VSS Day One Notes PM Q&A Session

Question 1: **How do you harmonize data across the various VistA systems within VA if there has not been standardized nomenclature?**

Response: The VA has been working on this for some time. The VA is bringing the major initiatives together to discuss this.

Question 1A: **How close is the VA to Data Harmonization?**

Response: I don't think we will ever totally reach this.

Question 1B: **In terms of Data Domains, is that handled by the Architecture groups?**

Response: Translation occurs as data goes through the common data layer.

Question 1C: **Can you provide insights into Data Standardization?**

Response: From the Hospital (Commercial Sector) it is very difficult to bring all terms under a common understanding

The VA does not develop standards. There are terminology differences between the VA and the DoD.

Question 1D: **Where does Translation occur?**

Response: Translation is performed going into the Data Layer. Translation is done within the Wrapper. Identities are translated by MVI.

Question 2: **Nationwide Healthcare Information Network (NwHIN): Will data be compatible for research purposes within the VA?**

Response: Currently just for Treatment, not for Research. This is not in the scope of support for NwHIN. Right now only Treatment is allowed, but the boundaries are being pushed with release of information to Social Security Administration (SSA) for coverage under benefits.

Question 2B: **IDC10 Granularity. Don't we have better information? What do we know from how Veterans have been treated?**

Response: This is not currently in the scope for NwHIN, but future scope will be bringing in more areas of functionality.

From an IT perspective, we support the Treatment, but do not currently support the Data Mining.

Question 2C: **Back to the original question, is data in a format that is compatible for later use in research?**

Response: Yes

VCA is information for clinical purposes.

Question 2D: **Bidirectional Health Information Exchange (BHIE) is not computable?**

Response: It was created to meet an immediate need. We take the C32s disassemble/reassemble it. There is close coordination in daily/weekly meetings amongst partners. Comments from the pilot are included in subsequent iterations.

Question 2E: **Is the NwHIN data persistent?**

Response: Each of the Veterans Integrated Service Networks (VISNs) maintains their own data. Data ownership is defined by Data Use and Reciprocal Support Agreement (DURSA)

Question 2F: **There is not a Universal Health Record maintained somewhere?**

Response: Information is not being stored in another database; it remains in its current system. Data is stored in your own Electronic Health Record (EHR). There is no current process to place or copy the information into other systems.

Question 2G: **How can the veteran add new data?**

Response: Either through My Health eVet or by asking a private physician to do so.

Question 2H: **If you have information on Labs, Radiology and Pharmacy at the VA and the Veteran has additional test run at Keiser, is there one place to see all of the information?**

Response: There is an aggregated view from all sources so the physician can see all of this together.

Question 3: **What is the Master Data Management Strategy for Virtual Lifetime Electronic Record (VLER)? How much "V," i.e. virtual, is there in the vision of VLER?**

Clarification on the question: How much is virtual vs. collected in a common database?

Question 3A: **What about response times?**

Response We see response time improvements on the VA side, but don't mandate what software the private sector uses. For Adapter, we are now seeing improvements that have cut the time in half (from 40 seconds to 14 seconds). There are opportunities for continued improvements. One of our goals is to start monitoring response times for non-imaged data. One of the goals that has been mentioned is a 7 second response time for non-image data.

Question 3B: **Where do business rules reside?**

Response: Last year in an Enterprise Architecture Lock Down, they came up with 80 – 90 events in a Veterans life that can cause a change. We're working on an Event Notification Service, to trigger the system; it is in the embryonic stage.

Question 3C: **How do you filter the data requests?**

Response: Can a physician filter the data request? The answer is yes.
Health Summary "C32" can date range in NwHIN with many variations between the data brought back from the different sources. There is a joint agreement to do what you can and declare in the results what was done. VistA Web puts information into categories.

Question 4: **How do you ensure data security? What do you do in the event of a data breach?**

Response: The VA has a very specific set of practices for breaches. There are Firewalls, Intrusion Protections and Intrusion Detectors. The VA is fairly comfortable that the information is both protected in the place it resides and in transit.
The Patient Safety Group is also engaged in reviewing all processes being considered for possible Patient Safety issues.

Question 5: **Is there an impetus to make all 34 domains of terminology interoperable?**

Response: Data is more typically exchanged in text format. If existing standards exist, and business decision support can be identified, it becomes a consideration. But there are few domain champions to provide this impetus at this time.

Question 6: **Under discussion Clinical Data Repository (CDR)/Health Data Repository (HDR) and Master Veteran Index (MVI): What is the Patient Service Line (PSL)? How does it relate to MVI or other systems in the VLER portfolio?**

Response: The Person Service Lookup is the lookup CHDR leverages. MVI is a record locator. It locates records within the appropriate VistA system.

Question 7: **Can you discuss further the plans for a consolidated/integrated care plan?**

Response: Within the Business Requirements Document (BRD) (95 pages) is a requirement on how a care plan can be consolidated. You have DoD and VA Care Plans. They will be looking into elaboration of those requirements.

Question 7A: **Do you plan on having a comprehensive shared calendar for all Veterans' appointments whether clinical or administrative across VA, DoD, other Federal agencies, and private providers?**

Response: The Calendar in the BRD for scheduling packages has not gotten into the details, but they want to at least be able to view a schedule. Still working on the details of how to accomplish this in FY12.

Question 7B: **Is there a list of activities / vendors that can help the Veteran?**

Response: There is not currently a List of vendors. Vendor lists are usually manual and each Service Rep develops their own resources.

Question 8: **Can we get a list of Government and Industry Vendors attending the VSS?**

Response: The list will be posted on the Virtual Office of Acquisition (VOA) website. (https://www.voa.va.gov/)

Question 9: **Related to Information Sharing Initiative (ISI), is the tool currently populated with service member/veteran appointment and scheduling information? Is this a manual process done by a**

case manager working with the service member/veteran, or does it query other systems and automatically populate the CM tool?

Response: In the pilot, they are working on Case Management information and benefits. We will be looking at scheduling in FY12. Currently, you have to manually input into a schedule to look at it.

Question 10: **Comment on VLER being responsible for Enterprise Service Bus (ESB), is that the Integrated Electronic Health Record (iEHR) ESB or just a VA ESB?**

Response: VA/DoD owns the ESB.

Question 11: **With the Consolidated Health Data Repository (CHDR) program, is the drug interoperability service usable by private sector? What is the business incentive for private providers to participate in VLER?**

Response: I don't think we do.
As for business incentives, VHA is responsible for those.

Question 12: **With all the great programs, is VA publishing the Web Services Descriptor Layers (WSDLs) for the services process? If so, where are they being published?**

Response: There is discussion on an integrated set of services and how they will be declared. There is also discussion on a wider set across the VA. 12 – 13 services have been identified. There is not currently a published set. There is not a total architecture set for the VA.
Tactical and Strategic level architecture groups. Integrated Project Team approach with high visibility. This ties together with the other major initiatives.

Question 12A: **What is the governance process amongst VLER programs as well as amongst other transformative initiatives?**

Response: There is VLER level governance. It involves configuration management, looking at competency within competency. We have quarterly meetings where we roll up architecture, development, and contracting.

Question 12A: **Integrated Master Schedule:**

Response: There is an Integrated Master Schedule for our initiative. Interfaces with other initiatives are reflected. We record the milestones. We roll our IMS up to the office of the Deputy CIO of Enterprise Development and his staff coordinates that within the bigger picture.

Question 12B: **Is the VLER Architecture the umbrella architecture for the other areas?**

Response: More or less. We coordinate with Integrated Disability Evaluation System (IDES) and Information Sharing Initiative (ISI) as well as with the other major initiatives. There is also project level coordination through brown bag initiatives.

Question 13: **Thoughts/comments on Bill HR2470 which would create an undersecretary or single designated leader for VLER?**

Response: I don't feel it would change VLER. Maybe a joint directive for the DoD/VA. This would probably be more strategic than governance. It becomes who answers to whom.

Question 13A: **Are there two separate VLER IPOs, one for the DoD and one for the VA?**

Response From the day-to-day operations we don't expect any changes. This would just provide another governance structure.

Vendor: In the private sector this would be a merger between the VA and DoD. Similar to what is occurring with the airlines.

Question 14: **Can we get copies of the presentations?**

Response: The presentations and the Questions and Answers will be posted on the VOA website.

Suggestion: Suggest the VSS become quarterly forum.
This will be taken into consideration.

Question 15: **Will VLER be developing the services Interfaces required or will that be done through existing systems?**

Response: VLER defines the interfaces and they do not change. Existing systems will build the wrapper to support the interface.

Question 16: **Is VLER developing any of its own implementations or is it funding existing and planned programs/projects/systems?**

Response: Both. For example, funding the Information Sharing Iniative (ISI) under Warrior Support, BHIE is creating Data Access Service (DAS), funding is going to VRM

Question 16A: **Will VLER use Transformation Twenty-One Total Technolgoy (T4)?**

Response: Yes

Question 17: **Is VLER the architecture effectively an enhancement of the existing BHIE architecture? If not, how does the BHIE architecture fit into the overall?**

Response: There is an existing architecture from BHIE used to share with DoD. Data Access service under BHIE. BHIE is sort of changing and morphing. Some things will disappear, some will grow.

Question 17A: **How does iEHR relate to VLER?**

Response: Some may possibly be integrated through VLER. Some parts of the iEHR will be based on some VLER managed components, ESB.
A lot of iEHR is very new.

Question 17B: **Would there be a single instance of NwHIN for the DoD and the VA?**

Response: May behave like a single Health Information Exchange (HIE) to private health sector.

Question 18: **What will the future releases of CHDR contain?**

Response: Next is 2.1 which will have the new VA standard "VHA Health Information Model (VHIM)" for internal clinical data messaging, a new 12-month limitation for historical data exchanged with DoD, and a stronger and more capable terminology translation service. After that, Lab domain is currently still within scope, although discussions are outstanding.

Question 18B: **What happened to Lab Data Interoperability standard?**

Response: Lab requires Logical Observation Identifiers, Names and Codes (LOINC), Systemized Nomenclature of Medicine Clinical Terms (SNOMED CT) and Unified Codes for Units of Measure (UCUM) to be fully effective as a computable decision support tool. VA is still working on implementing these standards. Discussions are ongoing whether limited and incremental data sharing with DoD is clinically beneficial, or if more fully implemented standards are required.

Question 19: **Reference was made that the information available for Microsoft Dynamics would come from the authoritative source. Have these authoritative sources been indentified? If not, how many have?**

Response: Yes, authoritative sources have been identified.

Question 20: **Will the MicroSoft Case Management Product be part of Veterans Relationship Management (VRM)? How does VLER relate to VRM? Who had major responsibility for configuration management data/record for this case management tool?**

Response: The Case Management Tool is provided by VRM. Federal Case Management Tool (FCMT)/ISI is a Customer Relationship Management (CRM) tool. VRM has major responsibility.
MS Case Management. We are considering the service for VRM. One big CRM tool that will be portioned off.

Question 21: **Overarching Strategy and Concept of Operations (CONOPs) are standard business documents. Do these exist for VLER and are they available to the vendor community? If so, how do we obtain a copy? If not, why not?**

Response: Not yet. We should give the question back to the Communication Manager at the EPMO.

Response: The CONOPs for VCA1 was just signed. Once they're signed they're public domain and are posted to the VOA site.

Question 22: Is the imagining data available through BHIE current?
Response: Yes

Question 23: Will the VLER program have any involvement in iEHR going forward?
Response: Yes