

Department of Veterans Affairs

Virtual Lifetime Electronic Record (VLER) FY12 Initiative Operating Plan

Create Virtual Lifetime Electronic Record by 2012

Office of Information and Technology

March 9, 2012 v24

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1 **SECTION A. Initiative Scope and Scope Changes**

2
3 The purpose of Virtual Lifetime Electronic Record (VLER) is to enable the Department
4 of Veterans Affairs (VA) and its partners to proactively provide the full continuum of
5 services and benefits to Veterans through Veteran-centric processes made possible by
6 effective, efficient, and secure standards-based information sharing. VLER is neither an
7 IT program nor an information service provider. VLER is a multi-faceted business and
8 technology initiative that includes a portfolio of health, benefits, and personnel
9 information sharing capabilities.

10
11 The Executive Director VLER (ED VLER) leads information sharing efforts across the
12 VA (e.g., Administrations and Major Initiatives) and with external agencies. To
13 accomplish this, the ED VLER engages stakeholders, builds consensus, identifies
14 barriers to information transparency, proposes solutions and synchronizes similar
15 business capabilities, requirements, and actions. ED VLER, as the VLER Business
16 Owner, is responsible for leading the collaborative development and enforcement of
17 business and technical requirements, plans and policies related to VLER information
18 sharing. ED VLER staff facilitates, brokers, and coordinates VLER-related activities
19 across the VA.

20
21 Achieving the VLER goals described below is an enterprise-wide effort. ED VLER will
22 collaborate with the following stakeholders to synchronize these activities across the VA
23 and with our partners:

- 24 • VA Administrations
 - 25 ○ Veterans Health Administration (VHA), including Health Systems (HS)
 - 26 ○ Veterans Benefits Administration (VBA), including Office of Business
 - 27 Process Integration (OBPI)
 - 28 ○ National Cemetery Administration (NCA)
- 29 • Office of Information Technology (OIT) Product Development (PD), Architecture,
- 30 Strategy and Design (ASD), and the Office of Policy and Plans (OPP)
- 31 • VA Major Initiative business and IT leads
- 32 • External partners (e.g., Department of Defense (DoD), DoD/VA Interagency
- 33 Program Office (IPO), Social Security Administration (SSA), Department of
- 34 Health and Human Services (DHHS)/Center for Medicare and Medicaid
- 35 (CMS)/Office of National Coordinator (ONC), Department of Housing and Urban
- 36 Development (HUD), Department of Labor (DOL), Department of Education
- 37 (DOE), Office of Personnel Management (OPM), and other federal, state, and
- 38 local partners)

39
40 VLER goals:

- 41 • Ensure that Veterans are empowered to securely access and control the use and
- 42 dissemination of their health, benefits, and personnel information,
- 43 • Ensure that material and non-material barriers to information sharing across the VA
- 44 enterprise including external partners are eliminated,

- 45 • Exploit information sharing innovations to ensure that the VA proactively delivers
46 services and benefits, and
- 47 • Ensure that Veterans, their families, and other stakeholders are engaged to better
48 understand their needs and increase participation in the development and use of
49 VLER-enabled services.

50

51 VLER goals align with the 2011-2015 VA Strategic Plan Refresh. VLER's business and
52 technical capabilities are in different stages of development, many of them enable
53 multiple business processes impacting both health care services and benefits
54 administration.

55 **Scope Description**

56

57 The scope of VLER is defined by four VLER Capability Areas (VCAs):

- 58 • VCA 1 – Exchange an initial set of clinical encounter data between VA, DoD and
59 private providers
- 60 • VCA 2 – Expand on initial clinical encounter information (VCA 1) and incorporate
61 personnel and administrative data for disability adjudication and provision of benefits
- 62 • VCA 3 – Exchange additional benefits information for the delivery of benefit services
63 including, but not limited to, compensation, housing, education, pension, insurance
64 and memorials
- 65 • VCA 4 – Ensure access to health, benefits and personnel information via a single
66 portal

67

68 VLER fiscal year 2012 (FY12) high level objectives are described in the following
69 section. ED VLER will work to understand the information sharing environment and
70 how it can enable and support information sharing within the enterprise and with VA
71 partners.

72 **FY 12 Objectives**

73 **VLER Core/Cross-Cutting Activities**

74 VLER Core activities are efforts that apply across the VCAs. These activities often cut
75 across the entire VA enterprise, including VHA, VBA, NCA, OPP and OIT program
76 offices, and, in many cases external partners. They are core requisites to the entire
77 VLER program.

- 78 • Build the VLER
 - 79 ○ Publish a collaboratively developed standard data collection hierarchy for
80 information which is part of a Veteran's Lifetime Electronic Record (03/2012).
 - 81 ○ Collaboratively identify and designate an enterprise level business and
82 technical lead for each "branch" of the standard VLER data hierarchy
83 (03/2012).
 - 84 ○ Collaboratively identify and designate enterprise "producers" for each element
85 of data in the VLER (05/2012).
 - 86 ○ Collaboratively identify and designate enterprise "consumers" for each
87 element of data in the VLER (05/2012).

- 88 ○ Publish a collaboratively developed standard formats in which designated
89 VLER Data Producers must publish content descriptions and usage rules for
90 each element of VLER for which they are a designated producer (05/2012).
- 91 ○ Develop and track a collaboratively developed Master Implementation
92 Schedule including each designated producers completion dates for the
93 publication of content descriptions, usage rules and the availability of their
94 assigned data as a service (05/2012).
- 95 ○ Publish a collaboratively developed standard with which each designated
96 producer must comply in making their designated VLER Data available as an
97 enterprise service (08/2012).
- 98 ○ Develop and track a collaboratively developed Master Implementation
99 Schedule including each designated consumers completion dates for the
100 replacement of legacy system services and data access methods (such as
101 VistALink and Tuxedo) with VLER data services from designated producers
102 (08/2012).
- 103 ○ Publish a collaboratively developed VLER data and services architecture (in
104 alignment with VA Enterprise Architecture) (09/2012).
- 105 ● Synchronize and Standardize VA Information Sharing Infrastructure
- 106 ○ Contribute to a collaboratively developed VA Enterprise Architecture for
107 Information Sharing (in accordance with architecture standards set by and
108 with support from OIT ASD) (08/2012).
- 109 ○ Ensure interoperability of all VA Enterprise Service Buses (ESBs) and other
110 information sharing infrastructure by providing oversight to ensure they are
111 implemented in accordance with VA standards (Year Round).
- 112 ○ Eliminate unnecessarily duplicative infrastructure by preventing new
113 purchases of information sharing infrastructure for purposes that can be
114 accomplished using existing information sharing infrastructure (Year Round).
- 115 ● Collaborate, facilitate, negotiate, and synchronize information sharing requirements,
116 plans, milestones and activities within VA and with external partners regarding VLER
117 Capability Areas (VCAs) 1, 2, 3, and 4 (as defined in the 2012 VA/DoD Joint
118 Strategic Plan) (Year Round).
- 119 ● Assess information sharing needs, gaps and problems across the VA and its
120 partners; working with Major Initiatives and Administrations to identify information
121 exchanges, broker and prioritize information sharing requirements, and develop
122 actionable plans (Year Round).
- 123 ● Develop, review, document, and/or update VA information sharing policies to
124 support business processes, and procedures ensuring cross-departmental alignment
125 with enterprise level information sharing goals and promoting greater efficiencies.
- 126 ● Develop Information Support Plans (ISP) for specific VLER initiatives across the
127 VCAs identifying producers and consumers of information for specific business
128 capabilities (Year Round).
- 129 ● Centralize VLER-related information sharing agreements/memoranda of
130 understanding, thus consolidating and reducing numerous point-to-point, resource
131 intensive agreements (Year Round).
- 132 ● Establish and lead VLER-related information sharing governance structures and
133 associated processes (Year Round).

- 134 • Ensure that enterprise-level health, benefits, memorials, military personnel and
135 other VLER-related related XML Schema governance, hierarchies, standards and
136 configuration management processes are maintained (Year Round).
137 • Lead efforts to ensure that business requirements and rules are defined and
138 synchronized, and ensure a VLER Data Access Service (DAS) foundational initial
139 operating capability (IOC) is delivered that will support the secure exchange of
140 health, benefits, and personnel data domains, and aggregate results for consumers.
141 • Ensure that Veteran Authorization and Preference (VAP) requirements, logic-based,
142 business rules and policies are developed in conjunction with VLER DAS.

143 **VLER VCA 1 Health Data Exchange for Clinical Encounter**

144 **VLER VCA-1 Business Deliverables**

- 145 • Conduct measurement and program evaluation of the NwHIN health information
146 exchange pilot in 12 geographical areas. Participate in recommending a “Go/No Go”
147 decision for nationwide rollout in July 2012, ensuring alignment with VA information
148 sharing goals/objectives going forward. Working with VHA and IPO, ED VLER will
149 assure that “Go/No Go” decision process is orchestrated in a way that all
150 administrations have input into the decision to proceed to national deployment.

151 **VLER VCA-1 IT Deliverables**

152 ***Nationwide Health Information Network (NwHIN) Adaptor***

- 153 • Nationwide Health Information Network (NwHIN) Adaptor enables VA to share
154 clinical health information stored in VistA with third party providers via Nationwide
155 Health Information Network Exchange, VLER IT PMO will modify the Adapter to
156 support a newer version of the CONNECT Software, which allows for the secure
157 exchange of clinical encounter information on Veterans and Service members
158 between DoD, VA and private sector partners. The VLER IT PMO will activate the
159 modified Adapter for existing and additional VAMC locations in support of expanding
160 NwHIN to at least one (1) additional partner per quarter in FY 12. In addition, VLER
161 IT PMO will continue to upgrade the Adapter infrastructure for greater reliability,
162 scalability and ease of use, support Social Security Administration (SSA) exchange,
163 deliver “Purpose of Use” enhancements, enhance VA C32 and C62 (clinical data
164 types) data content, and deliver performance enhancements.
- 165 • NwHIN Adapter Increment 4.0 to be Delivered 10/04/2011
- 166 ○ Expand NwHIN to an additional six VAMCs and their corresponding private
167 providers.
 - 168 ○ Enhance the Accounting of Disclosure Report to add the following additional
169 fields to this report: VA Facility, Test Patients, Recipient Facility, Recipient, Total
170 and Grand Total.
 - 171 ○ Enhance the Received NwHIN Report to add following additional fields: VA
172 Facility, Test Patients, VA Requestor, Total and Grand Total.
 - 173 ○ Enhance the Patient Discovery Audit Report to add following fields to this report:
174 VA Facility, Test Patients, Total, Grand Total Fails, Grand Total Passes and
175 Explanation.

- 176 ○ Provide the ability to search and sort through the accounting of disclosure by
- 177 patient and date range and to print the accounting of disclosures for a specific
- 178 patient.
- 179 ○ Produce VA C32 documents which comply with HITSP C32 V2.5 specification.
- 180 ○ Separate Consumer Privacy Preferences (CPP) responsibilities from the
- 181 Adapter.
- 182 ● NwHIN Adapter Increment 5.0 to be Delivered 06/29/2012
- 183 ○ Support SSA Exchange with SSA Authorization via VAP.
- 184 ○ Enhance VA C32/C62 content for SSA Exchange.
- 185 ○ Support Purpose of Use Coverage for SSA.
- 186 ○ Optimize Performance of C32 document assembly.
- 187 ○ Enhance VA C32 Narrative Blocks to Remove Duplicate Data.
- 188 ○ Enhance VA C32 Structured Data Entries to Resolve NIST CDA Validation
- 189 Errors.
- 190 ○ Implement New Gateway Version (V3.2.1):
- 191 ● Update to the latest version of the Nationwide Health Information Network
- 192 NHIN specifications as required by the Data Use and Reciprocal Support
- 193 Agreement (DURSA) (for example, this includes HITSP C32 and patient
- 194 discovery).
- 195 ● Additional VETS code translations (Code Priority Groups 2+, 2) –
- 196 Provide terminology translation as specified within the content standards
- 197 (such as HITSP standards).
- 198 ● Add User Role to Adapter Audits.
- 199 ● Change DoD error display.
- 200 ○ Adapter support for Purpose of Use Emergency for UHIN
- 201 ● In an emergency (defined as a situation involving possible death or
- 202 injury/harm), Service Provider authorization and access control services
- 203 shall support the capability to enforce access privileges and consent
- 204 directives to appropriate policies defined by the purpose of use of
- 205 emergency access.

206 ***Vista NwHIN Direct Enhancements:***

- 207 ● To enable VA to share clinical health information stored in Vista, via Nationwide
- 208 Health Information Network (NwHIN) Direct, VLER IT PMO will develop an initial
- 209 point-to-point information exchange capability in FY 12. The intent is to test this
- 210 capability by sending requests for Mammography procedure referrals from the
- 211 VAMC to one private sector provider receiving Mammography procedure reports.
- 212 FY12 Deliverables: Provide an Accounting of Disclosures report for all health
- 213 information released to non – VA providers; provide a Received NwHIN Documents
- 214 Report for all health information received from non-VA providers; auto-uploading of
- 215 external non-VA Consult Results into the Vista Imaging Application; and system
- 216 integration and testing to expand the Direct pilot to additional locations.
- 217 ● VistA NwHIN Direct 2.0 to be delivered 10/26/2011
- 218 ○ Add more external partners, allowing additional patients to participate.
- 219 ○ Provide the ability for staff to retransmit the payment authorization to the non-
- 220 VA provider if it has not been received by the non-VA provider.

- 221 ○ Provide the ability to uniquely identify each payment authorization.
- 222 ○ Provide the ability to identify and assign the non-VA provider recipient.
- 223 ○ Provide the ability for the Direct System to automatically access and
- 224 assemble the payment authorization.
- 225 ○ Provide the ability to include the following information in the payment
- 226 authorization: Integration Control Number (ICN) for the patient, unique
- 227 identifier for payment authorization, patient demographics, ordering provider
- 228 name and address, clinical history, and approval/authorization, requested
- 229 procedure and instructions for returning results. This information will be
- 230 included both in the body of the Direct e-mail and as an attachment.
- 231 ○ Provide an error message if the payment authorization is not transmitted
- 232 correctly. The error message will go to both the Direct Application and to the
- 233 mail group for the specific fee basis office.
- 234 ○ Provide the ability for Fee Basis staff or an ordering provider to request that
- 235 the non-VA provider resend corrected results within a specified timeframe.
- 236 ○ Provide the ability for the VA Clinician to approve or disapprove the content of
- 237 the results package.
- 238 ○ Provide the ability for Fee Basis staff to flag or mark when incomplete and/or
- 239 incorrectly assigned information is returned.
- 240 ○ Provide the ability for an ordering provider to flag or mark incorrect results
- 241 (erroneous, incomplete, or inaccurate).
- 242 ● VistA NwHIN Direct 3.0 to be delivered 06/29/2012
- 243 ○ Provide an automated way to detect the presence of 7332 protected
- 244 conditions prior to disclosing health information outside of the VA, which
- 245 would trigger the need for obtaining patient authorization to release
- 246 information (VAF 10-5345).
- 247 ○ Provide the ability to electronically receive requests for additional health
- 248 information about the patient, when appropriate, from the non-VA provider.
- 249 ○ Provide the ability to electronically send additional health information about
- 250 the patient, as requested, to the non-VA provider.
- 251 ○ Provide the ability to confirm that additional health information about the
- 252 patient sent to the non-VA provider has been received with a returned
- 253 acknowledgement by the non-VA provider.
- 254 ○ Provide an error message if the additional information is not transmitted
- 255 correctly.
- 256 ○ If the initial attempt at transmitting the additional information is unsuccessful,
- 257 provide the ability to attempt to retransmit additional health information about
- 258 the patient.
- 259 ○ Provide the ability to notify the user when a specified number of attempts at
- 260 transmitting the additional information have been unsuccessful.
- 261 ○ Provide the ability to stop attempts at transmitting the additional information
- 262 when a specified number of attempts have been made and have been
- 263 unsuccessful.
- 264 ○ Provide the ability for staff to retransmit the additional information to the non-
- 265 VA provider if he/she has not received it.

- 266 ○ Provide the ability to extract the report of the results from the results package.
- 267 The results will be automatically uploaded to VistA and incorporated in the
- 268 medical record.
- 269 ○ Provide the ability to import the text report of non-VA purchased care received
- 270 by VA into the VistA Radiology software.
- 271 ○ Provide the ability to import the image files of non-VA purchased care
- 272 received by VA into the VistA Imaging software.
- 273 ○ Provide the ability to receive the Digital Imaging and Communications in
- 274 Medicine (DICOM) image file as part of the results package.
- 275 ○ Provide the ability to create an accounting of disclosures report for all health
- 276 information released to non-VA providers through the use of Direct. (Note:
- 277 This requirement will depend on how the application is developed. If all
- 278 transactions are processed through the ROI Office the DSS ROI Record
- 279 Manager application can be used to create an accounting of disclosures; if
- 280 not, then this requirement is needed to create an accounting of disclosures).
- 281 This may involve integration with CPP/VAP.
- 282 ○ Provide the ability to generate routine and ad hoc reports.
- 283 ○ Provide the ability to validate that certificate of the non-VA provider is listed
- 284 on the Office of Policy Management (OPM) approved Trust Framework
- 285 Provider (TFP) as an identity provider (on approved TFP List), when
- 286 available.
- 287 ○ Provide the ability to implement the trust framework of the Identity, Credential
- 288 and Access Management (ICAM) architecture.
- 289 ○ Provide the ability to validate the presence of an approved Interagency
- 290 Support Agreement (ISA) between VA and the Direct partner prior to the
- 291 exchange of any protected health information.
- 292 ○ Direct will have the ability to identify an emergent case.
- 293 ○ Direct will have the ability to identify messages by the name/identification of
- 294 the Fee Basis clerk who generated the authorization.
- 295 ● VistA NwHIN Direct 4.0 to be delivered 12/31/2012 (target date)
- 296 ○ Provide the ability to confirm that additional health information about the
- 297 patient sent to the non-VA provider has been received with a returned
- 298 acknowledgement by the non-VA provider.
- 299 ○ Provide an error message if the additional information is not transmitted
- 300 correctly.
- 301 ○ If the initial attempt at transmitting the additional information is unsuccessful,
- 302 provide the ability to attempt to retransmit additional health information about
- 303 the patient.
- 304 ○ Provide the ability to notify the user when a specified number of attempts at
- 305 transmitting the additional information have been unsuccessful.
- 306 ○ Provide the ability to stop attempts at transmitting the additional information
- 307 when a specified number of attempts have been made and have been
- 308 unsuccessful.
- 309 ○ Provide the ability for staff to retransmit the additional information to the non-
- 310 VA provider if he/she has not received it.

- 311 ○ Provide the ability to extract the report of the results from the results package.
- 312 The results will be automatically uploaded to VistA and incorporated in the
- 313 medical record.
- 314 ○ Provide the ability to import the text report of non-VA purchased care received
- 315 by VA into the VistA Radiology software.
- 316 ○ Provide the ability to import the image files of non-VA purchased care
- 317 received by VA into the VistA Imaging software.
- 318 ○ Provide the ability to receive the Digital Imaging and Communications in
- 319 Medicine (DICOM) image file as part of the results package.
- 320 ○ Provide the ability to create an accounting of disclosures report for all health
- 321 information released to non-VA providers through the use of Direct. (Note:
- 322 This requirement will depend on how the application is developed. If all
- 323 transactions are processed through the ROI Office the DSS ROI Record
- 324 Manager application can be used to create an accounting of disclosures; if
- 325 not, then this requirement is needed to create an accounting of disclosures).
- 326 This may involve integration with CPP/VAP.
- 327 ○ Provide the ability to generate routine and ad hoc reports.
- 328 ○ Provide the ability to validate that certificate of the non-VA provider is listed
- 329 on the Office of Policy Management (OPM) approved Trust Framework
- 330 Provider (TFP) as an identity provider (on approved TFP List), when
- 331 available.
- 332 ○ Provide the ability to implement the trust framework of the Identity, Credential
- 333 and Access Management (ICAM) architecture.
- 334 ○ Provide the ability to validate the presence of an approved Interagency
- 335 Support Agreement (ISA) between VA and the Direct partner prior to the
- 336 exchange of any protected health information.

337 *VistAWeb*

- 338 ● VistAWeb Release 02/2012
- 339 ○ Add display C32 information for a new NwHIN partner, San Diego Beacon for:
- 340 Results (Lab, Radiology), Immunizations, Medications, Allergies, Problem
- 341 List, Advanced Directives, Vitals, Encounters and Procedures.
- 342 ○ Add ability to send/receive C32 (Allergies, Medications, Problems) & C62
- 343 information for a new NwHIN partner, Conemaugh Health System.
- 344 ○ Add four new Vitals LOINC codes used in NwHIN data processing (Body
- 345 height –lying, Head Occipital-frontal circumference by Tape measure, Body
- 346 weight Measured, Body weight).
- 347 ○ Create a monthly report for Westat auditing providing Personal Health
- 348 Information (PHI)/Personally Identifiable Information (PII), Filter for NwHIN
- 349 patients and date ranges only, send table intact, view statistics in more of a
- 350 dashboard view with historical stats for a date range, offload and anonymize
- 351 the AUDIT table, and provide a web service interface for queries for variable
- 352 date ranges.
- 353 ○ Provide all data requested at once but allow data to appear on the screen as
- 354 it is retrieved rather than after all data has been retrieved. (Streaming or Multi-
- 355 Threading).

- 356 ○ Implement functionality that will allow users to view, when data is requested,
357 an initial status within 6 seconds of the request (searching, network error, no
358 data found). This will eliminate the problem of the appearance of a hanging
359 search across the network. When data is being requested, provide an
360 indicator to the user that data retrieval is still occurring, as it currently occurs
361 in Remote Data View. (Streaming or Multi-Threading).
- 362 ○ Allow the ability to see headers maintained when sorting on information in
363 Vista Web. This would eliminate the need to have to scroll to the top of the
364 display. Freeze labels in the VistAWeb header row so a user does not waste
365 time scrolling up and down. VistAWeb Header needs to have a proper
366 scrolling functionality to allow for all aspects of the data to be accessed via
367 the scrollbar. Example: freezing column headings are helpful as we scroll
368 down a long list of data.
- 369 ○ Add display C32 information for the new NwHIN partner: Quality Health
370 Network.
- 371 ○ Add display C32 information for the new NwHIN partner: Social Security
372 Administration.
- 373 ○ Add display C32 information for the new NwHIN partner: Partner to be named
374 later.
- 375 ○ Add display C32 information for the new NwHIN partner: Partner to be named
376 later.
- 377 ○ When HITSP C32 information is not available, display the words “no data
378 found” instead of skipping that section (will need confirmation of the
379 Computerized Patient Record System [CPRS] Clinical Workgroup). Confirm
380 where the message should exactly appear. just the health summaries Report
381 or other areas. Should this be for all Vista sites and BHIE domains.
- 382 ○ C62 – Change the column title FROM “Consult Date/Time” TO “Consult Order
383 Date/Time”.
- 384 ○ C62 – Change the column title FROM “Consult Type” TO
385 “Consult/Procedure”.
- 386 ○ C62 – Change the data in the “Consult Type” column FROM the abbreviation
387 (C, P) TO the full type name (Consult, Procedure).
- 388 ○ C62 – In the Consults grid display, in the column “Status” change FROM the
389 abbreviation (p) TO full text status name (Pending).
- 390 ○ C62 – The Icon column and the Consult Type column seem to show the same
391 thing. Unless both are needed, remove one.
- 392 ○ Allow the Nationwide Health Information Network query to continue to perform
393 while reports for VistA, Heath Data Repository (HDR), and Bidirectional
394 Health Information Exchange (BHIE) are being generated. (Multithreading).
- 395 ○ "Modify VistAWeb to accommodate slow response time from the Nationwide
396 Health Information Network. (Streaming or Multi-Threading).
- 397 ● VistAWeb Release 1.0 to be delivered 6/29/2012
- 398 ○ Implement the ability for VistAWeb users to view DoD progress notes utilizing
399 a two pass capability by VA providers.

400 ***Bi-Directional Health Information Exchange (BHIE)***

- 401 • Funding for further development has been terminated, and BHIE is going into
402 Sustainment until the iEHR program delivers VA-DOD Health data synchronization,
403 at which time BHIE will be terminated entirely. FY12 Deliverables will be limited to
404 emergency patches required to repair discovered defects that could impact patient
405 safety.

406 ***Clinical Health Data Repository (CHDR)***

- 407 • Funding for further development has been terminated, and CHDR is going into
408 Sustainment until the iEHR program delivers VA-DOD Health data synchronization,
409 at which time CHDR will be terminated entirely. FY12 Deliverables are limited to
410 patches required to repair discovered defects that could impact patient safety, and
411 patches that keep CHDR in compliance with enterprise operating requirements.

412 ***VCA-2 and VCA-3: Exchange of Health, Benefits, Military Personnel and other***
413 ***Data in support of Disability Claims Adjudication and Other Benefits***

414 ***VLER VCA-2 and VCA-3 Business Deliverables***

- 415 • Identify and prioritize DoD and VA information sharing requirements for VCA 3
416 foundational data capabilities, develop Joint (DoD-VA) VCA-2 and VCA-3 CONOPS
417 and Performance Evaluation Plan for VA/DoD Joint Executive Council (JEC)
418 Approval.
- 419 • Drive disparate requirements generating activities through the Benefits Executive
420 Council (BEC) Information Sharing/Information Technology (IS/IT) and oversee the
421 aggregation, de-confliction and normalization of related requirements.
- 422 • Lead development of business requirements to deliver an IT solution that improves
423 the accessibility, usability, and computability of Disability Benefits Questionnaires
424 (DBQs) in the claims adjudication process. FY12 Deliverable: Business
425 Requirements Document (BRD), Requirements Elaboration Documents (REDs) and
426 Capability Design documentation.
- 427 • Lead development of funding and acquisition strategy to deliver an IT solution that
428 improves the accessibility, usability, and computability of Disability Benefits
429 Questionnaires (DBQs) in the claims adjudication process. FY12 Deliverable: Market
430 Research, Technical/Business Architecture Requirements, Performance Work
431 Statement, Acquisition Package and Contract Award.
- 432 • Lead development of business requirements to deliver an IT solution that provides
433 the ability to automate the management of C&P Exams for Initial Claims for Active
434 Duty Service members (in support of Integrated Disability Evaluation System (IDES),
435 Benefits Delivery at Discharge (BDD) and Quick Start). FY12 Deliverable: BRD,
436 REDs and Capability Design documentation.
- 437 • Lead development of funding and acquisition strategy to deliver an IT solution that
438 provides the ability to automate the management of C&P Exams for Initial Claims for
439 Active Duty Service members (in support of IDDES, BDD and Quick Start). FY12
440 Deliverable: Market Research, Technical/Business Architecture Requirements,
441 Performance Work Statement, Acquisition Package and Contract Award.

- 442 • Document an architectural plan and technical approach for the data base
443 convergence of the Federal Case Management Tool, Veteran Tracking Application,
444 and Veteran Relationship Management case management applications. FY12
445 Deliverable: Technology transition plan to merge duplicative MS Dynamics
446 platforms.
- 447 • Define and synchronize further enhancements and improvements to information
448 sharing within IDES; a program intended to expedite processing of disability claims
449 adjudication for wounded, ill, and injured Veterans and Service members. FY12
450 Deliverable: A DoD, VA, and SSA Information Support Plan outlining the exchange
451 of information in the IDES process.
- 452 • Develop a DoD, VA and SSA Concept of Operations (CONOPS) and Performance
453 Evaluation Plan for VCA 2 foundational data capabilities, and document lessons
454 learned.
- 455 • Accelerate and streamline administrative and legal approvals for information sharing
456 between the VA and both HUD and non-governmental organizations that support
457 homeless Veterans and drive the implementation of supporting technology in
458 coordination with Eliminate Veteran Homelessness (EVH) MI.
- 459 • Redesign BOSS Enterprise and its subsystems which are used to provide
460 automated delivery support of VA burial and memorial benefits to eligible Veterans
461 and families. The Enterprise Architecture will be leveraged to take advantage of the
462 mapping and flow of information from entry into the VA system through death.
463 FY12 Deliverables: Requirements Specification Document (RSD) and draft System
464 Design Document (SDD). (05/2012)
- 465 • Facilitate the documentation of National Cemetery Administration existing business
466 practices, identify data flows to allow NCA to participate in the event-driven
467 architecture of the VLER initiative, and propose solutions to modernize the exchange
468 of information pertaining to and burial of Veterans and their eligible dependents.
- 469 • Support negotiations between VA NCA and US Army Arlington National Cemetery
470 (ANC) to develop a plan for the integration of VA and DoD Cemetery Management
471 Systems and possible migration to a single system for those capabilities that can be
472 shared. FY12 Deliverable: BRD and Contract/Interagency Agreement Package for
473 the integration/automated sharing of inscription data between Army and VA.
- 474 • Lead development of funding and IT acquisition strategy for the replacement of
475 BOSS. FY12 Deliverable: Market Research, Technical/Business Architecture
476 Requirements, Performance Work Statement and Acquisition Package.
- 477 • Facilitate documentation of requirements for Memorial Affairs Performance and
478 Usability Enhancements (MAPUE), including Arlington National Cemetery Support,
479 Eligibility Office Automation System (EAOS), Record Pre-Placed Containers in
480 Gravesites, and to track reasons for time delays in monument delivery.
- 481 • In collaboration with and in support of the administrations and other VA Line
482 organizations, engage VA partners such as Veteran Service Organizations (VSOs),
483 Health Information Exchanges, non-profits, other Federal, State and Local
484 organizations to implement the Secretary's VLER vision.

485 **VLER VCA-2 and 3 IT Deliverables**

486 ***VLER Data Access Service (DAS)***

- 487 • The VLER DAS consists of a portfolio of information sharing infrastructure
488 capabilities which support the secure exchange of health and benefits data domains
489 within the VA and between the VA and its federal/private partners, and aggregates
490 results for consumers. One project under VLER DAS is the HTTP Service Broker.
491 This broker sends and receives queries/data to/from multiple information systems
492 through a single Service. This capability will reduce the cost associated with point-
493 to-point data exchanges.
- 494 • VLER Data Access Service Version 2.0 to be delivered 06/01/2012
- 495 ○ Enable the sharing of Case Manager POC information between Army's
496 AWCTS system and VA's VTA.
 - 497 ○ Provide a service allowing the DBQ Portal to provide computable data from
498 their DBQs back to the VA for storage in HDR as XML that can be ingested
499 by VBMS using the same data sharing system.
 - 500 ○ Enable the sharing of rating schedule data from web based DBQs to a VA
501 data store.
- 502 • VLER Data Access Service Version 3.0 to be delivered 09/30/2012
- 503 ○ Enable transfer of the following additional data types:
 - 504 ▪ Complex content embedded within DoD rtf files
 - 505 ▪ Radiology Reports to support disability claims processing
 - 506 ▪ Discharge Summaries to support disability claims processing
 - 507 ▪ Consults to support disability claims processing
 - 508 ▪ Past Medical Histories to support disability claims processing
 - 509 ▪ Family Histories to support disability claims processing
 - 510 ▪ Social Histories to support disability claims processing
 - 511 ○ Enable the VA contract clinician systems to provide computable DBQ data for
512 storage in HDR as XML that can be ingested by VBMS after approval by VHA
513 clinicians.
- 514 • Dependencies
- 515 ○ Major Initiatives – VRM, VBMS

516 ***C&P Exam and Rating Schedule Information Collection and Sharing***

- 517 • Disability Benefits Questionnaires (DBQs) Services: To improve the accessibility,
518 usability, and computability of DBQs, VLER IT PMO will acquire a wizard Turbo Tax
519 ®-like tool to increase the utility of DBQs for clinicians and make them accessible to
520 clinicians outside the VA network.
- 521 • DBQ Portal Increment 1.0 to be delivered NLT 06/15/2012
- 522 ○ Provide first set of 5 DBQs as clinician friendly web forms usable by external
523 (private), VA and DoD clinicians using any standard end user device including
524 iPad, Droid and Windows Tablets, and, Windows, Apple and Linux personal
525 computers.
 - 526 ○ Provide form tool capability to allow VA designated non-programmers to
527 easily and rapidly change the questions or flow of any form without requiring
528 IT programming.

- 529 ○ Submit data collected on form back to VA for storage in HDR as XML that can
- 530 be ingested by VBMS.
- 531 ● DBQ Portal Increment 2.0 to be delivered NLT 08/15/2012
- 532 ○ Provide at least 20 DBQs (up to 80 depending on pricing and VBMS ability to
- 533 ingest) with all the same features as noted above.
- 534 ● Dependencies
- 535 ○ Major Initiatives – VRM, VBMS

536 *Federal Case Management Tool (FCMT)*

- 537 ● Federal Case Management Tool (FCMT) will adapt and integrate the Microsoft
- 538 Dynamics CRM Commercial-off-the-Shelf (COTS) product to meet the case
- 539 management needs of VA personnel who provide support to seriously ill and injured
- 540 Service members, Veterans, and their families.
- 541 ● FCMT Increment 1.0 (06/2012)
- 542 ○ Transition of Federal Recovery Coordination Program (FRCP) users to new
- 543 IT platform (from the VTA platform to the new FCMT platform).
- 544 ● Dependencies
- 545 ○ Major Initiatives – VRM, VBMS

546 *Veterans Tracking Application (VTA)*

- 547 ● Veterans Tracking Application (VTA): The Veterans Tracking Application (VTA)
- 548 helps Department of Veterans Affairs (VA) / Department of Defense (DoD)
- 549 employees track assistance provided to and applications submitted by seriously
- 550 disabled Service members and Veterans. It is used by both VA (MSC) and DoD
- 551 (PEBLO) personnel. VTA is also used to support and track statutory required
- 552 specialized outreach to Veterans identified by DoD at separation as having less than
- 553 a high school education or equivalent. Additionally, it is used to track outreach to
- 554 survivors of Service members who die during military service.
- 555 ● VTA 2.0 to be delivered 05/2012
- 556 ○ Automatically acquire and display additional DD-214 data elements required
- 557 by VBA from VADIR.
- 558 ○ Provide additional operational and management reports required by VBA
- 559 C&P and by Army for IDES.
- 560 ○ Share Case Manager POC data between VA VTA and DOD Army AWCTS
- 561 ○ VTA 2.0 will be the last release of VTA on the current IT platform. No further
- 562 enhancements will be made to VTA between June 2012 and January 2013
- 563 ○ The current platform was not designed for its current use and provides
- 564 unacceptable cost and performance. Additionally, it creates a stove-piped
- 565 system that is disconnected from VRM.
- 566 ○ After the release of VTA 2.0, the VTA team will begin work to re-platform VTA
- 567 onto the MS Dynamics infrastructure used by FCMT and VRM with the intent
- 568 of all three systems sharing a single back-end MS Dynamics infrastructure by
- 569 the end of FY13.
- 570 ● Dependencies
- 571 ○ Major Initiatives – VRM, VBMS

572 **Memorial Affairs Redesign**

- 573 • Pre-Need Eligibility for Burial Benefits: VLER IT PMO will develop a capability
574 whereby Veterans learn about their burial benefits and document burial preferences
575 via the eBenefits portal. (07/2012)
- 576 • Design a mapping capability providing an automated Geographic Information
577 System (GIS) for two (2) NCA National Cemeteries (to be identified by NCA BRO
578 between April-May 2012). Completion of this design will be included in Increment 3
579 of the Memorial Affairs Redesign (MAR) project (in PMAS planning). (09/2012)
- 580 • Dependencies
581 ○ Major Initiatives – VRM

582 **First Notice of Death(FNOD)**

- 583 • VLER IT PMO will develop a system to support the creation of a First Notice of
584 Death (FNOD) record from an electronic version of the Flag Application or from
585 AMAS, BOSS, Spouse and Insurance reports. VA users will be able to store, query,
586 retrieve, update and print FNOD record information and link various types of
587 documents such as PDFs and JPGs to the record. The system will allow the user to
588 document work performed and record results of “SHARE” processing for each
589 FNOD case. (08/2012)
- 590 • Dependencies
591 ○ Major Initiatives – VRM, VBMS

592 **VCA 4 - Veteran Empowerment**

593 **VLER VCA-4 Business Deliverables**

- 594 • Ensure development of business requirements to deliver a long-term IT solution for
595 Veteran Authorization and Preference Interface Improvement (VAP II) to improve the
596 accessibility of authorization forms for Veterans wishing to release their information.
597 (03/2012)
- 598 • Co-chair the IT Work Group of the President’s Task Force on Veteran Employment
599 and use the Task Force Report to the President to codify and institutionalize
600 eBenefits as the single portal for all Service members and Veterans by getting the
601 group to agree on eBenefits as the single portal for transition services, and, include
602 funding for enhancement of both eBenefits and Best of Breed Transition Services to
603 integrate behind eBenefits . FY12 Deliverable: IT Section of Report to the
604 President (04/2012).
- 605 • Review and edit all VLER and other VA media and congressional responses to
606 promote the identification of eBenefits as the single, joint portal for all Service
607 members and Veterans benefits and services. FY12 Deliverables: Obtain
608 consensus that designates eBenefits as the single portal. (Year Round)
- 609 • Provide strategic communication support that promotes efforts to increase Veteran,
610 Service member, and dependent usage of eBenefits by facilitating appropriate
611 discussions/negotiations with DoD and other federal partners, to include VLER
612 media events.
- 613 • Work with VBA and OIT to ensure VRM IT PMO delivers eBenefits capabilities that
614 are consistent with the evolving VLER Enterprise Architecture.

615 **VLER VCA-4 IT Deliverables**

616 ***Veteran Authorization and Preference (VAP)***

- 617 • Veteran Authorization and Preference (VAP): VAP enables Veterans to use Web
- 618 portals to authorize the release of personal, military service, benefits and/or health
- 619 information held by VA to designed providers. VAP will have the capability to store
- 620 these preferences and interact with the VLER DAS, confirming a valid authorization
- 621 exists before the release of information.
- 622 • VAP Release 1.0 to be delivered 12/20/2011
 - 623 ○ Support to manage Veterans Privacy Preferences and Enterprise Security
 - 624 and privacy policies through an eBenefits portal. Includes management of
 - 625 Consent Directives, Access Control of Security and Privacy policies, and
 - 626 Security Management Services.
- 627 • VAP Release 2.0 to be delivered 06/29/2012
 - 628 ○ Manage consent directives to facilitate data sharing with SSA for disability
 - 629 determination.
 - 630 ○ Enhance consent directive management – Decouple authorizations and
 - 631 restrictions.
 - 632 ○ Enhanced reporting for ROI staff.
 - 633 ○ Electronic communication with Veterans regarding changes to their consent
 - 634 directives.
- 635 • VAP Release 3.0 to be delivered in FY13
 - 636 ○ Turbo VAP will continue to add capabilities to support flexible Veteran
 - 637 authorization capacity for all VA PII/PHI through an electronic medium.
- 638 • Dependencies
 - 639 ○ Major Initiatives – VRM, VBMS

640 ***Veteran Authorization and Preference Interface Improvement (VAP II)***

- 641 • VAP II IOC has been funded and will address joint DoD and SSA requirements.
- 642 VAP II will provide a Turbo-tax ®-like work flow for the numerous forms Veterans
- 643 must complete to process VA services and benefits. This capability will reduce
- 644 frustration and anxiety by providing insight into the full continuum of entitlements to
- 645 Veterans through the integrated technology of VAP II. ED VLER will lead, facilitate
- 646 and synchronize implementation of IOC to be performed by VRM IT PMO. (09/2012)
- 647 • Dependencies
 - 648 ○ Major Initiatives – VRM, VBMS

649 ***eBenefits***

- 650 • eBenefits is delivered by VRM IT PMO and funded under the VRM MI.
- 651 • Dependencies
 - 652 ○ Major Initiatives – VRM, VBMS

653 **Transition Plan**

654
655 During FY12, the VLER Enterprise Program Management Office (EPMO) will complete
656 transition plan that will cover relevant items and be coordinated with appropriate

657 stakeholders. This will include transition into a permanent VLER Deputy Chief
658 Information Officer (DCIO) Office in order to institutionalize VLER within the
659 Department. This action will enable VA and its partners to proactively provide the full
660 continuum of services and benefits through Veteran-centric processes enabled by
661 efficient, effective and secure standards-based information sharing and management.
662 The DCIO VLER shall serve as the VLER MI business lead until the MI graduates,
663 which is anticipated to occur during FY13.

664
665 The DCIO VLER will be responsible for optimizing information sharing and management
666 services and practices, establishing and managing an enterprise-wide VLER
667 governance structure, and identifying and eliminating business (e.g., policies, processes
668 and structures) and technical barriers to information sharing. As the VLER business
669 owner, the DCIO VLER will provide requirements and policy related to multiple IT
670 Projects across a number of IT PMOs, including, but not limited to, the VLER IT
671 Program Management Office (PMO), the Veterans Benefits Management System
672 (VBMS) IT PMO, Veterans Relationship Management (VRM) IT PMO, and the IPO.
673 DCIO VLER staff will synchronize and coordinate the VLER-related activities of these
674 various projects from a VLER business capability perspective.

675
676 Joint VLER governance under the BEC, Health Executive Council (HEC) and JEC is
677 well established and understood. VLER also participates in all MI Governance
678 processes. However, VLER must have both a means for making time-sensitive tactical
679 decisions that have strategic-level, enterprise wide impacts. Additionally, VLER must
680 have an internal VA Governance structure that will endure beyond transition out of MI
681 status and be used to establish VA positions prior to BEC, HEC and JEC meetings each
682 month.

683
684 In FY12, a VLER Executive Committee (EXCOM) will be established to make time-
685 sensitive tactical decisions that have strategic-level, enterprise wide impacts. The
686 VLER EXCOM will approve policies and directives, establish decision-making
687 thresholds, approve VLER strategic and transformational plans, and resolve enterprise
688 conflicts regarding VLER information sharing and management services.

- 689 ○ Chair: Deputy Secretary of the VA (DEPSECVA)
- 690 ○ Membership:
 - 691 ○ Chief of Staff of the VA
 - 692 ○ Deputy Under Secretaries for Health, Benefits and National Cemeteries
 - 693 ○ Assistant Secretaries for Information and Technology and Office of Policy and
694 Planning
- 695 ○ Secretariat: DCIO VLER will serve as the Secretariat for the VLER EXCOM
- 696 ○ Ad Hoc Members: IPO, DoD and other stakeholders will be invited as appropriate

697 **Leadership**

698 Lead organization: OIT

699 Executive Sponsor: Roger Baker, Assistant Secretary, OIT

700 Initiative lead: Joe Paiva, Executive Director, VLER

701 Point of contact: Lonnie Bergeron, Deputy Director, VLER

SECTION B. INITIATIVE MILESTONES

Title	Description/Completion Criteria	Finish
Empower Veterans to securely access, and control the use and dissemination of their personal health and benefit information	<p><u>Description</u>: Enable Veterans to electronically authorize release of their information for sharing and exchange. Develop and implement IT solution to enable the management of Veterans Privacy Preferences and Enterprise Security and privacy policies through the e-Benefits portal. Includes management of Consent Directives, Access Control of Security and Privacy policies, and Security Management Services. VLER will implement the Veterans Authorization and Preference Application (VAP) for seamless electronic authorization of exchange of the Veteran's electronic health record with health and benefits providers.</p> <p><u>Completion Criteria</u>: Implement Veterans Authorization Preferences Increments 1 & 2.</p> <p>MI Prioritization NwHIN LINE 40, 49, 51, 53, and 67</p>	6/30/2012
Share DoD and VA case management information between and amongst DoD and VA case managers (including MSCs, PEBLOs and Federal Recovery Coordinators, etc.)	<p><u>Description</u>: Demonstrate visibility of all care plans (medical & non-medical), the ability to view a shared calendar for Veteran/Service member appointments: scheduling, information related to injuries or illness, and Service member/Veteran problem list to trigger benefits. <u>Completion Criteria</u>: Enable the sharing of information for case managers in DoD (PEBLOs) and VA (MSCs). MSCs are able to see PEBLO contact information and vice versa. Both are able to see service member scheduled appointments.</p> <p>MI Prioritization FCMT LINE 34, 40, and 51</p>	6/30/2012
Develop and implement core data sharing services	<p><u>Description</u>: Demonstrate capability to implement core data access services for use by producers and consumers of information. Implement VLER DAS.</p> <p><u>Completion Criteria</u>: Demonstrate the use of DAS to enable information sharing between VTA and DoD system (to be designated by DoD for this purpose).</p> <p>MI Prioritization ISI LINE 34, 40, and 51</p>	6/30/2012
Reduce the burden on family members or designees upon the death of the Veteran through the redesign of the burial operations support system and related customer facing applications	<p><u>Description</u>: Redesign of the business process, system, applications and interfaces necessary to support automated pre-need eligibility, design of computerized gravesite mapping and remains tracking, enhanced Resolution Letters and FNOD case management. <u>Completion Criteria</u>: Implement Increments 1-4 of MAPUE. Completion of Increments 1-2 of the MAR project. Completion of Memorial Affairs Letters Enhancements (MALE) Increments 1-2.</p> <p>MI Prioritization MAPUE MAR LINE 40, 51, and 68</p>	09/30/2012

SECTION C. COSTS

	FY12												TOTAL
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
Program									redacted		redacted		redacted
IT DME ¹			redacted			redacted							
IT Marginal Sustainment				redacted		redacted			redacted	redacted	redacted		redacted
			redacted		redacted								

	FY13 ²				TOTAL
	Q1	Q2	Q3	Q4	
Program		redacted	redacted	redacted	redacted
IT DME	redacted	redacted	redacted	redacted	redacted
IT Marginal Sustainment	redacted	redacted			redacted
	redacted	redacted	redacted	redacted	redacted

	FY14	FY15	FY16	FY17	FY18	FY19	FY20	TOTAL
Program	redacted	redacted	redacted	redacted	redacted			redacted
IT DME	redacted	redacted	redacted	redacted	redacted			redacted
IT Marginal Sustainment	redacted	redacted	redacted	redacted	redacted			redacted
	redacted	redacted	redacted	redacted	redacted			redacted

(Costs are in thousands)

¹ VLER total Program costs are \$X.XM for FY12 (\$X.XM in the Program line and \$X.XM in the IT line.

² FY13 and out year costs sections of the Major Initiative operating plans are estimates and do not reflect budgetary figures approved by Department leadership.

SECTION D. STAFFING PLAN AND ORGANIZATIONAL STRUCTURE

ED VLER is responsible for achieving the Secretary's vision for VLER. It advocates that vision by proactively enabling information transparency across the VA enterprise in support of the provision of the full continuum of services and benefits to our nation's Veterans. ED VLER's sphere of influence spans the VA enterprise. ED VLER leads VA information sharing efforts by engaging stakeholders, building consensus, identifying barriers to information transparency, proposing solutions, and synchronizing actions within and across VA program areas and external agencies. ED VLER will act as the VA's final approval authority for requirements for VLER-related programs, processes, and initiatives, and will coordinate with OIT and external agencies and organizations (e.g., federal, state, local, and private partners) on VLER-related systems to ensure they align with the capabilities and timelines required to achieve the Secretary's vision for VLER.

ED VLER responsibilities include:

1. Ensure that the business processes and policies necessary to achieve the VLER vision for information sharing across VA are established and institutionalized;
2. Collaborate with VA business owners and stakeholders to establish the VLER vision, mission, and goals.
3. Communicate the VLER vision, mission and goals to all internal and external stakeholders on behalf of the entire VA enterprise;
4. Ensure that leadership guidance and policies are provided to OIT, VHA, VBA, and NCA in order to streamline and optimize programs that impact the VLER vision, mission, and goals;
5. Coordinate and synchronize VLER-related efforts – including programs, processes, and other related initiatives – among the VLER stakeholders within VA and with VA's partner organizations, to ensure efforts align with VLER's vision, mission, and goals;
6. Identify barriers to information transparency across the VA enterprise and proposing solutions for eliminating those barriers; and
7. Report on progress in meeting VLER's vision, mission, and goals to VA leadership and VLER stakeholders.

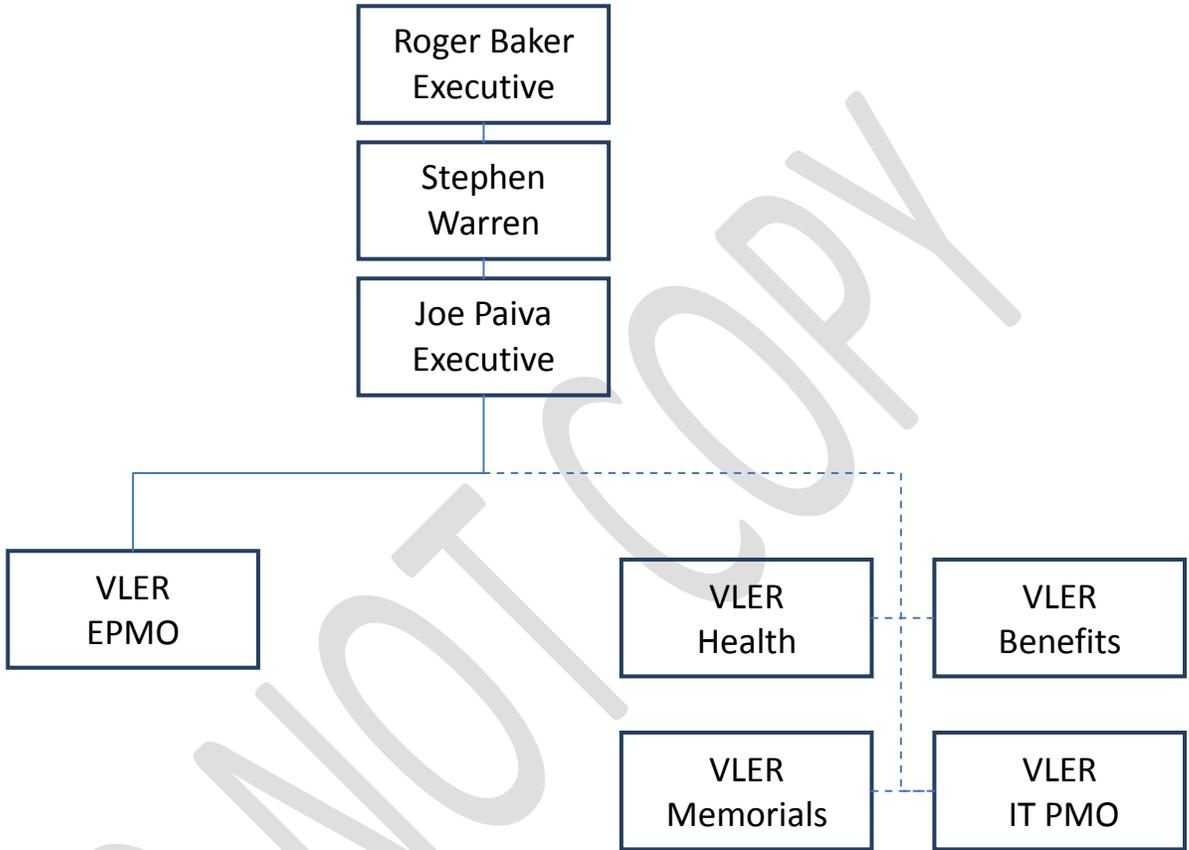
D1. Staffing Plan

Any remaining open FY11 billets will be filled as soon as possible.

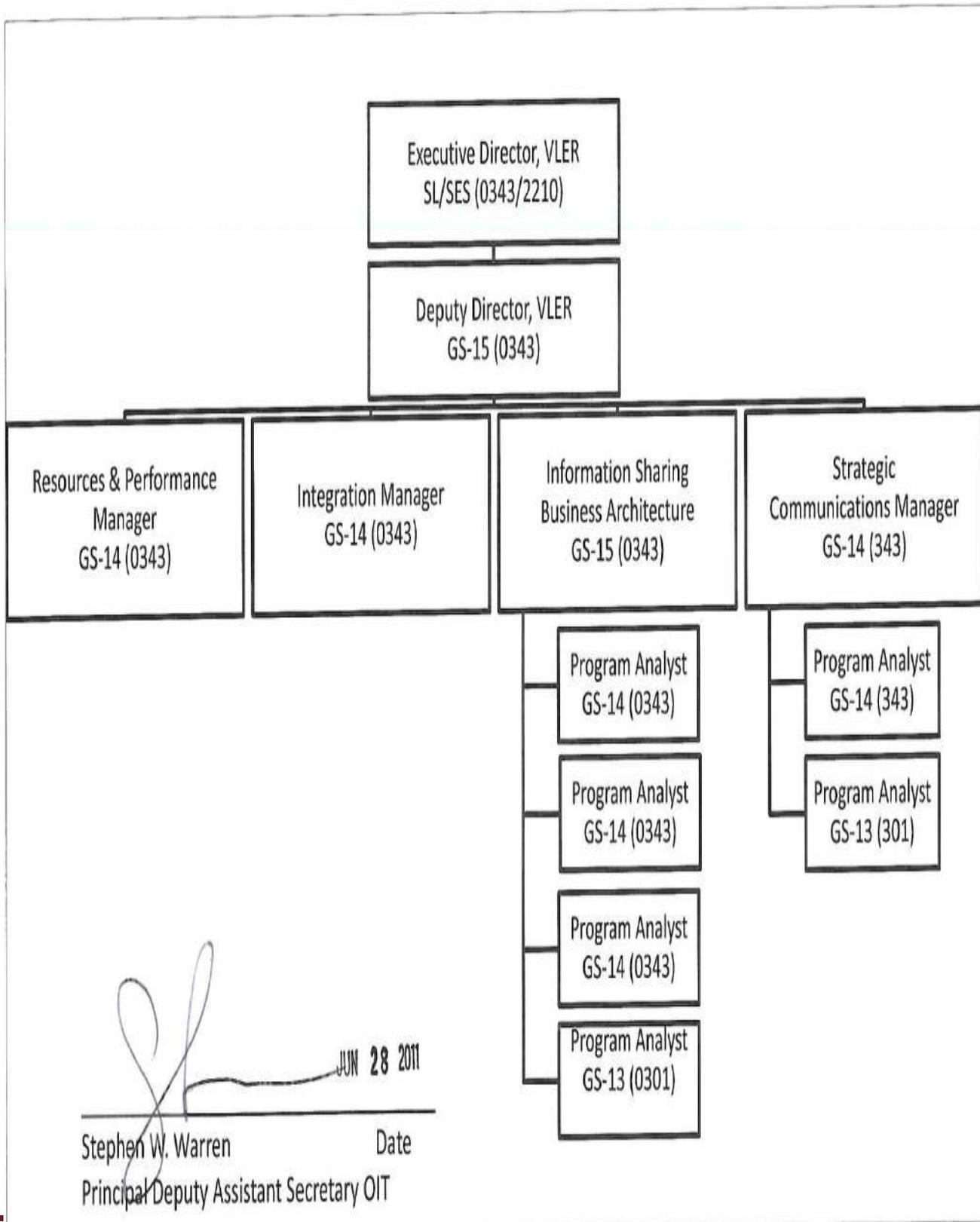
	Total Initiative Staffing	Current Staffing	Vacancies (Total – Current)
Program	12	12	0

D2. Organizational Structure

VLER Organization



VLER EPMO Organization



SECTION E. CONTRACTING STRATEGY

VLER will use the Technology Acquisition Center (TAC). VLER IT PMO will provide “actionable” acquisition packages to the TAC no later than 60 days prior to the requested execution date of the action or by 1 June 2012, whichever is first. VLER has a contracting goal of moving contractor support off the VA networks to eliminate overhead and G&A expenses associated with on-boarding of contractor personnel. Another VLER contracting goal is moving as much software development as possible/appropriate into vendor areas versus government space.

SECTION F. OTHER INTERESTED PARTIES

Interested Parties	Description of the Relationship with the Initiative
Related Initiatives	
Eliminate Veterans Homelessness	Identify information sharing to support goal for elimination of homelessness
Veterans Relationship Management (VRM)	VLER leverages VRM IAM (Identity and access management) VLER is driving VRM, VTA and FCMT to share common IT (MS Dynamics) infrastructure VLER drives other programs to share “event” and “contact” data with VRM via VLER DAS enabled information sharing
Veterans Benefits Management System (VBMS)	VBMS is a critical consumer of Rating Schedule Data made available out of the HDR via VLER DAS
Systems to Drive Performance (STDP)	Monthly Performance Review (MPR) and Enterprise Wide Cost Accountability (EWCA)
Strategic Capital Investment Plan (SCIP)	Identification of any Capital Investments or anything that could impact a Capital Investment
Homelessness Initiative	VLER is helping Homelessness initiative complete required legal requirements for information sharing and then enabling information sharing between HUD and VA leveraging VLER DAS
Health Informatics	Health Information Standards developed by HI are a critical component of the VLER. VLER and OHI collaborate closely to ensure alignment between OHI and VLER information sharing standards, infrastructure and policy efforts.
iEHR	The Joint DoD/VA integrated Electronic Health Record is a key component of the VLER. VLER is a critical member of the VA iEHR Governance Team and must collaborate with iEHR and the IPO to ensure alignment between iEHR data and ESB efforts and broader VA information sharing standards, infrastructure and policy.
Interested Organizations	
Department of Defense	Standards-based information sharing
Social Security Administration	Identity Information/ Personal Identification Information
Dept of Treasury	Computer Matching Program to prevent fraud and abuse for federally funded benefits
Dept of Justice	Central File Information/Material may be used to provide the Department of Veterans Affairs with identifying data of Bureau inmates for the purpose of matching the data against DVA records to determine the eligibility of Bureau inmates to receive Veterans’ benefits.
Dept of Agriculture	Disability Employment Program. (Dependency on C&P, Mental illness certification from VBA/VHA)

Interested Parties	Description of the Relationship with the Initiative
Dept of Labor	Veterans Employment and Training Service (VETS); Homeless Veterans' Reintegration Program (HVRP)
Health and Human Services	Veteran Directed Home and Community-Based Services Program (VD-HCBS); Adult Day Programs for Veterans
US Coast Guard	Disability and other benefits based on service. Two-way information exchanges.
Housing and Urban Development	HUD-VA Supporting Housing Program
Office of Personnel Management	Provider of benefit(s). Consumer of data (eligibility status).
Dept of Transportation	Veteran Employment Program (VEP)
Dept of Homeland Security	FEMA - Identity, Demographics, Health, Housing data consumer. USCG.
Dept of Interior	American Battle Monuments Commission. Consumer of data.
Small Business Administration	Benefit provider. Consumer of data.
US Postal Service	Address Information/Address Forward Service
Dept of Education	Benefit provider. Consumer of data.
National Archives Records Administration	Records Management – Veterans Records from the Archived Registry. Used by all LOBs for Veterans Eligibility Determination.
Congress	Legislative branch with oversight and spending power; two committees focused on Veterans and two committees on the Armed Forces
General Accounting Office (GAO)	Congressional agency with oversight of government spending; investigates and reports to Congress
Office of Management and Budget (OMB)	Executive branch office that shapes initiative mission, influences funding decision
Executive Office of the President (EOP)	Office within EOP with oversight of agency performance and IT (e.g., form approval, information privacy and security)

SECTION G. PERFORMANCE MEASURES

Measure	Description	Baseline	Target	Balanced Scorecard ³	Is Data Being Collected?
VLER – Authoritative Sources	Increase in number of all VA designated "Authoritative Sources" who have XML Schemas, Data Dictionaries and Business Rules published in accordance with established processes and formats	0	2	O	Yes
VLER – Information Services	Increase in number of new information services made available to VA enterprise	0	2	O	Yes
VLER – New Healthcare Service Provider Partners	Increase in number of new healthcare service provider partners with whom VA is able to share information (electronically, without human intervention)	10	13	CS	Yes
VLER – New Non-Healthcare Service Provider Partners	Increase in number of new non-healthcare service provider partners with whom VA is able to share information (electronically, without human intervention)	NA	2	CS	Yes
VLER – Automated Business Processes	Increase in number of manual VA business processes enabled by automated information sharing between systems	NA	2	O	Yes

In addition to the above performance measures, we are planning to track the following measures of effectiveness in order to assess the utility and adoption of VLER capabilities by Veterans and Service members:

- Increase in number of Veterans who submitted pre-need applications and supporting documentation for memorial benefits via e-Benefits.
- Increase in number of Veterans who specify their information sharing preferences.
- Decrease in number of days Integrated Disability Evaluation System Claims are delayed "awaiting information".
- Increase in the percentage of all active and reserve component Service members who log onto eBenefits.gov more than once per year.

³ Balanced Scorecard Categories – Financials (F) Operations (O) Learning & Growth (LG) Client Satisfaction (CS)