



INTERAGENCY PROGRAM OFFICE

---

# **AFCEA NOVA Warfighter IT Day**

## Medical/Health IT Panel

**August 28<sup>th</sup>, 2012**



## INTERAGENCY PROGRAM OFFICE

---

# **AFCEA Warfighter IT Day**

Barclay P. Butler, Ph.D.

Director, DoD/VA Interagency Program Office

**August 28<sup>th</sup>, 2012**

*“Too many wounded warriors go without the care that they need. Too many veterans don't receive the support that they've earned. It's time to change all that; it's time to give our veterans a 21st-century VA.*

*Under the leadership of Secretary Gates and Secretary Shinseki, the Department of Defense and the Department of Veterans Affairs have taken a first step towards creating one unified lifetime electronic health record for members of our Armed Services that will contain their administrative and medical information from the day they first enlist to the day that they are laid to rest...*

*...And that's why I'm asking both departments to work together to define and build a seamless system of integration with a simple goal: When a member of the Armed Forces separates from the military, he or she will no longer have to walk paperwork from a DOD duty station to a local V.A. health center. Their electronic records will transition along with them and remain with them forever.”*

**President Barack Obama**

April 9, 2009



## VA/DoD Joint Executive Council Goal: High Quality Health Care

*“Improve the **access, quality, effectiveness, and efficiency** of health care for beneficiaries through collaborative activities”*

### Military Health System Quadruple Aim

- **Readiness**
- **Population** health
- A positive **patient experience** of care
- Responsibly **managing the total cost** of health care
- Quadruple Aim is implemented through a series of **Strategic Initiatives, such as:**
  - Implement DoD/VA joint strategic plan for **mental health** to improve coordination
  - Improve measurement and management of **population health**
  - Implement evidence based practice to **improve quality and safety**
  - Implement **Patient Centered Medical Home**
  - Implement **Pay for Value Programs**
  - Implement **modernized EHR** to improve outcomes and enhance interoperability

### VA Strategic Plan Major Initiatives

- Enable **21<sup>st</sup> Century benefits delivery** and services
- Create a **VLER**
- Improve Veterans’ **mental health**
- Design a **Veteran-centric health care system** model to help Veterans navigate the health care delivery system and receive coordinated care
- Enhance the Veteran experience and **access** to health care
- **Improve the quality** of health care while **reducing costs**
- Transform the delivery of health care delivery through **health informatics**

# Evolution of DoD/VA Electronic Health Records

CHCS I – 8 Years      AHLTA – 6 Years+

## Department of Defense



1981: Deployments of standalone medical info systems: TRIPHARM, TRILAB, TRRAD, TRPAS, and ACCESS in 19MTFs

1986: Interim Tri-Service Micro Pharmacy Systems

1988: CHCS I development begins, deliver CPOE and MTF-centric EHR

1988: Limited early inpatient documentation (CIS)



1998: CHCS I – providing CPOE – deployed worldwide

2000: CHCS II initial deployment

2003: Initial TMP-J deployment to theater

2004: Worldwide implementation of global system begins

2005: Initial EHR in 77 MTFs and 11 time zones

2006: AHLTA Block 1 worldwide deployment completed to all MTFs

2007: Begin initial implementation of updated inpatient EHR (Essentris)

2008: Begin TMP Block 2 deployment (First time EHR on ships)



2009: Strategic Planning for EHR: Way Ahead

Dec 16, 2009: Director of the Cost Assessment and Program Evaluation (CAPE) signed the EHRWA AoA Guidance, officially launching the path towards the development of the next EHR

March 2010: Shoop up the EHR Way Ahead Planning Office to facilitate the acquisition and deployment of the next generation EHR

Nov 2010: DoD AoA paused for potential DoD/VA collaboration

Dec 4, 2010: DEPSECDEF, DEPSECVA, and VCJCS directed VA and DoD teams to describe and analyze a DoD/VA integrated electronic health record (iEHR) to be incorporated into the DoD AoA process

On Oct 27, 2011, IPO Charter signed to serve as the single point of accountability for the Departments in the development and implementation of the iEHR

Dec 2011: Deployed Janus GUI in N. Chicago

Feb 27, 2012: IPO Leadership in place

April 18, 2012: Increment 1 & 2 ADM signed

May 14, 2012: AHLTA Theatre placed in Open Source Custodial Agent



## DoD/VA Interagency Program Office



May 11, 2012: HCD Contract Award for Custodial Agent

March 20, 2012: SOA Suite Contract Award

Feb 7 2012: Initial IPO Advisory Board Meeting held



Mar 17, 2011: The Secretary of Defense and the Secretary of the VA agreed to jointly pursue a common EHR acquisition

2011: OSEHRA (Open Source Electronic Health Record Agent) project started to provide a common code repository for VistA and other health IT software

2010: Blue Button operational – allows Veterans to download their personal health information from My HealthVet account which can then be read, printed, or saved on any computer

2010: Secure Messaging introduced – a web-based, encrypted communication that provides a personal and efficient way to communicate virtually with patients and provide them with convenient access to health care team members

2009: VistA imaging attained over one billion stored images

## Evolution of DoD/VA Electronic Health Records

1997: President Clinton released an official Statement of the President - the DoD and VA were to "...create a new Force Health Protection Program... [in which]... every soldier, sailor, airman and marine will have a comprehensive, life-long medical record of all illnesses and injuries they suffer, the care and inoculations they receive and their exposure to different hazards."

2007: President Bush signed Executive Order 13426 to establish a "Commission on Care for America's Returning Wounded Warriors and a Task Force on Returning Global War on Terror Heroes." The commission's final report (Dole-Shalala), recommended focusing on three goals: To serve those injured in the line of duty while defending their nation; To support their recovery and successful rehabilitation; and To simplify the sometimes overly complex systems that frustrate some injured Service members and their families and impede efficient care.

2009: President Barack declared that "Under the leadership of Secretary Gates and Secretary Shinseki, the DoD and the Department of VA have taken a first step towards creating one unified lifetime electronic health record for members of our armed services that will contain their administrative and medical information -- from the day they first enlist to the day that they are laid to rest."

## Department of Veterans Affairs



1978: Computer used in medical centers for administrative purposes



1989: Clinical Computer use began

1985: 172 VAMCs begin using computers for laboratory, pharmacy, and records tracking



VA selects MUMPS as the primary programming language for DHCP

1982: Congress endorses development of VA patient computer system

1982: DHCP (Decentralized Hospital Computer Program) the VA's first electronic information system was introduced

1987: OPRS and expanded graphical user interface (GUI) adopted nationwide

1996: Computer functionality greatly expanded

1996: VistA introduced

1994: DHCP was renamed VistA (Veterans Health Information System and Technology Architecture)



2005: VistA Imaging system integrates clinical images, scanned documents, and other non-textual data into the electronic medical record

2004: VA/DoD Health IT Sharing Program originally launched in 2000, becomes fully-fledged with several initiatives regarding exchange of text and computable data

Mar 2003: WorldVistA was formed and incorporated as a non-profit corporation

2003: My HealthVet/His deployed

2003: 100% of all inpatient wards documenting medication administration using Bar Code Medication Administration (BCMA)



2001: Segun work on HealthVet – a free, online Personal Health Record that empowers Veterans to become informed partners in their health care and its associated Health Data Repository

1965-1977: The Age of Cooperation: Birth of VistA Strategy and Architecture

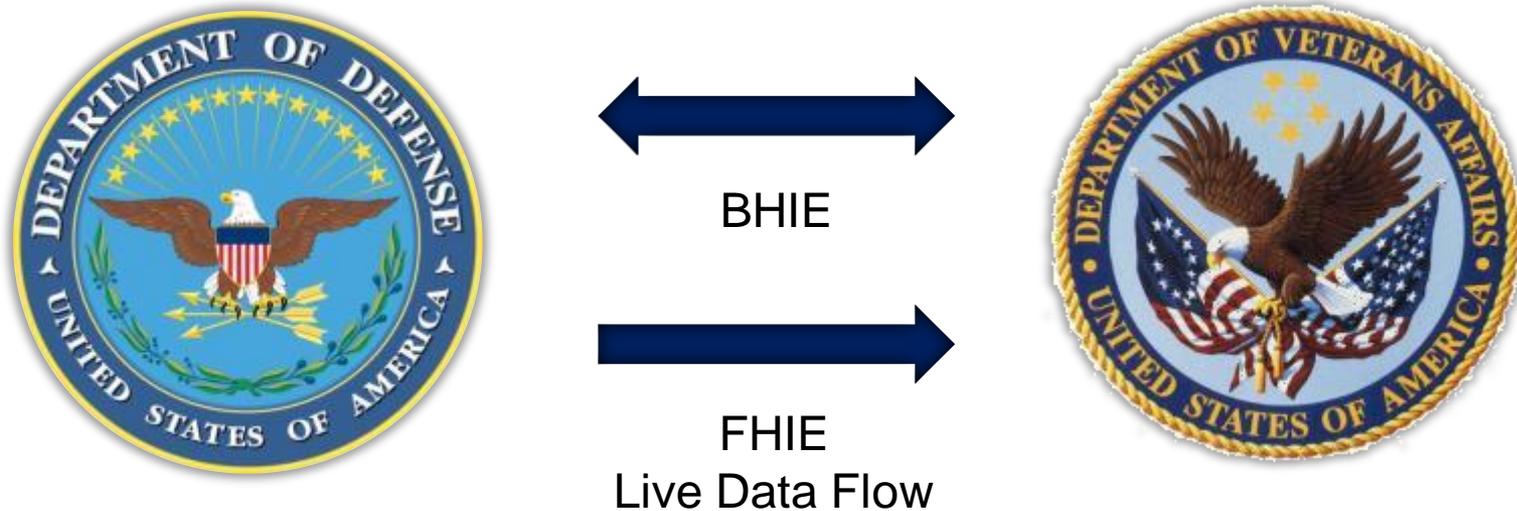
1977-1982: The Age of Struggle: Birth of the VistA software

1982-1993: The Age of Expansion: Widespread Adoption and Improvement

1994-2004: The Modern Age: Achievements and Contradictions

VistA – 14 Years+

# Previously Established DoD/VA Health Data Sharing



<b>Bidirectional Health Information Exchange (BHIE)</b>	<b>Federal Health Information Exchange (FHIE)</b>	<b>Live Data Flow</b>
<ul style="list-style-type: none"> <li>Allows DOD and VA providers to view clinical information in real time for patients who receive care in either agency health system</li> </ul>	<ul style="list-style-type: none"> <li>A health information sharing project that allows the Department of Defense to share service members' personal health information in a joint storage area also accessible by the Veterans Health Administration. This information includes demographics, any medication taken and lab results.</li> </ul>	<ul style="list-style-type: none"> <li>One-way transfer of health data initiated at time of decision to transfer patient</li> <li>From Walter Reed National Military Medical Center in Bethesda and Brooke AMC</li> </ul>

# Summary of IPO Charter: Signed October 27, 2011

- The IPO serves as the single point of accountability for the Departments in the development and implementation of
  - the integrated Electronic Health Record (iEHR) and
  - Virtual Lifetime Electronic Record (VLER) Health systems, capabilities, and initiatives with the goal of full interoperability between the DoD and VA.
  - all interagency activities related to the iEHR and VLER Health Programs - lead, oversee and manage.

- Tasks include

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>– Planning</li> <li>– Programming and Budgeting</li> <li>– Contracting</li> <li>– Architecture</li> <li>– Capability Acquisition and Development</li> <li>– Data Strategy and Management</li> </ul> | <ul style="list-style-type: none"> <li>– Infrastructure Requirements and Funding</li> <li>– Common Services</li> <li>– Implementation</li> <li>– Sustainment</li> <li>– Testing and Evaluation Planning</li> </ul> |
|--|--|





## Who We Serve

- Service members
- Veterans
- Their families
- Other beneficiaries
- Operational Commanders
- Military Health System community
- VA community

	DoD	VA	Total
<b>Total Beneficiaries</b>	9.7 Million	8.6 Million	<b>18.3 Million</b>
<b>Health Care Providers</b>	325,000	115,300	<b>440,300</b>
<b>Hospitals</b>	59	152	<b>211</b>
<b>Clinics</b>	364	807	<b>1,171</b>
<b>Dental Clinics</b>	282	200+	<b>482+</b>
<b>Inpatient Admissions</b>	1,169,003	692,100	<b>1,861,103</b>
<b>Outpatient Visits</b>	129,152,879	79,800,000	<b>208,952,879</b>



## What We Do

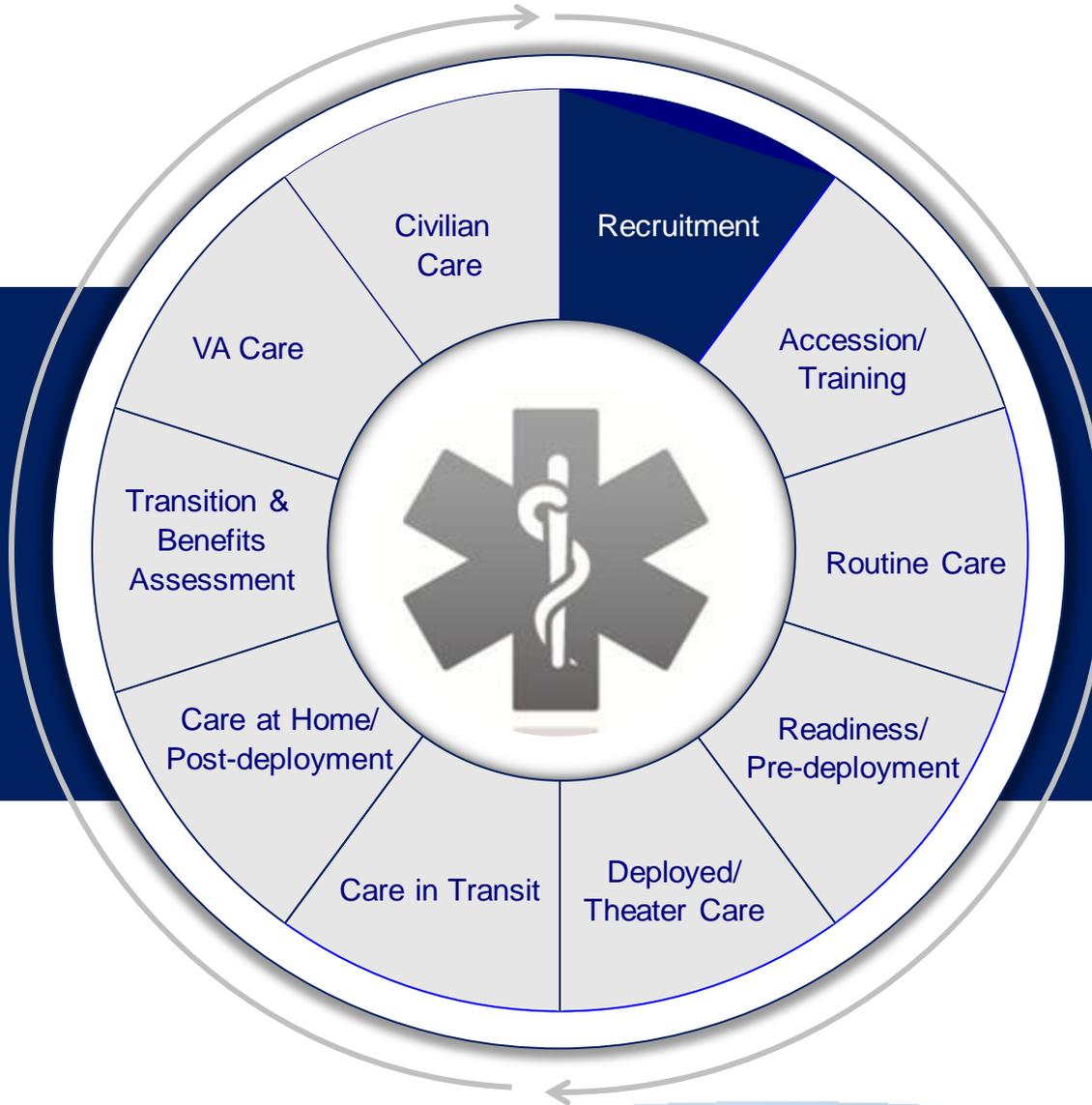
- Lead DoD and VA in the development and implementation of iEHR and VLER Health
- Lead, oversee, and manage, inform and otherwise complement other information sharing initiatives within DoD and VA
- Accelerate the exchange of health care information



## Why We Do It

- Empowered Patient Care Model
- Robust Learning Health System
- Enhanced Access to Quality of Care
- Enhanced Patient Safety
- Enhanced Health Outcomes
- Improve the value proposition: increase quality of care for every dollar expended

# A Full Continuum of Services and Benefits



The IPO provides the full continuum of services and benefits through patient-centric processes



## *Integrated Electronic Health Record (iEHR)*

- Joint DoD-VA program to modernize legacy EHR capabilities and create a single common health record throughout the continuum of care and life of a patient
- Will replace DoD's AHLTA and VA's VistA systems



## *Virtual Lifetime Electronic Record (VLER) Health*

- White House initiative to exchange data between DoD, VA, other Federal agencies, and private providers based on national standards
- Will enable comprehensive health, benefits, and administrative information, including personnel records and military history records
- Four joint DoD-VA pilots demonstrated exchange of health data in San Diego, Tidewater, Spokane, and Puget Sound, 12 VA locations
- IPO will focus its efforts on the VLER Health (health data exchange) for clinical treatment



## *Oversight Mission JALFHCC*

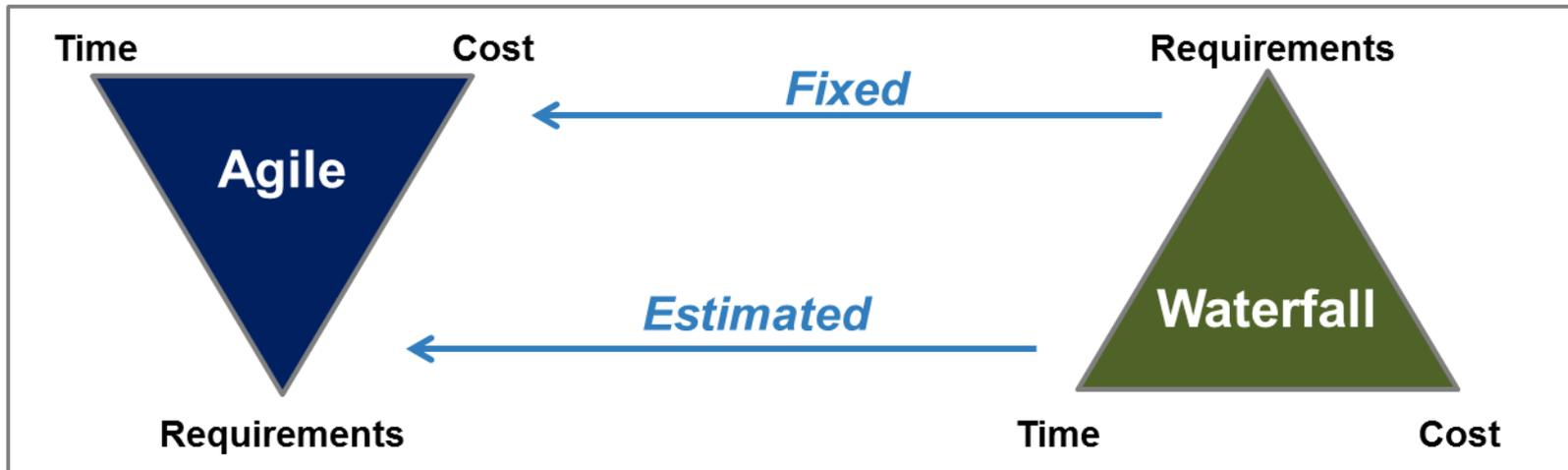
- Five-year demonstration project is the first integrated facility of its kind, serving both DoD and VA populations
- The North Chicago Veterans Affairs Medical Center and the Naval Health Clinic Great Lakes merged to become the Captain James A. Lovell Federal Health Care Center on October 1, 2010

# Agile Development & The Agile Manifesto

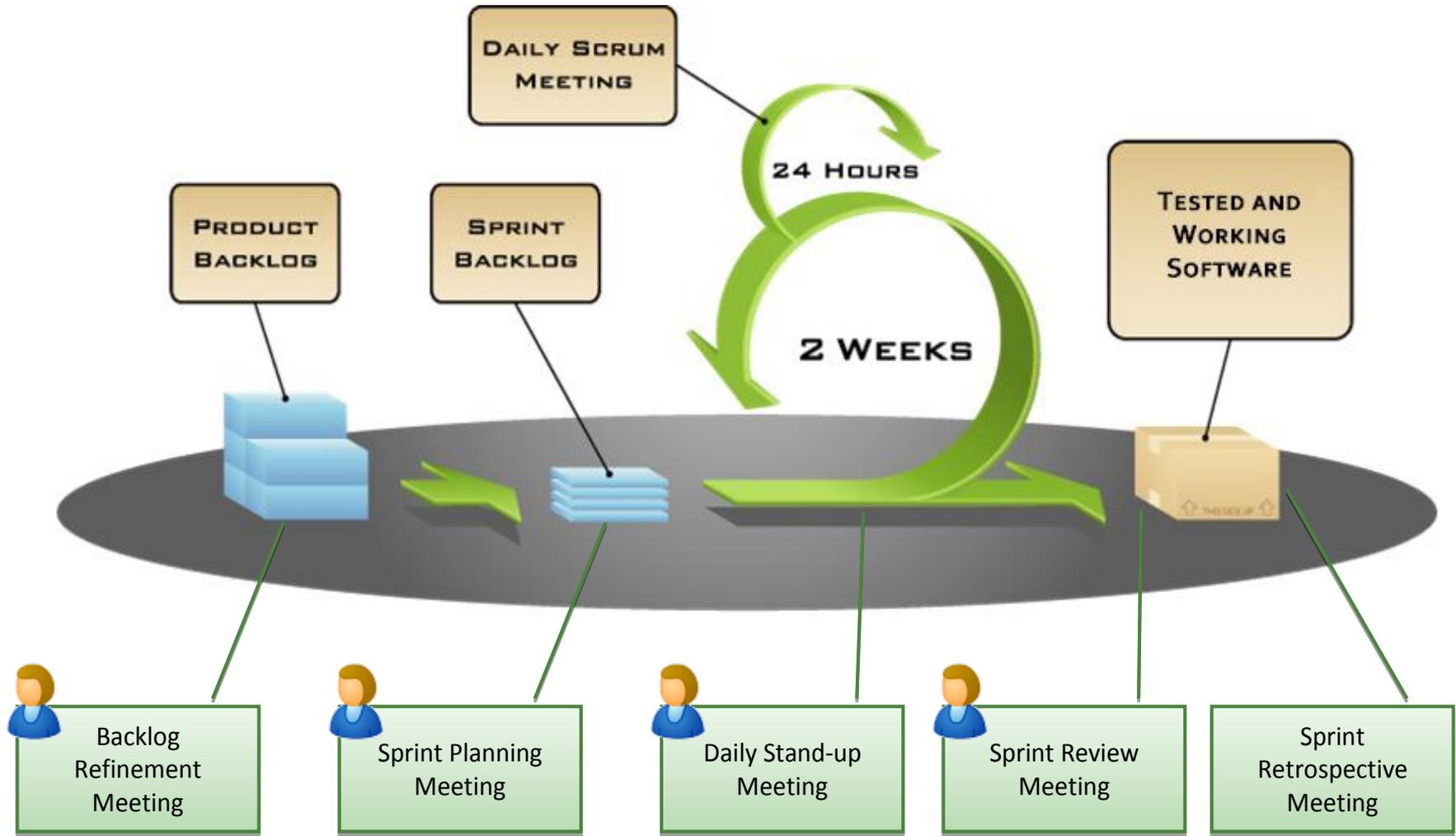
## We have come to value...

<b>Agile</b>	over	<b>Waterfall</b>
Individuals and Interactions	over	Processes and Tools
Working Software	over	Comprehensive Documentation
Customer Collaboration	over	Contract Negotiation
Responding to Change	over	Following a Plan

That is, while there is value in the items on the right,  
we value the items on the left more.



# Agile Execution Process

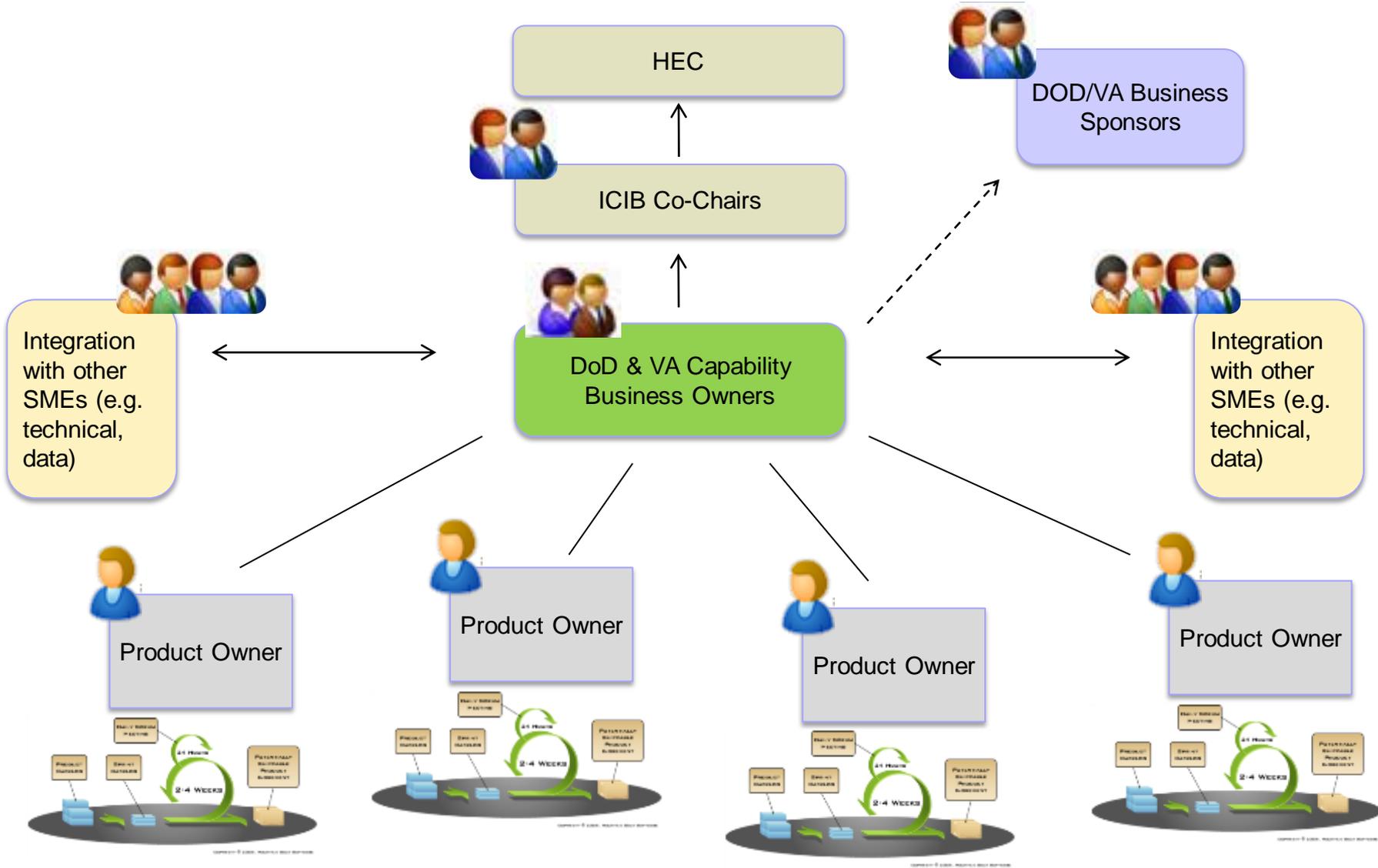


Source: Mike Cohn, [mountaingoatsoftware.com](http://mountaingoatsoftware.com)

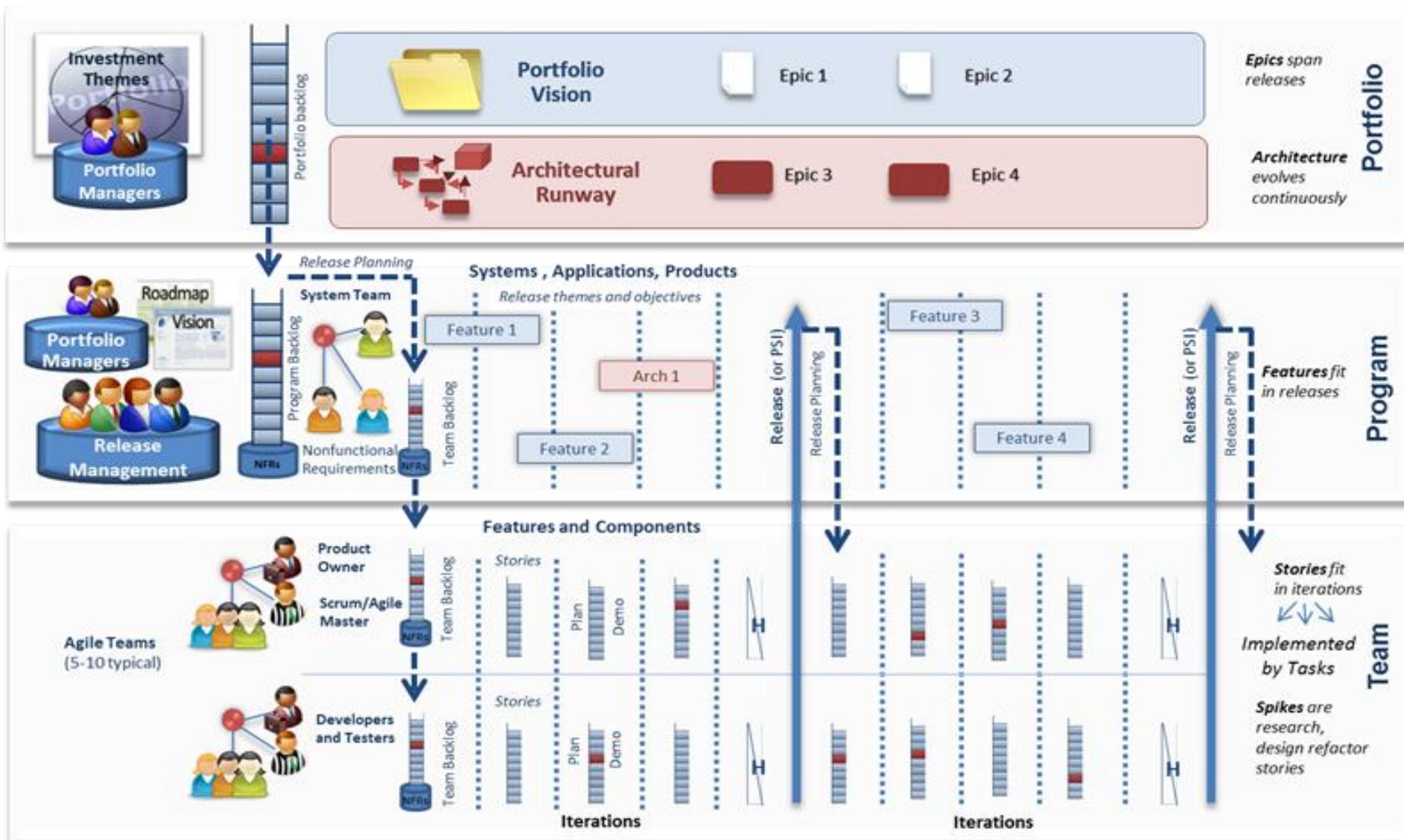


= Customer Stakeholder / SME

# Agile Scrum Clinical Governance



# Agile Program Management





INTERAGENCY PROGRAM OFFICE

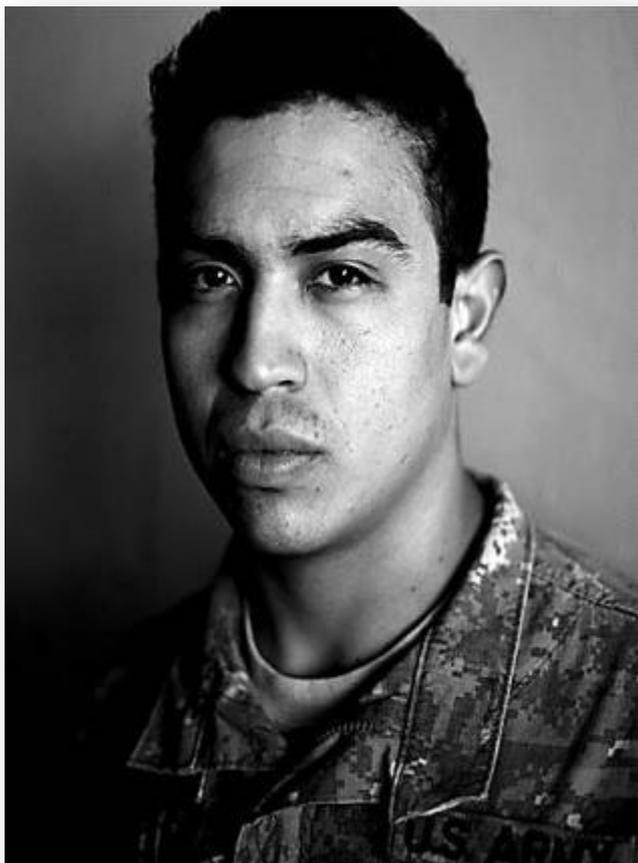
---

# Integrated Electronic Health Record

Susan Perez

Co-iEHR Program Manager

August 28<sup>th</sup>, 2012



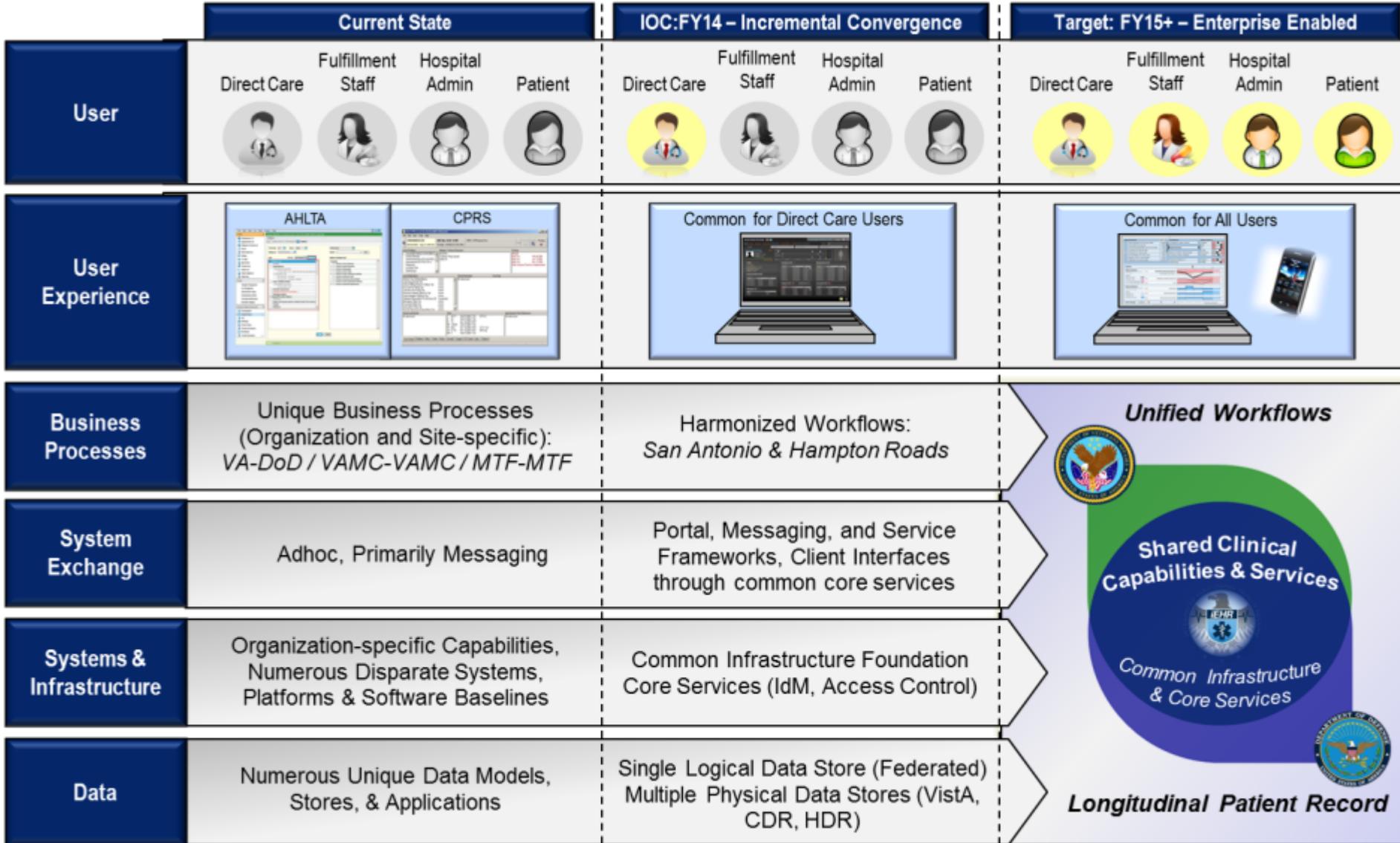
## Why We Are Here . . .

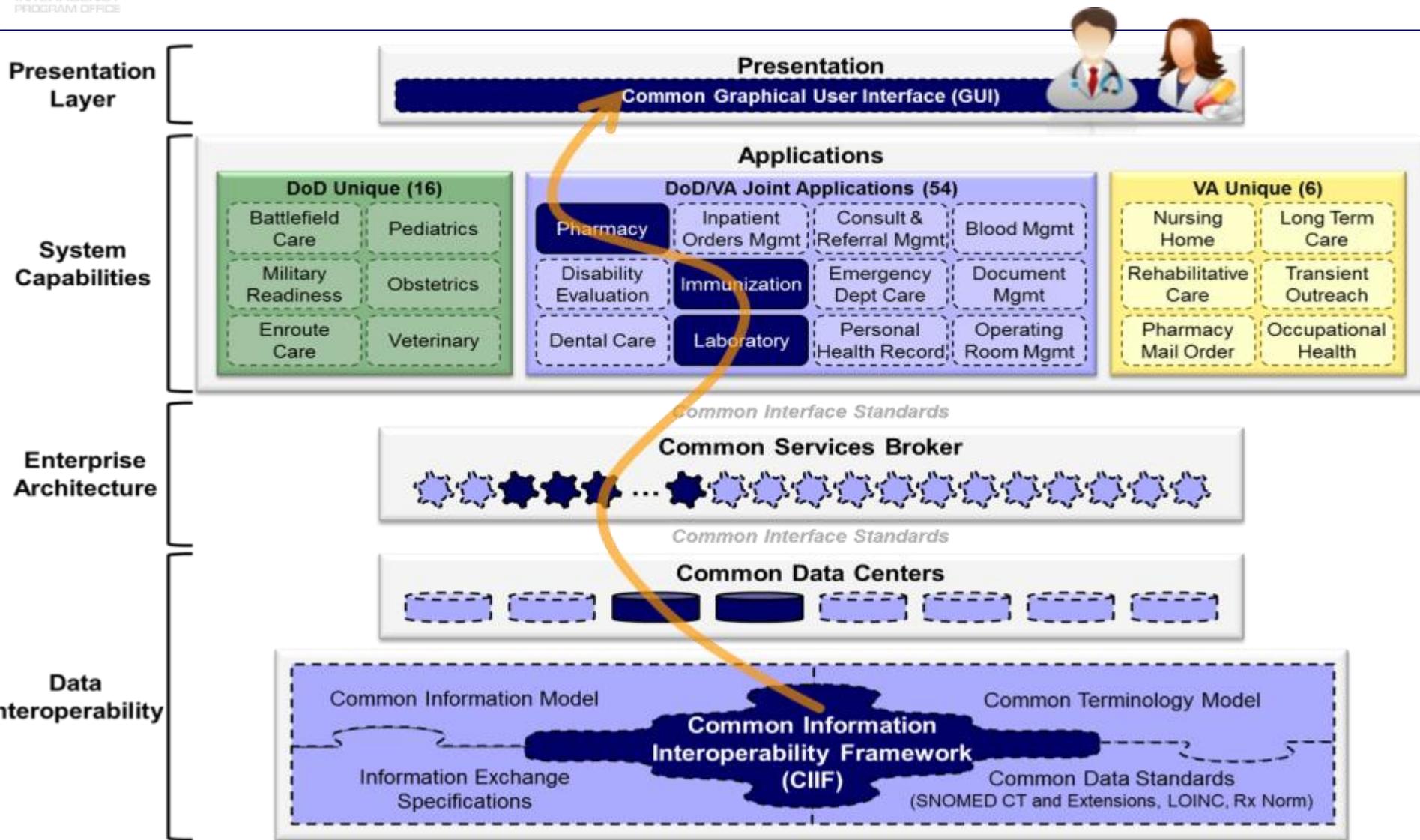
“At 20 years old, Daniel Rodriguez, was making his second tour of duty overseas. He had first helped spearhead the Baghdad surge, surviving IED blasts and random gunfire. He returned home with a Bronze Star with Valor and a Purple Heart and memories of eight brothers in arms; fallen heroes who now rest on a silver bracelet on Rodriguez’s wrist.”

SOURCE: <http://southernpigskin.com/ACC/view/the-daniel-rodriguez-story>

***“I fought for the guy next to me.”***  
- Daniel Rodriguez

# iEHR System Vision





Require Components in All Layers of Architecture to Realize a Clinical Capability

FY12	FY13
<ul style="list-style-type: none"> <li>• Define Program Baseline (Requirements, Architecture, Design, Cost)</li> <li>• Award Contracts (SOA Suite/ESB, Virtualization, SSO/CM, HDD)</li> <li>• Implement SSO/CM in San Antonio</li> <li>• Provide Allergies Write-Back capability in Janus GUI</li> <li>• Complete requirements documents for Lab, Pharmacy, Identity Management, Access Control, and Presentation Layer</li> <li>• Assess portal framework solutions</li> <li>• Initiate HDD Data Mapping Salt Lake City</li> <li>• Development and Test Center (DTC) / Development and Test Environment (DTE) Initial Operational Capability (IOC)</li> </ul>	<ul style="list-style-type: none"> <li>• SSO/CM to Tripler, Portsmouth, and Landstuhl</li> <li>• SSO/CM to additional 16 sites</li> <li>• Provide New iEHR Infrastructure – Enabling Capabilities (SOA Suite / ESB, Identity Management, Portal Framework, Access Control, etc.)</li> <li>• Complete HDD Data Mapping in Hampton Roads, San Antonio, and Richmond</li> <li>• iEHR Read-Only Portal (based on Portal Framework Assessment in 3QFY12)</li> <li>• Award Contracts (Lab, Pharmacy, Immunization)</li> <li>• DTC / DTE Full Operational Capability (FOC)</li> </ul>

**FY 12 Activities are Primarily Focused on Architecture, Design and Infrastructure Services**

**At the End of FY13, the IPO will have Developed Infrastructure and Core Services to Support Clinical Capability Insertion into the New iEHR Baseline**

# iEHR Functional Capabilities/Planning Increments

FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>IEHR User Experience and Portal Framework</b>						
	Planning	MS B	FDD			
		Increment 1				
		Planning	MS B	FDD		
			Increment 2			
		Planning	MS B	FDD		
			Increment 3			
			Planning	MS B	FDD	
				Increment 4		
				Planning	MS B	FDD
					Increment 5	
					Planning	MS B
						Increment 6
						FDD
<b>Infrastructure Capabilities</b>						

- Increment 1 (2)**
- Single Sign On/Context Management (SSO-CM)\*
  - JANUS GUI Allergies Write-Back (Pilot)

\* Denotes iEHR Infrastructure Capabilities which can span across increments

\*\* Denotes initial delivery of capability that will span across increments

- Increment 2 (14)**
- Access Control\*
  - Identity Management\*
  - User Experience\*\*
  - Information Model and Terminology Services\*
  - Federated Data Repository / Data Warehouse\*
  - Network and Security Architecture\*
  - SOA Suite / ESB
  - Pharmacy\*\*
  - Immunization\*\*
  - Portal Framework\*
  - Laboratory & Anatomic Pathology\*\*
  - Orders Service\*\*
  - Clinical Decision Support (CDS)\*\*
  - Documentation\*\*

- Increment 3 (13)**
- Barcoding\*\*
  - Care Management\*\*
  - Registration/Enrollment/Eligibility
  - Document Management
  - Emergency Department Care
  - Disability Evaluation
  - Consult & Referral Management
  - Scheduling / Appointment
  - Secure Messaging
  - Radiology / Imaging
  - Dental Care
  - Personal Health Record
  - Credentialing\*\*

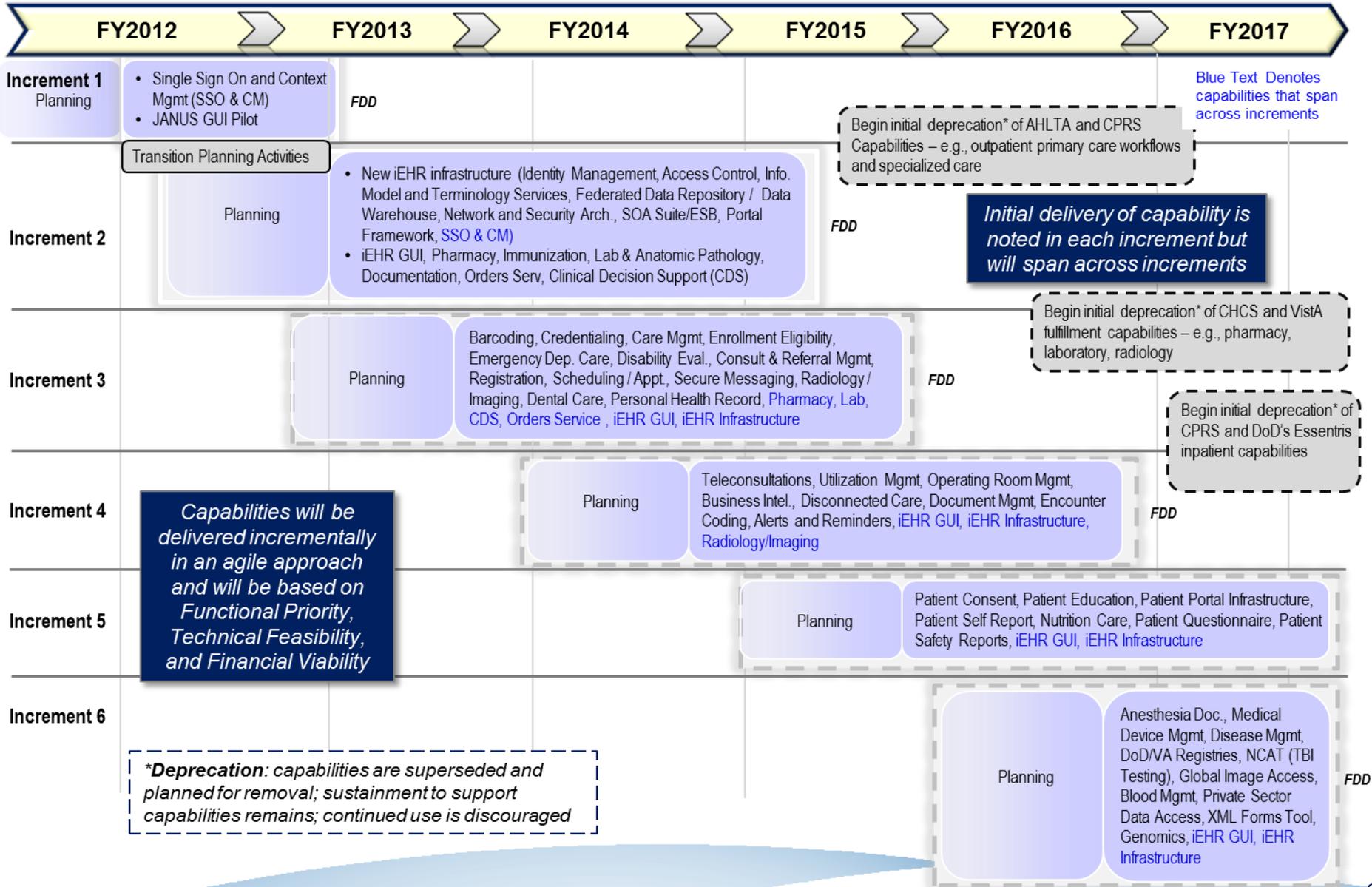
- Increment 4 (7)**
- Operating Room Management
  - Alerts and Reminders
  - Medical Device Management
  - Anesthesia Documentation
  - Mental Health
  - Global Image Access
  - Patient Questionnaire

- Increment 5 (7)**
- Patient Education
  - Encounter Coding
  - Limited IT Connectivity
  - Nutrition Care
  - DoD/VA Registries
  - Patient Portal Infrastructure
  - Patient Consent

- Increment 6 (10)**
- Disease Management
  - Patient Self Report
  - Teleconsultations
  - Blood Management
  - Private Sector Data Access
  - Business Intelligence
  - Patient Safety Reports
  - Utilization Management
  - Genomics
  - XML Forms Tool\*

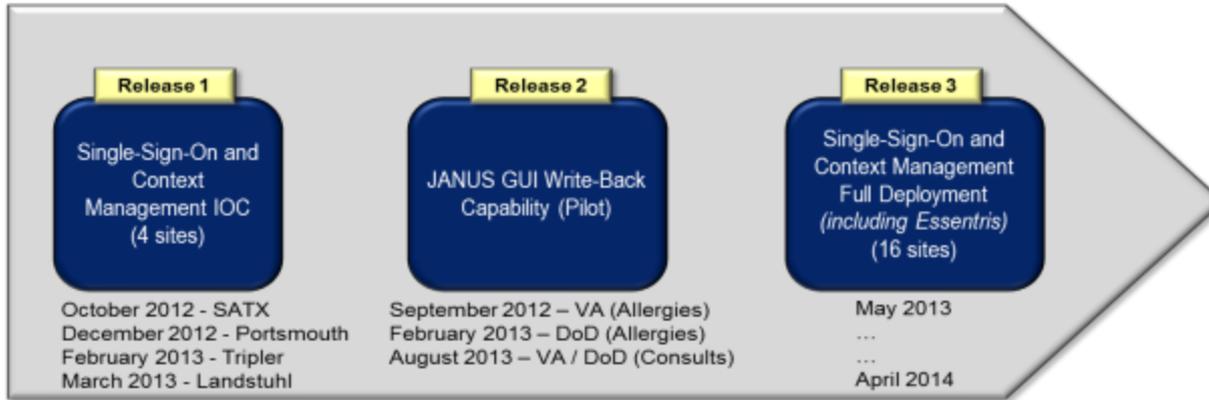
Capabilities will be delivered incrementally using agile methods and will be based on Functional Priority, Technical Feasibility, and Financial Viability

# Proposed iEHR Long-Term Roadmap



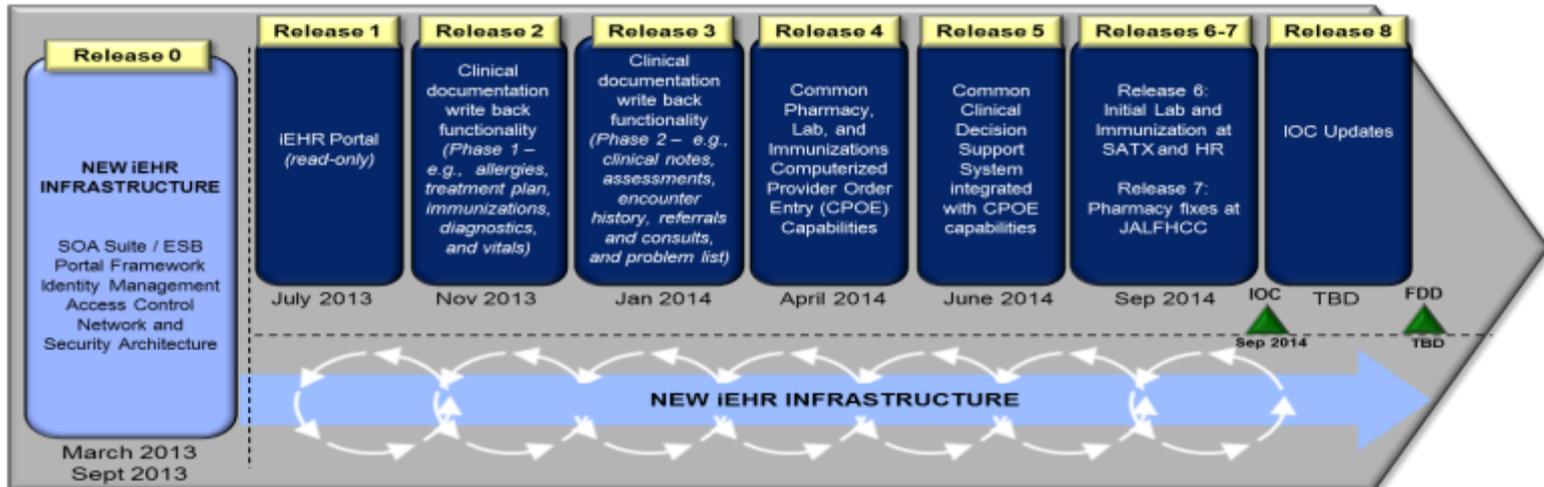
# iEHR Proposed Release Roadmap

Increment One



Note: Dates represent when capability installation is complete

Increment Two



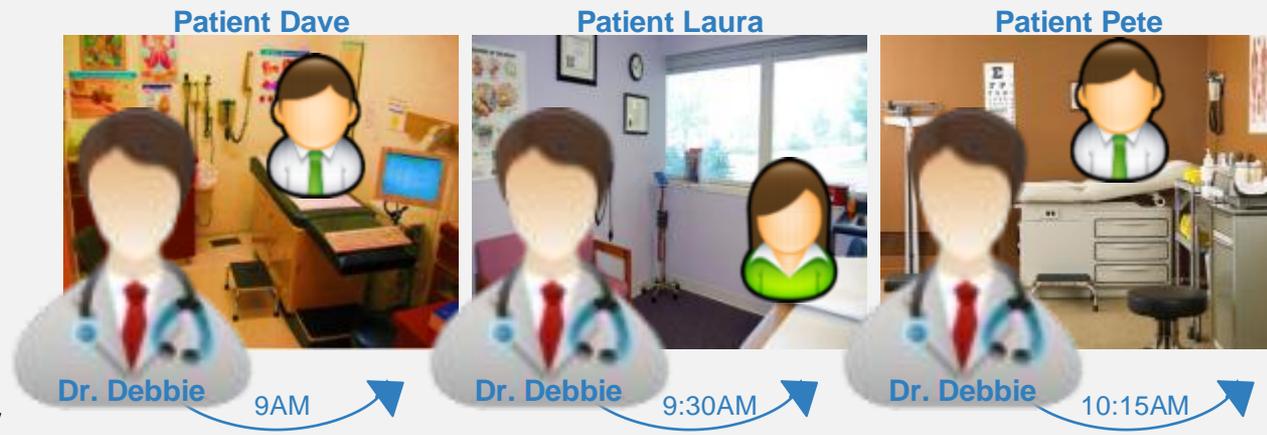
\*Agile acquisition and development is being executed, requirements definition and refinement is in progress, industry engagement is ongoing, engineering analyses are being conducted, and build/buy/adopt decisions will be made. These efforts will inform actual completion dates and may result in reasonable and justifiable adjustments.

Functional Displacement for AHLTA and CPRS for Direct Care Providers

# Single Sign-On/Context Management

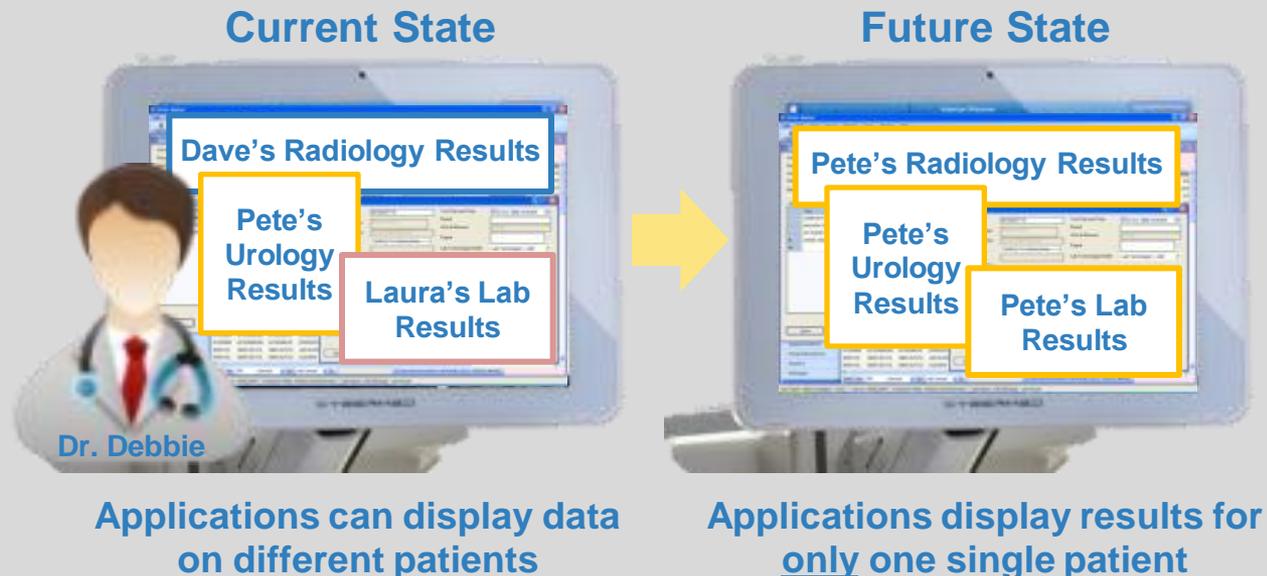
## Single Sign-On with Smooth Roaming

- Doctor signs-on to system during first appointment
- Session will move virtually as doctor moves rooms to provide care to the next patient, eliminating the need to sign-on multiple times
- **Saves 10 minutes/hour/doctor**



## Context Management

- Doctor moves to the next examination room and enters patient's name in a single application
- All clinical applications will display only information for one single patient
- **Improves Patient Safety**



SSO/CM Improves Patient Safety and Results in More Time Per Patient

- Increment 1 Activities:
  - Complete Single Sign-On & Context Management (SSO & CM) User Acceptance Testing at San Antonio
  - Initiate SSO & CM User Acceptance Testing at Portsmouth, Virginia
  - Deploy SSO, CM, and Virtualization at San Antonio and Portsmouth
- Increment 2 Activities:
  - SOA Suite / ESB: initiate design and development
  - HDD Mapping: initiate at Salt Lake City followed by Hampton Roads and San Antonio
  - Presentation Layer (iEHR GUI and Portal Framework): release Request for Proposal (RFP)
  - Laboratory, Immunization, and Pharmacy Capabilities: release RFPs
- Increment 3 Planning Activities will commence in FY13



INTERAGENCY PROGRAM OFFICE

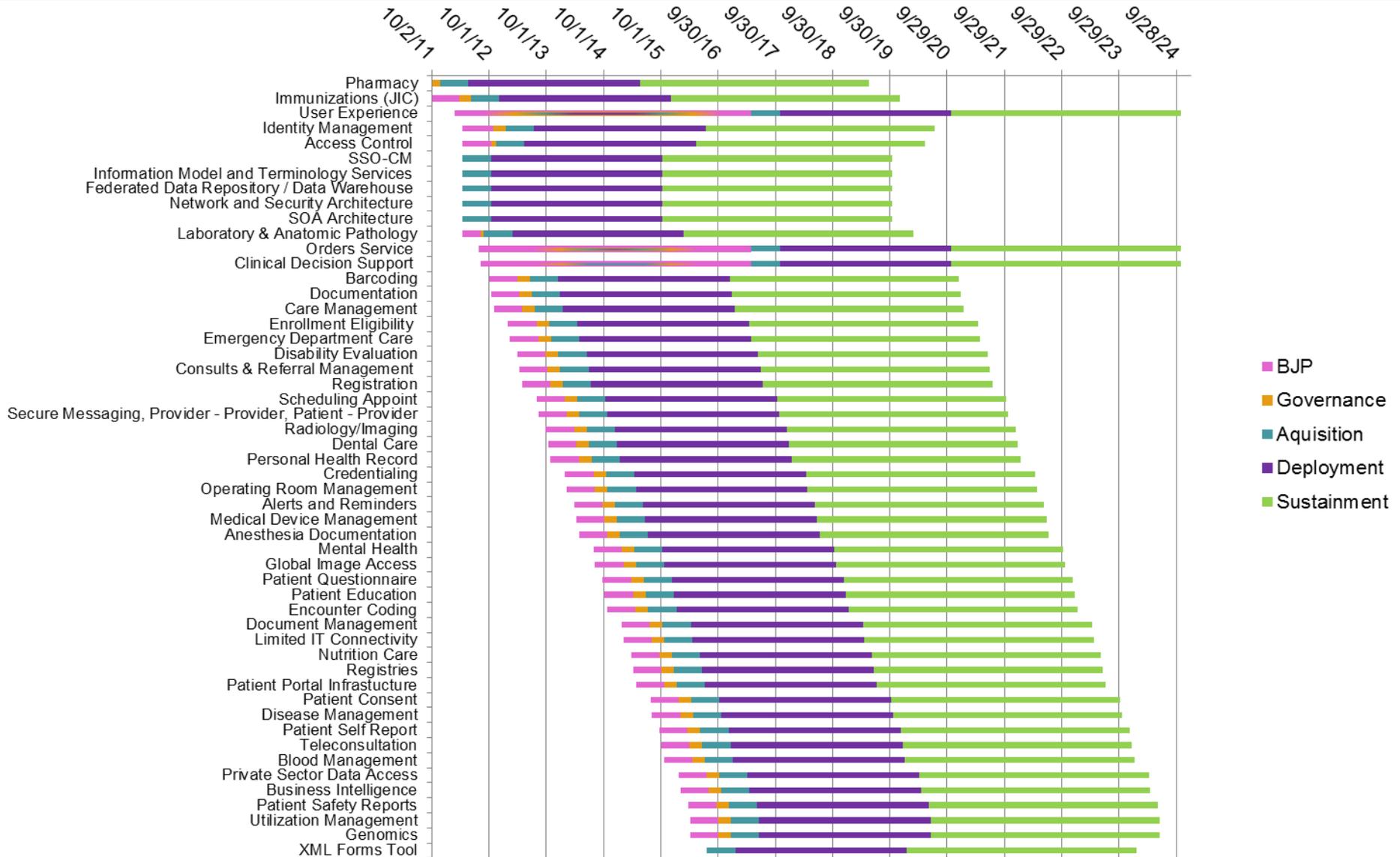
---

# Clinical Involvement in iEHR Requirements and Business Processes

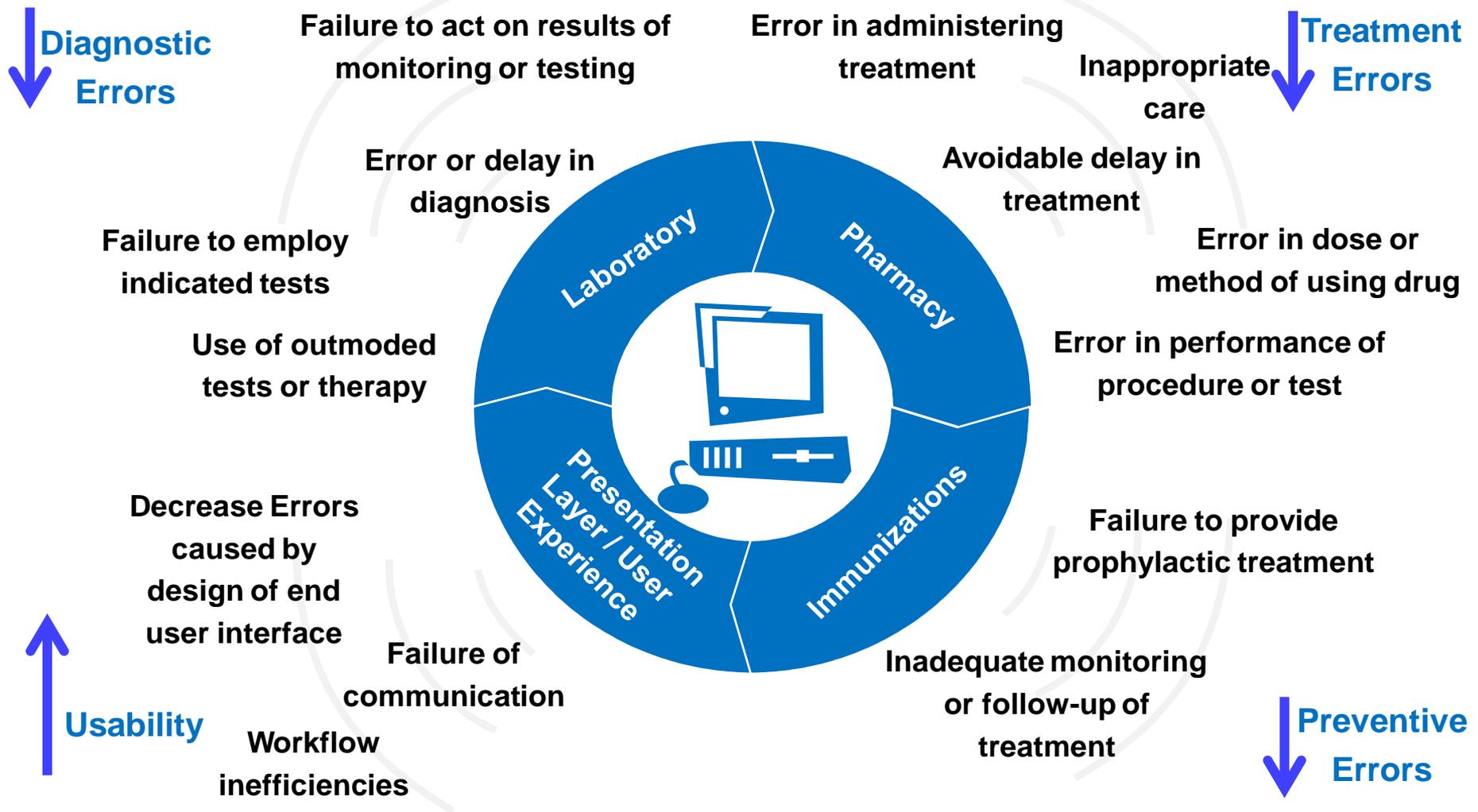
CAPT Michael S. Weiner, DO, MSM, MSIST  
Director, Clinical Informatics & Requirements Division

August 28<sup>th</sup>, 2012

# iEHR Capability Timeline



# iEHR IOC Designed to Support DoD/VA Clinical Quality Aims



Sources: Institute of Medicine, *To Err Is Human* (1999); National Institute of Standards and Technology, *Technical Evaluation, Testing and Validation of the Usability of Electronic Health Records* (2011)

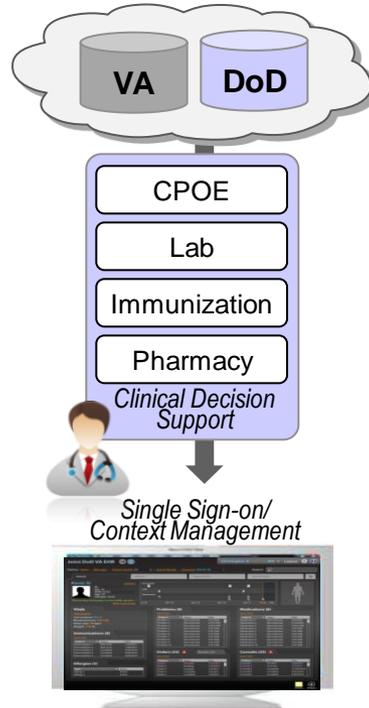
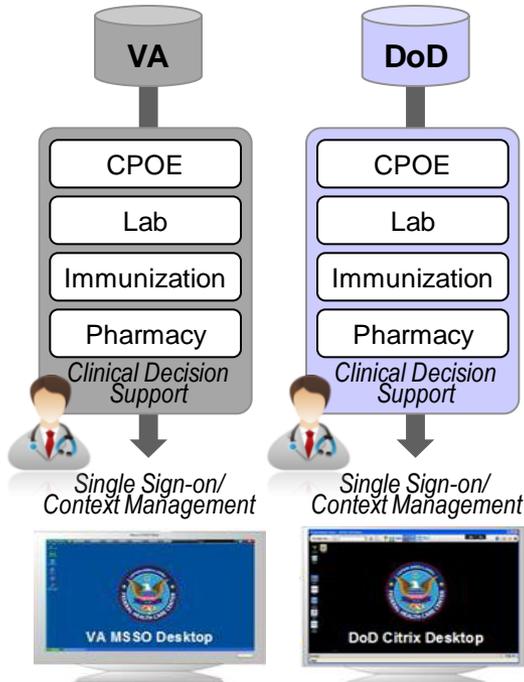
2012

September 2014

2015

## Current State

## Future State (IOC)



### Separate Patient Views

- DoD and VA clinical data **is not** aggregated
- Disparate clinical systems

### Single Patient View

- DoD and VA clinical data **is** aggregated
- Enterprise clinical systems
- Coordinated patient context management between applications and features

## Key Benefits

- Improved patient safety and clinical outcomes
- Reduced waste from unnecessary tests and procedures
- Improved diagnostic accuracy
- Improved adherence to treatment and immunization guidelines
- Expanded public health protections through decreased risk of preventable infections
- Reduced administrative costs
- Increased efficiencies from improved workflows
- Improved Force Health Protection and Readiness

# IPO IOC Value Proposition for Enterprise Pharmacy System at FHCC

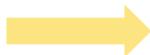
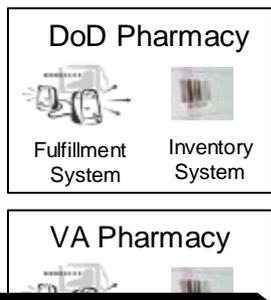
INTERAGENCY PROGRAM OFFICE

2012

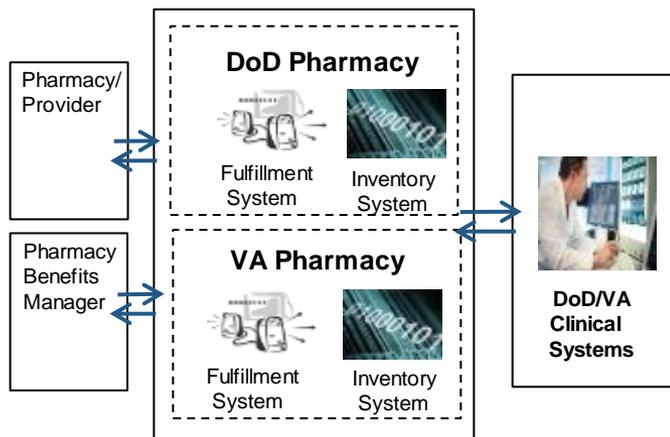
September 2014

2015

## Current State



## Future State (IOC)



### Single Pharmacy System – Fully Interoperable

- Robust Inventory Management System
- State-of-the-Art Software
  - Updated functionality (e.g., achieve essential inspections)
- Supports HL-7 Standards

## Key Benefits

- Reduced risk of medication errors
- Improved care transitions
- Enhanced medication Management
- Eliminated cost of manual drug-allergy checking
- Reduced inventory costs
- Increased third party reimbursement
- Improved patient satisfaction





## Healthcare Effectiveness Data and Information Set (HEDIS)

- ▶ Used by 90% of America's Health plans to measure performance
- ▶ Consists of 76 measures across 5 domains of care
- ▶ MHS and Services use to measure MTF healthcare quality

## Joint Commission's National Hospital Quality Measures (ORYX)

- ▶ Performance measures used in the accreditation of hospitals
- ▶ Minimum requirements are to report on 4 core measure sets out of a possible 14 available

## National Committee for Quality Assurance (NCQA)

- ▶ Offers accreditation, certification and recognition programs
- ▶ Recognition program for Patient Centered Medical Home Level 3

## Agency for Healthcare Research and Quality (AHRQ)

- ▶ AHRQ is the research agency for Health and Human Services
- ▶ Developed Quality Indicators that make use of hospital inpatient data to address prevention, inpatient care, and patient safety

# Kaiser maximized value by realigning its entire quality strategy with new capabilities available through its EHR

## Translating Clinical Metrics to Lives Saved, 2004-2008 Q4

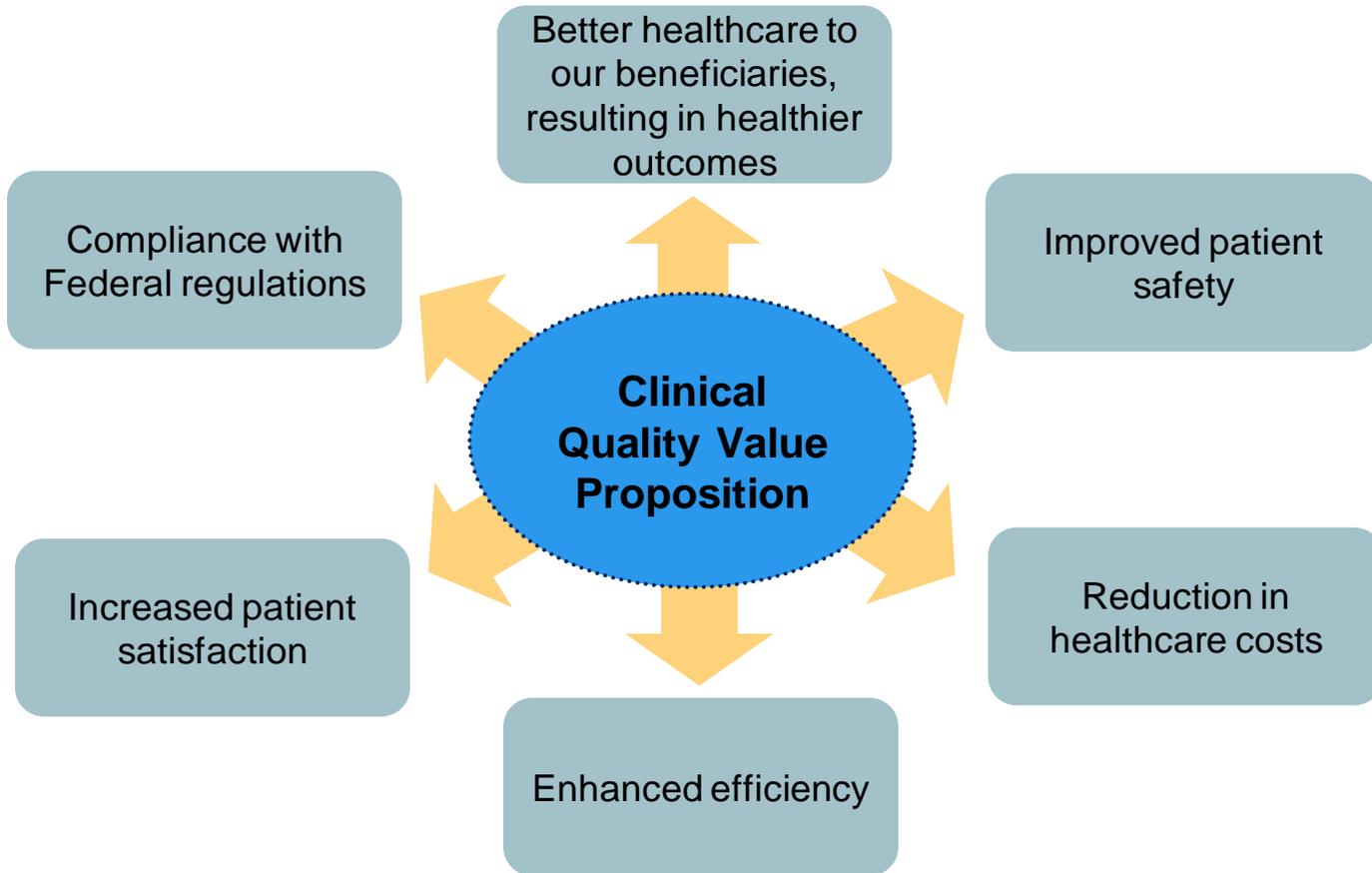
Metric	Increase	Savings per Decade
Cholesterol Control	16.8%	1,350 Lives
Blood Pressure Control	36.6%	4,890 Lives
HbA1C < 9.0	7.8%	738 Lives
Smoking Cessation	14.0%	787 Lives
Breast Cancer Screening	11.3%	565 Lives 4,349 Stage 4 Cases Prevented
Cervical Cancer Screening	5.8%	38 Lives
Colon Cancer Screening	24.2%	3,838 Lives
<b>Total</b>		<b>12,206 Lives Saved</b>

## Linking Quality Improvements with Financial Outcomes

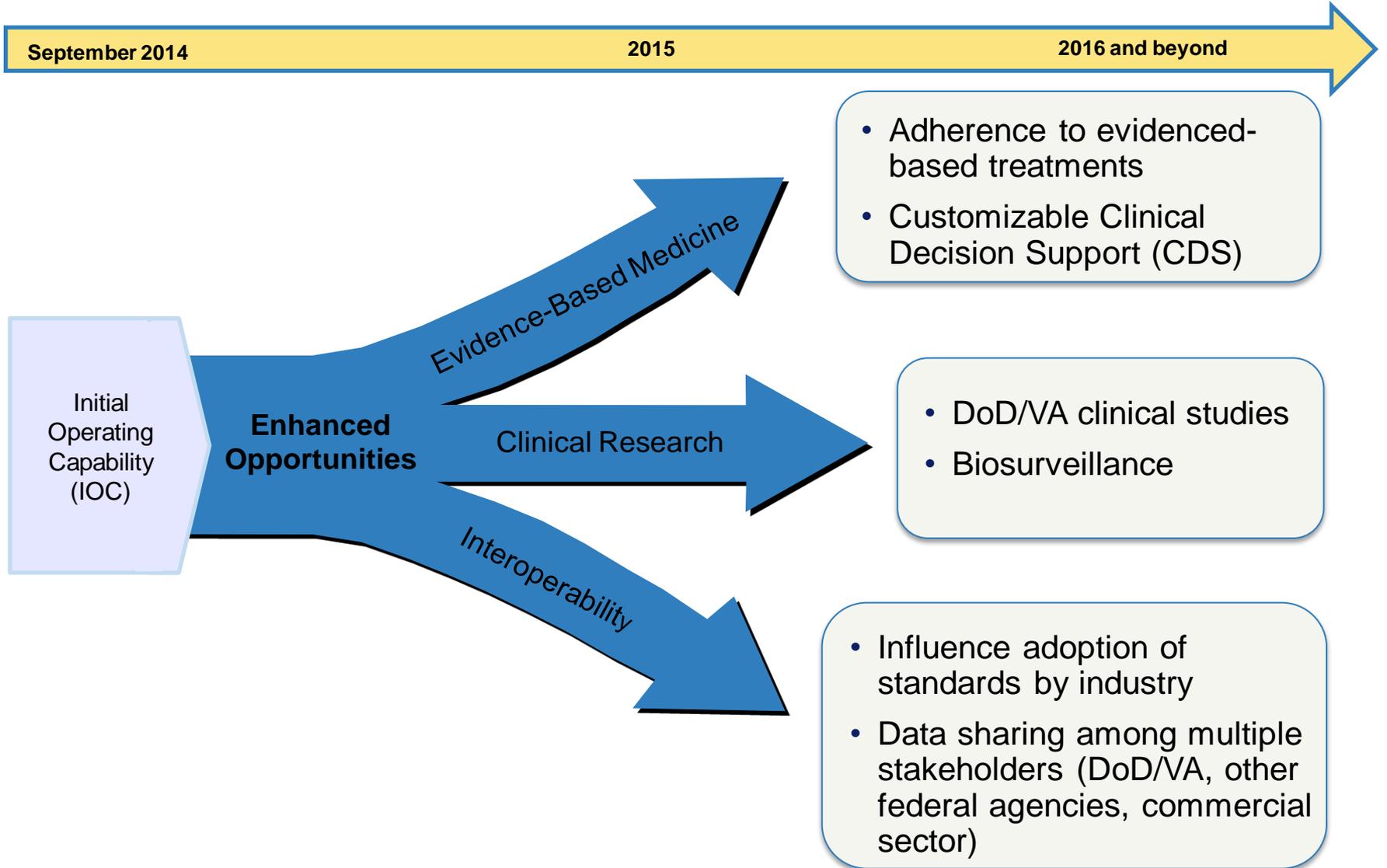
Potential Savings from Reducing Harm	Dollars
Estimate savings by reducing LOS cost for MRSA, C. Diff, and urinary tract infections	\$34,000,000
Estimated savings based on extrapolated CMS costs for coded harm from falls and coded pressure ulcers	\$17,000,000
Potential savings from medication reconciliation on admission	\$9,000,000
Annualized savings estimate of reducing costs associated with BSI, VAP, and surgical site infections	\$8,000,000
Conservative savings estimate (10 percent of admission savings)	\$900,000
Above from med reconciliation at transfer, discharge, and other indirect savings	
<b>Total (projected savings may be incremental, as some processes are already in place and achieving impact)</b>	<b>\$68,900,000</b>

Source: Liang, ed. *Connected for Health: Using Electronic Health Records to Transform Care Delivery*, 2010.

# Clinical Quality – Value Proposition



# Additional Benefits will be Realized Over Time



September 2014

2015

2016 and beyond

Initial  
Operating  
Capability  
(IOC)

**Enhanced  
Opportunities**

Evidence-Based Medicine

Clinical Research

Interoperability

- Adherence to evidenced-based treatments
- Customizable Clinical Decision Support (CDS)

- DoD/VA clinical studies
- Biosurveillance

- Influence adoption of standards by industry
- Data sharing among multiple stakeholders (DoD/VA, other federal agencies, commercial sector)

---

# OPPORTUNITIES

## Principles

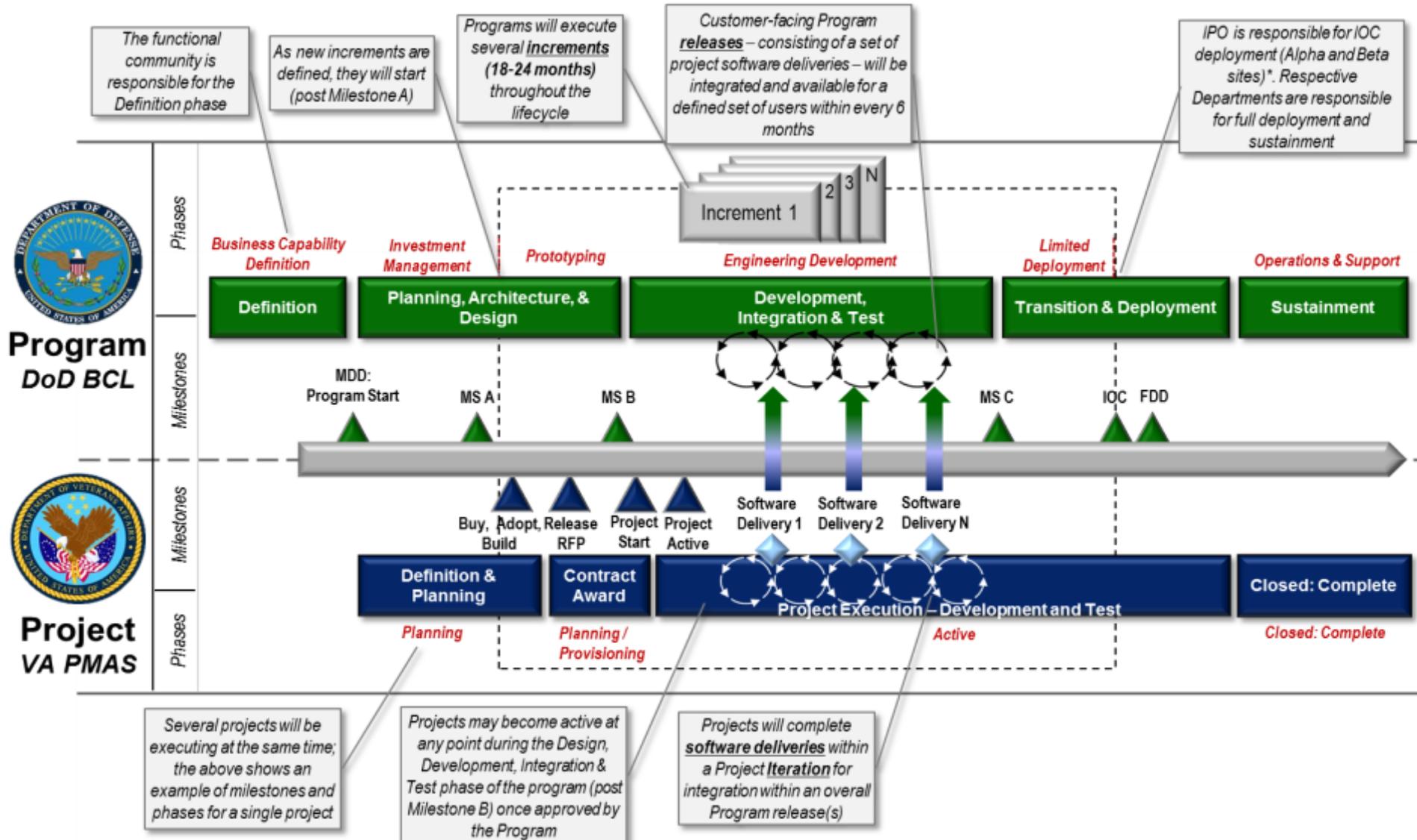
- Product: Software
  - the freedom
  - to run the software for any purpose
  - to study and modify the software
  - to copy the software
  - to improve the software
  
- Process – Collaboration
  - Community
  - Organized Participation

## Benefits

- Promote Competition and Innovation
- Continuous Refresh of Code
- Continuous Quality Improvement
- Promote Plug and Play Apps Model
- Disciplined Documentation
- Promote Standards
- Avoid Vendor Lock-in



# IPO Acquisition Framework



\* Note: With the exception of VLER Health which is responsible for enterprise deployment

## IPO Support Contracts to be Awarded

---

- Program Management Support (TAC T4 IDIQ) - 100 - 150 FTE\*
- Testing / IV&V Support (USAMRAA TEAMS IDIQ) - 26-68 FTE\*
- Procurement / Budget & Finance (GSA MOBIS) - 21-28 FTE\*
- IPO Corporate Support (USAMRAA TEAMS) - 26-38 FTE\*
- Clinical Informatics (NITAAC CIO-SP3 IDIQ) - 72-97 FTE\*

\*Range in FTE depends upon usage of optional CLINS for surge capability during life of contract