Clinical Data Repository / Health Data Repository (CHDR)

Vendor Solutions Symposium

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VLER
OI&T Program Management Office
Framework for Sharing Electronic Information

CHDR Overview

The Clinical Data Repository/Health Data Repository (CHDR) exchanges computable, standardized data between DoD and VA for active dual consumers (ADC).

This interoperability provides clinical users at DoD and VA medical facilities with bidirectional, real-time exchange of data that includes at a minimum, the exchange of outpatient pharmacy and drug allergies to enable drug/drug and drug/allergy order checks.

Congressional Mandates

May 2001   Presidential Executive Order/Public Law 107-314, Title VII, Subtitle C, Section 724 - defines the level of interoperability for pharmacy data to be exchanged between the VA/DoD, "…real-time interface, data exchange, and checking of prescription drug data of out-patients, and using national standards for exchange of out-patient medication information."

June 2002   National Defense Authorization Act (NDAA) Congressional Mandate

May 2003   Bob Stump NDAA – required VA/DoD to develop interoperable pharmacy systems

May 2003   President's Task Force called for improved health care deliver for our Nation's Veterans, "…improved information and resource sharing between the Military Health System (MHS) and the Veterans Health Administration (VHA)."

May 2004   Presidential Executive Order – "…calls for most Americans to have an electronic health record within 10 years."

April 2009   President's mandate - VA/DoD to create Joint Virtual Lifetime Electronic Record (VLER)
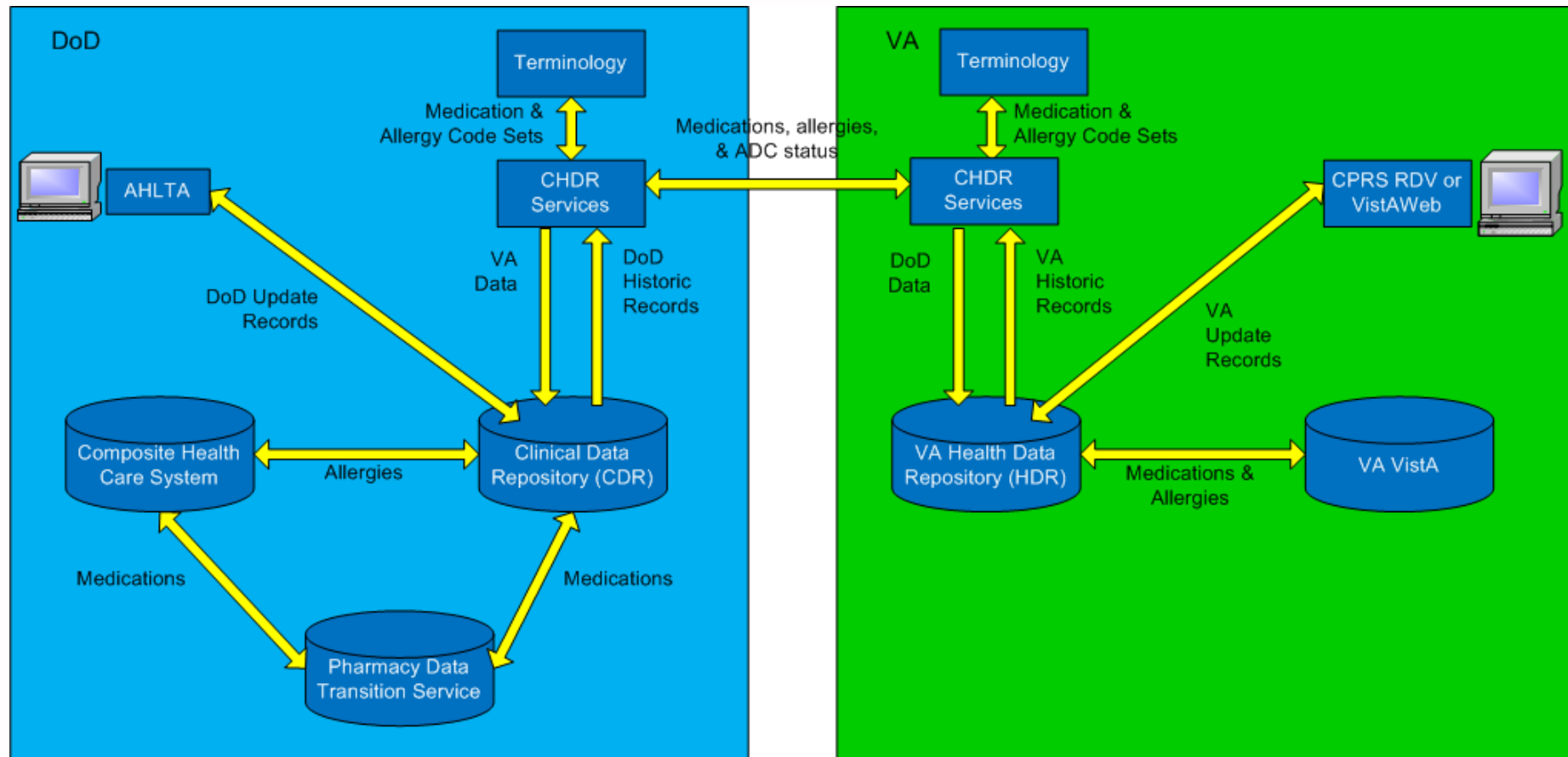
CHDR Functionality

- **Share** computable health record data between the DoD and the VA for **Active Dual Consumers (ADC)** (patients treated at DoD and VA medical facilities)

- Exchange **drug allergy** and **outpatient pharmacy** data

- Enable drug/drug and drug/allergy **order checks** between agencies

- Ability to **view** exchanged clinical data in VistAWeb

- Ability to **mark** patients as "active" dual consumers in the CHDR Admin GUI and in a background batch process

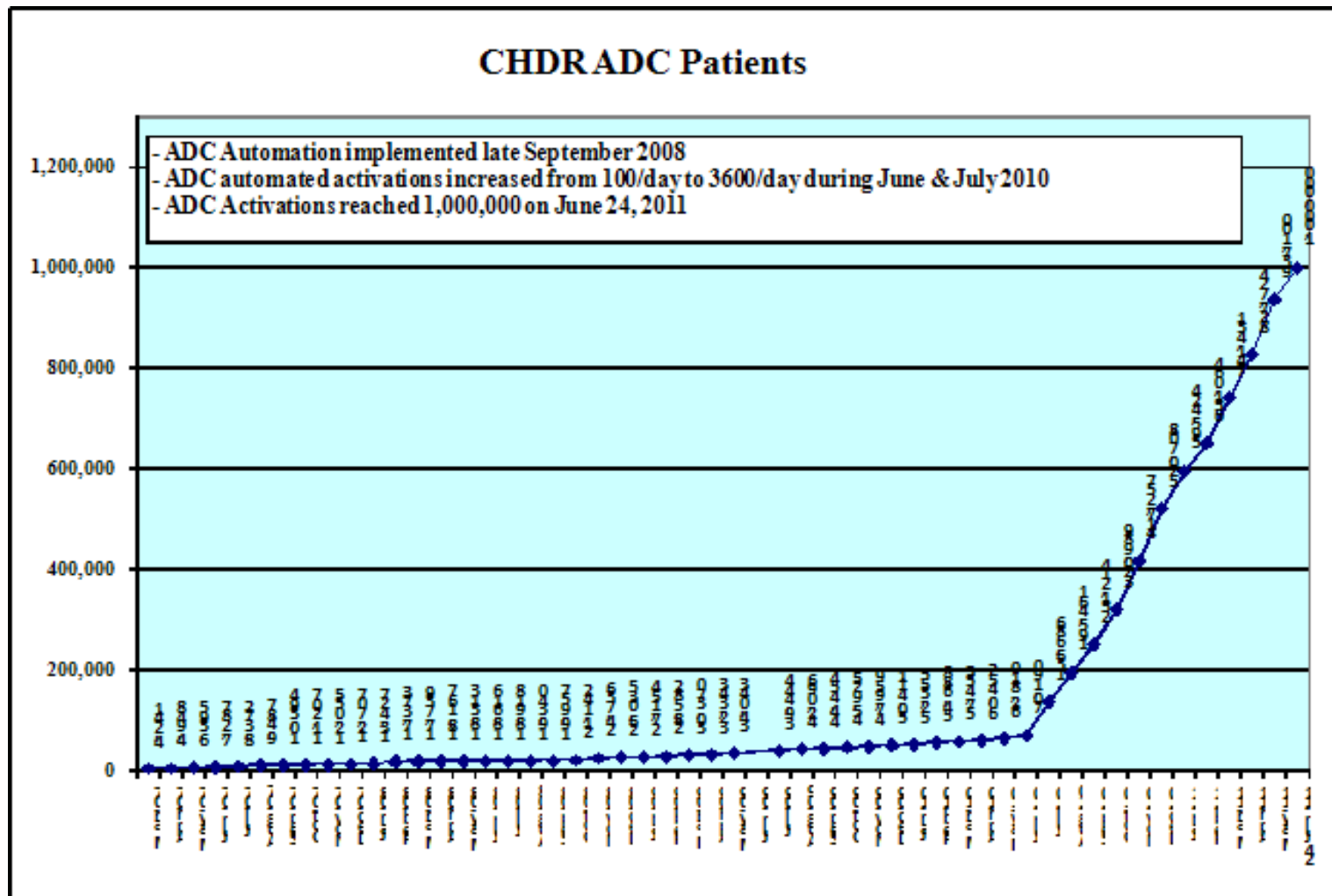- **Merge** electronic health records at the interagency level

High-Level Architecture

CHDR ADC Patients

CHDR ADC Patients

- ADC Automation implemented late September 2008
- ADC automated activations increased from 100/day to 3600/day during June & July 2010
- ADC Activations reached 1,000,000 on June 24, 2011

CHDR Milestones - Past

- Jun 2002 → NDAA Congressional Mandate

- Jun 2004 → CHDR Phase 1 Prototype

- Jan 2006 → Interagency CIO Live Demo

- Mar 2006 → RDI Release

- Jun 2006 → CHDR Field Test
  CHDR v1.0, v1.1, v1.2, v1.3, v2.0 Merge

- May 2010 → CHDR 2.0 Merge Released

- Mar 2011 → PMAS I2 – CHDR A&P National Release

CHDR Milestones - Future

- Dec 2011 ➔ PMAS I3 – CHDR v2.1 VHIM

- Apr 2012 ➔ PMAS I4 – CHDR v2.2 VTS

- Oct 2012 ➔ PMAS I5 – CHDR v3.0 MVI

- Jan 2013 ➔ Maintenance

Partner Products

- Health Data Repository (HDR)/Clinical Data Services (CDS)

- Master Patient Index (MPI)

- Standards Terminology Services (STS)

- VistA Interface Engine (VIE)

- Kernel Authentication and Authorization for J2EE (KAAJEE)

- Person Service Lookup (PSL)

- VistAWeb

- Computerized Patient Record System (CPRS)/ Pharmacy/Remote Data Interoperability (RDI)

- DoD Systems

Stakeholders

- Business Owners: Doctors, Clinicians, and Administrators

- Interagency: Department of Defense/MHS/DHIMS

- VA System Owners: HDR, MPI, VIE

- Governance: HEC IM/IT, ICIB, ARB, IPO

- VA Common Services: PSL, KAAJEE, VistALink, STS

Backup Slides

Notes

- Volume: 1M ADCs on June 2011

    o Targeted Shared Population: 2M

    o Daily RX Volume: 80K plus

    o Total RX Volume: 30M plus

- Budget: $4M a year

- Limited Look Back