmacy and retail pharmacy network data for other shared beneficiaries, laboratory results (surgical pathology reports, cytology, microbiology, chemistry, hematology, and lab orders data), and radiology results. Data will be shared in a manner that supports information assurance and privacy regulations.
- c. Long Term Objective** - DoD and VA are working toward interoperability between DoD's Clinical Data Repository (CDR) and VA's Health Data Repository (HDR). By October 2005, the CDR/HDR interface will support the bidirectional exchange of patient demographics, outpatient pharmacy (Military Treatment Facility, DoD mail order, and retail pharmacy network data), laboratory, and allergy information. The interface also will support the capability to perform agency drug to drug interaction screening (based on the integrated DoD/VA medication list) and local (intra-agency) database drug to drug allergy interaction screening (based on the integrated DoD/VA allergy list). The information exchange will be triggered by a patient initiated action, such as scheduling a health care appointment in both Departments, or informing the health care provider they are being seen in the other Department. The Departments will examine and define requirements for any subsequent capabilities beyond 2005 to support an on-going exchange of health data.

Joint electronic health records interoperability includes implementation of standards, technical and data architectures, hardware, and software design and development required to achieve the ability to securely exchange electronic health information. Active collaboration between the Departments on health information standards and enterprise architectures continues. DoD and VA are lead partners in the Consolidated Health Informatics project, one of the 24 eGov initiatives supporting the President's Management Agenda. DoD and VA are also leading partners in many national standards development efforts.

3. AUTHORITY

- A. Department of Veterans Affairs and Department of Defense Health Resources Sharing and Emergency Operations Act (38 U.S.C. 8111)**

- B. 1982 Memorandum of Understanding between the Veterans Administration and the Department of Defense, VA/DoD Health Care Resources Sharing Guidelines
- C. VA/DoD Joint Strategic Plan, April 2003

4. POLICY

- A. Joint DoD/VA IM/IT sharing projects will be in compliance with legal requirements related to information assurance and privacy of medical information, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and Privacy Act.
- B. Data Use Agreements will be executed as needed to meet Departmental requirements of either Department.
- C. DoD and VA will implement the Consolidated Health Informatics adopted standards into newly developed or acquired health information technologies, where feasible.

5. GOVERNANCE AND PROGRAM MANAGEMENT

This MOA will be supplemented by an overarching Joint Electronic Health Records Interoperability Program Management Plan and other associated project plans. Joint DoD/VA IM/IT sharing projects shall progress in clearly understood increments, with goals, objectives, milestones and performance measures that can be accomplished within a designated timeframe.

- A. Managing federal electronic medical information includes defining requirements; developing business process changes for participating entities; stratifying requirements over fiscal years; and obtaining joint senior level approval of funding, program timelines, and deliverables.
- B. All interagency programs, projects and initiatives will be consistent with the strategic goals and mission of each Department.
- C. The VA/DoD Joint Executive Council (JEC), co-chaired by the Under Secretary of Defense for Personnel and Readiness and the Deputy Secretary, Department of Veterans Affairs, provides the top-level executive oversight for joint activities. The JEC maintains the VA/DoD Joint Strategic Plan (JSP) for the purpose of improving the quality, efficiency and effectiveness of services delivered to VA and DoD beneficiaries. The VA/DoD Health Executive Council (HEC), co-chaired by the DoD Assistant Secretary for Health Affairs and the VA Under Secretary for Health, provides executive management of interagency health information technology activities and is responsible for the implementation of the health portion of the JEC JSP strategic Goal 4: *Integrated Information Sharing – Enable the efficient sharing of beneficiary data, medical records, and other information through secure and interoperable information management systems.*

The HEC serves as the lead entity for health related interagency coordination and holds decision-making authority and accountability for these activities.

- D. The Information Management/Information Technology (IM/IT) Work Group of the HEC, co-chaired by the Chief Information Officers of the Military Health System (MHS) and the Veterans Health Administration (VHA), serves as a technical advisory group to the VA/DoD HEC. The HEC IM/IT Work Group provides oversight and management to joint health information technology activities and ensures that commonly accepted government information technology program management practices are utilized. The HEC IM/IT Work Group meets on a monthly basis to review and approve program development and execution. The HEC IM/IT Work Group also provides updates to the HEC to ensure on-going executive oversight of joint activities.
- E. Each VA/DoD IM/IT sharing project has co-leads, or in some instances depending on the level of complexity and scope of activity, a jointly chosen single lead with overall project management responsibilities. The individual(s) are responsible for the overall management of all work plans and work products across both organizations.

Using the general organizational construct under the VA/DoD HEC and the HEC IM/IT Work Group, each project creates a project management organizational structure for project level oversight, management and execution in the project management plan. The organizational structure includes the positions, specific roles and responsibilities, and identifies the available resources to staff the project.

6. FUNDING

The Departments will ensure that agreed upon joint programs and projects are jointly funded as appropriate. To the extent possible, proposed annual funding for a contract will be determined in advance of any fiscal year, and, subject to the availability of appropriations, VA's contribution shall be obligated against funds for that fiscal year. Exact funding mechanisms and percentage contributions shall be determined on a project-by-project basis and may include such mechanisms as in-kind contributions, reimbursement procedures such as the Military Interdepartmental Purchase Request (MIPR) process, and jointly funded acquisition contracts when possible and appropriate. Given the differences in approaches to IT program funding, each participant's internal funding process will be respected. No common effort will proceed until approval and funding are in place from each of the participating entities.

7. EFFECTIVE DATE

- A. This memorandum will be effective as of the date of the last signature.
- B. This memorandum shall remain in effect until October 31, 2007, unless extended by mutual consent of the participating entities.

- C. This memorandum may be amended or terminated by mutual consent of the participating entities.
- D. Either party in writing may accomplish termination of this agreement upon 60 days notice.

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6-15-05
Date

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5-12-05
Date