Memorandum of Agreement for Federal Health Information Exchange Governance and Management

This document establishes the management and governance structure for the Federal Health Information Exchange (FHIE) previously known as the Government Computer-based Patient Record (GCPR). It replaces documents originally signed in July 1998 by RADM Todd Fisher, RADM Richard Church and Dr. Thomas Garthwaite.

1. BACKGROUND

Two major events contributed to the formation of Government Computer-based Patient Record Program. In August 1997, the Veterans Affairs/Department of Defense (VA/DoD) Executive Council asked the Chief Information Officers (CIOs) of their respective organizations to identify potential information technology sharing opportunities of which computer-based patient records was one.

In response to the deployment health and record keeping recommendations listed in the December, 1996 Final Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses, a Presidential Directive (PRD-5) instructed the Departments of Defense, Health and Human Services (DHHS) and Veterans Affairs to work collaboratively toward a "longitudinal view" of medical records. PRD-5 recommended "VA and DoD shall establish a computer-based patient record that will accurately and efficiently exchange information between DoD and VA." DoD's current effort to develop CHCS II, following upon CHCS I, is intended to fulfill DoD's internal computer-based patient record. VA's current effort to develop Health*e*Vet, following upon VistA, is intended to fulfill VA's internal computer-based patient record.

The Federal Health Information Exchange covered by this memorandum of agreement recognizes that current health information systems are disparate. The health information exchange is intended to enable the electronic exchange of health information among these currently disparate DoD and VA systems as well as systems operated by DoD and VA partners that provide health care to federal beneficiaries. In addition, the health information exchange is consistent with Congressional interest in collaborative endeavors between DoD and VA on information technology projects. This is a joint effort of the Departments of Defense and Veterans Affairs.

The health information exchange includes the design, development and implementation of the standards, technical and data architectures, hardware and software required to achieve an easily accessible, yet secure health information exchange for military personnel and veterans. This effort seeks to leverage existing agency and inter-agency system investments by providing a solution that is effective, affordable, interoperable, standards-based, scaleable, and expandable.

2. MISSION AND OBJECTIVES

The mission of the Federal Health Information Exchange is to enable the electronic exchange of appropriate health information, in keeping with applicable privacy laws and regulations, between DoD and VA and their partners caring for federal beneficiaries.

The objectives of the health information exchange are as follows:

a) **Near-Term Objective** -- The FHIE Near-Term Solution (NTS) will enable the transfer of protected electronic health information from DoD to VA on separated service members, including (a) providing such information at the time of their separation from military service, and (b) gathering and transmitting, under a set schedule, the same protected electronic health information on previously separated veterans. This disclosure of protected health information to the VA will be fully compliant with Health and Human Services (HHS) regulations on Standards for Privacy of Individually Identifiable Health Information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

b) **Mid-Term Objective** – DoD and VA will continue to jointly fund the NTS. DoD and VA will conduct a comprehensive assessment to determine whether there is a requirement for DoD and VA to exchange additional protected health information. DoD and VA will maintain the NTS capability and enhance it, as appropriate. As mutually agreed upon requirements are approved, DoD will transfer additional protected electronic health information on individual service members to VA at the time of their separation from military service. In addition, DoD will gather and transmit to VA, under a set schedule, the same additional protected electronic health information of previously separated veterans. All disclosures of individually identifiable health information will comply with HIPAA privacy regulations.

c) **Long Term Objective** – The Federal Health Information Exchange will help enable two-way transfer between VA and DoD in the future. Under this objective, the two agencies will exchange health and related information and also will standardize health and related data, communications, security, and software applications where appropriate. DoD and VA's joint efforts will demonstrate the feasibility and value of system interoperability. It will permit VA and DoD to develop comprehensive health information systems and to achieve the sharing of secure health data required by their health care providers. This objective is critical to DoD and VA effectively sharing beneficiaries' health information and ensuring high quality beneficiary health care.

3. AUTHORITY

A. Presidential Review Directive number 5 (PRD-5), August 1998

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

C. 5 U.S.C. 301

4. POLICY

A. Specific proposals for joint ventures will be supplemented by Inter-governmental Support Agreements that define the requirements being met, support needed, funding limits, governance for that specific initiative, and other terms and conditions of the agreement.

B. The project shall progress in clearly understood increments, with goals, objectives, and performance measures that can be accomplished within a 12 to 18 month timeframe.

C. Business processes that comply with all confidentiality and security requirements applicable to individually identifiable health information, including ones promulgated by the Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), will be in place before authorizing the transfer of individually identifiable health information among participating entities.

D. Managing federal electronic health information includes developing common operational 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.

5. GOVERNANCE

VA will serve as the executive agent for this program effort and will work collaboratively with DoD to successfully accomplish the program's objectives. There will be four levels of governance for this Program.

A. The top level of governance is the DoD Under Secretary of Defense (Personnel and Readiness) and the VA Deputy Secretary. All interagency efforts will be mapped directly to Departmental goals and objectives, as required by the Clinger-Cohen Act.

B. The second level of governance is by the DoD Assistant Secretary for Health Affairs and the VA Under Secretary for Health. They will receive comprehensive updates on a twice-yearly basis, at their request, or when the situation indicates a need for their involvement. Their role is to set overall program and resource direction and

function as the senior oversight and approval authority for federal electronic health information sharing initiatives amongst VA and DoD. Functional managers from participating entities will identify their common and separate needs, determine their business processes to support sharing activities, define information management and information technology (IM/IT) requirements, obtain cost estimates, prioritize, and submit them for final approval. Once approved, requirements will be integrated into the respective entity's IT requirements prioritization and tracking system.

C. The third level of governance is by the Chief Information Officers (CIOs) from the Military Health System (MHS) and the Veterans Health Administration (VHA). The VHA CIO will serve as chair. They will also serve as technical advisors to the VA/DoD Executive Council; provide technical oversight, guidance, and direction on the IM/IT aspect of sharing initiatives; and ensure that commonly accepted government information technology (IT) program management practices are utilized. They will meet on a monthly basis to review and approve program development and execution, and they are to be immediately apprised if any significant risk occurs. They will resolve any issues that cannot be resolved among their GS-14 or CO-05 (or above) managers involved in any agreed upon effort. They will be assisted by functional managers from each of the three agencies.

D. Day-to-day oversight will be provided by the GS-15 Program Director working in collaboration with DoD and VHA staff, including the functional managers from each of the three agencies. The incumbent's duty is to ensure, to the maximum extent possible, that any approved effort is brought to a successful conclusion.

6. PROGRAM MANAGEMENT

This memorandum sets forth the organizational structure responsible for execution of agreed upon activities within available funds to accomplish specific tasks and provide deliverables and establishes a jointly staffed federal health information exchange Program Management Office.

The Program Director will encumber a permanent medical care position, GS-15, that is funded by the Department of Veterans Affairs, Veterans Health Administration, Office of Information from its contribution toward the effort. This position will have responsibility for all aspects of managing, using commonly accepted government information technology (IT) program management techniques. To assist and collaborate with the Program Director, VA and DoD will provide equivalent grade level staff to oversee agreed upon interagency efforts. These three Government staff are directly and jointly accountable for the success of this effort. While each person is responsible directly to their respective Chief Information Officer, they are also directly responsible for achieving approved goals and objectives of the joint effort through interagency teamwork.

The VA-sponsored Program Director has responsibility for:

- Managing the overall Program
- Developing and updating Program plans in an agreed to format
- Supporting the interagency efforts of the three CIOs
- Collaborating with DoD and VA counterparts to ensure success of the program
- Providing leadership, common processes, and tools to create an integrated, collaborative Program management environment
- Establishing and supervising the Program office support personnel
- Ensuring Program activities are executed in accordance with statutory and regulatory requirements
- Developing and tracking Program milestones and timelines
- Collaborating with leaders of Government workgroups to ensure compliance and completion of major Program deliverables
- Creating and maintaining quality improvement and risk management strategies to ensure successful Program outcomes

The Program Director is responsible for hiring and managing necessary technical, management and administrative support staff in collaboration with the other participating entities. This will be achieved within the annual Federal budget allotments and other funds obtained for this effort.

7. FUNDING

Proposed annual funding, subject to appropriations, will be determined in advance of any fiscal year. The current expectation is that the annual funding provided by the Departments of Veterans Affairs and Defense will approximate $6-7 million each for Fiscal Years 2002 through 2003. Each agency or participant is responsible for obtaining fiscal year funds to support new efforts and to sustain/maintain on-going operations. To the extent possible, agreed upon efforts will be funded for a contract's entire period of performance. 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.

8. 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, 2004, unless extended by mutual consent of the participating entities.

C. This memorandum may be amended by mutual consent of the participating entities.

D. Either party upon 60 days notice in writing may accomplish termination of this agreement.

MAY 3 2002

Deputy Secretary, Department of Veterans Affairs

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Under Secretary of Defense (Personnel and Readiness), Department of Defense