DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

The Honorable Patty Murray
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Chairman Murray:

The enclosed "Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office (IPO) Report to Congress for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

cc:
The Honorable Richard Burr
Ranking Member

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

The Honorable Harold Rogers
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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

Cc:
The Honorable Norman D. Dicks
Ranking Member

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

The Honorable Leon Panetta
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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

The Honorable Howard P. "Buck" McKeon
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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

The Honorable Jeff Miller
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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

cc:
The Honorable Robert Filner
Ranking Member

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

The Honorable Joe Wilson
Chairman, Subcommittee on Military Personnel
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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

cc:
The Honorable Susan A. Davis
Ranking Member

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

The Honorable C.W. Bill Young
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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

DOD/VA INTERAGENCY PROGRAM OFFICE
1700 NORTH MOORE STREET
ROSSLYN, VA 22209

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 for Fiscal Year (FY) 2011", responds to the requirement in the National Defense Authorization Act (NDAA) for FY 08, Public Law 110-181, Section (Sec.) 1635, as amended by Sec. 252 of the Duncan Hunter NDAA for FY 09. This legislation requires the IPO Director to deliver a report to the Secretaries of Defense and Veterans Affairs and to the appropriate committees of Congress by January 1, 2012, and annually thereafter through 2014.

This report describes the activities of the IPO; the progress made by Departments toward full implementation of systems or capabilities that allow for full interoperability of electronic health data between DoD and VA, including problems and progress regarding ensuring interoperable and secure health care information systems and electronic health records; and the status of the interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners.

Sincerely,

Barclay P. Butler, Ph.D.
Director

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

Department of Defense/Department of Veterans Affairs

Interagency Program Office

Annual Report to Congress
2011

Dr. Jo Ann Rooney
Acting Under Secretary of Defense
(Personnel & Readiness)

W. Scott Gould
Deputy Secretary
Department of Veterans Affairs

David M. Wennergren
Interim Director
DoD/VA Interagency Program Office

Required by
Section 1635 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008

Preparation of this report cost the Department of Defense
a total of approximately $18,320 for Fiscal Year 2012

TABLE OF CONTENTS

Statutory Basis 1

Executive Summary 2

Part 1: Major IPO Activities, Expenditures and Challenges 3

- Major IPO Activities 3
  - Supporting the Virtual Lifetime Electronic Record (VLER) Initiative 3
  - Supporting Captain James A. Lovell Federal Health Care Center (FHCC) Operations 4
  - Preparing to Implement the New IPO Charter 5
- Expenditure Summary 6
- Challenges 6
  - Interagency Coordination 6
  - Staffing the IPO 6
  - Complexity of IT Efforts 7

Part 2: Assessment of the Departments' Accomplishments and Challenges 7

- VA-DoD Accomplishments 7
  - Leadership Engagement and Commitment 7
  - iEHR Agreements 8
  - IT Capability Delivery to Support FHCC Operations 9
  - VLER Capability Delivery 10
- Challenges 11
  - Sustaining Momentum for Joint DoD-VA Efforts 11
  - Agile Capability Delivery 12

Conclusion 12

Appendix A: Acronyms 13

Appendix B: Governance Structure 15

Appendix C: IPO Charter 16

Statutory Basis

The law that established the Interagency Program Office (IPO) of the Departments of Defense (DoD) and Veterans Affairs (VA) (the Departments), section 1635 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, includes a requirement for the IPO Director to submit an annual report to the Secretaries of DoD and VA and to the appropriate Committees of Congress. The law, as subsequently amended by section 252 of the Duncan Hunter NDAA for FY 2009, specifies what is to be included in the report as follows:

a. A detailed description of DoD/VA IPO activities, including related expenditures;
b. An assessment of the progress made by DoD and VA toward achieving full implementation of Electronic Health Record (EHR) systems or capabilities that allow for full interoperability;
c. A description and analysis of the level of interoperability and security of technologies for sharing health care information among DoD, VA, and their transaction partners; and
d. A description and analysis of the problems DoD and VA are having with, and the progress being made toward, ensuring interoperable and secure health care information systems and EHRs.

The statutory timeframe for the report is the preceding calendar year; however, both Departments maintain reporting precedents of fiscal years. In order to satisfy both the requirement of the legislation and the reporting structure of the Departments, this report details those activities completed during FY 2011 and highlights activities scheduled through the end of the fourth quarter of Calendar Year (CY) 2011.

Executive Summary

The NDAA 2008 established the IPO to act as the single point of accountability for the DoD and VA in the rapid development and implementation of EHR systems and capabilities. During FY 2011, the IPO continued to oversee and coordinate the efforts of the Departments in support of ongoing projects such as the Virtual Lifetime Electronic Record (VLER) Initiative and the Captain James A. Lovell Federal Health Care Center (FHCC) in North Chicago, Illinois. While the IPO continued in its historical role to support and enhance interoperability of electronic health care information between the Departments, a fundamental shift occurred in how DoD and VA will collaborate in this space going forward.

Faced with a mutual need to modernize legacy systems, in FY 2011 the Departments agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. On June 23, 2011, the Secretaries of Defense and Veterans Affairs approved plans to implement this integrated EHR (iEHR), and an effective governance structure was created to oversee the effort.

In October 2011 the Departments re-chartered the IPO, significantly expanding its role to lead DoD and VA in the development and implementation of iEHR and VLER Health. Centralizing responsibility for the implementation of these systems, capabilities, and initiatives under the IPO will be a key enabler in achieving full information interoperability between the Departments to better serve service members, Veterans and other eligible beneficiaries.

This annual report is in two distinct parts, each with a separate focus. The first part of this document describes the activities of the IPO during FY 2011, providing detailed information about the IPO's accomplishments in its coordination role and a summary of related expenditures. Challenges facing the IPO in its newly-expanded implementation role are also included.

The second part of the report includes an assessment of the Departments' progress toward full implementation of EHR systems and capabilities that allow for full interoperability of personal health care information. Additionally, the second part provides a description and analysis of the challenges faced and the progress made by the Departments in working to ensure interoperability and security of DoD and VA health care information systems and EHRs.

Part 1: Major IPO Activities, Expenditures and Challenges

Major IPO Activities

In FY 2011, the IPO continued to focus on coordinating the interoperability efforts of the Departments while also preparing for its future role in leading development and implementation of iEHR and VLER Health.

Supporting the Virtual Lifetime Electronic Record (VLER) Initiative

The VLER Initiative aims to provide comprehensive health, benefits, and administrative information, including personnel records and military history records, as a result of the ability to securely and seamlessly locate and exchange data among relevant entities. These entities include: DoD, VA, Social Security Administration (SSA), private health care providers, private health information exchange partners, and other federal, state and local governmental partners.

The IPO's role in the VLER Initiative in FY 2011 was to provide coordination and oversight for VLER Health capabilities on behalf of the Deputy Secretaries of the Departments. VLER Health is the portfolio of programs that manage the exchange and use of clinically relevant health information on Service members and Veterans between VA, DoD, and other federal and non-federal health exchange partners.

The following is a description of activities conducted during the report year by the IPO in support of the VLER Initiative:

- ***Finalized a VLER Initiative Strategic Plan that was signed by the VA/DoD Joint Executive Council (JEC) Co-Chairs.*** The Strategic Plan describes VLER in terms of four capability areas (VCAs), and defines basic, foundational, and expanded capability in each area.
- ***Finalized a VCA 1 Concept of Operations (CONOPS) document that was approved by the VA/DoD JEC Co-Chairs.*** The VCA 1 CONOPS is a document that defines the vision, strategic goals, governance model, and performance management framework for VCA 1.
- ***Led the effort to develop a suite of VLER CONOPS support documents***, to include***:***
    - **Program Management Plan (PMP).** The PMP provides guidance for the management, planning, and control of VLER.
    - **Joint Business and Technical Requirements (JBTR)**. The JBTR supports the collective identification, review and approval of the joint requirements.
    - **Joint Master Test Plan (JMTP).** The JMTP provides high-level details regarding the testing strategy of the DoD and VA for the development and implementation of VLER at each of the pilot locations.
    - **Joint Integrated Master Schedule (JIMS)**. The JIMS tracks the progress of the interoperable EHR systems or capabilities being developed by the Departments.
    - **Joint Evaluation Plan for Success (JEPS)**. The VCA 1 JEPS provides a high-level description of the VCA 1 Performance Life Cycle.
    - **Joint Configuration Management Plan (JCMP)**. The JCMP provides a framework for the enterprise's application of configuration management (CM) to VCA 1 in order to manage changes that affect the joint space.

- **Joint Risk and Issue Management Plan (RIMP).** The RIMP serves as a guide to systematically manage VLER risks and issues and enable the DoD, VA, SSA, and IPO to effectively strategize against barriers to nationwide rollout, as defined in the VLER CONOPS.

- ***Continued coordination and acceleration of interagency activities related to the four joint DoD/VA VLER pilots.*** Each pilot achieved its respective objectives and data is being exchanged. The four joint pilots were:
  - San Diego: Kaiser Permanente is the private sector Health Information Exchange (HIE) partner
    - Achieved the January 28, 2010 "Go Live" milestone
  - Tidewater: MedVirginia is the private sector HIE partner
    - Achieved the September 15, 2010 "Go Live" milestone
  - Spokane Pilot: Inland Northwest Health Services (INHS) is the private sector HIE partner
    - Achieved the March 25, 2011 "Go Live" milestone
  - Puget Sound: MultiCare Health System is the private sector HIE partner
    - Achieved the September 30, 2011 "Go Live" milestone
- Partnered with DoD and VA, and the Department of Health and Human Services (HHS) Office of the National Coordinator (ONC) for Health Information Technology to develop a Standards and Interoperability (S&I) Framework for the rapid qualification of HIE partners to exchange data over the Nationwide Health Information Network (NwHIN). IPO standards development activity with the Office of the National Coordinator (ONC) included:
  - Clinical Document Architecture (CDA) Consolidation Project: CDA comprises multiple goals, to include the provision of a set of harmonized CDA templates for the United States. The CDA Consolidation Project supports development of additional standards-based data modules for the implementation of expanded clinical health data sets
  - Transition of Care (TOC) Initiative: TOC supports development of Meaningful Use Stage 1 summary of care requirements for transition of care
  - Coordination and participation in NwHIN CONNECT Specification Development: CONNECT is a free, open source software solution that supports health information exchange – both locally and at the national level. CONNECT uses NwHIN standards, services, and policies to make sure that health information exchanges are compatible with other exchanges being set up throughout the country.

Supporting Captain James A. Lovell Federal Health Care Center (FHCC) Operations

The North Chicago Veterans Affairs Medical Center and the Naval Health Clinic Great Lakes merged into the Captain James A. Lovell FHCC on October 1, 2010. The FHCC is the first integrated facility of its kind, serving both DoD and VA populations. This five-year demonstration project was authorized by the NDAA 2010, Title XVII. An Executive Agreement is in place that serves as a formal agreement between the Departments regarding the standup and operation of the FHCC.

The IPO, acting on behalf of the Deputy Secretaries of the Departments, provided IT-related coordination and oversight during the transition to a fully functioning joint facility. IPO duties entailed

monitoring, tracking and reporting progress with respect to the aggressive joint IM/IT schedule and related activities.

Specific activities conducted by the IPO during the reporting period in support of the first year of operations of the FHCC included:

- ***Organized and hosted weekly FHCC joint program status meetings***. These informational meetings generated specific actions that addressed functional and IT issues such as incremental deployment of the Orders Portability capabilities, system downtime and transitioning providers and other users into a new systems infrastructure.
- ***Prepared and distributed the FHCC Laboratory Orders Portability Lessons Learned document.***
- ***Provided onsite and remote user testing and implementation guidance.*** This support was provided prior to the release of joint patient information management capabilities.
- ***Hosted and coordinated biweekly meetings of the North Chicago Executive Committee (EXCOM)***. The EXCOM comprised senior DoD and VA leaders to help manage the expanding capabilities of Orders Portability (OP), FHCC provider access security, and the need for additional patient pharmacy support prior to delivery of a joint pharmacy capability.
- ***Attended functional meetings.*** These diverse sessions provided information to the larger FHCC stakeholder community who formerly attended the weekly IPO sponsored FHCC Information Management/Information Technology (IM/IT) Weekly Status Meetings. Various functional groups included the local Monitors and Controls Board, the North Chicago (NC) IM/IT Project Plan group, and the NC Risk Management group.
- ***Provided and maintained a FHCC Joint Integrated Master Schedule***. The schedule was maintained during the transition activities to accurately provide and track a compendium of tasks supporting the scope of the total project.
- ***Prepared information updates.*** Regular updates to senior leadership and their frequency were as follows:
    - Under Secretary of Defense (Personnel and Readiness) – weekly
    - VA/DoD JEC co-chaired by VA Deputy Secretary and the DoD Under Secretary for Personnel and Readiness – quarterly
    - VA/DoD Health Executive Committee (HEC) co-chaired by the VA Under Secretary for Health and the DoD Assistant Secretary of Defense, Health Affairs – bi-monthly
    - JAL FHCC Advisory Board – monthly
    - Government Accountability Office (GAO) – quarterly
    - Congress – annually
    - EXCOM – bi-weekly
    - Situation Reports – ad hoc

Preparing to Implement the New IPO Charter

In October 2011 the Deputy Secretaries of both Departments signed a new IPO charter, instilling more authority into the joint program office, and making the IPO the single point of accountability for iEHR and VLER Health. In preparation for assuming program execution responsibility, the IPO has organized

teams to define various capabilities and processes for iEHR, and continues to build relationships with private health care providers pioneering the exchange of information through VLER. The Departments are equal partners in this effort, and from a staffing standpoint are contributing equally. DoD's Assistant Deputy Chief Management Officer is currently serving as the Interim Director of the IPO, and a VA Senior Executive is serving as Interim Deputy Director. DoD and VA are beginning to staff the expanded program office with people from iEHR and VLER related organizations within each Department and plan to select the permanent IPO Director (DoD) and Deputy Director (VA) in January 2012.

Expenditure Summary

The following table lists IPO expenditures in FY 2011, broken out by category of expenses and source of Departmental funds:

Item	DoD FY 2011	VA FY 2011	Total IPO
Gov't Staff (Salaries and Benefits)	$1,900,796.00	$724,784.40	$2,625,580.40
Training	$5,350.00	$4,618.00	$9,968.00
Travel	$36,627.00	$9,828.39	$46,455.39
Supplies & Materials (incl IT Sppt)	$618,509.00	$45.78	$618,554.78
Rent/Real Property Services	$417,840.00		$417,840.00
Support Services (Contracts)	$10,235,781.00		$10,235,781.00
Grand Total	**$13,214,903.00**	**$ 739,276.57**	**$13,954,179.57**

Challenges

Interagency Coordination

The IPO has been continually challenged to effectively coordinate joint documents, policies, and decisions through both Departments for senior leadership approval in a timely manner. Planning for the separate review processes within each Department and the satisfactory adjudication of comments has required the IPO to expect long lead times. The IPO has traditionally played a strong facilitation role to ensure all equities have been adequately represented in final products.

While extensive coordination with the Departments will continue going forward, requisite DoD-VA decision making and approvals will be expedited through the expanded authority delegated to the IPO Director through the new IPO charter. Simultaneously exercising improved and targeted governance through the IPO Advisory Board will also help to overcome any interagency coordination challenges in the areas of iEHR and VLER Health.

Staffing the IPO

13 DoD civilian positions and 13 VA civilian positions were authorized for the IPO during FY 2011. Filling these positions was a challenge, with only 8 DoD full time equivalents (FTEs) and three VA positions

filled at the end of the fiscal year. During the reporting period the IPO relied upon 25 contract support staff to assist in its role of coordination and oversight.

With the start of FY 2012, DoD and VA began implementing plans to staff the re-chartered and expanded IPO with at least 50 people from each Department. The organization will be staffed by subject matter experts in the following areas: current VA-DoD collaboration efforts, business architecture, data and interoperability standards, functional capabilities, requirements, clinical usability, architecture, and systems engineering.

The IPO will determine the requirements associated with personnel billets, and, contingent on IPO approval, DoD and VA will provide current or potential employees that fulfill these requirements consistent with Departmental procedures. Personnel from the Departments supporting these efforts will be considered assigned or detailed to the IPO for purposes of such efforts. The Departments have also agreed to provide appropriate programmatic support staff sufficient to support IPO task execution.

Complexity of IT Efforts

In accordance with its new charter, the IPO has been charged with the responsibility for modernizing the legacy health IT systems of the Departments. The scope, scale, and complexity of this undertaking will present significant challenges for the IPO in FY 2012 and beyond. The IPO is well positioned to meet these challenges through a combination of effective governance and the identification of key members of the IPO leadership team, including the IPO Technical Director, Chief Architect, Lead Engineer, iEHR Program Managers, and VLER Health Program Manager.

To further ensure effective coordination between DoD and VA on these complex health IT initiatives, the Departments chartered the Health Architecture Review Board (HARB) to address standards, quality assurance, integration, transparency, visibility, and monitoring of Enterprise Architecture needed for DoD/VA interagency health IT. The Departments also modified the charters of the Health Executive Council (HEC), the HEC IM/IT Working Group, and the Interagency Clinical Informatics Board to help focus on these initiatives.

Part 2: Assessment of the Departments' Accomplishments and Challenges

VA-DoD Accomplishments

Leadership Engagement and Commitment

In FY 2011, EHR efforts received significant leadership attention at the most senior levels of the Departments, enabling DoD and VA to reach unprecedented agreements for a joint way forward. In March the Secretaries of Defense and Veterans Affairs held the first of what have become regular quarterly meetings to discuss progress on iEHR and the FHCC in North Chicago.

For day-to-day senior-level oversight, the two Secretaries designated the DoD Deputy Chief Management Officer (DCMO) and the VA Assistant Secretary for Information and Technology (AS I&T) as

the senior officials responsible for directing the efforts of the IPO. The DoD DCMO and VA AS I&T co-chair a newly-chartered IPO Advisory Board, comprising senior leadership of both Departments, to:

- Approve program and acquisition plans, resources, and prioritized functional requirements/capabilities to include sequence of clinical capability, common service needs, and gaps to be filled.
- Provide the necessary Milestone Decision Authority responsibility for the iEHR and VLER Health.
- Determine strategic priorities, functional/performance requirements, data standards and compliance, architectural requirements, clinical workflows, business process reengineering, system and infrastructure requirements.
- Monitor progress toward program milestones including cost, schedule, and performance with regular IPO Director In-progress Reviews.

As a further testament to the enduring commitment of both Departments for continued leadership attention to IPO matters, the following officials were identified as members of the IPO Advisory Board:

- DoD Members:
  - DCMO (co-chair)
  - Comptroller
  - Principal Deputy Under Secretary of Defense (Personnel and Readiness)
  - Chief Information Officer
  - Assistant Secretary of Defense (Health Affairs)
  - Director, Operational Test and Evaluation
  - Director, Cost Assessment and Program Evaluation
  - Joint Staff Surgeon
  - Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy
- VA Members:
  - AS I&T (co-chair)
  - Under Secretary for Health
  - Under Secretary for Benefits
  - Chief Technology Officer
  - Principal Deputy Assistant Secretary for Information and Technology
  - Principal Deputy Under Secretary for Health
  - Deputy Under Secretary for Health (Policy and Services)
  - Chief Financial Officer
  - Assistant Secretary for Policy and Planning

The IPO Director and Deputy Director will be selected by the Secretaries of Defense and Veterans Affairs, respectively.

iEHR Agreements

Each year more than 150,000 military members separate from military service and transition to Veteran status. Transitioning their health care from one large health care system (DoD) to the other (VA) involves coordination of data and information between the two Departments. When complete, iEHR will serve as a national model for capturing, storing, and sharing electronic health information for Service members and Veterans from the moment they enter active duty throughout their lifetime.

The Secretaries of Defense and VA committed their respective Departments to jointly develop and implement the next generation of EHR capabilities with integrated objectives towards implementing a common architecture, data and services, data centers, interface/exchange standards and presentation layer; and with a single joint common platform using sequentially ordered business rules. On March 17, 2011, the Secretary of Veterans Affairs and the Secretary of Defense reached an agreement to work cooperatively on the development of a common electronic health record and are planning to sunset legacy systems and transition to the new iEHR.

Throughout FY 2011, numerous agreements were reached for iEHR activities, including the implementation of a high-level governance structure with a Program Executive (IPO Director) and an IPO Advisory Board. Under this governance structure, the IPO Director will make decisions related to requirements, design methodologies, application priorities, implementation schedule, and deployment sequence. The co-chairs of the IPO Advisory Board have the necessary decision authority to ensure program execution and oversight.

Other key agreements were reached in the following areas:

- ***Mission Requirements/Performance Outcomes.*** Common mission and vision for the iEHR; common functional compatibility model; common quality measures and transparency requirements; core common Measures of Effectiveness (MOE), Measures of Performance (MOP) and Key Performance Parameters (KPP); transparency to industry in business requirements, process flows, architectural requirements, and data standards/approach.
- ***Business Processes.*** Common Integrated Business Reference Model; common, optimized "To Be" business process flow model.
- ***Data Interoperability.*** Common information and terminology models; common data exchange specifications and translation services; common data standards.
- ***Infrastructure and Enterprise Architecture.*** Common regionalized data centers; common enterprise service bus; common identity management (Defense Manpower Data Center); common health information database.
- ***Systems Capabilities and Shared Common Core Services.*** Prioritized list of system capabilities; initial set of shared common core services; prioritization framework and list of common system capabilities for joint pursuit.
- ***Presentation Layer.*** Common presentation layer for both Departments.

IT Capability Delivery to Support FHCC Operations

In order to safely exchange data between DoD and VA IT systems and allow health care providers and administrative personnel to deliver high-quality services at the FHCC, the Departments developed and refined the following IT capabilities to support North Chicago during the reporting period:

- ***Single Patient Registration*****.** This IT solution **s**upports the capability to register and update a patient via a single graphical user interface (GUI). Through native DoD and VA systems, the patient is registered, eligibility is verified and updates are made. This common service is used by both DoD and VA.

- ***Medical Single Sign-on (MSSO).*** Users are now able to access the individual clinical applications presented via MSSO based upon the user's access rights for the individual systems available using a VA Personal Identity Verification (PIV) Card or DoD Common Access Card (CAC).
- ***Clinical Context Management (CCM).*** DoD and VA context management solutions enable users to select a patient from one application, which then automatically selects the same patient when accessing another DoD or VA application.
- ***Joint Testing Platform***. This platform provides the joint testing environment for all FHCC releases which support joint IT capabilities and ensures interoperability.
- ***Orders Portability (OP).*** OP provides the ability for a provider, or authorized user on behalf of a provider, to place or enter an order in the DoD and/or VA clinical system and have the information available for an authorized user in either system.

DoD and VA successfully developed and implemented Single Patient Registration, MSSO, CCM, and other elements foundational to interoperability at the FHCC in December 2010. A joint DoD/VA Test Facility became fully operational in March 2011. Work continues on OP to allow health care providers to place and review radiology and laboratory orders.

Additionally, VA and DoD began testing GUI solutions to improve viewing healthcare data and to implement a common GUI for providers at the FHCC. Going forward, the Departments will maintain these delivered IT capabilities. Those IT capabilities planned but not yet delivered for the FHCC will be led by the IPO as part of the iEHR development effort.

The following are notable measurable figures from the FHCC's first year in operation:

- Total outpatient visits VistA and AHLTA: 829,399
- Total inpatient admissions: 4,489
- Total dental visits to West Campus: 5,644
- Total dental visits to East Campus: 639,020
- Pharmacy prescriptions (fiscal year 2011): 1,870,170
- Number of records integrated: about 90,000
- USS Red Rover processed more than 38,000 Navy Recruits; delivering more than 178,000 immunizations

VLER Capability Delivery

In FY 2011 the Departments continued to demonstrate their shared commitment to the VLER Initiative, enabling access to individuals' information in DoD, VA, other federal and state agencies and private sector partners while facilitating proactive and improved delivery of services. VLER is rapidly becoming a mechanism for the exchange of comprehensive health, benefits and administrative information for Veterans, Service members, and other eligible beneficiaries as envisioned by President Obama.

DoD, VA, and their VLER partners made progress toward interoperability by agreeing to use and comply with the NwHIN standards propagated by the Department of Health and Human Services Office of the National Coordinator for Health IT. All VLER Health federal and private partners have signed the Data

Use and Reciprocal Support Agreement (DURSA), a multi-party trust agreement that provides a legal framework for participation in the NwHIN. Signing the DURSA formalized the VLER partners' mutual commitment to ensuring that information exchanges from their respective EHR systems will use standards that will enable secure interoperability.

During the reporting period, VLER pilots were continued at DoD, VA, and private sector health care facilities in San Diego, California and the Tidewater Area of Virginia, and new pilots were launched in the Spokane and Puget Sound areas of Washington. Activities at each location involved the testing of capabilities developed to achieve the safe and secure exchange of patient health care data between the EHR systems of two or more data exchange partners. DoD and VA are conducting a series of joint three-way pilots with increasing functionalities to test system and data capabilities. Each joint three-way pilot successfully achieved implementation of its planned allotment of data modules, leading to full implementation of the foundational health data set in September 2011.

The Departments have successfully completed phased development of data modules to support a July 2012 Go/No-Go decision on the national rollout of the VCA 1 initial operating capability (IOC). Data currently being exchanged includes:

- Allergy/Drug Sensitivity
- Condition
- Healthcare Provider
- Information Source
- Language Spoken
- Medication
- Person Information
- Emergency Contact
- Hematology Laboratory Results
- Chemistry Laboratory Results
- Encounter
- Insurance Provider
- Procedures
- Unstructured Documents, such as:
    - Consults/Referrals
    - Discharge Summaries
    - Results of Diagnostic Studies
    - History and Physicals
    - Procedure Notes

Challenges

Sustaining Momentum for Joint DoD-VA Efforts

After a year of significant accomplishments and groundbreaking agreements to jointly modernize EHR systems and capabilities, it will be crucial that both Departments continue to sustain current momentum in this area. DoD and VA functional and technical communities have risen to the challenge of iEHR, and they must remain actively engaged as the necessary plans are put in place to execute the Departments' joint vision.

Continued attention from senior leadership will be essential, and the Secretaries of Defense and Veterans Affairs will continue to hold their quarterly meetings to discuss iEHR, the FHCC in North Chicago, and a number of other joint DoD-VA initiatives. The IPO Advisory Board will also convene early in CY 2012, and a permanent senior executive leadership team will also be in place at the IPO.

In order to help maintain high levels of interest in supporting the joint efforts of the Departments, the IPO will take an active role to improve communications and stakeholder engagement. Building upon the considerable energy already within DoD and VA enterprises will be a key enabler for the IPO to deliver upon its programmatic milestones in FY 2012.

Agile Capability Delivery

The agreements between the Departments associated with iEHR have been widely publicized, and pressure is already mounting to deliver capabilities. The Departments will need to balance the need to conduct proper planning for the overall effort with a strong desire to field new systems and applications as rapidly as possible. The IPO's initial focus to put critical infrastructure and services in place for iEHR must receive strong support to manage end user expectations and avoid perceptions of delays.

Effective governance will assist the IPO in navigating Department-specific processes for acquiring IT solutions to ensure iEHR does not incur unnecessary delays. iEHR will be subject to the programmatic requirements of both the DoD Business Capability Lifecycle (BCL) and the VA Program Management Accountability System (PMAS). The IPO, DoD, and VA are identifying areas where process differences may exist, and are collaboratively engaging in efforts to ensure that any impediment that may arise is resolved in an efficient manner.

The IPO will leverage BCL and PMAS to create a Capability Development Life Cycle Framework which will capture the required documentation and milestone decisions for each phase, to include funding and investment decisions. Given the complexity of the iEHR effort and the need to merge two acquisition lifecycles, the Departments have acknowledged the need to optimally align their processes to ensure agile and cost efficient delivery of capabilities to the clinical community.

Conclusion

During the reporting period, the IPO coordinated the interoperability efforts of the Departments and began preparations for assuming the lead role in developing and implementing iEHR and VLER Health on behalf of DoD and VA. Through collaborative efforts, the IPO and the Departments conducted multifaceted planning and achieved successes in expanding health IT interoperability. In FY 2012, the IPO and the Departments will build upon current momentum for modernizing, testing and activating EHR systems and capabilities to enable broader information interoperability.

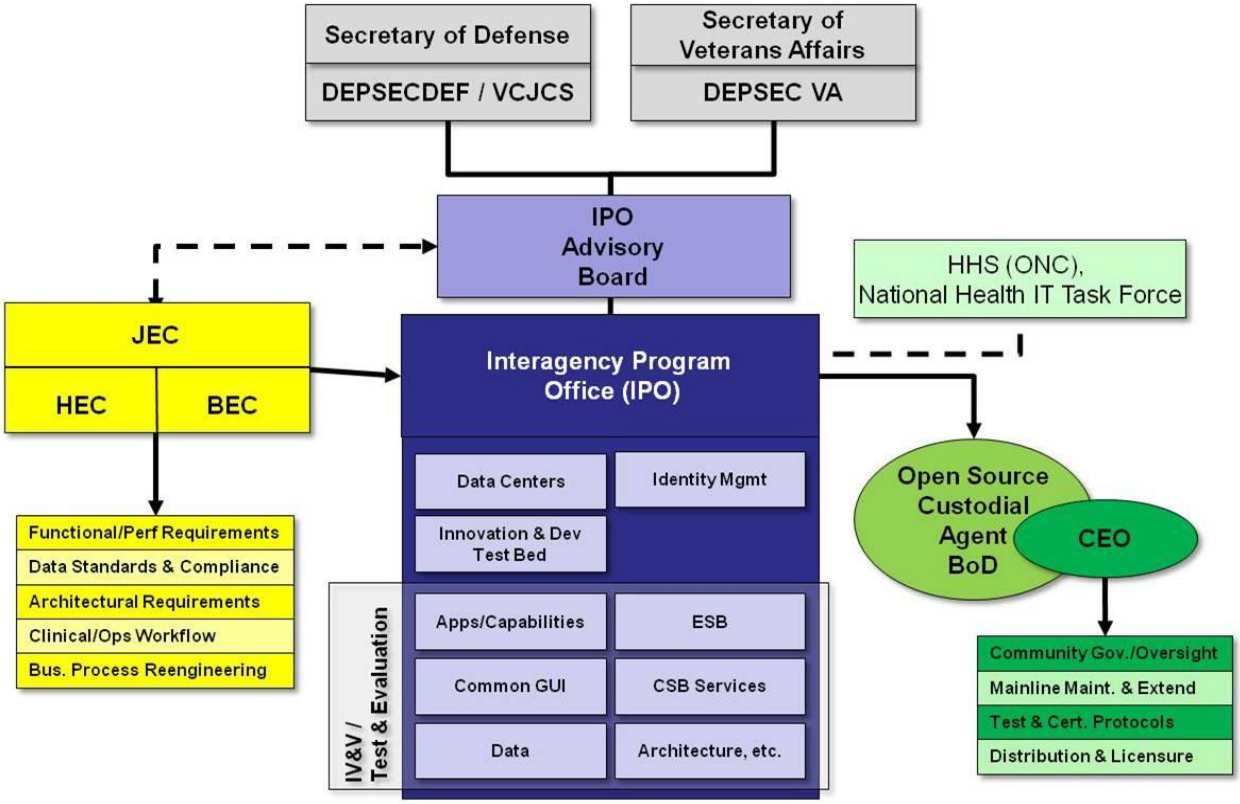
In creating the IPO, Congress set forth specific objectives for the office to fulfill. By coordinating and guiding the health care data sharing IT developments of DoD and VA, the IPO has accelerated the seamless exchange of health care information between the Departments. Through the expansion of IPO authorities and responsibilities in its new charter, its role going forward will align better with Congressional intent.

Appendix A: Acronyms

Acronym	Definition
AHLTA	DoD's electronic health record
ASI&T	VA Assistant Secretary for Information and Technology
BCL	DoD Business Capability Lifecycle
BEC	VA/DoD Benefits Executive Council
CAC	DoD Common Access Card
CCM	Clinical Context Management
CDA	Clinical Document Architecture
CONOPS	Concept of Operations
CY	Calendar Year
CPRS	Computerized Patient Record System
CSS	Contract Support Staff
DCMO	DoD Deputy Chief Management Officer
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DURSA	Data Use and Reciprocal Support Agreement
EHR	Electronic Health Record
EXCOM	VLER Executive Committee
FHCC	Captain James A. Lovell Federal Health Care Center
FTE	Full-Time Equivalent
FY	Fiscal Year
GUI	Common Graphical User Interface
HARB	Health Architecture Review Board
HEC	VA/DoD Health Executive Council
HHS	Department of Health and Human Services
HIE	Health Informational Exchanges
iEHR	Integrated Electronic Health Record
IM/IT	Information Management/Information Technology
INHS	Inland Northwest Health Services
IOC	Initial Operational Capability
IPO	DoD/VA Interagency Program Office
JBTR	VLER Joint Business and Technical Requirements
JCMP	VLER Joint Configuration Management Plan
JEC	VA/DoD Joint Executive Council
JEPS	VLER Joint Evaluation Plan for Success
JIMS	VLER Joint Integrated Master Schedule
JMTP	VLER Joint Master Test Plan
KPP	Key Performance Parameters
MOE	Measures of Effectiveness

Acronym	Definition
MOP	Measures of Performance
MSSO CM	Medical Single Sign On with Patient Context Management
NC	North Chicago
NDAA	National Defense Authorization Act
NwHIN	Nationwide Health Information Network
ONC	Office of the National Coordinator
OP	Orders Portability
PIV	VA Personal Identity Verification Card
PMAS	VA Program Management Accountability System
PMP	VLER Program Management Plan
RIMP	Risk and Issue Management Plan
S&I	Standards and Interoperability
SNOMED	Systemized Nomenclature for Medicine – Clinical Terms
SSA	Social Security Administration
TOC	Transition of Care
VA	Department of Veterans Affairs
VCA	VLER Capability Area
VLER	Virtual Lifetime Electronic Record

Appendix B: Governance Structure



Appendix C: IPO Charter

Department of Defense
and
Department of Veterans Affairs
Interagency Program Office (IPO) Charter

I. **Purpose.** The Interagency Program Office for the Department of Defense (DoD) and the Department of Veterans Affairs (VA) (i.e., the Departments):

a. Serves as the single point of accountability for the Departments in the development and implementation of the integrated electronic health record (EHR) and Virtual Lifetime Electronic Record (VLER) Health systems, capabilities, and initiatives with the goal of full interoperability between the DoD and VA.

b. Is authorized by the Departments to lead, oversee, and manage all interagency planning, programming and budgeting, contracting, architecture, capability acquisition and development, data strategy and management, testing and evaluation planning, infrastructure requirements and funding, common services, implementation, and sustainment related to and including the integrated EHR (iEHR) and VLER Health.

c. Serves as the integrated Program Executive Office for iEHR capabilities and systems, and provides direct oversight of all related EHR and VLER Health legacy systems modernization, including open source investments, in the DoD and the VA. The Departments will retain primary focus on sustainment and transition activities.

d. Accelerates the exchange of health care information as well as full interoperability of data for health and benefits between the Departments to support the delivery of health care and benefits.

e. Leads and directs initiatives identified by the IPO Advisory Board, or Department Secretaries/Deputies, and coordinates with the Health Executive Council (HEC) and Benefits Executive Council (BEC) on requirements and business process reengineering, as needed. These initiatives include, but are not limited to, all iEHR capabilities, current and future joint health IT implementations such as the James A. Lovell Federal Health Care Center in North Chicago, IL, and VLER Health.

f. Facilitates the development of and maintains the iEHR Enterprise architecture in conjunction with the efforts of the HEC and its sub-organizations to evolve the current presumptive Departmental EHR architectures into the target iEHR architecture.

g. Establishes implementation plans for iEHR solutions based on compliance with the iEHR enterprise architecture in coordination with recommendations and analysis provided by the HEC and its sub-organizations.

II. Scope.

a. iEHR. With respect to future and existing Departmental capabilities, systems, and budgets associated with the modernization of current EHR systems (e.g., AHLTA, VistA), legacy system interfaces that support or help facilitate health information exchange between the Departments (e.g., Bidirectional Health Information Exchange or Nationwide Health Information Network) and are not specifically part of existing Departmental EHR systems (e.g., included in EHR budgets) are still part of the broader iEHR portfolio, and will be reviewed and approved by the IPO as appropriate. The iEHR portfolio of capabilities and systems is identified in the iEHR Enterprise Architecture.

b. VLER Health. The VLER Health portfolio of capabilities and systems is identified in the VLER Enterprise Architecture.

III. Mission.

a. To lead DoD and VA in the development and implementation of EHR and VLER Health systems, capabilities, and initiatives that allow for full information interoperability between the Departments to better serve service members, Veterans and other eligible beneficiaries.

b. To accelerate the exchange of health care information among the Departments, other federal and private partners, and service members, Veterans, and other eligible beneficiaries.

c. To inform and otherwise complement other information sharing initiatives within DoD and VA to better enable the Departments to proactively provide the full continuum of services and benefits service members and Veterans have earned via veteran/service member centric processes made possible by effective and efficient, standards-based information sharing.

IV. Authority.

a. Statutory Authorities.
   i. The IPO and its associated leadership structure and responsibilities were established in section 1635 of the National Defense Authorization Act (NDAA) for FY 2008, Pub. L. 110-181, as amended by Section 252 of the Duncan Hunter NDAA for FY 2009, Pub. L. 110-417.
   ii. The IPO receives direction, supervision, and control, including project scope definition and execution guidance, from the Department Secretaries and recommendations from the IPO Advisory Board.
   iii. The IPO shall also receive guidance from the Joint Executive Council under section 320 of title 38, United States Code.

b. Derived Authorities from the Departments. To ensure the IPO fulfills its purpose and mission, the Secretary of Defense and the Secretary of Veterans Affairs, respectively, delegate to the Director of the IPO, their authorities to:

i. Acquire, develop, and implement—to include financial management, and information technology (IT) systems acquisition and development—all common DoD-VA EHR and VLER Health systems, capabilities, and initiatives, as defined by the iEHR and VLER enterprise architectures.
ii. In collaboration with the HEC and BEC, collect and integrate the Departments' EHR and VLER Health functional requirements into program roadmap(s)/integrated master schedule.
iii. Develop and propose the interagency budget and acquisition strategies to meet integrated interagency requirements.
iv. Direct the Departments' personnel resources supporting related interagency initiatives.

V. **Reporting Requirements.** Per the NDAA for FY 2008, no later than 1 January each year through 2014, the IPO Director shall submit to the Secretary of Defense, the Secretary of Veterans Affairs, and the appropriate Congressional committees a report on the activities of the IPO for the preceding calendar year.

VI. **IPO Structure.**

a. IPO Director. The IPO Director, whose position was established by the NDAA for FY 2008, will be selected by the Secretary of Defense with concurrence from the Secretary of Veterans Affairs. The IPO Director is also the Program Executive for iEHR and VLER Health and is responsible to:
   i. Acquire, develop, and integrate major joint DoD-VA Health IT capabilities for the iEHR and VLER Health.
   ii. Prescribe the Departments' design, development, integration, evaluation, and deployment strategies for iEHR systems, capabilities, and initiatives.
   iii. Report annually and as otherwise required, to the Secretary of Defense, Secretary of Veterans Affairs, and all relevant Congressional committees on the status of projects, initiatives, and programs under the IPO's purview.

b. IPO Deputy Director. The IPO Deputy Director position, also established by the NDAA for 2008, will be filled by a member of the Senior Executive Service in the Department of Veterans Affairs selected by the Secretary of Veterans Affairs with concurrence from the Secretary of Defense. The IPO Deputy Director is responsible for acting (and authorized to act) in the Director's stead when the Director so designates or is unavailable. The Deputy Director will report to and be under the direction and supervision of the IPO Director. The IPO Deputy Director also serves as the Deputy Program Executive for iEHR and/or VLER Health.

c. The IPO Director will establish a program manager position for iEHR and a program manager position for VLER Health.

d. DoD and VA Department personnel will be assigned or detailed to the IPO to effectively and efficiently meet the purpose and mission of the IPO:
   i. The organization will be staffed by subject matter experts (SMEs) from other VA-DoD efforts (North Chicago, BHIE, Federal Health Information Exchange, Clinical Data Repository/Health Data Repository, etc.), business architecture

SMEs, data and interoperability standards SMEs, functional SMEs (for efforts related to capability requirements) and clinical staff (to address usability and presentation issues). Personnel from the Departments supporting these efforts may be considered assigned or detailed to the IPO for purposes of such efforts.

ii. Personnel working on IPO projects, initiatives, and/or programs will be rated/evaluated by either the IPO Director or the Deputy Director, as appropriate, who will then provide this feedback to the appropriate Department leadership.

iii. The IPO will determine the requirements associated with personnel billets, and, contingent on IPO approval, the DoD and VA will, consistent with Departmental procedures, provide current or potential employees that fulfill these requirements.

iv. The Departments will provide appropriate programmatic support staff sufficient to support task execution.

e. For the purposes of administrative management and supervision, the IPO resides in the TRICARE Management Activity, which is under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs and the Under Secretary of Defense for Personnel and Readiness, and is subject to the operational oversight of the Deputy Chief Management Officer, in consultation with the Director of the TRICARE Management Activity and the Assistant Secretary for Information Technology, Department of Veterans Affairs.

VII. IPO Responsibilities. The IPO has the following responsibilities:

a. Personnel. The Director, IPO is responsible for:

i. Developing and requesting current and planned personnel requirements in support of initiatives led by the IPO.

ii. Reporting any staff shortages to the Joint Executive Council for any areas that may impact the ability to deliver capabilities on schedule.

iii. Directing, supervising, and evaluating the activities of all personnel within, aligned or detailed to the IPO.

iv. Rating and evaluating personnel in accordance with the performance management systems of their respective Departments.

b. Funding and Financial Management. The Director, IPO is responsible for:

i. Developing interagency initiative and program budget submissions for iEHR, VLER Health and other joint initiatives led by the IPO and will work with the two Departments to support the budgeting requirements for all related IPO activities as required.

ii. Overseeing the expenditure of interagency budgets supporting all IPO work activities.

iii. Approving and overseeing the expenditures of Joint Initiative Funds related to efforts under the IPO's direction.

iv. Assisting the Departments in preparing, briefing and defending budget appropriations required to support interagency initiatives that are under the authority and direction of the IPO.

c. Acquisition/Development. The Director, IPO is responsible for:

i. Serving as the single point of accountability for the Departments for the rapid

development and implementation of all iEHR and VLER Health systems, capabilities, and initiatives.

ii. Developing and executing acquisition strategies, including funding requirements, to meet interagency requirements.

iii. Leading, directing, and managing all interagency capability acquisition and development to include testing and evaluation planning, infrastructure requirements and funding, common services, implementation, and sustainment related to and including the iEHR and VLER Health.

iv. Providing the Departments with all relevant information required to support the DoD's and VA's respective acquisition and contracting processes and policies for those activities referred by the IPO to the Departments.

d. Solution Development and Validation. The Director, IPO is responsible for:

i. In collaboration with the HEC and BEC, collecting and integrating the Departments' EHR and VLER Health functional capability requirements, and defining the interagency set of requirements into program roadmaps and architectures.

ii. Prescribing the technical approach and directing capability development to meet established interagency requirements.

iii. Determining and validating Solution Sets that will meet interagency requirements including integration with Open Source solutions, as applicable.

iv. Developing and executing interagency integration, testing, and implementation strategies, and reviewing Departmental modernization plans for Departmental-specific EHR capabilities and systems to ensure the proposed technical solution will seamlessly integrate to the iEHR and VLER Health solutions.

v. Validating initiative success against interagency integration, testing and implementation strategies.

vi. Exercising final decision authority for reporting initiative status (e.g., success) to the Departments or the IPO Advisory Board.

VIII. Department Responsibilities.

a. Personnel. The Departments are responsible for:

i. Allocating, aligning and/or detailing Departmental personnel in support of initiatives led by the IPO for those functions under the purview of the IPO as agreed to by the Departments.

ii. Fully aligning personnel and activities to IPO-led initiatives, including those for legacy EHR capabilities.

iii. Incorporating ratings and evaluations from the IPO for detailed personnel.

iv. Assisting with recruitment actions to fill vacancies in billets aligned to the IPO.

v. Each Department will provide a second level reviewer for the IPO Director and Deputy Director Performance appraisals.

b. Funding and Financial Management. The Departments are responsible for:

i. Incorporating interagency budget submissions from the IPO into their respective Departmental budgeting processes and cycles as required.

ii. Aligning and expending Departmental funds associated with the interagency budget in accordance with IPO direction while supporting Departmental

financial management processes and controls, including for legacy EHR and VLER Health capabilities. The parties will jointly develop appropriate agreements, including necessary funding mechanisms, to implement the objectives and responsibilities of this charter pursuant to applicable authority.

iii. Leveraging the IPO to prepare, brief and defend Departmental budget appropriations allocated to interagency initiatives under the direction of the IPO.

iv. Planning, programming, budgeting and execution information for related open source efforts and legacy EHR and VLER Health capabilities and adhering to directions provided by the IPO with regard to funding and financial management.

c. Acquisition. The Departments are responsible for:

i. Aligning the IPO-approved interagency acquisition strategies with the respective Departments' acquisition strategies and processes.

ii. Mapping Departmental acquisition milestones to the interagency budget, including for legacy EHR and VLER Health capabilities.

iii. Providing contracting services as required by the IPO for activities supporting IPO acquisition and development activities.

d. Solution Development and Validation. The Departments are responsible for:

i. Establishing the Departments' respective capability requirements, vetting those requirements in joint forums, such as the HEC and BEC, providing those requirements to the IPO, and working with the IPO to develop the iEHR and VLER Health roadmaps.

ii. Identifying and allocating resources to meet interagency goals and initiatives led by the IPO.

iii. Supporting the development and execution of interagency testing strategies.

iv. Incorporating IPO recommendations on Departmental-specific technical solutions for EHR- related capabilities, systems, and initiatives to ensure integration and interoperability with iEHR.

Note: The Director, IPO retains the final decision authority for reporting initiative status (e.g., success) to the Deputy Secretaries and the IPO Advisory Board.

IX. Charter Administration. This charter will become effective upon the later date of the below signatures, and shall be reviewed for applicability at a minimum of every two years, or at the request of the IPO Advisory Board. Modifications of the charter will be made in writing with the written consent of DoD and VA.

X. DoD/VA IPO Advisory Board. The Director, IPO will collaborate with the DoD/VA IPO Advisory Board. The Charter for the DoD/VA IPO Advisory Board is included as an annex to this Charter.

XI. Cancellation. This Charter will be reviewed every two years with modifications presented in writing and the consent of each Department.

Department of Veterans Affairs

By: _____

The Honorable W. Scott Gould

Deputy Secretary of Veterans Affairs

Date 10/27/11

Department of Defense

By: _____

The Honorable William J. Lynn III

Deputy Secretary of Defense

Date 10/05/11

Annex to IPO Charter
DoD/VA IPO Advisory Board Charter

This Agreement between DoD and VA establishes and clarifies the purpose, structure, and responsibilities of the DoD/VA IPO Advisory Board.
Authority: Section 1635 of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181)

I. **Purpose.** Comprised of senior leaders from each organization, the IPO Advisory Board will serve as the primary advisors to the DoD Deputy Chief Management Officer (DCMO) and VA Chief Information Officer (CIO) for all matters related to the iEHR and Virtual Lifetime Electronic Record (VLER) Health initiatives. Additionally, the Board will collaborate with the IPO regarding the overall execution of the program and serve as an advocate for iEHR and VLER Health requirements, workflow, and business functional architecture established by the Health Executive Council (HEC).

II. **Scope of Responsibilities.**

a. Provides advice on overall program execution and performance.

b. Advises the DoD DCMO and VA CIO on the functional and business requirements of iEHR and VLER Health initiatives.

c. Serves as primary advocate for iEHR and VLER Health requirements and workflow established by the HEC.

d. Members of the IPO Advisory Board provide advice and counsel to the DoD DCMO and VA CIO to support their execution of the following responsibilities:
   i. Approving program and acquisition plans, resources, and prioritized functional requirements/capabilities to include sequence of clinical capability, common service needs, and gaps to be filled.
   ii. Providing the necessary Milestone Decision Authority responsibility for the iEHR and VLER Health.
   iii. Determining strategic priorities, functional/performance requirements, data standards and compliance, architectural requirements, clinical workflows, business process reengineering, system and infrastructure requirements in the event of conflict between the HEC and the IPO Director.
   iv. Monitoring progress toward program milestones including cost, schedule, and performance with regular IPO Director In-progress Reviews (IPRs).

III. **Structure.**

a. Chairmanship: The DoD/VA IPO Advisory Board is co-chaired by the DoD DCMO and the VA CIO.

b. Membership:
   i. DoD: Deputy Chief Management Officer; Assistant Secretary of Defense (Health Affairs); Joint Staff Surgeon; Chief Information Officer; Director, Operational Test and Evaluation; Director, Cost Assessment and Program Evaluation; Comptroller; Principal Deputy Under Secretary of Defense (Personnel and Readiness); Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy.
   ii. VA: Chief Information Officer; Under Secretary for Health; Under Secretary for Benefits; Chief Technology Officer; Principal Deputy Assistant Secretary for Information and Technology; Principal Deputy Under Secretary for Health; Deputy Under Secretary for Health (Policy and Services); Chief Financial Officer; Assistant Secretary for Policy and Planning.

IV. Procedural Guidelines.

a. Meetings:
   i. Meetings are led by the co-chairs and are held every other month. The co-chairs may call additional meetings as required.
   ii. IPO Advisory Board recommendations are made by mutual consensus of the co-chairs utilizing inputs from the Advisory Board members and supporting working groups as the basis for their recommendations.

b. Administration: The DoD DCMO, in consultation with the VA CIO, shall appoint an Executive Secretary to the DoD/VA IPO Advisory Board to monitor assignments, disseminate recommendations, coordinate sub-council and work group activities, and provide other support as required.

c. Review of Charter: This charter will be reviewed annually from the date of approval. Dissolution of the DoD/VA IPO Advisory Board or modifications to this charter will be made in writing and will become effective upon the written concurrence of the DoD DCMO and the VA CIO.

V. Reporting. The DoD/VA IPO Advisory Board reports to the DoD DCMO and the VA CIO.