UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

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

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business processes and requirements will be developed by the ICIB. The Departments acknowledge

clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Thad Cochran
Vice Chairman

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

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

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business

processes and requirements will be developed by the ICIB. The Departments acknowledge clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Thad Cochran
Vice Chairman

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

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

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business processes and requirements will be developed by the ICIB. The Departments acknowledge

clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Norman D. Dicks
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business

processes and requirements will be developed by the ICIB. The Departments acknowledge clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Norman D. Dicks
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

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

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business processes and requirements will be developed by the ICIB. The Departments acknowledge

clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable John McCain
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

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

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business

processes and requirements will be developed by the ICIB. The Departments acknowledge clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Lindsey Graham
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business processes and requirements will be developed by the ICIB. The Departments acknowledge

clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business

processes and requirements will be developed by the ICIB. The Departments acknowledge clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Susan A. Davis
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

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

Dear Madam Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business processes and requirements will be developed by the ICIB. The Departments acknowledge

clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Richard Burr
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 29 2012

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

Dear Mr. Chairman:

This letter responds to a request in Senate Report 112-77, page 228, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012; namely:

> To consider the integration of "Web-based health information technologies designed to engage the patient and the Service provider to assure that evidence-based decision support can help predict resources and prospectively prepare investigations of syndromic problems and epidemiologic needs" into the Integrated Electronic Health Record (iEHR).

Faced with a mutual need to modernize their legacy electronic health record (EHR) systems, DoD and Department of Veterans Affairs (VA) have agreed to implement a joint, common EHR platform going forward, purchasing commercially available components for joint use whenever possible and cost effective. This integrated EHR, or iEHR, will leverage both "open source" and traditional approaches to software acquisition in order to foster innovation and expedite delivery of products to the user.

On June 23, 2011, the Secretaries of DoD and VA approved plans to implement the iEHR and an effective governance structure to oversee the effort. In October 2011, the Departments re-chartered the DoD-VA Interagency Program Office (IPO), significantly expanding its role to lead the Departments in the development and implementation of iEHR. To further ensure effective coordination between DoD and VA on this complex health information technology (IT) initiative, 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 Information Management/Information Technology (IM/IT) Working Group, and the Interagency Clinical Informatics Board (ICIB) to ensure the adequate involvement of medical practitioners in the identification of clinical requirements and process definition.

The Departments are currently focused on delivering initial iEHR capability sets, including an enterprise service bus, graphical user interface, test environment, and supporting information infrastructure capabilities. As each candidate capability set is identified, functional business processes and requirements will be developed by the ICIB. The Departments acknowledge

clinical decision support is an important component of iEHR. As clinical decision support requirements for iEHR are identified by the ICIB and approved by the HEC, the IPO will effectively implement this important functionality to provide users involved in care processes with general and person-specific information, which is intelligently filtered and organized to enhance health and health care.

By copy of this letter, the IPO will inform the HEC and the ICIB of the committee's particular interest in clinical decision support technologies. Each year, the committee will have an opportunity to review iEHR achievements through the VA/DoD Joint Executive Council Annual Report to Congress and the IPO's Annual Report to Congress. Similar letters are being provided to the other committees of interest in the House and Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

cc:
The Honorable Bob Filner
Ranking Democratic Member