

**Hearing Date: March 17, 2004**  
**Committee: HVAC**  
**Member: Chairman Steve Buyer**  
**Witness: Mr. Reardon**  
**Question #1**

**Question: The Federal Health Information Exchange (FHIE) provides patient record data from the current Composite Health Care System (CHCS) clinical. How long does it take after separation for this data to be made available to VHA/VBA?**

**Answer: Once the Military Health System has received the separation notice, it takes approximately 20 days for CHCS clinical data to be available to the VA.**

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**Question #2**

**Question: Are there plans to shorten this time lag?**

**Answer:** Recently the Military Health System (MHS) modified the data extraction process, shortening it from 45 days to approximately 20 days after the MHS receives the separation notice. It continues to look at opportunities to further shorten this time.

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**Question #3**

**Question: Are there other sources of individual/population health data being collected for deployed Service members?**

**Answer:** Several sources are used to collect individual population health data on deployed Service members. These sources include: Composite Health Care System II-Theater, Global Expeditionary Medical System, Shipboard Automated Medical System, and compiled Disease Non-Battle Injuries. The collected data is then stored in a database on a classified network.

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**Question #4**

**Question: What plans are there to make that additional data available in the near term?**

**Answer:** The Department of Veterans Affairs has access to the reports from Defense Information Operations. The reports provide population health data and are published on Defense LINK. The Military Health System is concurrently studying technical solutions to permit the transfer of this data into the Clinical Data Repository once it has been declassified.

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**Question #5**

**Question: What is the timeline for two-way data sharing and a complete lifetime patient record available to VA and DoD? What is being done in the interim to meet requirements?**

**Answer:** The timeline for having the technology in place to permit bi-directional transfer of medical data is October 2005. The first set of information to be transferred includes demographic, pharmacy, allergy, and laboratory data.

In the interim, the Federal Health Information Exchange continues to send the following types of information to the VA:

- Demographic data
- Laboratory results
- Outpatient pharmacy data
- Allergy information
- Radiology results
- Discharge summaries
- Consult reports
- Admission, discharge and transfer information
- Standard Ambulatory Data Record

To date, DoD has transferred health information on more than 1.9 million separated service members to VA. This number continues to grow on a monthly basis.

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**Question #6**

**Question:** On page 5 of your testimony, you stated “we have approved a VA/DoD Joint Strategic Plan to guide our future relationship.” Please provide a copy to include milestone dates.

**Answer:** A copy of the DoD/VA Joint Strategic Plan is attached. Through the VA/DoD Joint Executive Council, the Departments are proceeding to review and update the plan.

## VA/DoD Joint Strategic Plan

### Introduction

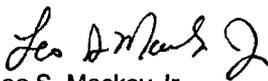
Over the past twenty years, DoD and VA have collaborated to increase the sharing of resources and reduce the cost of operations. A majority of this interaction has occurred in the delivery of health care. Today there are over 600 sharing agreements in place covering over 6,000 health care services.

In 1982, the VA/DoD Health Resources and Emergency Operations Act directed cost effective use of federal health care resources to minimize duplication of services and under use of federal facilities. In 1997, VA's Under Secretary for Health and the Assistant Secretary of Defense (Health Affairs) formed the VA/DoD Health Executive Council (HEC) to establish a high-level program of DoD/VA cooperation and coordination in a joint effort to reduce costs and improve health care for VA and DoD beneficiaries.

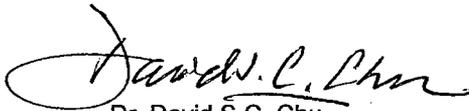
Building on the success of the HEC, in January 2002, VA's Under Secretary for Benefits and the Principal Deputy Under Secretary of Defense (Personnel and Readiness) established a VA/DoD Benefits Executive Council (BEC) to examine ways to expand and improve information sharing and refine the process of records retrieval and identify procedures to improve the benefits claim process.

In February 2002 VA's Deputy Secretary and the Under Secretary of Defense (Personnel and Readiness) convened a joint meeting of the co-chairs of both the Health Executive Council, the Benefits Executive Council and other Senior leaders at DoD and VA to further promote VA/DoD collaboration, provide guidance and policy direction on cooperative initiatives, enhance collaboration in other program areas, and resolve obstacles to sharing. This group was formally established as the VA/DoD Joint Executive Committee (JEC).

In May of 2002 the JEC embarked on a joint strategic planning effort to identify and develop additional sharing opportunities. The VA/DoD Joint Strategic Plan is the culmination of that effort. As co-chairs of the JEC, we the undersigned are committed to overseeing the implementation of this Joint Strategic Plan and achieving our shared *mission "To improve the quality, efficiency and effectiveness of the delivery of benefits and services to veterans, service members, military retirees and their families through an enhanced VA and DoD partnership."*



Dr. Leo S. Mackay Jr.  
Deputy Secretary of Veterans Affairs



Dr. David S.C. Chu  
Under Secretary of Defense  
Personnel and Readiness

**Mission:**

To improve the quality, efficiency and effectiveness of the delivery of benefits and services to veterans, service members, military retirees and their families through an enhanced VA and DoD partnership.

**Vision Statement:**

A world-class partnership that delivers seamless, cost-effective, quality services for beneficiaries and value to our nation.

**Guiding Principles:**

- ♦ *Collaboration*- to achieve shared goals through mutual support of both our common and unique mission requirements
- ♦ *Stewardship* - to provide the best value for our beneficiaries and the taxpayer.
- ♦ *Leadership* – to establish clear policies and guidelines for VA/DoD partnership, promote active decision-making, and ensure accountability for results

**Strategic Goals:**

**Goal 1 Leadership Commitment and Accountability** - Promote accountability, commitment, performance measurement, and enhanced internal and external communication through a joint leadership framework.

**Goal 2 High Quality Health Care** - Improve the access, quality, effectiveness and efficiency of health care for beneficiaries through collaborative activities.

**Goal 3 Seamless Coordination of Benefits** - Promote the coordination of benefits to improve understanding of and access to benefits and services earned by service members and veterans through each stage of life, with a special focus on ensuring a smooth transition from active duty to veteran status.

**Goal 4 Integrated Information Sharing** - Enable the efficient sharing of beneficiary data, medical records, and other information through secure and interoperable information management systems.

**Goal 5 Efficiency of Operations** - Improve management of capital assets, procurement, logistics, financial transactions, and human resources.

**Goal 6 Joint Contingency/Readiness Capabilities** - Ensure the active participation of both agencies in Federal and local incident and consequence response through joint contingency planning, training, and exercising.

## **Goal 1 Leadership Commitment and Accountability**

Promote accountability, commitment, performance measurement, and enhanced internal and external communication through a joint leadership framework.

*VA and DoD will establish a leadership framework to provide the necessary support for a successful partnership, help to institutionalize change, protect efforts from a loss of momentum, and sustain collaboration into the future. This framework will consist of the Joint Executive Council (JEC), the Health Executive Council (HEC), the Benefits Executive Council (BEC), and any other necessary sub councils or boards. Council membership will be comprised of senior leaders of both departments. The JEC co-chairs will develop a joint strategic plan to shape, focus, and prioritize the activities of the partnership, and ensure that clear and measurable performance targets are established. The JEC will oversee the implementation of the strategic plan, be responsible and accountable for the development and implementation of a communication plan to increase the exchange of knowledge and information between agencies and to external stakeholders.*

### **1.1 Formalize the VA/DoD Executive Councils governance structure**

#### **1.1.1 Develop charter for the Joint Executive Council (JEC).**

- 1.1.1.1** The Joint Strategic Planning Committee shall develop JEC Charter
  - a. Charter will include descriptions of membership, roles and responsibilities, chairmanship; frequency of meetings, decision-making process and staff support
    - i. Target Date: Charter approval: April, 2003
- 1.1.1.2** The JEC will specify charter requirements for HEC and BEC and other councils as determined
  - a. Charters will include descriptions of membership, roles and responsibilities, relationships with other Councils, chairmanship; frequency of meetings, decision-making process, description of the communications process between committees (including tasking) and staff support.
    - i. Target Date: HEC/BEC Charter approval: July 2003

### **1.2 Oversee the Development and Implementation of a Joint Strategic Plan**

#### **1.2.1 Develop and assign accountability for goals, objectives, strategies, and performance targets and maintain the strategic plan.**

- 1.2.1.1** The Joint Executive Council shall:
  - a. Develop a Joint Strategic Plan
    - i. Target Date: July 2003
  - b. Review, revise and approve and communicate subsequent strategic plans annually.
    - ii. Target Date: March 2004
  - c. Perform periodic reviews of progress and achievements.
    - iii. Target Date: October 2004 and quarterly thereafter
  - d. Provide an annual report to the Secretaries of the respective
    - iv. Target Date: December 2003

- 1.2.1.2** The Joint Strategic Planning Council shall:
- a. Review strategies and recommend adjustments/updates as necessary
    - i. Target Date: January 2004 and semi-annually thereafter
  - b. Conduct quarterly reviews and make recommendations for corrective actions and improvements and submit recommendations at quarterly JEC meetings
    - i. Target Date: September 2003
  - c. Provide an annual report to the JEC on current status of joint strategic planning
    - i. Target Date: October 2003
  - d. Report on the feasibility of synchronizing the two Departments strategic planning cycles.
    - i. Target Date: January 2004

**1.3 Enhance internal and external communication regarding VA/DOD collaboration**

- 1.3.1** Develop a joint communications plan to:
- a. Promote VA/DoD collaborative initiatives within each Department
  - b. Educate internal and external stakeholders about joint VA/DoD initiatives
  - c. Provide periodic updates on accomplishments, new initiatives and other activities arising from VA/DoD collaboration
    - i. Target Date: July 2003

## **Goal 2 High Quality Health Care**

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

*VA and DoD will expand the use of partnering and sharing arrangements to improve support to all beneficiaries. Collaboration will continue on the development of joint guidelines and policies for the delivery of high quality care and assurance of patient safety. VA and DoD will identify centers of excellence where specialized services can be made available to eligible beneficiaries; engage in joint training in multiple disciplines including ancillary services; and explore opportunities to enhance collaborative activities in Graduate Medical Education. Sharing research and development will be aggressively supported and encouraged. For dual beneficiaries, VA and DoD will seek to ensure that similar services are available and that the two systems are mutually supportive.*

### **2.1 To be recognized as leaders in the development and delivery of innovative clinical processes and programs designed to enhance the quality of care delivered**

The Health Executive Council shall develop collaborative processes in:

- 2.1.1 Reporting, training and other activities related to the promotion of patient safety and improved outcomes; and continue to work with other national agencies to assure patient safety and improved outcomes remain a primary focus for health care delivery systems.
  - i. Target Date: Process and implementation plan: October 2003
- 2.1.2 Upgrading clinical practice guidelines, facilitating their communication to the field and monitoring their integration into the care delivery system on a periodic basis.
  - i. Target Date: Process and implementation plan: October 2003.
- 2.1.3 Establish a VA/DoD Centers of Excellence working group to
  - a. Define their nature and use
  - b. Develop an inventory of existing Centers within each Department and the criteria used to establish them
  - c. Identify their advantages and disadvantages
  - d. Identify barriers and obstacles to their establishment and how they may be overcome
    - i. Target Date: Report and recommendations completed: October 2003.
- 2.1.4 Identify and foster opportunities for sharing information and resources between VA and DoD in the areas of deployment health surveillance, assessment, follow-up care, and health risk communication to include
  - a. Pre-deployment health assessments
  - b. Medical environmental and CBRNE surveillance during deployments
  - c. Individual assignments and unit location during deployments
  - d. Post-deployment health assessments and clinical practice guideline data
  - e. Post-deployment briefings on VA benefits and services, particularly for those who served in a combat zone.
    - i. Target date: July 2003

## **2.2 Actively engage in joint training and sharing of research and development**

The Health Executive Council shall:

- 2.2.1 Explore and actively seek out opportunities for shared and/or combined Graduate Medical Education and develop a Pilot Program consistent with the provisions of P.L. 107-314 (National Defense Authorization Act of 2003).
  - a. Develop and Implement Pilot Program
  - b. Target Date: January '04
  - c. Publish and disseminate initial lessons learned from the Pilot
  - d. Target Date: July '04.
  - e. Utilize the findings of the Pilot for the basis for the development of additional collaborative initiatives in joint GME programs.
    - i. Target Date: FY'05 and beyond.
- 2.2.2 Explore and actively seek out opportunities for shared and collaborative research initiatives by establishing criteria through the Deployment Health Work Group responsible to:
  - a. Explore Military and Veteran related health research, to include deployment health issues.
  - b. Identify opportunities for collaborative research and avoidance of duplicative efforts.
  - c. Increase non-federal research funding in support of VA/DoD mission specific research.
  - d. Establish a forum for the sharing of best practices in health research.
  - e. Develop a mechanism to ensure the research outcomes are shared throughout the Departments.
    - i. Target Date: Report on findings and recommendations- January '04

## **2.3 Encourage continued development of sharing agreements that make the most efficient use of federal resources**

The Health Executive Council shall:

- 2.3.1 Quantify and qualify where sharing agreements already exist (to include formal and informal partnership arrangements).
  - i. Target Date: July 2003
- 2.3.2 Identify and disseminate [see 1.3 communications plan] best practices in VA/DoD Resource sharing
  - i. Target Date: September 2003.
- 2.3.3 Establish criteria for administration and management of the Joint Incentive Fund to include:
  - a. Assessing the legal administrative and fiscal implications of the Joint Incentive Fund as directed by P.L. 107-314
    - i. Target Date: July 2003
  - b. Based on assessment above, develop criteria for the management of the Joint Incentive Fund to include the process by which funds will be awarded in support of sharing initiatives

i. Target Date: September 03

- c. Establish targeted goals for increasing VA/DoD health care sharing by identifying additional opportunities for increased DoD/VA sharing activity, establishing targets, and reviewing and updating targeted goals on an annual basis. These goals shall include specific dollar volumes and/or transaction targets obtained through shared workload and bartering activities.
  - i. Target Date: Goals determined by September '03 and updated annually
- d. Establish a business case analysis process to assess the impact of VA/DoD sharing agreements on resource utilization, access to care, patient satisfaction and quality.
  - i. Target Date: Implementation plan: October 2003.

### **Goal 3 Seamless Coordination of Benefits**

Promote the coordination of benefits to improve understanding of and access to benefits and services earned by service members and veterans through each stage of life, with a special focus on ensuring a smooth transition from active duty to veteran status.

*VA and DoD will enhance collaborative efforts to improve access to benefits; streamline application processes, eliminate duplicative requirements and correct other business practices that complicate the transition from active duty to veteran status. This will be accomplished through joint initiatives that: ensure wide dissemination of information on the array of benefits and services available to both VA and DoD beneficiaries; enhance educational programming on eligibility criteria and application requirements, increase sites providing Benefits Delivery at Discharge (BDD), improve the physical examination and claim process; and develop interoperable information management systems necessary for the administration and management of beneficiary claims.*

*This goal includes all benefits available to VA and DoD beneficiaries, including healthcare, educational assistance, home loans, disability compensation, pension, insurance, burial and memorial services.*

#### **3.1 Enhance collaborative efforts to educate active duty, reserve, and National Guard personnel on VA and DoD benefits programs, eligibility criteria and application processes.**

The Benefits Executive Council shall develop implementation plans to:

- 3.1.1 Ensure wide dissemination of information on the array of Federal benefits and services available to both VA and DoD beneficiaries throughout the military personnel lifecycle with emphasis on active duty personnel at accession and separation.
- 3.1.2 Enhance communication and educational programming for active components on eligibility criteria and application processes necessary to access VA/DoD benefits at accession, periodically during active duty, and at separation.
- 3.1.3 Enhance communication and educational programming for reserve and National Guard personnel on eligibility criteria and application processes necessary to access VA/DoD benefits.
- 3.1.4 Promote participation in Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) briefings for all separating service members, and explore development of online TAP/DTAP briefings and training on Federal benefits and entitlements in order to provide widest possible access to information and contacts for assistance.
- 3.1.5 Enhance collaboration between VA, DoD, Homeland Security, the Department of Labor and the individual states to ensure a comprehensive packet of information on federal benefits (including eligibility requirements) is provided to all VA and DoD beneficiaries.
  - i. Target Date: Implementation plan: October 2003 with annual reports thereafter.

**3.2 Provide for a seamless transition from active duty to veteran status through a streamlined benefits delivery process.**

The Benefits Executive Council shall:

- 3.2.1 Conduct an evaluation of the various components of the current BDD program, including an economic analysis, to determine effectiveness of, and recommendations for enhancing the program.
    - i. Target Date: October 2003  
Suggested Performance Targets
      - (i) Incremental increase from 60% (current rate) to 90%
      - (ii) BDD program to account for 90% of CONUS separations by 2006.
  - 3.2.2 Develop a physical examination protocol that is considered valid and acceptable for all Military Service separation requirements and acceptable for VA's disability compensation requirements.
    - a. Provide the JEC an evaluation of current practices, the results of pilot studies, and recommendations regarding broader implementation of a "one physical examination" protocol.
      - i. Target Date: January 2004
    - b. Assess and report on resource requirements for full implementation.
    - c. Target Date: March 2004
    - d. Develop an implementation plan to ensure separating service members undergo a single physical examination that meets service separation requirements and is acceptable for VA's disability compensation requirements.
      - i. Target Date: June 2004
  - 3.2.3 Develop an online benefits application process that allows service members to submit applications directly to the appropriate federal agency. This tool should be available to members stationed in CONUS and OCONUS.
    - a. Application tool online
      - i. Target Date: October 2004
    - b. Market on-line application and monitor utilization
      - i. Target Date: FY 2004
    - c. 100% of online applications will have electronic eligibility verification
      - i. Target Date: October 06
- 3.3 Provide for the seamless transfer of beneficiary data between VA and DoD to expedite all benefit and entitlement processes.**
- The Benefits Executive Council shall make recommendations to
- 3.3.1 Ensure the timely transfer of complete and accurate benefit eligibility information regardless of media
    - i. Target Date: January 2004
  - 3.3.2 Define data requirements for electronic transfer of standardized and validated VA benefit eligibility information target
    - i. Target Date: January 2004
  - 3.3.4 Define requirements for electronic availability of future Service Medical Records
    - i. [Placeholder June 2004]

#### **Goal 4 Integrated Information Sharing**

Enable the efficient sharing of beneficiary data, medical records, and other information through secure and interoperable information management systems.

VA and DoD will develop an interoperable information technology framework and architecture that will enable the efficient, effective, and secure interchange of records and information to support the delivery of benefits and services. The emphasis will be on working together to reduce redundant applications and procedures and make access to services and benefits easier and faster.

#### **4.1 DoD and VA will improve the interoperability of their enterprise architectures to support sharing of timely, consistent, health, personnel and business data.**

The Health Executive Council and Benefits Executive Council shall:

- 4.1.1 Report on the status of current level of interoperability between VA and DoD information systems that support health, personnel and business operations
  - i. Target Date: October 2003.
- 4.1.2 Identify joint information needs and assess current availability of information.
  - i. Target Date: October 2003
- 4.1.3 Develop Implementation plan to attain full interoperability with intermediate milestones, as appropriate
  - i. Target Date:
    - a. Health: October 2003
    - b. Personnel: January 2004
    - c. Business: October 2004
- 4.1.4 Achieve full Interoperability
  - i. Target Date:
    - a. Health: September 2005
    - b. Personnel: September 2008
    - c. Business: September 2008

#### **4.2 Adopt common data standards to facilitate greater interoperability**

The Health Executive Council shall

- 4.2.1 Adopt initial set of health data standards
  - i. Target Date March 03 (completed)
- 4.2.2 Adopt additional health data standards and updates as available
  - i. Ongoing

The Benefits Executive Council in coordination with the Health Executive Council, shall:

- 4.2.3 Assess current Military Personnel data standards in support of benefits and entitlement determinations; develop new standards as appropriate; and, implement/use standards.
  - i. Target Dates
    - 1. Assessment by October 2003
    - 2. Establishment of requirements of new standards Jan 2004
    - 3. Implementation by 2<sup>nd</sup> qtr 2007

The Health Executive Council and Benefits Executive Council shall:

- 4.2.4 Assess current Business data standards (financial, personnel, logistics) to facilitate interdepartmental business transactions.
- i. Target Date: April 2004

**4.3 Increase the effectiveness and efficiency with which separating and separated military member data is transferred from DoD to VA.**

The Health Executive Council and Benefits Executive Council shall:

- 4.3.1 Enhance existing technical capability (Federal Health Information Exchange (FHIE)) to transfer separating military members health data from DoD to VA, while maintaining appropriate security
- i. Target Date September 03
- 4.3.2 Demonstrate new technical capability (Clinical Data Repository (CDR)/Health Data Repository (HDR)) to exchange all appropriate health data between DoD and VA while maintaining appropriate security.
- i. Target Date: September 05
- 4.3.3 Design, develop, and test enhancements to existing systems for exchanging separating military data to include creating an environment whereby individual personnel demographic data is shared between DOD's personnel systems and VA's Registration and Eligibility System.
- i. Target Dates: October 05

**4.4 Create an environment whereby personnel demographic data is shared between DoD and VA to support the delivery of services of both organizations**

The Benefits Executive Council shall:

- 4.4.1 Create a single shared DoD/VA personnel data repository with a bi-directional electronic feed between VA and DEERS Data repositories
- i. Target Date: September: 2004 (Prototype)
  - ii. Target Date: September, 2005 (full implementation)
- 4.4.2 Create necessary integration points so VA legacy systems are added and that appropriate technologies are in place to migrate to the DIMHRS integration points.
- i. Target Date: System Requirement Definitions March 2004

**4.5 Develop Plan to Share Information Needed by VA to Support the Claims Adjudication Process**

The Benefits Executive Council shall

- 4.5.1 Establish an Information Sharing Task Force to develop a plan to automate the collection of supporting documentation process so that the necessary information is received in a timely and accurate manner. The plan shall address
- a. What information is needed to process a claim
  - b. Where the information is located
  - c. How the information is stored
- i. Target Date: Establish Task Force July 2003
  - ii. Target Date: Plan July 2004

**4.5 Develop and document the information technology infrastructure to support the Objectives listed above, to include telecommunications interconnections and security, which include individual identification for information access, such as Public Key Infrastructure (PKI) solutions.**

The Joint Executive Council shall:

4.5.2 Perform an assessment of VA and DoD technology infrastructures

i. Target Date: Complete assessment September 2003

4.5.3 Develop an implementation plan for VA and DoD to have in place an appropriate technology infrastructure to support the Objectives listed above.

i. Target Date: Implementation Plan complete: January 2004

## **Goal 5 Efficiency of Operations**

Improve management of capital assets, procurement, logistics, financial transactions, and human resources.

VA and DoD will enhance the coordination and management of business processes and practices through improved coordination in the planning and managing capital assets; leveraging the Departments' purchasing power; maximizing the recovery of funds due for the provision of health care services; developing complementary workforce plans; and designing methods to enhance the coordination of other key business functions.

### **5.1 VA and DoD will improve coordination in planning and managing capital assets in order to enhance long-term partnering and achieve cost savings**

5.1.1 The JEC will establish a Capital Coordination Process that will provide joint policy recommendations and monitoring of capital asset planning to ensure an integrated approach to capital coordination between VA and DoD, to include.

- a. Identifying high-priority sites that represent the best opportunities for potential VA/DoD partnerships in facility sharing.
  - i. Target Dates
    1. Process established: September 2003
    2. First Quarterly report to JEC: January 2004

### **5.2 VA and DoD will improve collaboration in the acquisition of commodities and services related to health care.**

The Health Executive Council shall:

5.2.1 Conduct an assessment of VA and DoD processes related to the acquisition of goods and services and make recommendations to achieve joint operational and business efficiencies.

- i. Target Date: October 2003

5.2.2 Continue to enhance and implement acquisition and procurement processes to include converting all DoD Distribution and Pricing Agreements (DAPAs) to VA Federal Supply Schedule contracts (FSS)

- i. Target Date: DAPA Conversion-December 2004

5.2.3 Develop a plan to implement standard purchasing of medical/surgical supplies and high-tech equipment, dental, laboratory, x-ray, and prosthetics to leverage joint purchasing power.

- i. Target Date: January 2004

5.2.4 Establish a common electronic catalog for all items under contract

- i. Target Date: Plan to the JEC-October 2003
- ii. Target Date: Implementation TBD by the JEC

5.2.5 Provide input to the Joint Communications Plan (Goal 1.3.1) to improve communication and education promoting the use of joint acquisition and procurement programs.

- i. Target Date: July 2003

5.2.6 Evaluate the pilot project involving DoD's use of VA's Consolidated Mail Outpatient Pharmacy Program and make recommendations concerning potential expansion

i. Target Date: July 2003

**5.3 VA and DoD will collaborate to improve the efficiency and effectiveness of financial transactions between the two Departments**

The Health Executive Council shall

5.3.1 Develop interfaces between the Departments' financial systems, in order to increase standardization and to improve the accuracy and timeliness of payments

i. Target Date July 2004

5.3.2 Enhance collaboration efforts to share collection information in order to reduce duplicate payments and decrease staff time spent on debt management activities.

i. Target Date: July 2004

**5.4 VA and DoD will develop methods to facilitate recruitment, retention, and potential sharing of personnel in positions critical to the Departments' complementary missions.**

The Health Executive Council and the Benefits Executive Council

5.4.1 Identify the mission-critical positions common to both Departments and the number of staff needed in each of these positions during the next 3 to 5 years.

i. Target Date: Identify positions September 2003

5.4.2 Develop and implement human resource strategies to fill mission-critical positions in both Departments

i. Target Date: January 2004 (plan)

ii. Target Date: TBD by JEC (implementation)

## **Goal 6 Joint Contingency/Readiness Capabilities**

Ensure the active participation of both agencies in support of the VA/DoD Contingency Plan and National Response Plan.

*VA and DoD will enhance collaborative efforts in support of the VA/DoD Contingency Plan and the National Response Plan, to include the National Disaster Medical System (NDMS). This collaboration includes coordinating individual agency response plans and supporting local, state, regional, and national incident management systems. VA and DoD will also collaborate in the training and education of health care responders; and identify opportunities to provide medical readiness training and platforms for first responders and military medical personnel.*

### **6.1 The Health Executive Council shall establish a Contingency Response Work Group to:**

- 6.1.1 Oversee the Departments' collaborative efforts with respect to incident and consequence management.
  - i. Target Date: July 2003 (establish workgroup)
  - ii. Target Date: ongoing (oversight)
- 6.1.2 Support the development of the National Response Plan through participation in existing national/federal forums to include:
  - a. Catalogue DoD/VA linkages in support of federal incident and consequence management planning
    - i. Target Date: September 2003
  - b. Provide recommendations regarding opportunities for joint actions in support of the National Response Plan
    - i. Target Date: January 2004
  - c. Collaborate with other Federal partners to enhance all components of the NDMS to reflect current and future requirements
    - i. Target Date: Quarterly report October 2003
- 6.1.3 Review and update the VA/DOD Hospital Contingency Plan to reflect current and future requirements to include:
  - a. Review current and future requirements for hospital-based care for casualties returning from a military deployment or for casualties generated as a result of a domestic homeland security incident.
  - b. Assess utilization of TRICARE Network, as it would impact on requirement for VA support of DOD and of the NDMS system.
  - c. Review current medical regulating processes.
  - d. Integrate the Integrated CONUS Medical Operations Plan (ICMOP) into VA/DOD contingency planning, and VA/DOD contingency planning into NDMS planning for support of military casualties.
  - e. Review comprehensive VA involvement in care of selected DOD casualties that would not return to duty.
  - f. Review the portion of the NDMS that supports war-time casualties and its relationship with ICMOP, VA/DOD contingency planning and NDMS operations.
    - i. Target Date: Initial Report January 2004
    - ii. Target Date: Final Report TDB by JEC

6.1.4 Coordinate Departmental directives to implement DoD and VA responsibilities identified in the National Response Plan.

i. Target Date: October 2003

6.1.5 Provide semiannual reports to the Joint Executive Council on the status of joint initiatives in support of the National Response Plan.

i. Target Date: Initial JEC Report October 2003.

**6.2 Collaborate in the training and education for incident and consequence management.**

The Health Executive Council shall:

6.2.1 Identify common training requirements and joint training opportunities for medical personnel participating in incident and consequence management.

i. Target Date: Status report October 2003

ii. Target Date: Implementation Plan TBD

6.2.2 Develop clinical practice guidelines for incident and consequence management

i. Target Date: Status Report October 2003

6.2.3 Develop continuing education programs and other information products (e.g., satellite broadcasts, pocket guides) to enhance incident and consequence management training and emergency preparedness for DoD/VA personnel involved in contingency response activities and provide an annual report

i. Target Date: Report on joint training initiatives: January 2004

**Hearing Date: March 17, 2004**  
**Committee: HVAC**  
**Member: Chairman Steve Buyer**  
**Witness: Mr. Reardon**  
**Question #7**

**Question: On page 8 of your testimony, you stated that, "DoD and VA are also leading partners in many national standards development efforts." To date, which standards have been agreed upon?**

**Answer:** DoD and VA are lead partners in the Consolidated Health Informatics project, one of the 24 eGov initiatives supporting the President's Management Initiative. To date, the adopted standards are:

- Logical Observation Identifier Names and Codes (LOINC) for laboratory result names
- Health Level 7 (HL7) for clinical messaging
- National Council on Prescription Drug Programs (NCPDP)
- Digital Imaging Communications In Medicine (DICOM) for digital imaging
- Institute of Electrical and Electronics Engineers (IEEE) 1073 for connectivity of medical devices to computers.

Work continues toward adoption of additional standards in support of this effort. We anticipate an announcement by the Department of Health and Human Services on additional standards this quarter.

The Military Health System has membership on technical committees for standards development organizations such as the: American National Standards Institute/Health Informatics Standards Board, American Society for Testing and Materials, Health Level 7, Accredited Standards Committee X 12 Electronic Data Interchange, and National Council for Prescription Drug Program.

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Committee: HVAC  
Member: Chairman Steve Buyer  
Witness: Mr. Reardon  
Question #8

**Question:** On page 9 of your testimony, you stated “Additionally, DoD and VA share information on a quarterly basis with the Office of Management and Budget on the status of DoD/VA Joint Electronic Medical Care Interoperability Plan.” Please specify all information shared in the last four quarters of 2004.

**Answer:** Over the last four fiscal quarters DoD and VA have shared the following information with the Office of Management and Budget on the status of DoD/VA Joint Electronic Health Care Records Plan:

**Federal Health Information Exchange (FHIE)** – Update on progress to deploy additional enhancements which provide VA: discharge summaries, admission, discharge and transfer, cytology reports, allergy, consult reports, outpatient mail order and retail network pharmacy data, and Standard Ambulatory Data Record data.

**Credentialing** - Update addressed the following:

- Identification of the common data elements to be exchanged between the DoD and VA credentialing systems.
- Development of an application for testing.
- Approval by the VA/DoD Health Executive Council of the test sites:
  - Naval Hospital Great Lakes/North Chicago VA/Edward J. Hines VA Hospital
  - Ireland Army Community Hospital (Ft. Knox, KY)/Louisville VA
  - Mike O’Callaghan Federal Hospital (Nellis AFB, NV)/Las Vegas VA
- Testing of the Centralized Credentialing Quality Assurance System/VetPro credentialing solution is still ongoing, with evaluation to be completed in 3<sup>rd</sup> Quarter Fiscal Year (FY) 2004.

**Scheduling** - Information provided addressed the following:

- Sharing technical requirements to ensure interoperability between DoD and VA scheduling solutions. This will allow providers to see all appointments a patient might have scheduled at both VA and DoD facilities and, where authorized, to schedule appointments in each other’s clinics.
- Joint evaluation of technical requirements indicates a greater than 90 percent match in ambulatory scheduling requirements.
- VA completed the requirements gathering phase and initial construction of its application is underway.
- DoD awarded a contract for the Enterprise Wide Scheduling and Registration project for a commercial-off-the-shelf (COTS) product.

- VA completed coding of Resource Set-Up and Make-Appointment (RSA), the core components of the VA Scheduling Replacement application.
- The DoD-VA Interoperability Work Group is developing the requirements for achieving interoperability between the DoD COTS and the VA RSA module.

**Lab Data Sharing and Interoperability (LDSI)** – Information covered the following:

- This project supports the ability of VA and DoD to use one another as reference laboratories electronically, using secure encryption services for order entry and result return, for inclusion in the patient's electronic health record.
- Departments completed successful testing of the software in Hawaii.
- Signed Systems Interconnection Agreements for the interface between DoD and VA systems.
- LDSI software permitting VA to initiate lab requests for filling at DoD labs has been tested and is available for installation at all VA medical centers.
- Successfully completed release of software supporting VA ability to initiate lab requests for filling at DoD labs. Expansion in DoD's Region 6 is scheduled in 2<sup>nd</sup> quarter FY 2004.
- Development of software permitting DoD to initiate the request for filling at VA labs began December 1, 2003. The Departments are exploring several test sites for testing this additional capability.

**Development of CHCS II and HealtheVet-VistA - Interoperable Data Repositories**

- The Departments continue to work to ensure interoperability between the DoD Clinical Data Repository (CDR) and the VA Health Data Repository (HDR). This working integrated project team (WIPT), known as the CHDR, continues to meet on a monthly basis. The following has been accomplished:
  - Defined key functional and technical areas such as: architecture, standards, information management/data quality, functional, program management, and information assurance/privacy.
  - Began reviewing technical architecture options for supporting data sharing.
  - Shared CHCS II functional requirements.
  - Completed the documentation of CHDR business rules scenarios.
  - Actively exploring re-use of FHIE technical architecture and other alternative solutions to support other shared initiatives.
  - Demonstrate the exchange of patient demographics and pharmacy data in testing environment by October 2004. The prototype will test the proposed architecture and demonstrate the data exchange capabilities.
  - Completed an acquisition strategy for prototype development.
  - Jointly prepared a draft Statement of Work in preparation for selection of a vendor to build the pharmacy prototype.
  - Completed the draft Concept of Operations to include the business rules to support the exchange of health information.
  - Completed a draft Systems Requirements Specification.

- Conducted CHDR In-process Review (IPR) with joint agency leadership to review progress.

### **Collaboration on Standards Development**

- Through the CHI effort, the Departments finalized adoption of the following standards:
  - Logical Observation Identifier Names and Codes (LOINC) for laboratory results
  - Health Level (HL) version 2.4, XML encoded for messaging
  - National Council on Prescription Drug Programs (NCPDP)
  - Digital Imaging Communications In Medicine (DICOM) for digital imaging
  - Institute of Electrical and Electronics Engineers 1073 for connectivity of medical devices to computers.
- VA and DoD participated in the Markle Foundation's Connecting for Health initiative meetings held in Washington, DC, in January. One of the outcomes of that meeting was the identification of context management as an area requiring standardization. CHI endorsed the adoption of the standard for context management to enable a variety of standards-based application integration capabilities.
- VA and DoD continue to work on enterprise architectural development boards and standards groups for DoD CHCS II and VA HealthVet-Vista.
- Prepared final Vocabulary Domain standards for Lab Domain Interventions/Procedures and Lab Result Content to be voted on at a July meeting.
- The Departments moved closer to finalizing a recommendation to adopt the Systematized Nomenclature of Medicine (SNOMED) set of standards as the agreed upon framework for clinical terminology.
- CHI has identified a target portfolio of 24 clinical domains. Teams for 22 of 24 domains are in place. These teams are in various stages of review and analysis.
- Standards for six more domains have been approved and cleared for final adoption by the full CHI council.
- Each Department continues to develop and identify internal standards, such as architecture, that will support future enhancements to software applications.
- DoD and VA have completed an updated mapping of their respective business activities architectures and standards comparison report in order to facilitate their continuing collaboration.

### **Consolidated Mail-Outpatient Pharmacy**

- The Departments have concluded testing and are now in production of the prototype of a system that supports VA's refilling of outpatient prescription medications from DoD's Military Treatment Facilities at the option of the beneficiary.
- The Departments are conducting a pilot test where VA CMOP-Leavenworth is refilling outpatient prescription medications from DoD's Military Treatment Facilities at the option of the beneficiary. The DoD sites are Naval Medical Center, San Diego, CA; Fort Hood Army Community Hospital, Killeen, TX; and 377th Medical Group, Kirtland AFB, NM.

- The Departments have reviewed analysis of the joint DoD/VA CMOP Pilot prepared by Center for Naval Analysis (CNA). The CNA report is inconclusive on whether the CMOP program is cost-effective for DoD.

### **Clinical User Interfaces**

- The Departments continue to explore jointly developed requirements for a unified user interface to support interoperability between CHCS II and HealtheVet-Vista.
- The Departments are working to develop an architecture that will enable integrated views of health data.

### **E-portal Systems**

- Collaborating on a joint acquisition of health content for their electronic web portal systems to provide uniform patient health information to beneficiaries of both Departments.
- VA recently procured their health and wellness content from Healthgate Data Corporation, providing to MyHealtheVet access to the same 18 million pages of content used by DoD's TRICARE Online.
- DoD TRICARE Online is deployed and supports over 97,500 registered users.
- VA successfully released the first version of MyHealtheVet on Veterans Day, November 11, 2003.

### **Status of CHCS II**

- DoD continues development and fielding of its computerized patient record and the establishment of its clinical data repository and clinical data warehouse.
- The Assistant Secretary of Defense (Command, Control, Communications and Intelligence) signed the Acquisition Decision Memorandum January 28, 2003, certifying that the CHCS II program is being developed in accordance with applicable laws, regulations, and policies and authorizing the limited deployment of CHCS II Block 1 in FY 2003.
- An Acquisition Decision Memorandum was signed on June 13, 2003, permitting the procurement of infrastructure hardware and end user devices in preparation for CHCS II worldwide deployment approval.
- Limited deployment of CHCS II Block 1 was completed at Tinker AFB, Fort Eustis, VA; Naval Medical Center Portsmouth, VA; Goodfellow Air Force Base, TX; and Fort Bliss, TX.
- Training for limited deployment sites was completed. 531 providers have been trained on CHCS II. There were 80,876 outpatient encounters produced in October; 60,695 in November; and 75,336 in December. On average, 82% of outpatient encounters at the limited deployment sites are produced using CHCS II.
- An Acquisition Decision Memorandum for CHCS II Block 1 worldwide deployment was signed on November 17, 2003. Deployment will begin in January 2004 and last over a 30-month period.

- Activities for worldwide deployment started with 20 functional site surveys conducted at facilities slated for deployment early in the schedule.

### **Status of VA HealtheVet-VistA**

- VA continues development of the HDR Prototype, to include work on architecture, security, and clinical domain validation.
- VA completed an award of Phase II deliverables to the same contractor system-integrator as Phase I.
- VHA completed and published its HDR Technical Strategy document.
- VHA HDR team began work to obtain an Interim Authority to Operate (IATO) from the VA Office of Cyber Security. The IATO will ensure that the HDR Prototype meets all technical security provisions necessary to maintain system integrity.
- VA demonstrated successful transmission of data between a VistA test system and an early HDR prototype.
- VA architects and developers met and reached a final decision on the architecture that will support HealtheVet-VistA systems.
- VA is re-hosting and re-architecting several of the VistA applications to take advantage of the availability of commercial tools and the relational data model. Some of the applications to be reengineered include billing replacement systems, pharmacy, scheduling, CPRS, imaging, blood bank modernization, and laboratory package upgrading software.
- The HDR team identified and delivered to the commercial developer all trigger event code sets for building; the HDR team also began installation and adjustment of prototype software applications at three prototype test sites: Martinsburg, Heartland East and Salt Lake City.
- VHA architects documented health information architectural requirements for a service-based architecture. A service-based architecture will more closely support lines of business and improve overall management of health information within the VA.
- The HealtheVet Desktop was released and has been loaded in all the required test sites.
- The Clinical Documents/Practice Integration track of CPRS-R has now been started. The CPRS-R team conducted some requirement gathering sessions with providers and the output is now being analyzed.
- With the expiration of the vendor contract, the VA HDR team made necessary adjustments to the underlying code and began development of internal applications and conducted load testing.

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**Witness: Mr. Reardon**  
**Question #9**

**Question:** At the hearing reference was made to a Joint Strategic Plan that addresses information sharing between the two agencies, a plan that should lead to seamless medical records transfer. How do your agency's GPRA Strategic and Performance Plans link to this Joint Strategic Plan and how does that linkage devolve through the directly linked subordinate strategic and performance plans in your agency?

**Answer:** In accordance with the Government Performance and Results Act, the Military Health System (MHS) has a Strategic Plan and uses the Balanced Scorecard approach to define operational objectives and measure performance against the plan. One of the key objectives is to "improve interoperability with partners." This high level linkage to the Joint VA/DoD Strategic Initiative devolves to the MHS Information Management/ Information Technology (IM/IT) Program's Strategic Plan as the objective to "improve the VA/DoD sharing of beneficiary data, medical records, and other information through secure and interoperable information management systems." In turn, performance plans support implementation of the MHS IM/IT Strategic Plan, the MHS Strategic Plan, and the VA/DoD Joint Strategic Plan.