



DEFENSE STRATEGIES INSTITUTE CONFERENCE

Interagency Program Office Overview

May 14, 2012

- Overview of the IPO
- Clinical Requirements
- Technical Requirements
- Building the iEHR
- The Virtual Lifetime Electronic Record

Overview of the IPO

Interagency Program Office (IPO)

The IPO was established by the National Defense Authorization Act for Fiscal Year 2008 (NDAA FY08).

“To act as the single point of accountability for the Department of Defense and the Department of Veterans Affairs in the rapid development and implementation of electronic health record systems or capabilities...”

“To accelerate the exchange of health care information between the DoD and VA in order to support the delivery of health care by both Departments.”



Reference: National Defense Authorization Act for Fiscal Year 2008 (NDAA FY08)

The IPO is Focused on Improving Patient Care for Service Members, Veterans, and Their Dependents



Who We Serve

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

What We Do

- › To lead DoD and VA in the development and implementation of EHR and VLER Health
- › To accelerate the exchange of health care information
- › To inform and otherwise complement other information sharing initiatives within DoD and VA

Why We Do It

- › Empowered Patient Care Model
- › Robust Learning Health System
- › Enhanced Access to Quality of Care
- › Enhanced Patient Safety
- › Enhanced Health Outcomes

Who We Serve: Our Stakeholders by Number

DoD Health Statistics*

Provides a broad range of health services to 9.7 million beneficiaries across the globe

Key areas of focus include:

- ▶ Military Treatment Facilities and Health Care Practitioners
 - 59 Hospitals
 - 364 Medical clinics
 - 282 Dental clinics
 - 325,000 Health care providers in the U.S.

- ▶ Healthcare - 2011 totals
 - 1,169,003 Inpatient admissions
 - 129,152,879 Outpatient visits
 - 124,729 Births
 - 142,126,856 Prescriptions

VA Health Statistics**

Provide comprehensive care to more than 8.3 million Veterans each year

Key areas of focus include:

- ▶ Number of VA Facilities and Health Care Practitioners
 - 152 Hospitals
 - 807 Medical clinics
 - 200 plus Dental clinics***
 - 115,300 Health care providers in the U.S.

- ▶ Healthcare - 2010 totals
 - 8,200,000 Outpatient visits

* Reference: 2011 MHS Stakeholder Report

** Reference: National Center for Veterans Analysis and Statistics

*** Reference: <http://www.va.gov/dental/>

What We Do: IPO Major Initiatives

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

North Chicago

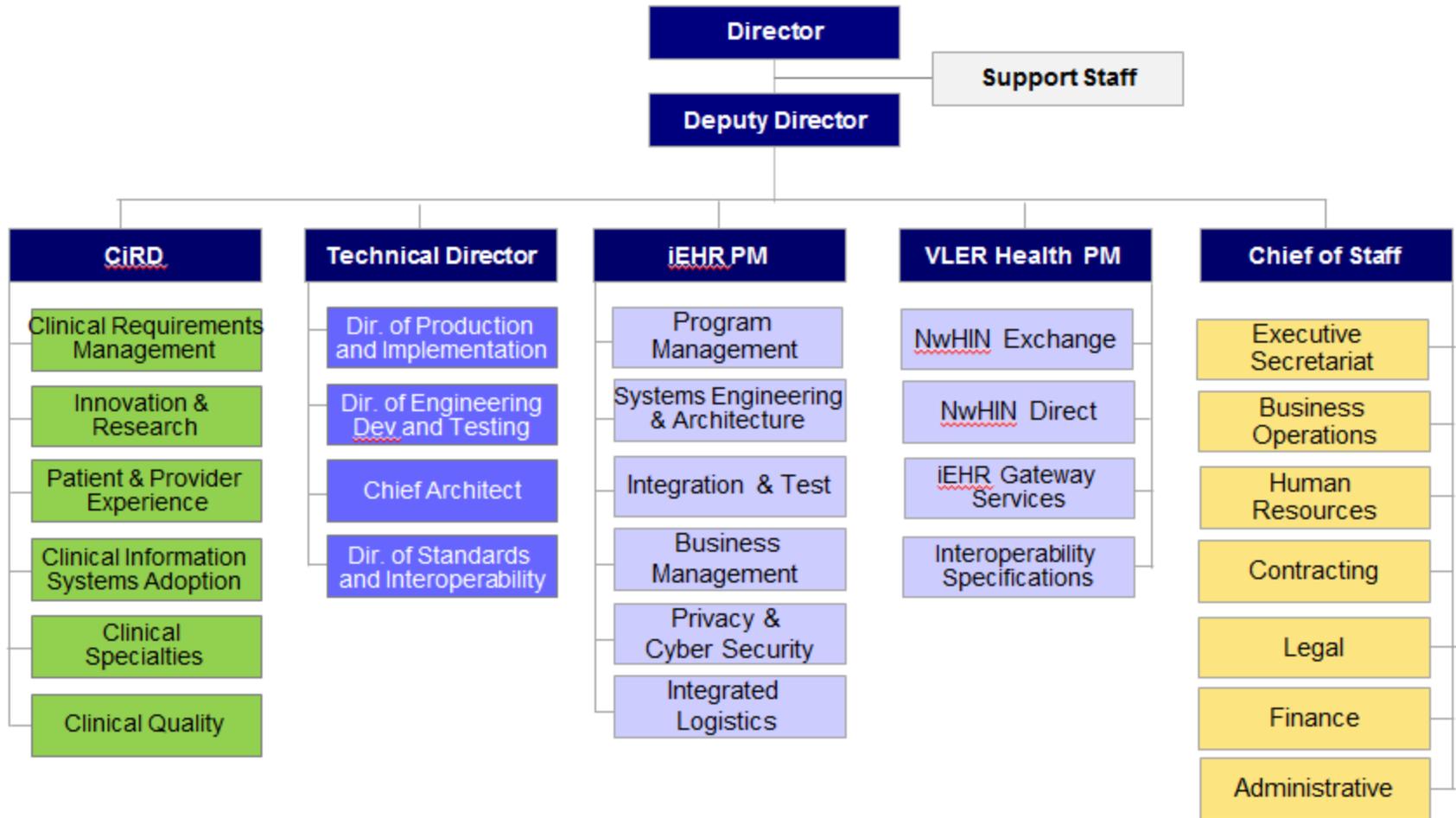
- Five-year demonstration project is the first integrated facility of its kind, serving both DoD and VA populations
- The North Chicago Veterans Affairs Medical Center and the Naval Health Clinic Great Lakes merged to become the Captain James A. Lovell Federal Health Care Center on October 1, 2010

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

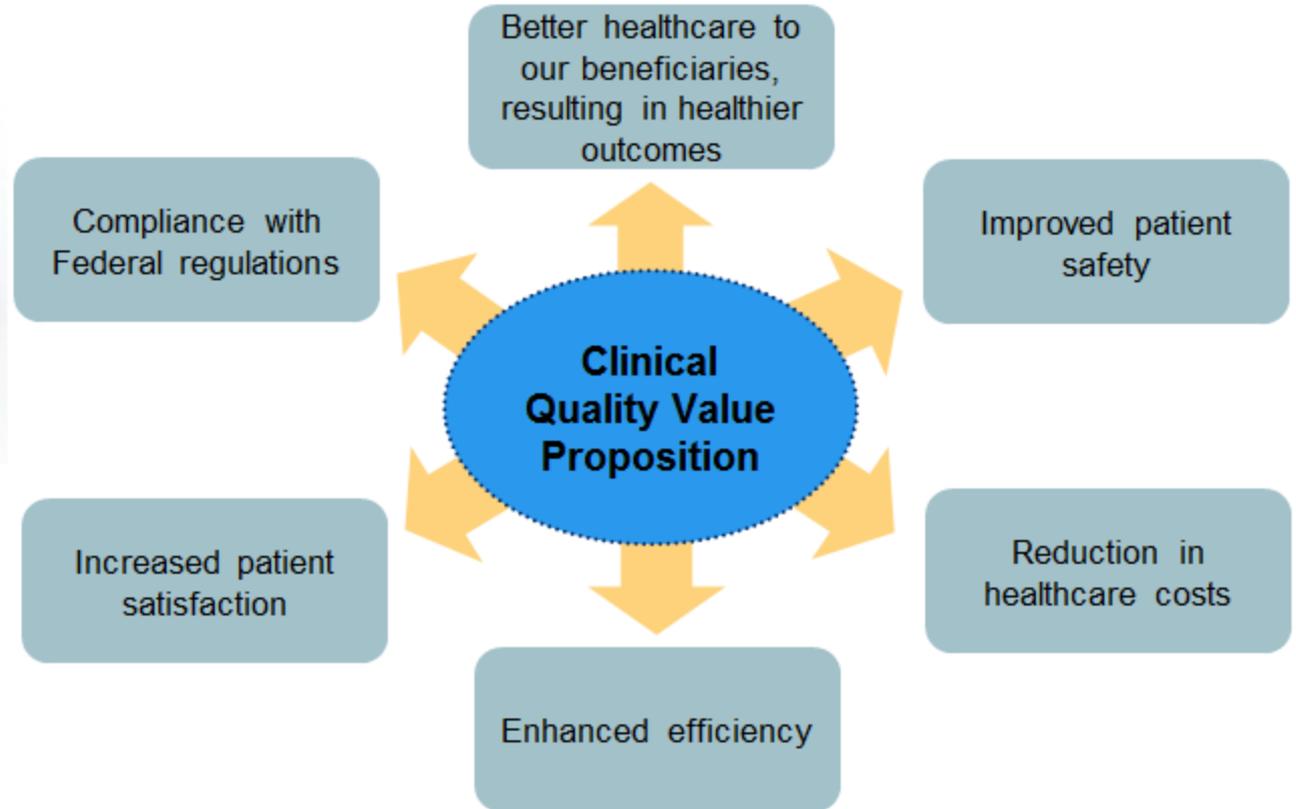
IPO Organizational Chart

As of May 8, 2012



Clinical Requirements

Clinical Quality – Value Proposition



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
Total		12,206 Lives Saved

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	
Total (projected savings may be incremental, as some processes are already in place and achieving impact)	\$68,900,000

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

Sentara Healthcare Also Improved Patient Outcomes and Efficiency from a System-wide EHR Implementation

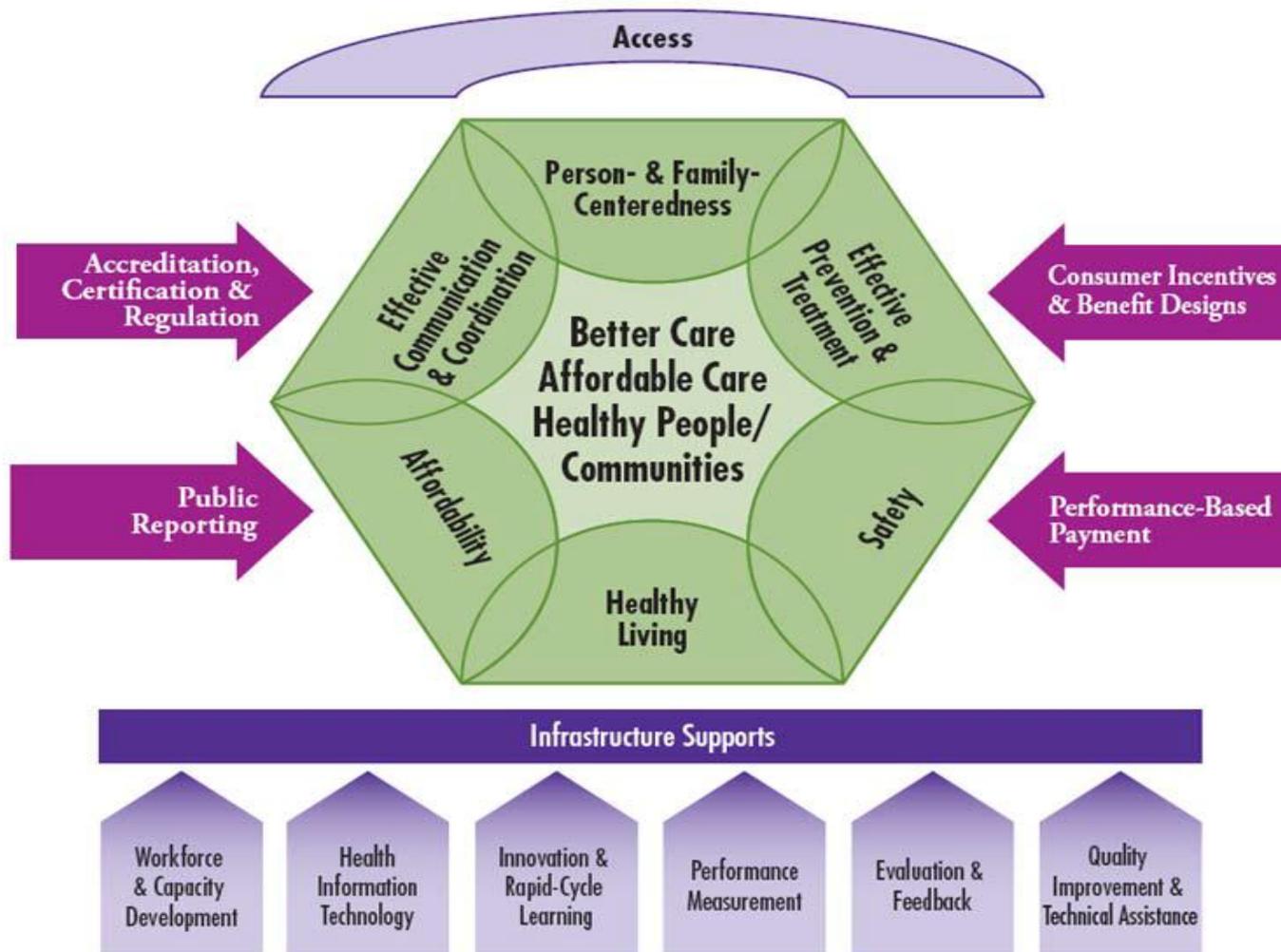
Patient Safety and Quality of Care	Efficiency
<ul style="list-style-type: none"> • 88,500 potential medication errors were avoided due to bar-coding scanning alerts • CPOE reduced medication order entry to administration time from 59 minutes to 4 minutes • CPOE and medication barcoding decreased time from order written to medication administered (NOW orders) from 132 minutes to 38 minutes • Readmission ratios reduced at each hospital, by 5% to 18% • Compliance with influenza/pneumonia immunizations enabled Sentara to identify the epidemic had passed before the State did and to notify the State • SMG implemented Physician Quality Reporting Initiatives in primary and specialty practices • Sentara's CMS core measures % of green metrics doubled from 36% (Q1 2009) to 72% (Q1 2010) 	<ul style="list-style-type: none"> • 7 of 10 emergency departments improved their triage performance • 4 of 10 EDs improved their admit time performance and all hospitals improved their patient throughput times • The median percentage for 14 of 14 patient flow metrics improved and for 8 of the 14 patient flow metrics • All hospitals improved their patient throughput times (median improvement greater than 25%) • The time from bed assignment to admit an ED patient has decreased 90 minutes • Central scheduling average speed to answer was reduced from 71 to 10 seconds and the abandonment rate was reduced from 9% to 3% • 87% CPOE (Computerized Physician Order Management) for six hospitals

Communications

- 20,000 registered MyChart* users have access to portions of their chart and electronic communications with their physician offices
 - Enhanced communications with and among physicians and ability to round from office or home have enhanced the timeliness of care decisions, (anecdotal input from physicians)
- *MyChart provides a patient portal to the EHR

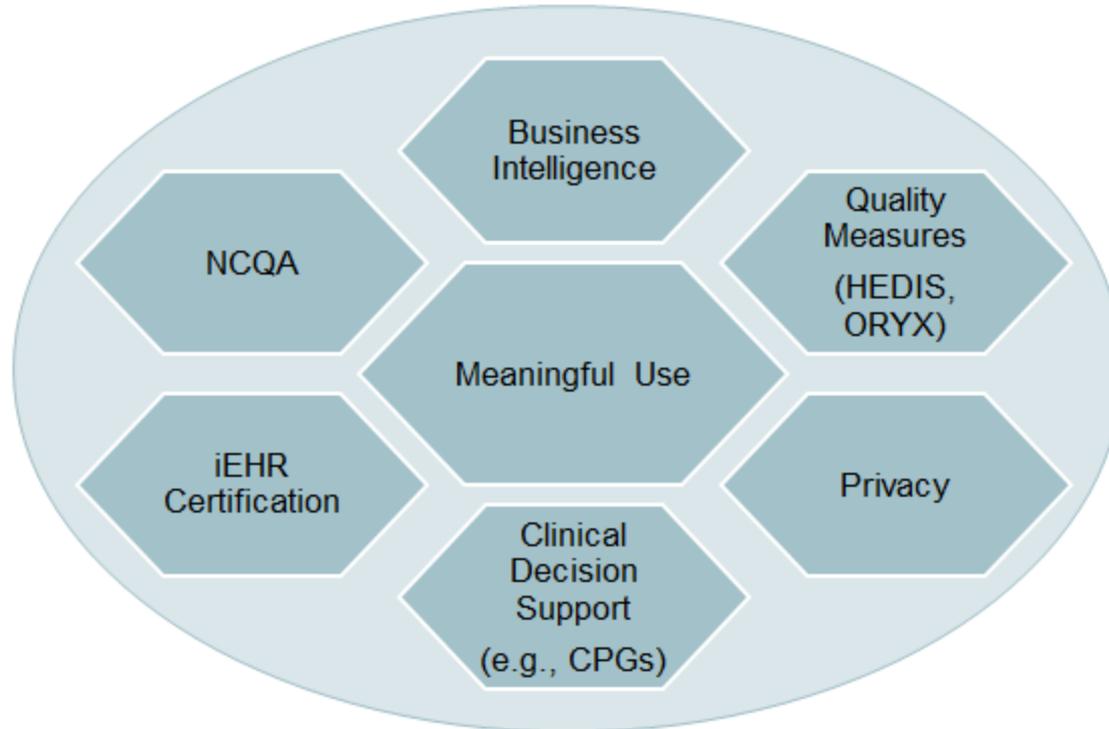
Note: Results from 2009, after EHR implementation complete
 Source: 2010 Sentara Healthcare application for Davies Award

National Quality Strategy



Source: Department of Health and Human Services, March 2011

iEHR Clinical Quality Requirements



National Committee for Quality Assurance (NCQA)

Healthcare Effectiveness Data and Information Set (HEDIS) – metrics measuring quality in outpatient clinics

Joint Commission's National Hospital Quality Measures (ORYX) – metrics measuring quality in inpatient facilities

Clinical Practice Guidelines (CPGs) – standards of care leveraging evidence-based medical literature for specific diseases

Current Quality Measures



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

Future Clinical Quality Measurements – Meaningful Use



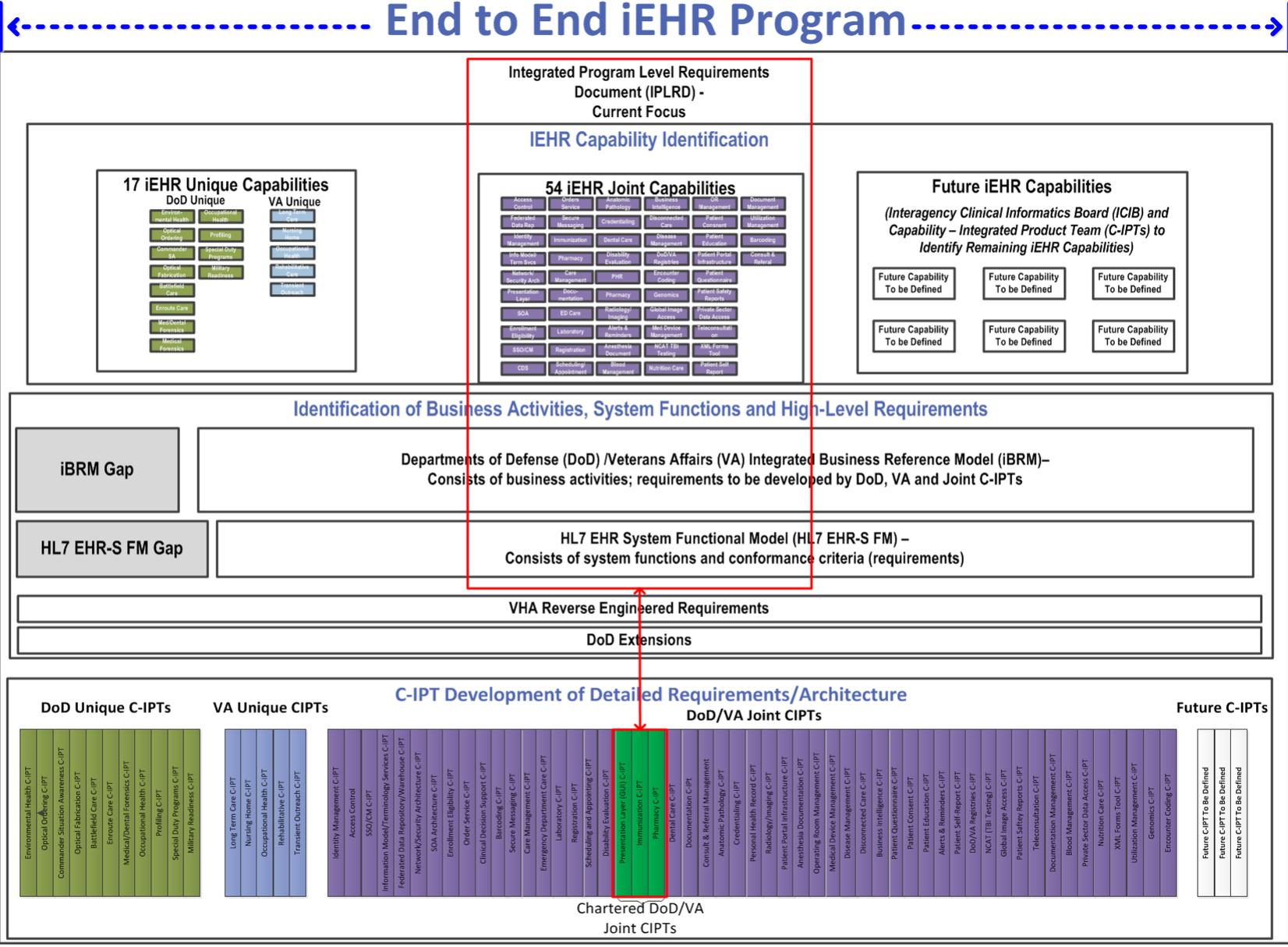
- ▶ Required by the Health Information Technology for Economic and Clinical Health Act (2009) as part of EHR certification
- ▶ Three main components of use:
 - ▶ Meaningful manner (e-prescribing)
 - ▶ Electronic exchange of health information
 - ▶ Submit clinical quality and other measures
- ▶ The U.S. is currently in Stage 1 of a 3-Stage process
 - Stage 2 is expected in 2013, and Stage 3 in 2015
- ▶ Stage 1 requires reporting on:
 - 15 core set objectives
 - 5 (out of 10) menu set objectives
 - 6 clinical quality measures
- ▶ Reporting periods are annual

Update per latest CIPT schedule: make lab, Id Mgmt & Access Control green

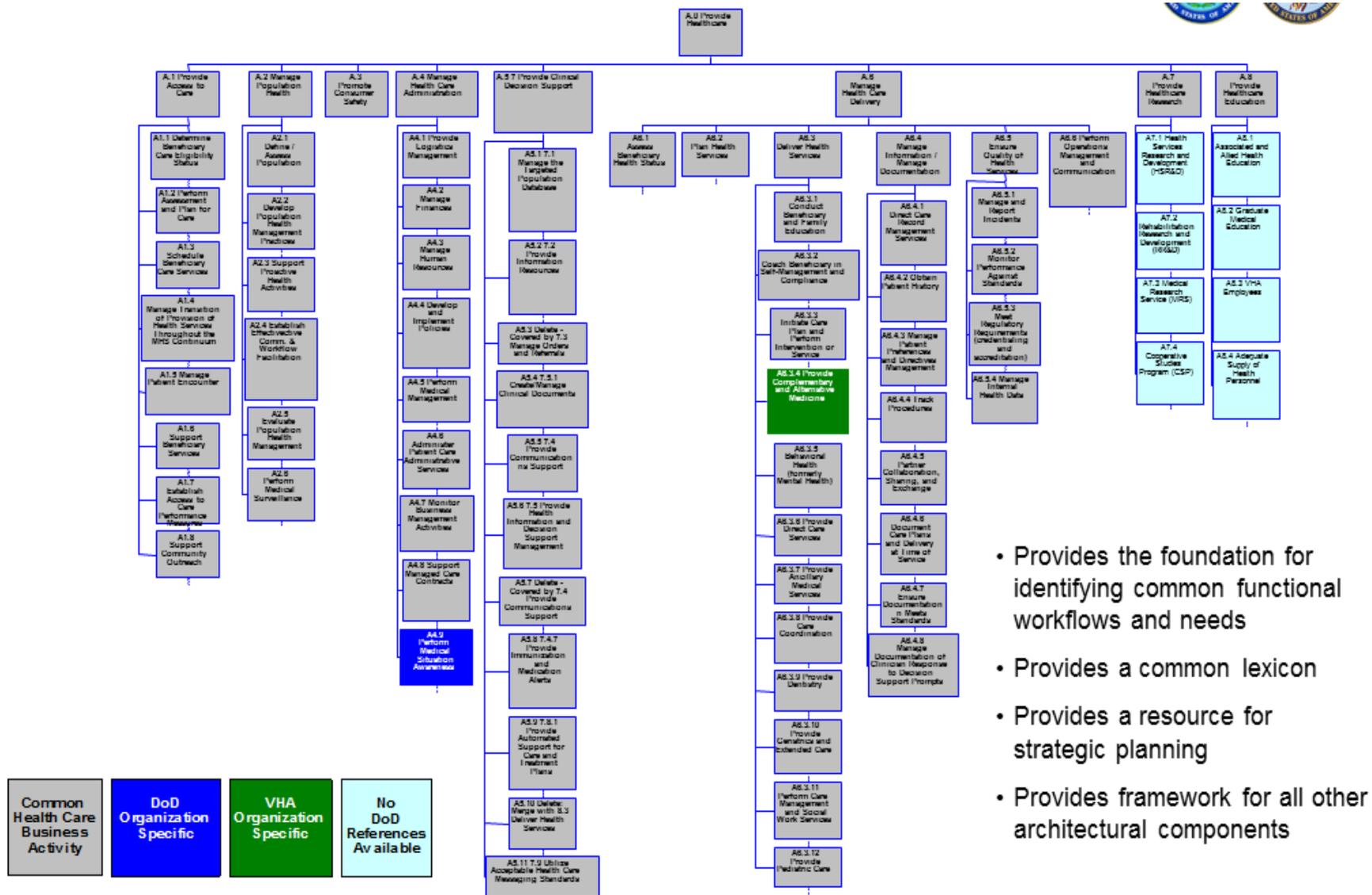
Increasing Level of Requirements Specificity

Low

High

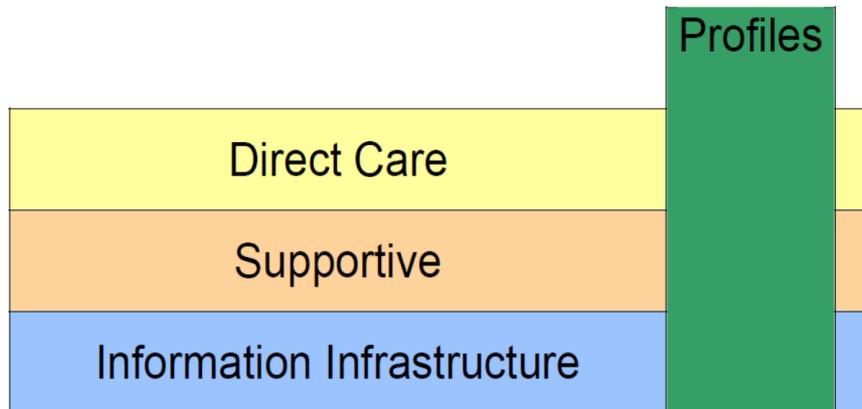


DOD/VA Health Integrated Business Reference Model (iBRM)



- Provides the foundation for identifying common functional workflows and needs
- Provides a common lexicon
- Provides a resource for strategic planning
- Provides framework for all other architectural components

HL7 EHR – System Functional Model (HL7 EHR-S FM)



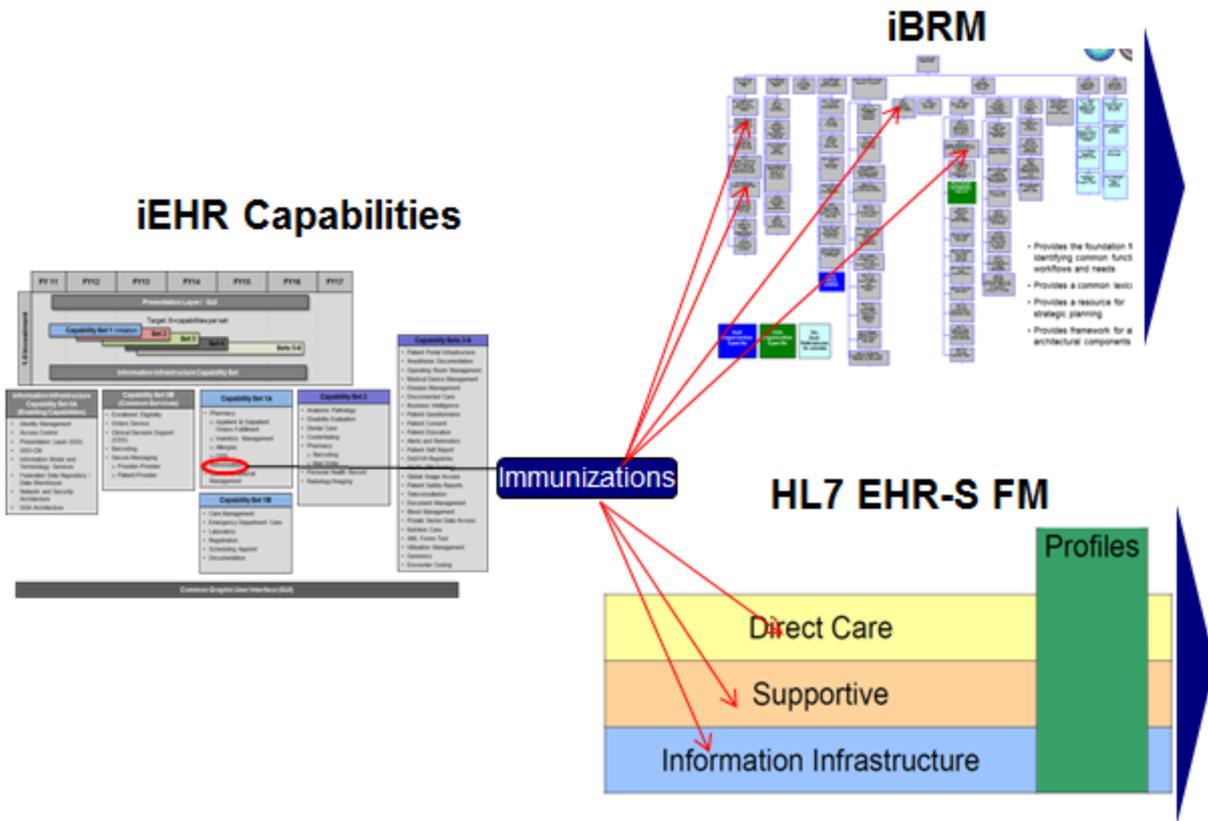
The HL7 EHR System Functional Model provides a reference list of functions that may be present in an Electronic Health Record System (EHR-S).

The HL7 EHR-S FM is divided into three categories: Direct Care, Supportive and Information Infrastructure. Each category contains system functions and system requirements. These functions can be aligned to capabilities to develop “Functional Profiles.”

Why use HL7 EHR-S FM as the baseline of iEHR business and system functions and requirements?

- Facilitates incorporation of private partners into the iEHR
- Incorporates key functions that are contained in a standard EHR system
- Is methodically vetted and balloted
- Is internationally accepted and applied: ANSI-accredited, ISO-approved
- Already leveraged heavily for DoD requirements
- Aligns the iEHR with international best practices in healthcare
- Is a key standard to meet for Meaningful Use (MU) requirements
- Already provides dependencies and system requirements for each of the functions – eliminating unnecessary work and expenditure by the departments
- Reduces complexity through utilizing the HL7 established structure – Direct Care, Supportive, Information Infrastructure

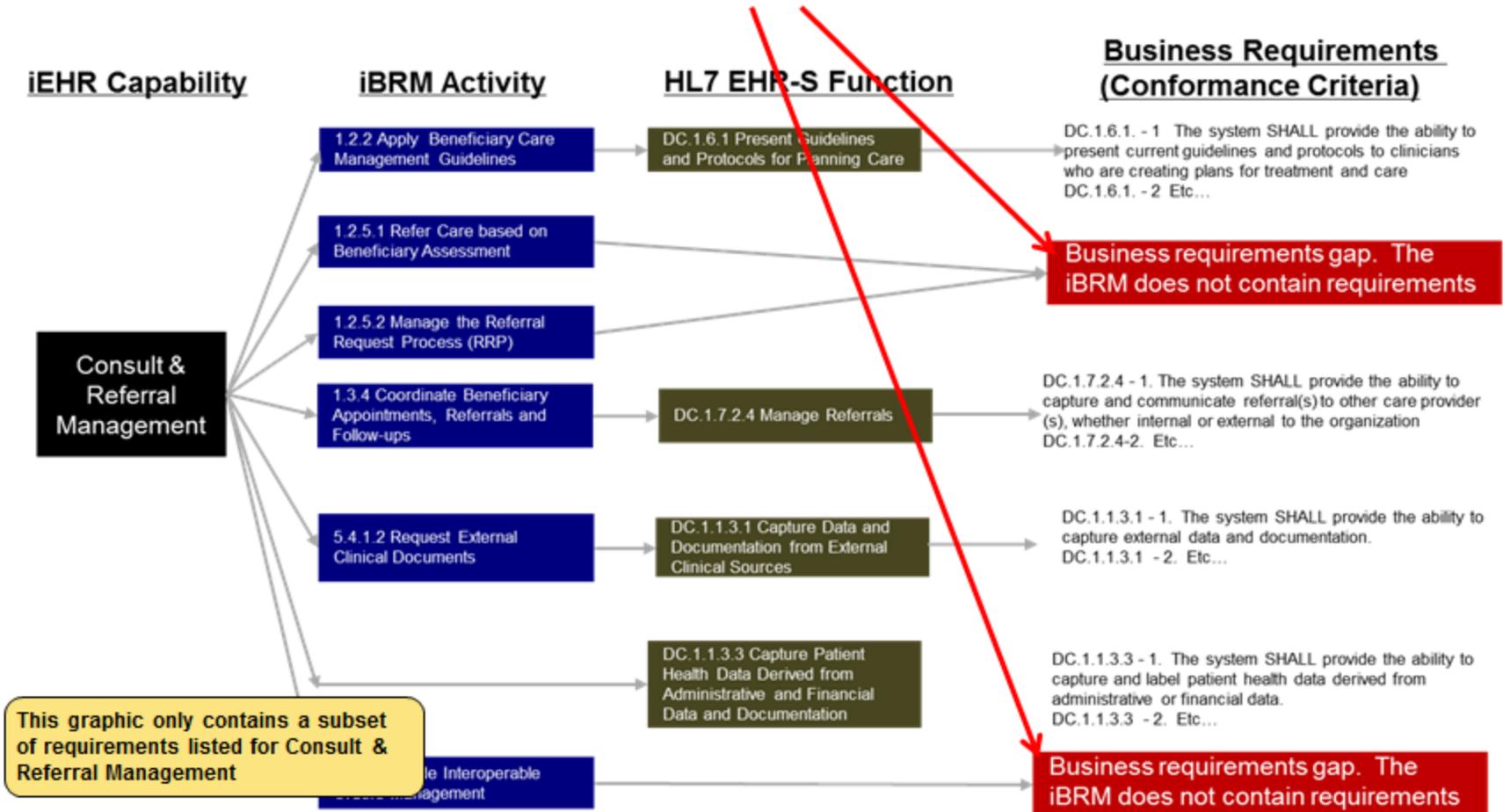
The iEHR Capabilities have been mapped to the iBRM and HL7 EHR-S FM



- ▶ An initial mapping of iEHR capabilities to the iBRM was conducted in July 2011.
- ▶ Additional capabilities have been added to the capabilities list since July. The Requirements team at the IPO is currently updating the capabilities to iBRM mapping to reflect the new iEHR capabilities
- ▶ In February of 2011, DoD Tiger Teams developed the Capability Development Document (CDD) which maps DoD specific EHR capabilities to the HL7 EHR-S FM.
- ▶ In January of 2012, a map and gap analysis of the CDD to the joint iEHR capabilities was conducted.

Analysis Results

- ▶ 85 iBRM Activities with no associated HL7 function were mapped across multiple capabilities. Because iBRM activities do not currently have shall-statement business requirements (conformance criteria), business requirements will need to be developed for these activities by the CIPT's

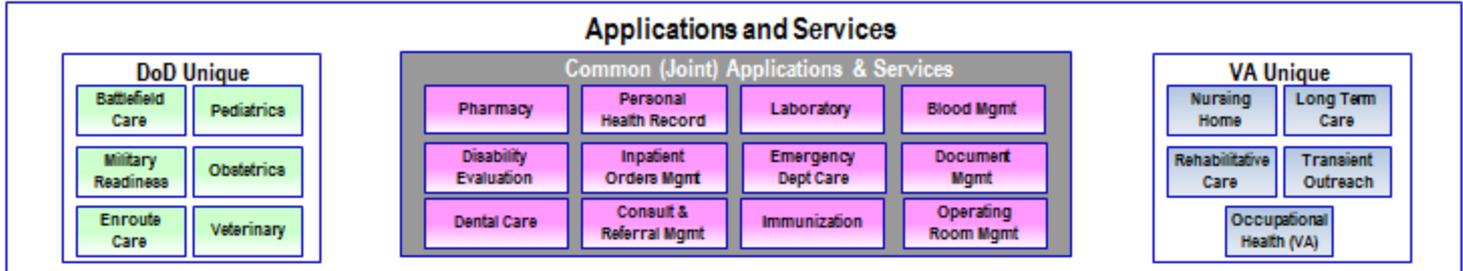


Technical Requirements

iEHR “To Be” Architecture

Common DoD-VA Requirements: HL7 EHR-S Functional Model with DoD and VA vetted Extensions (SV-4)
 Common DoD-VA Integrated Health Business Reference Model (OV-5)
 Common DoD-VA “To Be” Process Flow Model (OV-6C)

Presentation
 (Common GUI)



Common Interface Standards

Common Services Broker
(includes Enterprise Service Bus (ESB) and Infrastructure Services)

Common Interface Standards

Common Data Centers

Common Information Interoperability Framework (CIIF)
Common Information Model, Common Terminology Model, Information Exchange Specifications, Translation Service
Common Data Standards: SNOMED CT and Extensions, LOINC and RxNorm

- Joint DoD/VA
- DoD Only
- VA Only

Common DoD-VA Measures of Effectiveness, Measures of Performance and Key Performance Parameters

iEHR - Presentation Layer Home Page

Clinician View (Home Page)

Joint DoD VA EHR n, MD Logout [Settings] [Help]

History: [Home](#) ... [Messages](#) ... [Patient Search: \[Charles J\]](#) ... [Health Summary](#) ... [Orders](#) ... [Home](#) Patient search: [Search]

Default Outpatient Inpatient Tasks +

To Do (24)

TUESDAY
18 JAN 2011

Due	Subject	Patient
10:15am, 1/18/2011	Appointment	Jo T
10:30am, 1/18/2011	Telephone Consult	W
10:45am, 1/18/2011	Co-sign	Lc
11:00am, 1/18/2011	Request	Lc
11:15am, 1/18/2011	Appointment	Pa
11:30am, 1/18/2011	Appointment	Jo
11:45am, 1/18/2011	Telephone Consult	Ja T
12:00pm, 1/18/2011	Appointment	W T
12:15pm, 1/18/2011	Appointment	Pa
12:30pm, 1/18/2011	Appointment	W T
12:45pm, 1/18/2011	Appointment	Pa

Patients (243)

Open Filter

Last Name	First Name	Gender
Al	John	M
Ba	Christen	F
Br	Kimberly	F
Ci	Jean	F
Cr	Mitchell	M
Di	Josh	M
Di	Kate	F
Er	Eric	M
Ff	Peter	M

Messages (725)

You have 3 new messages.

- Kimberly J** - Re: CT Scan Sc
- Daniel A** - Re: Allergy Test
- Sandra L** - Reminder: Reques
- Noah L** - Re: Result Chem Lab

References (43)

Point-of-care: 3 General: 20

Close Filter

Subject	Kind	Date
UpToDate	Kind 1	1/18/2010
Micromedics	Kind 2	1/18/2010
MERCK	Kind 3	1/18/2010

Tasking (18)

Due	Subject	Priority
10:15am, 1/18/2011	Follow-up consult	Medium
10:30am, 1/18/2011	Lab result	High
10:45am, 1/18/2011	Request	Low
11:00am, 1/18/2011	Vital sign review	Medium
11:15am, 1/18/2011	Lab result	Medium
11:30am, 1/18/2011	Patient training	Low
11:45am, 1/18/2011	Patient training	Low
12:00pm, 1/18/2011	Lab result	Medium

Requests (10)

Close Filter

Subject	Due Date	Patient
CTScan	1/17/2011	P
Laboratory	1/19/2011	W T
CT Scan	1/20/2011	P
X-ray	1/20/2011	W T
Laboratory	1/20/2011	S L A
CT Scan	1/20/2011	Pa

Results (12)

Close Filter

Subject	Due Date	Patient
Chem/16	1/17/2011	Pa
Echo cardiogram	1/19/2011	W
Chem/16	1/20/2011	Ya
ENG	1/20/2011	Pa
Chem/16	1/20/2011	Gr
ENG	1/20/2011	M

Stickers Widgets

NOTE -- The health record depicted here contains sample test data used for demonstration purposes

iEHR - Presentation Layer Patient Summary

Clinician View (Patient Summary)

Joint DoD VA EHR

History: [Home](#) ... [Messages](#) ... [Patient Search: \[Gk](#) ... [Search Results](#) ... [Summary: \[Kevin Gk](#) | Search:

Diabetes Hypertension Mental Health

Kevin Gk *Contact*

ID: Sex: M
DOB: 01/01, Age: 25
Allergies: None

"Recurring chest pain, recent ankle sprain..."
[View more notes](#)

Vitals
View graphs
Last measure: Dec 9,
Blood pressure: **137 | 92**
Heart rate: **79** bpm
Weight: **176** lb

Immunizations (8)
Open Filter

Subject	Status	Date
Immunization 1	Due soon	1/28/2011
Immunization 2	Due soon	1/28/2011
Immunization 3	Complete	9/20/2010
Immunization 4	Complete	9/20/2010
Immunization 5	Complete	9/20/2010

Allergies (2)

Type	Status
Allergy 1	Active
Allergy 2	Active

Problems (8)
Open Filter

Subject	Status	Date
Problem 1	Discontinued	4/5/2008
Problem 2	Discontinued	5/19/2002
Problem 3	Discontinued	3/20/1999
Problem 4	Discontinued	5/4/1998
Problem 5	Discontinued	5/4/1998
Problem 6	Discontinued	5/4/1998
Problem 7	Discontinued	5/4/1998
Problem 8	Discontinued	5/4/1998
Problem 9	Discontinued	5/4/1998
Problem 10	Discontinued	5/4/1998

Orders (25) ⚠ Results (23)
Open Filter

Subject	Status	Date
Order 1	Overdue	1/16/2011
Order 2	Pending	1/22/2011
Order 3	Complete	1/6/2011
Order 4	Complete	1/6/2011
Order 5	Complete	1/6/2011

Medications (8)
Open Filter

Subject	Status	Date
Medication 1	Discontinued	4/5/2008
Medication 2	Discontinued	5/19/2002
Medication 3	Discontinued	3/20/1999
Medication 4	Discontinued	5/4/1998
Medication 5	Discontinued	5/4/1998
Medication 6	Discontinued	5/4/1998
Medication 7	Discontinued	5/4/1998
Medication 8	Discontinued	5/4/1998
Medication 9	Discontinued	5/4/1998
Medication 10	Discontinued	5/4/1998

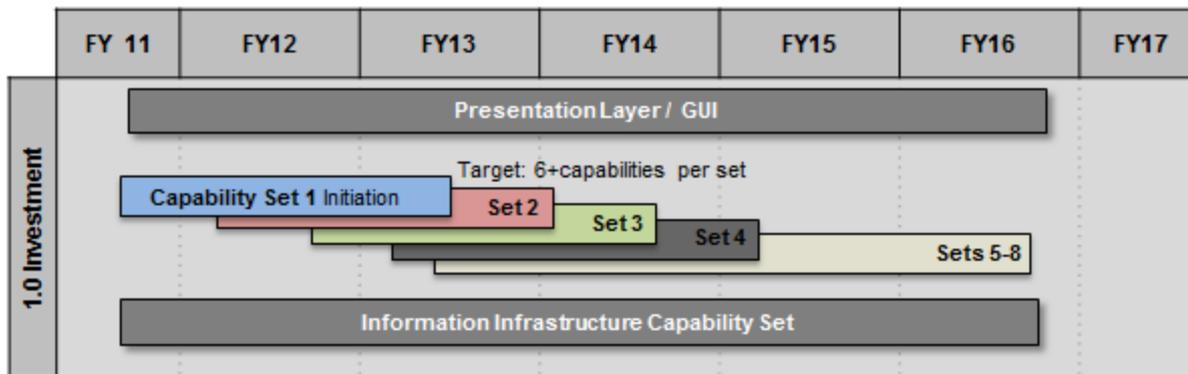
Consults (25)
Open Filter

Subject
Consult 1
Consult 2
Consult 3
Consult 4
Consult 5

NOTE -- The health record depicted here contains sample test data used for demonstration purposes

Stickers Widgets

iEHR - Applications and Services



**iEHR Capability Sets as identified by the ICIB 5 Dec 2011*

- Information Infrastructure Capability Set 0A (Enabling Capabilities)**
- Identity Management
 - Access Control
 - Presentation Layer (GUI)
 - SSO-CM
 - Information Model and Terminology Services
 - Federated Data Repository / Data Warehouse
 - Network and Security Architecture
 - SOA Architecture

- Capability Set 0B (Common Services)**
- Enrollment Eligibility
 - Orders Service
 - Clinical Decision Support (CDS)
 - Barcoding
 - Secure Messaging
 - Provider-Provider
 - Patient-Provider

- Capability Set 1A**
- Pharmacy
 - Inpatient & Outpatient Orders Fulfillment
 - Inventory Management
 - Allergies
 - CDS
 - Immunization
 - Consult & Referral Management

- Capability Set 1B**
- Care Management
 - Emergency Department Care
 - Laboratory
 - Registration
 - Scheduling Appoint
 - Documentation

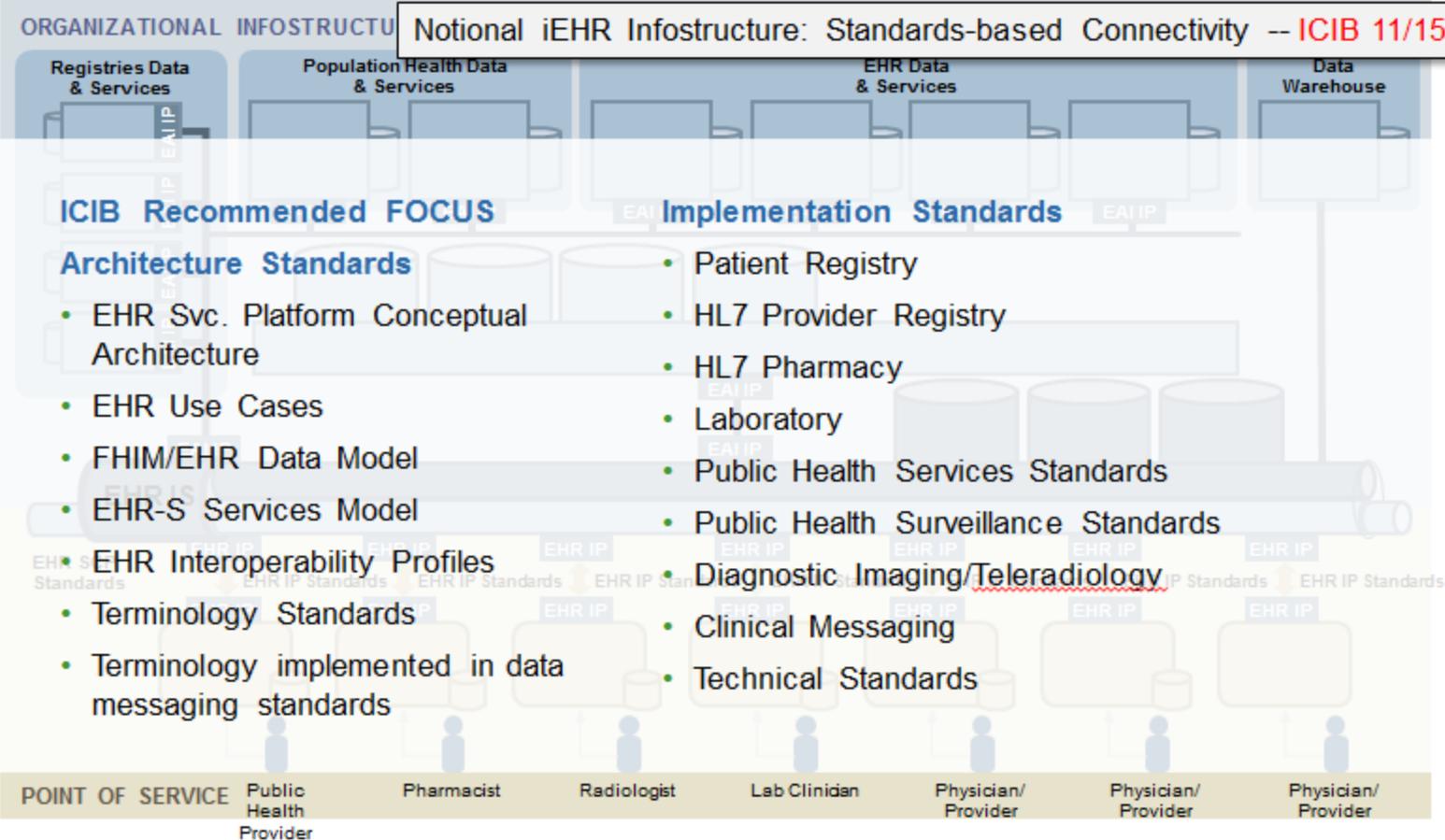
- Capability Set 2**
- Anatomic Pathology
 - Disability Evaluation
 - Dental Care
 - Credentialing
 - Pharmacy
 - Barcoding
 - Mail Order
 - Personal Health Record
 - Radiology/Imaging

- Capability Sets 3-8**
- Patient Portal Infrastructure
 - Anesthesia Documentation
 - Operating Room Management
 - Medical Device Management
 - Disease Management
 - Disconnected Care
 - Business Intelligence
 - Patient Questionnaire
 - Patient Consent
 - Patient Education
 - Alerts and Reminders
 - Patient Self Report
 - DoD/VA Registries
 - NCAT (TBI Testing)
 - Global Image Access
 - Patient Safety Reports
 - Teleconsultation
 - Document Management
 - Blood Management
 - Private Sector Data Access
 - Nutrition Care
 - XML Forms Tool
 - Utilization Management
 - Genomics
 - Encounter Coding

Common Graphic User Interface (GUI)

iEHR - Common Interface Standards

Notional iEHR Infostructure: Standards-based Connectivity -- ICIB 11/15



ICIB Recommended FOCUS

Architecture Standards

- EHR Svc. Platform Conceptual Architecture
- EHR Use Cases
- FHIM/EHR Data Model
- EHR-S Services Model

EHR Interoperability Profiles

- Terminology Standards
- Terminology implemented in data messaging standards

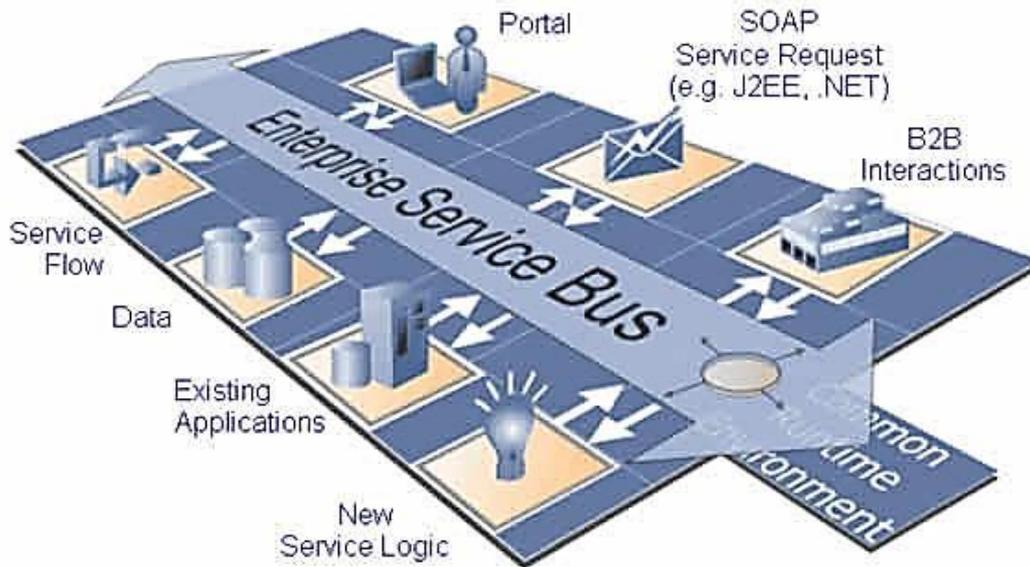
Implementation Standards

- Patient Registry
- HL7 Provider Registry
- HL7 Pharmacy
- Laboratory
- Public Health Services Standards
- Public Health Surveillance Standards
- Diagnostic Imaging/Teleradiology
- Clinical Messaging
- Technical Standards

POINT OF SERVICE

- Public Health Provider
- Pharmacist
- Radiologist
- Lab Clinician
- Physician/Provider
- Physician/Provider
- Physician/Provider

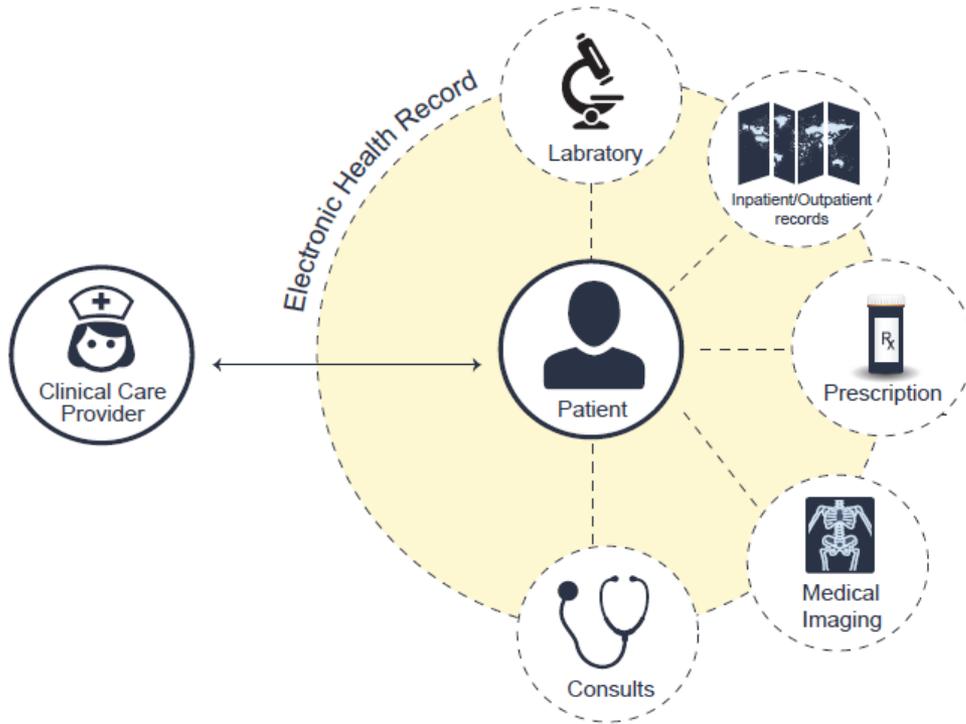
iEHR - Enterprise Service Bus



- Facilitates development of business process-based common services
- Promotes system interoperability
- Provides and improves enterprise application integration
- Enhances speed to market

Building the iEHR

iEHR Vision and Mission



VISION

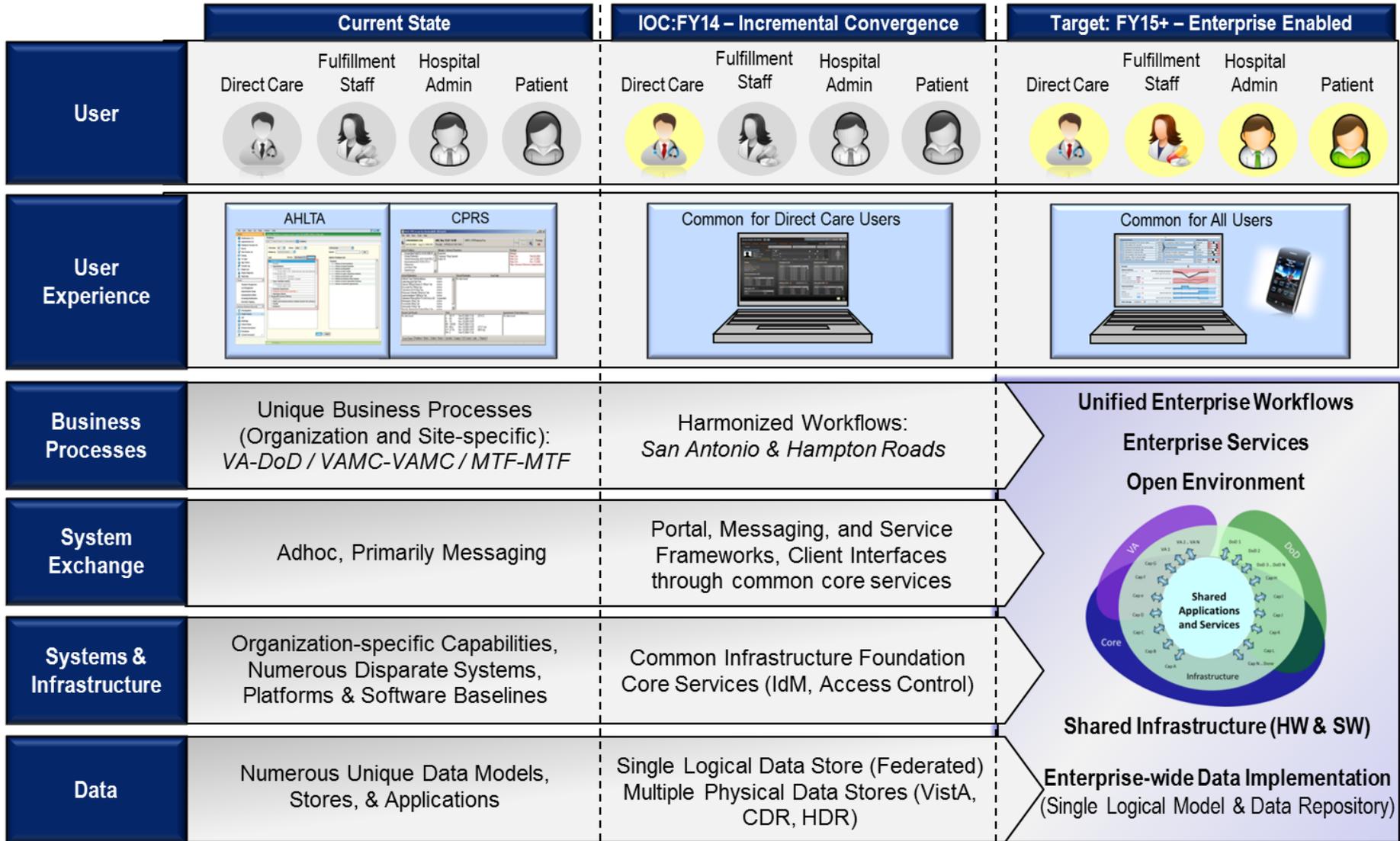
“... full and seamless electronic exchange and record portability of healthcare information in a secure and private format...to ensure ... effective delivery of healthcare services.”

*DEPSECDEF, DEPSECVA and VCJCS
Update on February 12, 2011*

MISSION

Deliver affordable, interoperable and time-critical integrated electronic healthcare capability across DoD and VA

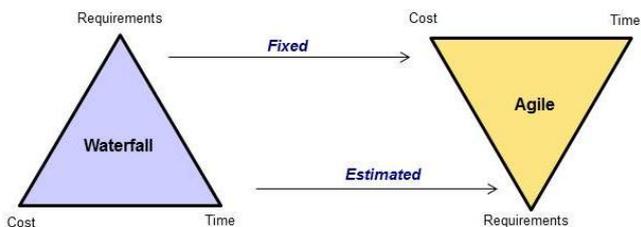
iEHR System Vision



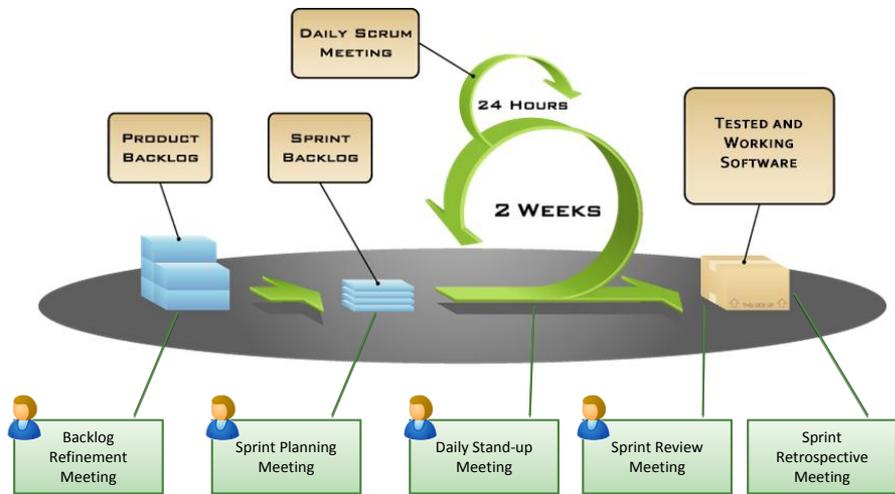
Agile Methodology

KEY TO OUR STRATEGIC PLANNING

Agile Program Management: The Iron Triangle

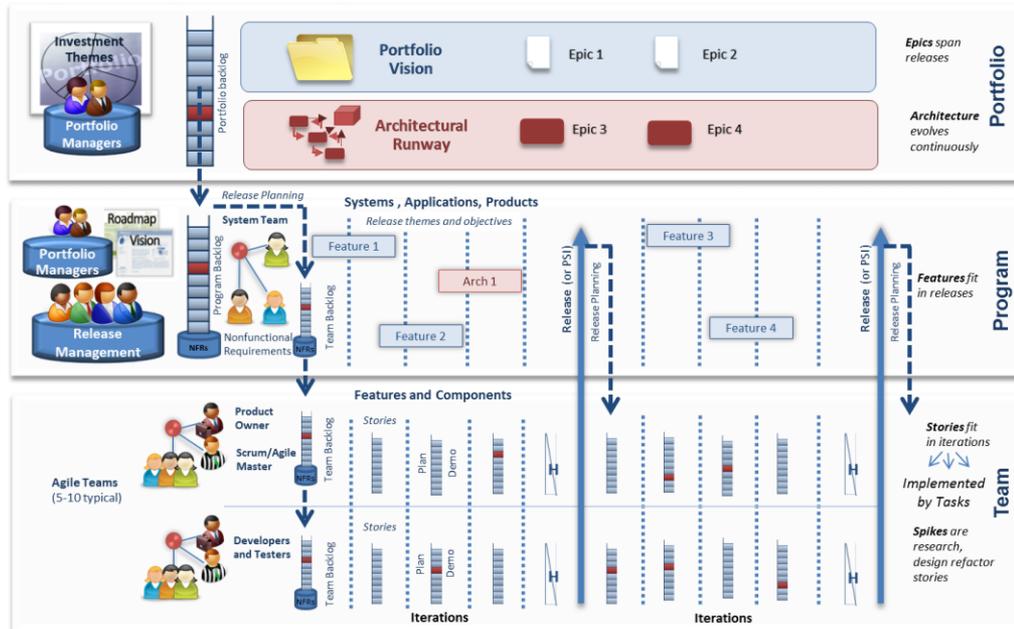


KEY TO OUR STRATEGIC PLANNING Agile Execution Process



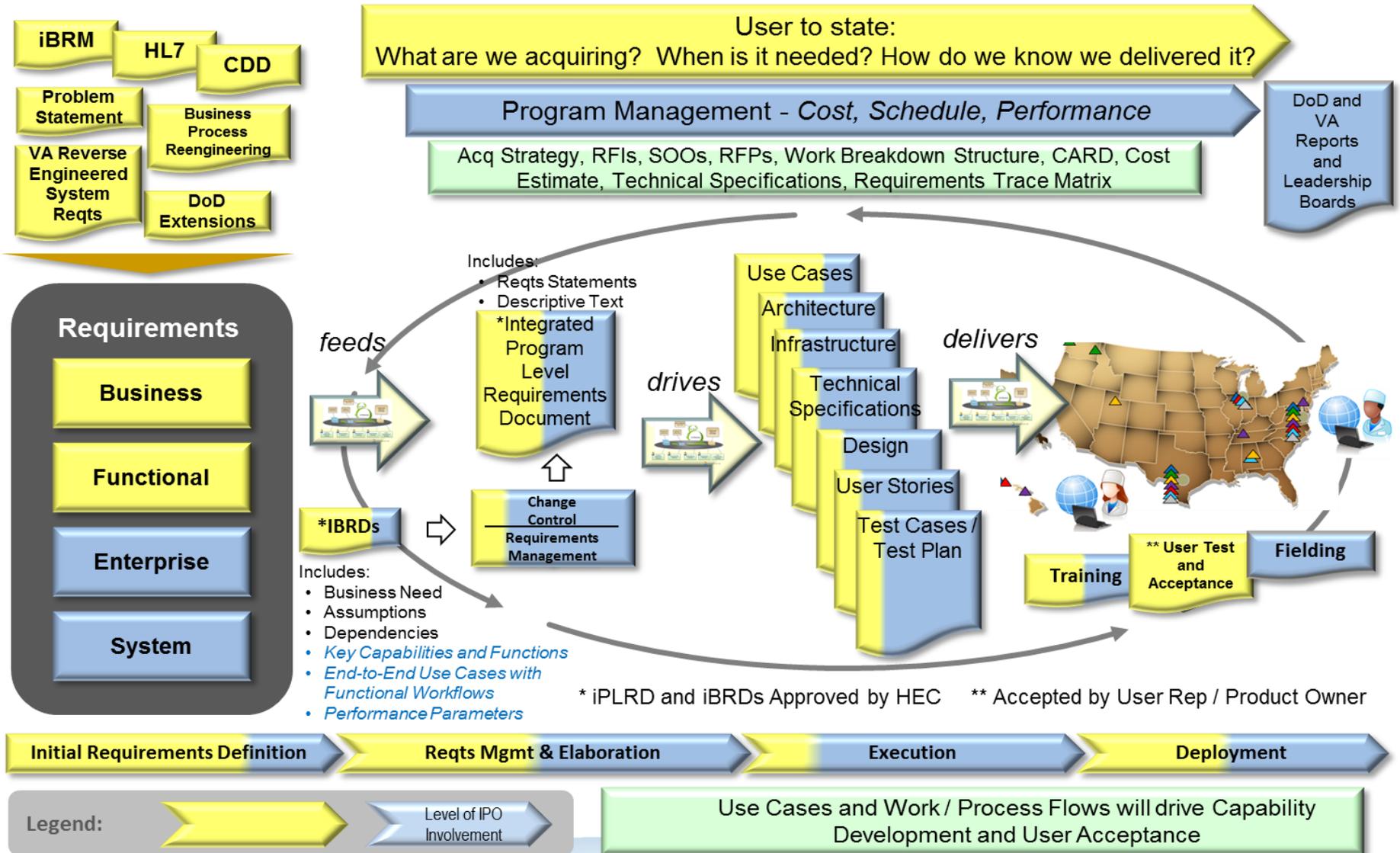
KEY TO OUR STRATEGIC PLANNING

Agile Program Management



Adapted from: Leffingwell, D. (2011). *Agile Software Requirements: Lean Requirements Practices for Teams, Programs, and the Enterprise (Agile Software Development Series)*. Boston: Addison Wesley.

Requirements Lifecycle Framework



FY12/FY13 Objectives

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

At the end of FY12, the IPO will initiate execution towards IOC 2014 targets, with primary focus on architecture, design and infrastructure services.

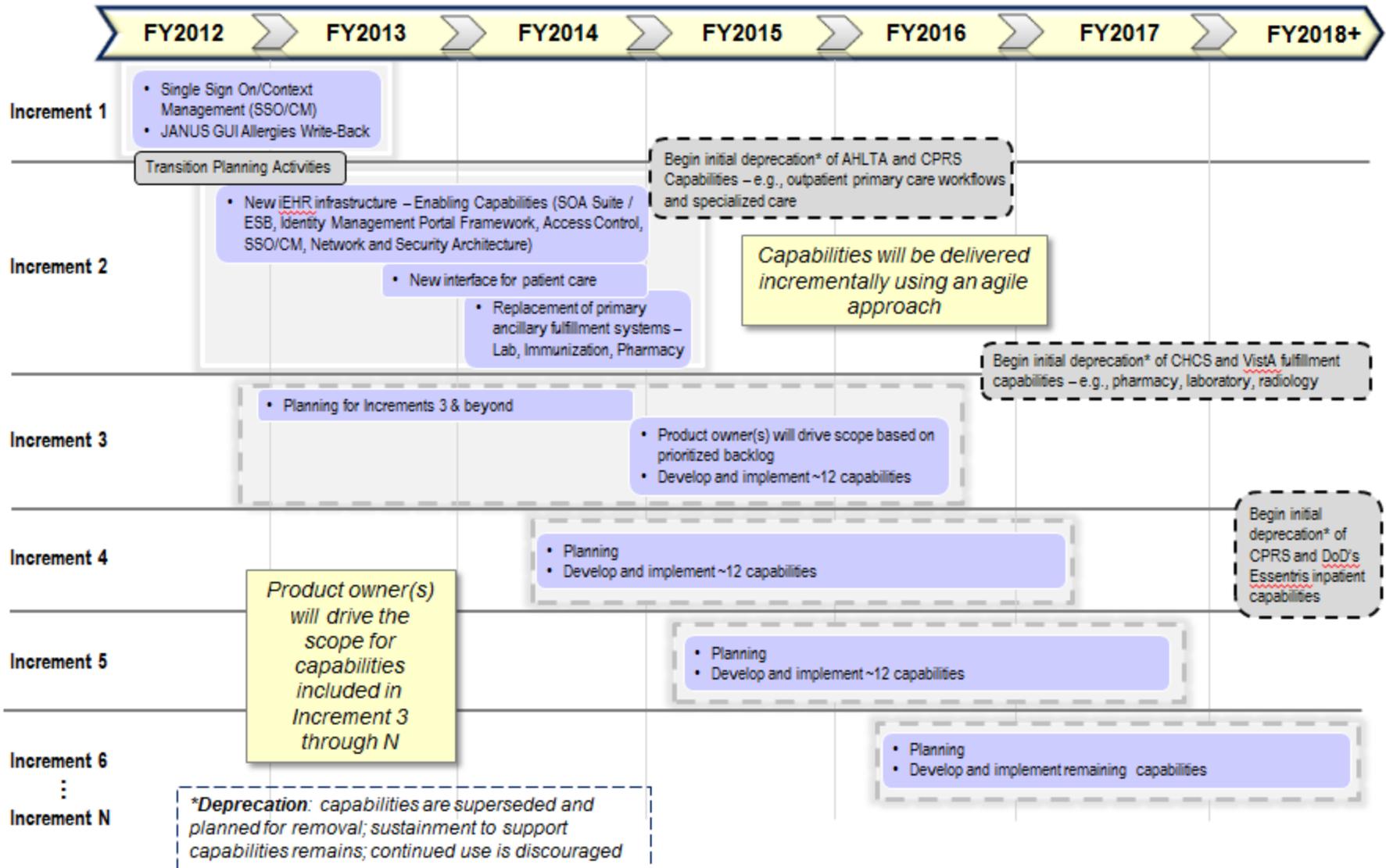
At the end of FY13, the IPO will have developed infrastructure and core services to support clinical capability insertion into the new iEHR baseline.

iEHR Initial Operating Capability – SEP 2014

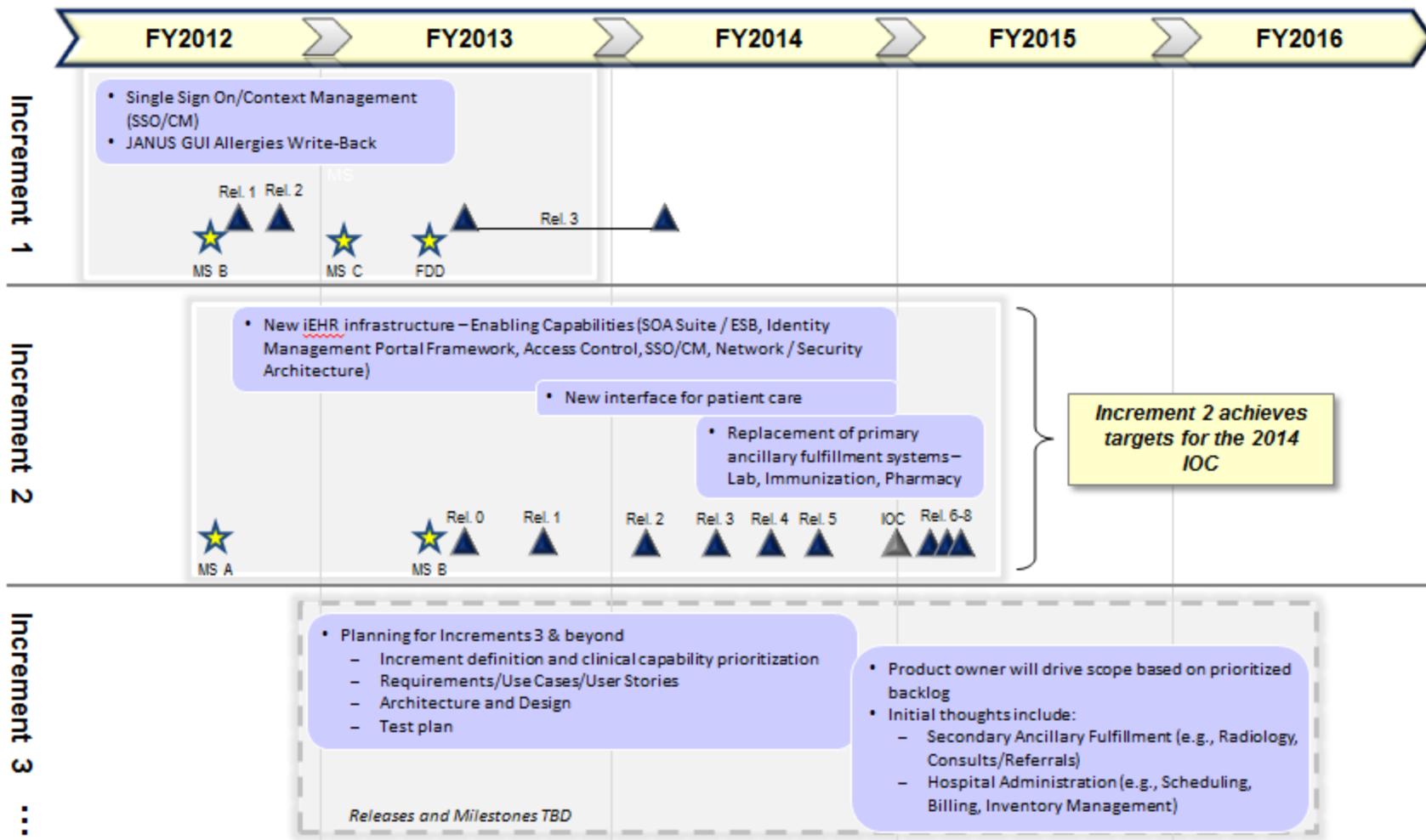
- Provide a **common DoD/VA EHR Presentation Layer** that enables clinicians to view all relevant patient data across the enterprise in a single view
- Enable the Patient Care Provider with the ability to perform patient healthcare management through the new iEHR Presentation Layer and provide **common Clinical Capabilities** to include:
 - Integrated ordering capabilities (e.g., labs, pharmacy, immunizations)
 - Management of patient lists
 - Clinical decision support integrated with ordering capabilities
- Deliver capability on a standardized, highly reusable framework to ensure consistency, efficiency, and security of the iEHR enterprise

FY14 IOC will include iEHR baseline capability deployed to the San Antonio and Hampton Roads locations (consisting of multiple VA and DoD facilities), with initial effort focused on providing a Service Oriented Architecture-based supporting infrastructure.

Proposed iEHR Long-Term Roadmap



iEHR Near-Term Roadmap



Challenges

- Converging Department-unique business operations and program execution policies and operating under a single governance process
- Sufficient requirements baseline definition (e.g., requirements, use cases, user stories) to support acquisition timeline and execution activities, aligned with capability priorities
- Information Assurance and Accreditation authorities and procedures that apply across DoD and VA
- Contracting policies and timelines to support agile program management and execution
- Establishing single Development and Test Center / Environment (DTC/DTE) to support program milestone activities
- Complexity of SOA development and implementation approach given aggressive schedule and application of the Agile process
- Maturity of enterprise-wide data exchange and interoperability standards

The Virtual Lifetime Electronic Record (VLER)

The President Supports the Virtual Lifetime Electronic Record (VLER)

“ ... 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. ”

President Barack Obama

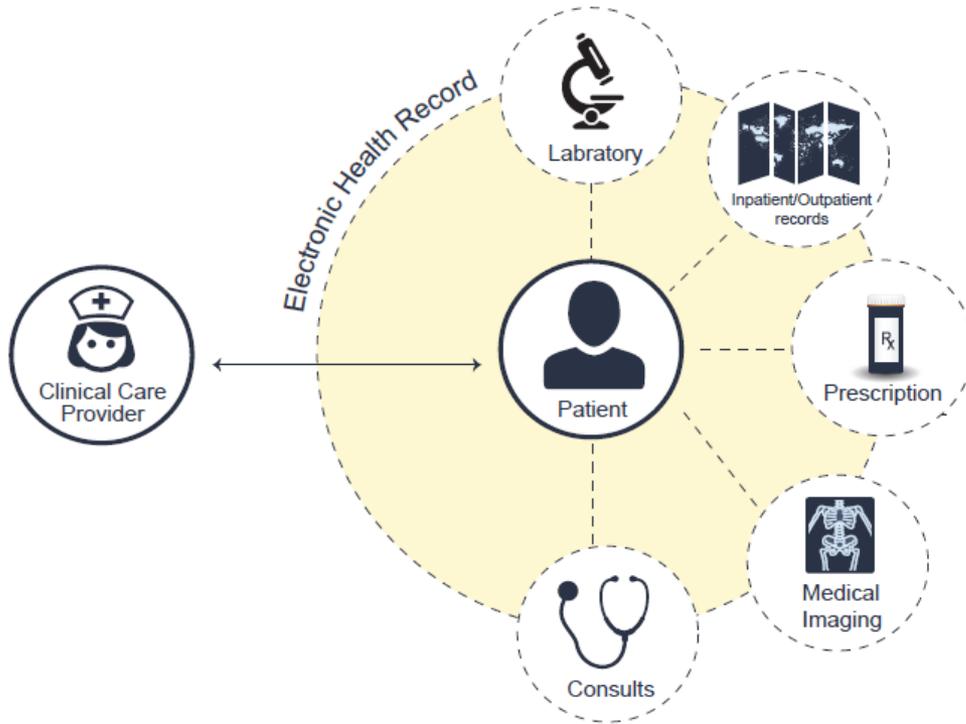
April 9, 2009



VLER Health and Benefits

- The IPO serves as the single point of accountability for the Departments in the development and implementation of VLER Health systems, capabilities, and initiatives.
- 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.
 - This includes the exchange and use of clinically relevant health information to support clinical encounters, and the exchange of clinically relevant health information used for disability adjudication.
- The Departments, working through the Benefits Executive Council, are responsible for development and implementation of VLER Benefit systems, capabilities, and initiatives.

VLER Health Objectives



Build/Buy and deploy:

- The capability for both Departments to share health information from their legacy systems (AHLTA and VISTA) with external providers
- The capability for both Departments to present health information from the private sector seamlessly to clinicians for treatment
- The capability to share and consume health information from the integrated Electronic Health Record (iEHR) with the private sector and other federal and state agencies

Questions



BACK UP SLIDES

James A. Lovell Federal Health Care Center (JALFHCC)



- The James A. Lovell Federal Health Care Center (JALFHCC) in North Chicago, Illinois, is the first facility that integrates both DOD and VA health services.
- The Joint Health IM/IT goal for the JALFHCC Demonstration Project is to safely interface DOD and VA legacy systems to support an integrated DOD/VA facility with multiple care locations
- Active-duty Service members, Veterans, and their beneficiaries are able to receive care by both DOD and VA providers at the joint facility



- **Established on:** October 2010
- **Patient Population:** 146,000 Beneficiaries (Veterans, active duty, dependents, and recruits in northeastern Illinois and southeastern Wisconsin)
- **Hospital Beds:** 400 (150 Acute Care)
- **Projected Annual Outpatient Medical:** 900,000
- **Dental Visits:** More than 200,000
- **Employees:** More than 2900
 - 2,185 civilians
 - 728 Active-Duty military