

Defense Strategies Institute Conference
iEHR Panel Q&A Session
May 15, 2012

Question 1. JANUS is not scalable according to the people who built it. CareFX is the GUI in North Chicago. What's the plan?

Answer from Ms. Rockey. As I said in my presentation, JANUS was kind of a forerunner of what we're doing with the interior architecture of the presentation layer. It will be based on a portal platform and we're working on what that portal platform will be and we will have portlets. The individuals who are supporting JANUS may in fact be developing some of our portlets. They've done a tremendous job of being able to design something right there next to the clinicians at Tripler and the VA medical center – and we've had great feedback on some of their design work. They may very well be designing some of those portlets. As far as the actual JANUS code, part of it may be used, but it won't be brought in wholesale as the iEHR presentation layer.

Question 2. What will make the IPO and this integration of the iEHR successful?

Answer from CAPT Weiner. It's very simple. Dr. Butler brings that message to the table every day. We need to work with clinicians as our partners throughout the entire process.

Answer from COL Grebe. You heard all of us speak earlier and the big thing there is that we're reaching out to industry. That partnership that Dr. Butler talked about earlier is a big driver of the success of this—how we are going lay in the integration, openness, and the relevant methodologies. At the end of the day, the success of this is going to be centered on what industry is willing to bring to the government.

Question 3. Will slides be available after the briefing? If so, how?

Answer from Ms. Deutscher. Please contact Martha Deutscher.

Question 4. How are DoD and VA ready to support evolving, changing requirements? What will the DoD and VA change to allow industry and government to actually do agile development?

Answer from COL Grebe. We are committed. We are all in from the DoD and VA perspective of what the Secretaries told us to go and do and they provided some great flexibility. If you look at what they told us to do, they gave us some pretty high-level requirements. Now we have to figure out how we are going to do it in the period of time that they've laid out for us. But I will tell you that it will start with the contracting officers and what they can help us out with to lay this out with industry. It starts with Dr. Butler evangelizing his vision of how he wants to do this. Starting at the highest levels, for example, Dr. Butler has spent the last week and a half on the Hill, with OMB, and talking to a lot of people. There are a lot of people who are really excited. They also realize that it is hard what we are trying to do. If it were easy, it would have been done much earlier. I do think people are ready for change – and we are committed, a lot of people are excited, and we are moving forward.

Answer from Ms. Rockey. It's not just agile as far as co-development and agile as far as industry because I think industry can be a lot more agile than government can. It is about us internally looking at our processes—how can we do contracting quicker, how can we do our financial system differently, how can we do testing, how can we do information assurance? All of those things internally as well as externally, we really have to look at and we have teams working on that today. We are working now on our testing and evaluation master plan. The person who is doing the

testing is working with the VA leads and looking at how we can do integrated information assurance and integrated IV&V together with testing such that it all supports an agile methodology. All of those things inside of the government as well as industry have to be looked at for us to really achieve agile and we really have to work on all of those processes.

Question 5. We all know that T4 was put out as the vehicle for VA/DoD integration sharing. But right now, the word is circulating that SPAWAR will be managing iEHR contracting. How will T4 and SPAWAR work together and what will this mean to industry?

Answer from Ms. Rockey. We are going to be using multiple contracting vehicles based on what makes sense. And again, getting back to agile, we will be looking for what will be the best contracting vehicles for us for what we're trying to do. We will use a variety of contracting methodologies and vehicles.

Question 6. One of the most promising areas for improving the quality of care and reducing health care costs is in the area of clinical decision support (CDS). Can you provide some commentary about the state of requirements, development, and your vision for CDS?

Answer from Mr. Cromwell. I am in the standards world and I view things in terms of standards. If you have good solid standards that you're exchanging, you can do apples to apples comparisons. You build CDS systems based on those standards. I think our generation is working on the infrastructure that the next generation gets to take advantage of as a result of our efforts. So we have to build the infrastructure for standards-based health information exchange and then the next thing that comes along will be really good, proactive decision support, the kind that when you're about to make a mistake, the system catches you and guides you along. The current systems can't do that right now because the infrastructure is not there to support it.

Answer from CAPT Weiner. CDS relies on infrastructure that is based upon a data structure that is free and easily accessible. We have heard this in hundreds of health IT topics and conversations around the world. We all need to free the data. The success of CDS systems is based on free, usable data.

Question 7. How will the project review process change to support agile? Will processes take a back seat?

Answer from Dr. Butler. I see that process thinning out and being driven more towards that two-week scrum process with a sprint review at the end of the process. Not only is there a sprint review for the team itself that shows the capabilities to the end users, but then there will be that retrospective that will be a daylong event that assesses internal processes to determine how well the team is doing. Our product managers, our program managers will be deeply involved in that process and expect that to go on in a two week cycle. Instead of that once per month day long program review that is typical in waterfall development approaches, you will likely see those reviews in much smaller chunks for the agile approach.

Question 8. The VA has recently moved to awarding single six month development contracts that align to PMAS development milestones. Does the IPO plan to release similar contracts that align to the agile process?

Answer from Legal. VA has six month deliverables and has not started awarding six month contracts.

Question 9. With respect to patient authentication (single sign on), is there a plan to leverage public ID systems such as public email addresses?

Answer from CAPT Weiner. I think the question is related to the master patient index as opposed to single sign on. The question is how do you tackle the challenge of developing that master patient index.

Answer from Mr. Cromwell. The VA and the DoD do have master patient index, it's called the API. The question is what happens when you have to correlate the API with the rest of the world and the rest of the world has their own master patient index. For example, the state of Texas has seven health information exchanges and therefore seven state master patient indexes. So when the DoD and VA correlates patient data with the state of Texas, we have to correlate with 7 different indexes – similar instances are repeated over and over again throughout the country. Additionally, we are statutorily restricted from talking with the states about something that could help them, so that's for industry to take a look at. How do we identify a patient for health care? How do we securely and certainly identify a patient?

Question 10. When will the clinical and technical requirements get posted for the public to review and what will be the process for that review?

Answer from Ms. Rockey. This has to do with our technical specification. We are going to post the specification to the web on FedBizOps with a ROI that includes a series of questions that we'll need comment from industry. Our plan is to continue to publish that technical specification package periodically as the package matures. The package will include a variety of information to include: meaningful use criteria; the definition of open API; architecture artifacts; and data standards. We did a first round review recently and it really is coming along. I am excited about releasing it to industry; we're targeting a June release.

Clinical requirements will be posted at a later time in the same manner as the technical specifications (RFI, FedBizOps)

Question 11. Please speak to the continuous use (or not) of mumps in the iEHR functionality.

Answer from Ms. Rockey. We may be using mumps somewhat in our transition. It is not our target for the future – one of the biggest reasons for that is because I think we will get far more innovation from industry if we use more modern languages. Again, for a while, we will depend on mumps-based code, but it is not our target architecture.

Question 12. As proprietary solutions developers, how can we deliver integration solutions for the MDWS architecture without having to be part of the MDWS VA open source initiative?

Answer from Mr. Hayes. Meadows is a standards-based approach and so while there is an open source community dedicated to the development of meadows, which is unique to mumps, the same principle is involved. If your proprietary codes sets use open API and are based on open standards, then they will fit nicely into the VA's further use of meadows and internal VA enhancements.

Answer from Mr. Rockey. Mumps will be around for quite a while as it will be important during our transition. However, the goal is that if we are really going to get innovation, we need to have modern languages that will allow us to really capitalize on innovation across the board.

Question 13. Will the DoD be opt in or opt out for service personnel in reference to the exchange of their records with the Nationwide Health Information Network (NwHIN)?

Answer from Ms. Rockey. Right now, for our service personnel, DoD is neither because they are automatically opted in. We have more work to do for our other beneficiaries and we're working with the VA on that.

Question 14. As more states join the NwHIN, are they using the connect framework and what's the future of connect with regard to the DoD and VA? As iEHR moves to an open source, do you envision having a custodial agent?

Answer from Mr. Cromwell. Connect has a future. It is still being developed by the ONC with our help and we are looking at a couple of private partnerships. And we are looking for a place to connect our software, but that hasn't been determined as of yet. Major technical companies have adopted open source and privatized it or are consistent with technical specifications and standards. The states are making their own decisions about whether to use a privatized version of connect or to go with other vendor solutions. This is the way it should be – that there are a lot of options out there.

Question 15. How will limitations between the exchange of private sector and the government (VA, DoD, HHS etc.) be addressed?

Answer from Mr. Cromwell. Our mode of information exchange with the private sector is through the NwHIN or using the direct project. NwHIN works in a lot of ways for us. The DoD and VA have a national footprint, so we have potentially 100 different relationships to manage. We can't be in one off situations where we are dealing with one state that uses a particular set of standards and another that uses another set. For the DoD and VA, it works very well to have a national set of specifications and standards that we expect the private sector to adhere to and work with us on to develop. Those standards will become a member of the trusted exchange.

Question 16. Regarding the Common Information Interoperability Framework (CIIF), do you see that as a federated group of information silos or a single aggregate data repository that can adapt in scale based on changes and requirements?

Answer from Mr. Cromwell. It is a broad and shallow aggregating framework that describes the minimal level of standards and specifications. It is something that is able to pick up all or many of the current health information exchange activities going on plus the data driven architecture. As we move forward with the iEHR, the CIIF will get more narrow and deeper. Right now, we meant it to be an overarching framework that describes what we do with data and where the data resides as the DoD and VA have a number of disparate data sources and registries. As we evolve to set of common data bases that are built, the CIIF will be the mediator of what gets in to those data repositories.

Question 17. What's the plan to accomplish a single security enclave and will be DISA's role in the iEHR backbone and security?

Answer from Ms. Rockey. We have our DoD CIO working with the VA CIO as well as the leads in DISA who are working that for us. Earlier, Dr. Butler noted our lessons learned from our work at North Chicago and one of those is having three enclaves – a MHS, VA, and Navy enclave – and trying to get software to work across those enclaves and across firewalls to serve clientele.

Question 18. The government IPO has many contracting vehicles. Is there a policy decision relevant to making decisions about which vehicles will be used?

Answer from Dr. Butler. The plan is to use pre-competed vehicles (IDIQs) and if these don't support a certain need, the IPO will turn to GSA for support.

Question 19. Will the government act as the integrator for the iEHR?

Answer from Dr. Butler. The IPO will act as the integrator. We will procure support contractors to assist as needed.

Question 20. Will the IPO requirements be released as one large PM support contract or will several smaller ones be issued?

Answer from Dr. Butler. The strategy has not been decided upon.

Question 21. How will you award the acquisition?

Answer from Dr. Butler. We will make awards for superior technical innovations. In advance of those awards, we are looking to release many RFIs, RFQs, and Draft RFPs because we want industry feedback.

Question 22. Who is the IPO POC for innovative approaches?

Answer from Dr. Butler. If after the RFP, please contact the Contracting Officer. During the pre-RFP stage, please attend and participate in industry days. Please note that we will work with our contracting officers to add language to our RFPs that alternative proposals will be accepted. This will provide opportunity for industry to propose even more innovative approaches to our requirements.

Question 23. What kinds of training are being delivered to clinicians in preparation for the system?

Answer from CAPT Weiner. This is not an IT problem, but a change management problem. We have a cultural challenge as we are changing workflows to match the enterprise. To support this change, we'll be adopting best practices and conducting various types of training. We are also focused on delivering the right message at the right time.

Question 24. In developing the iEHR, why aren't the beneficiaries involved in the process?

Answer from CAPT Weiner. We're in a transition period as we move to a more patient-centric experience. We will be working to create ways to engage regularly with the beneficiary community.