



Project Name: MI04 – VLER Core

Project Rank:

Summary:

VLER Core delivers a wide range of integrally linked, complementary capabilities that enable information sharing throughout VA and with its partners. Veterans Authorization and Preferences (VAP), Data Access Service (VLER DAS), and Network Adapter are essential to VA’s ability to execute its mission and proactively provide Veterans with the full continuum of services and benefits they have earned. VLER Core sets the foundation for sharing information throughout the Department of Veterans Affairs (VA), and between VA and its external partners. It is essential to VA’s ability to execute its mission, and proactively give Veterans the full continuum of services and benefits they have earned.

Business problems/opportunities:

VLER Core consists of the critical components of the Virtual Lifetime Electronic Record and provides the backbone for information sharing between VA, DoD, and other partners.

Business capabilities developed:

- Provides a mechanism to access the Electronic Record from all sources and aggregate results for the consumer.
- Enables Veterans to use web portals to authorize the release of their personal information held by VA to designated providers to facilitate the delivery of services and benefits.
- Provides a TurboTax-like work flow for the numerous forms a Veteran will complete in order to authorize the release of their information.
- Continues to be the primary foundation of health and benefits information exchange upon which VA shares information through enhancement and maintenance.
- Enhance VA/DoD Health Information Exchange providing traceability and user notification of DoD data source.

FY13 IT DME Budget Line Items and Dependencies

IT Budget Line Item Description	Explain linkage to or dependency on other budget line items listed in this table	Estimated Cost of Project
VLER CORE - DME	VA/DoD Information Sharing, iEHR, VBMS, VRM, EVH, IVMH, NMOC, eBenefits, Blue Button, MyHealtheVet	\$XX,XXX,XXX*
VLER CORE – Marginal Sustainment	VA/DoD Information Sharing, iEHR, VBMS, VRM, EVH, IVMH, NMOC, eBenefits, Blue Button, MyHealtheVet	\$X,XXX,XXX
	*Includes \$X,XXX,XXX requested by Repositories (XXXXXXXXXX).	Total XX,XXX,XXX



Prioritization Criteria

Effectiveness of Support to Veteran: Enhancements provide new architecture and provide new core capabilities. With enhanced access to health, benefits, personnel and administrative data, providers will be able to provide more effective services and benefits and increase Veteran satisfaction. If these enhancements were not funded, VLER would degrade and then fail. Any disruption to the enhancement funding stream would extend benefits claims processing times.

Efficiency: VLER Core breaks down barriers to information sharing to enable the proactive delivery of the full continuum of benefits and services to our Veterans, Servicemembers, and their families. The VLER Data Access Service, under construction, will be available to all other consuming and producing applications. The VA will experience a positive economic impact by:

- Reducing costs by reducing claims benefit processing times
- Reducing costs by reducing claims benefits backlogs
- Improving customer satisfaction, thereby reducing the overhead costs associated with responding to unsatisfied customers.
- Potentially reduced treatment costs when benefits are timely and accurately delivered to veterans by providing infrastructure that delivers relevant and more comprehensive data to adjudicators and clinicians

Support to Initiative: Mitigation of internal dependencies would require building separate, duplicate systems. Mitigation of dependencies outside the VA, such as DoD, are infeasible because no substitutes are possible.

Totally Dependent	Mitigation exists but at significant cost	Mitigation exists with minimal costs	Mitigation exists, minimal impact, no cost	Mitigation exists, no impact if not accomplished
CAPRI	X			
Veterans Tracking Application	X			
Federal Case Management Tool	X			
Army AWCTS	X			
Defense Health Information Mgt. System	X			
SDE – Operations & Maintenance	X			
CPRS	X			
Defense Health Information Management System applications XCA Data Services, DoD adapter; SHARE, TMDS, AHLTA, CDS,	X			

Technical: This effort is technically feasible, and has a high likelihood of success.

Schedule: This schedule is estimated to be achievable.

Readiness: This program is already underway, and has been in existence since 2003.



Sunken Cost/ Impact Analysis

Impact statement:

- If not funded, **VLER will degrade and fail.**
- Benefits claims processing time would not be reduced by new information sharing capabilities.
- Promised improvements of health information exchange would be lost, to include enhancements to patient safety and satisfaction levels.
- Insufficient resources will undermine strategic communications activities, which are critical to coordination of efforts within VA (e.g., between VLER and other MIs, with VSOs, etc.) and with partners outside of VA (e.g., VA, DoD, SSA, HHS, HUD, etc.).
- Servicemembers and Veterans would lack awareness of and ability to obtain services and benefits to which they are entitled.
- VA would renege on sharing information with DoD, violating NDAA legislation.

Impact on FY13 program budget:

- There are no other costs budgeted in FY13 that will need to be reallocated if the IT project is unfunded.

Previous investment:

- All work on the VLER architecture will be discontinued, as it will be incomplete and unrealized without the DAS being completed in FY13. DAS is the critical keystone of the VLER architecture. The DAS itself will be deactivated as lack of maintenance and lack of planned evolution will force reversion to legacy systems or workarounds.

Additionally, not funding VLER Core would result in non-compliance with the following mandates:

- Executive Order 13335: Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology, <http://edocket.access.gpo.gov/2004/pdf/04-10024.pdf>.
- Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs, <http://edocket.access.gpo.gov/2006/pdf/06-7220.pdf>.
- American Recovery and Reinvestment Act of 2009, [PL 111-5](#)
- Virtual Lifetime Electronic Record (VLER), [The White House - Press Office - Remarks by the President on Improving Veterans' Health Care. 4/9/2009](#)



Project Name: MI04 – Memorials

Project Rank:

Summary:

VLER Memorials includes: the redesign Burial Operations Support System (BOSS) Enterprise and its subsystems and improvements to the legacy BOSS Enterprise. These efforts provide automated delivery of VA burial and memorial benefits to eligible Veterans and families. The redesign focuses on developing the Top 5 NCA strategic priorities while modernizing the existing legacy systems to facilitate data sharing across the VA to reduce cycle times for delivery of burial and memorial benefits.

Business problems/opportunities:

Our current Memorials process is reactive and places undue burden of producing the discharge service record on grieving survivors at the worst possible time. In addition, it creates unnecessarily high labor costs of manual paper processing. VLER Memorials will transform this process to make it proactive, thereby alleviating the stress on family members and automating record processes. Modernizing this system will allow VA the flexibility to adapt to current needs and improve overall stability of the platform and consistency of services it provides to NCA users at over 180 locations, including 131 VA National Cemeteries, 87 state cemeteries as well as potentially 24M plus currently eligible Veterans and family members. NCA wants to position burial systems to leverage modern technologies with a web-based on-line application system designed for data flow interchange with VA's standardized modern platforms and interoperability with external systems (i.e., Veteran and Organization Facing).

Business capabilities developed:

- Eliminates internal redundancy of Veteran data information and improves accuracy and timeliness of processing services
- Reduce the burden of eligibility verification for burial benefits from Veterans and families
- The end result will be assured delivery of newly redesigned system to customers
- Pre-need Planning; grave site locator via mobile app, web, and kiosk; link to Arlington National Cemetery System
- Expansion of Mapping and Remains Tracking Pilots to 10 additional sites
- Capacity planning: Integration of burial records, site inventory records, and electronic gravesite mapping
- Remains tracking and integrated Dig Slips
- Improve scheduling functionality; automate performance and inventory reporting requirements; First Notice of Death Automation

FY13 IT DME Budget Line Items and Dependencies

IT Budget Line Item Description	Explain linkage to or dependency on other budget line items listed in this table	Estimated Cost Project
VLER Memorials - DME	Complete redesign and replacement of the legacy system leveraging current VLER technology (VLER DAS) VBMS, VRM, Arlington National Cemetery, VA/DoD Information Sharing Required for MAR enhancements	\$XX,XXX,XXX
VLER Memorials – Marginal Sustainment	Complete redesign and replacement of the legacy system leveraging current VLER technology (VLER DAS) VBMS, VRM, Arlington National Cemetery, VA/DoD Information Sharing Required for MAR enhancements	\$X,XXX.XXX
		Total \$XX,XXX,XXX



Prioritization Criteria

Effectiveness of Support to Veteran: VLER Memorials leverages VLER's data sharing capabilities to alleviate the burden of eligibility determinations from Veterans and their families, eliminating the stressful burden of making final arrangements on grieving survivors in their time of need. Veterans will be placed or given a pre-need eligibility status, reducing processing times.

Efficiency: Sharing eligibility determinations, first notice of death (FNOD), and compliance with the Master Veteran Index via the VLER framework will eliminate a redundant process between Memorials (NCA) and VBA and reduce the complexity of the redesigned solution as well as the sustainment tail. Building upon an existing enterprise solution will reduce infrastructure and sustainment costs.

Support to Initiative:

Totally Dependent	Mitigation exists but at significant cost	Mitigation exists with minimal costs	Mitigation exists, minimal impact, no cost	Mitigation exists, no impact if not accomplished
		X		

Technical:

1. Risk: If there is no Office of Information Technology (OIT) process or memorandum of agreement between OIT Product Support and Product Development regarding communication of code changes, then unaware changes made by either group will increase risk to supportability and the software baseline, thus, jeopardize the enterprise platform. **Mitigation:** Draft a proposal outlining the details for establishing a communication process for both groups to work together complimenting the Configuration Management (CM) process.

2. Risk: If there is no OIT process or memorandum of agreement between OIT Product Support and Product Development regarding communication of code changes, then unaware changes made by either group will increase risk to supportability. **Mitigation:** Draft a proposal outlining the details for establishing a communication process for both groups to work together complimenting the CM process.

3. Risk: If CACI does not obtain/maintain proper development support, then the Code Development Timeline could be extended past the current allotted schedule. **Mitigation:** Suggest that CACI obtain/maintain proper development support.

Schedule:

There are no significant schedule risks that may impact project milestones.

Readiness:

All prerequisites will be in place to support scheduled project launch.



Sunken Cost/ Impact Analysis

Impact statement:

- If this effort is unfunded, then the redesign of the burial operations support system and related customer-facing applications will not occur and the burden on family members or designees upon the death of the Veteran will increase.
- If this effort is not funded, Veterans and eligible family members will be unable to file documentation for pre-need planning purposes.
- ANC will not be able to directly connect to the BOSS Enterprise legacy system to facilitate the error-free transmission of monument orders.
- The legacy burial system does not electronically share First Notice of Death data across business lines, resulting in continued benefits being processed without regard to the sensitivity of the family's loss.
- Added burden on the NCSO Eligibility Office as they have refined their operating practices to meet the workload demands of the impending influx of pre-need eligibility applications expected from www.ebenefits.va.gov. Improvements to the BOSS Enterprise system will allow it to stay in sync with the business process it supports.
- These activities are critical for the evolution and accountability of electronic burial and memorial records of our Veterans and dependents.

Impact on FY13 program budget:

- The nature of this project is to transform a 14-year-old system into a service-oriented architecture, develop five new capabilities and facilitate data sharing. If unfunded, all costs are sunk and VA would accept the risk of continued operation of a fragile burial support system for our nation's Veterans.
- VLER Memorials has an active Cost Benefit Analysis being conducted by VA staff, with the expectation of cost efficiencies being realized in these areas:
 - Reduced storage requirements of redundant Veteran information already available in other areas of OIT
 - Reduced software licensing costs of at least 2 vendor products or services
 - Reduced development costs for future enhancements due to fully documented and structured code base.

Previous investment:

- It is estimated that \$XX.XM would be lost. MAR is scheduled to be in the middle of Increment 3 in FY13. It is estimated that the MAR project will include 6-10 increments across the project lifecycle to reach full operational capability in FY15.

Additionally, not funding VLER Memorials would result in non-compliance with the following mandates:

- Public Law 105-368, which went into effect in 1999. VA seeks to provide the service of a Veterans cemetery within 75 miles of 90 percent of the Veterans across the country. Data shows that a 75-mile radius defines the effective "service area" of a Veterans cemetery. http://www.cem.va.gov/cem/grants/information_kit.asp
- U.S.C. 44 Section 3506, VA Directive 6052. The pre-need eligibility portion of this project is specifically and directly supported by VA 2009-2014 Strategic Plan.
- Title 38, USC and Chapter 1223, title 10, USC: Entitles Veterans and others to burial benefits in which this system would be considered a necessary enabling computer technology in which VA is named as the provider of these services.



Project Name : MI04 – VLER Benefits

Project Rank:

Summary:

VLER Benefits is critical to establishing a lifelong, two-way relationship with Veterans and Servicemembers that facilitates the proactive delivery of services and benefits (e.g., homelessness outreach, job training, substance abuse programs, etc.). VLER Benefits enables a service allowing the Disability Benefits Questionnaires (DBQ) Portal to provide computable data from their DBQs back to the VA for storage in the Health data Repository (HDR) as XML that can be ingested by VBMS using the same data sharing system. It provides a continuum of capabilities to all Veterans and Servicemembers, especially during times of crisis. VLER Benefits provides capabilities that are integrally linked to other services and capabilities delivered by other MIs and programs with the VA, and other federal, state, local, and other partners.

Business problems/ opportunities:

The goal of VLER Benefits is to assist Servicemembers, Veterans, and their families with access to care, services, and benefits, to include development of a congressionally-mandated Federal Individual Recovery Plan. These efforts are also foundational to the President’s goal of developing the Virtual Lifetime Electronic Record (VLER) for all Veterans.

Business capabilities developed:

- Provide XML schemas for Disability Benefits Questionnaires (DBQs) enhancing the process by which a thorough review of each Servicemember’s case is undertaken to determine the level of disability and entitlement for disability retirement.
- Establish true case file transfer mechanisms that transform tools used to track the disability evaluation claims of Servicemembers and Veterans by providing the Service Treatment Record (STR) components. This is a critical enabler of the Integrated Disability Evaluation System (IDES) process.
- Lead development of business requirements to deliver an IT solution that provides the ability to automate the management of C&P Exams for Initial claims for Active Duty Service members (in support of Integrated Disability Evaluation System (IDES), Benefits Delivery at Discharge (BDD) and Quick Start.

FY13 IT DME Budget Line Items and Dependencies

IT Budget Line Item Description	Explain linkage to or dependency on other budget line items listed in this table	Estimated Cost of Project
VLER Benefits- DME	VA/DoD Information Sharing, VBMS, VRM, NMOC, IVMH, EVH, eBenefits, iEHR	\$XX,XXX,XXX
VLER Benefits – Marginal Sustainment	VA/DoD Information Sharing, VBMS, VRM, NMOC, IVMH, EVH, eBenefits, iEHR	\$XXX,XXX
		Total \$XX,XXX,XXX



Prioritization Criteria

Effectiveness of Support to Veteran: VLER Benefits directly impacts Veterans and Servicemembers by proactively providing them with the benefits they have earned. Leveraging the capabilities afforded by VBMS, VRM, Eliminating Veteran Homelessness, Improving Veterans' Mental Health, among others, VLER Benefits also provides Veterans and Servicemembers with more timely and accurate decisions on their claims for benefits by providing adjudicators with the information they require to perform that function rapidly and accurately.

Efficiency: VLER Benefits will provide improved case management abilities and will reduce the time spent by adjudicators in reviewing claims and making determinations.

Support to Initiative:

Totally Dependent	Mitigation exists but at significant cost	Mitigation exists with minimal costs	Mitigation exists, minimal impact, no cost	Mitigation exists, no impact if not accomplished
X				

Technical: There is a high likelihood of success from a technical perspective. Risks to the project are manageable.

Schedule: There is high likelihood of success from a schedule perspective. Risks to the project are manageable.

Readiness: This project is well prepared to proceed as planned.



Sunken Cost/ Impact Analysis

Impact statement:

- If VLER Benefits is not funded we will have failed our Veterans, to include those severely wounded, ill, injured and those in crisis, by failing to streamline existing care and case management, disability evaluation, and benefits processes.
- The VA will be unable to share information with DoD and other partners and result in a backlog of claims.
- VLER Benefits provides capabilities that are integrally linked to other services and capabilities delivered by other MIs and programs with the VA, and other federal, state, local, and other partners.

Impact on FY13 program budget:

- The nature of this project is to provide new capabilities for electronic information sharing to enhance the provision of care, disability evaluation, and delivery of benefits to better serve of Veterans. VLER Benefits is necessary to provide greater efficiencies to Wounded Warrior support and disability evaluation, and add additional interagency interfaces for Care Coordinator Profile and Benefit Claim Status.

Previous investment:

- Basic infrastructure is established in FY12; if this is not funded in FY13, the sunk cost is the amount spent on the initial infrastructure capability and impact is on realization of the infrastructure. By not funding VLER Benefits, other systems will be forced to build outrageously expensive point to point interfaces and will continue to maintain and propagate stovepipe systems. Not funding VLER Benefits will not save any taxpayer dollars, these funds would simply be used for less efficient and more costly alternatives to VLER Benefits. This exchange of information is desperately needed and VLER Benefits is clearly the best alternative and most cost effective way to meet the requirements.

Additionally, not funding VLER Benefits would result in non-compliance with the following mandates:

- VA/DoD Joint Strategic Plan (JSP), Goal 3 – Seamless Coordination of Benefits, Objective 3.2, Strategy 3.2 – Improve the DES
- Federal Recovery Coordination Program (FRCP) in response to the Presidential Commission of the Care for Returning Wounded Warriors Task Force on Returning Global War on Terror Heroes and the National Defense Act of 2008



Project Name : MI04 – VLER Medical

Project Rank:

Summary:

VLER Medical includes the operational management, funding for enhancements and marginal sustainment of VistAWeb, Compensation and Pension exam management (C&P), Laboratory Data Sharing Initiative (LDSI) and the negotiation of sharing information agreements with the U.S. Department of Housing and Urban Development (HUD). VistAWeb will continue to securely display Veteran’s clinical data that is stored outside the Veterans Information System Technology Architecture (VistA) system of the viewing clinician until the integrated Electronic Health Record (iEHR) user interface comes on-line and is deployed nationally. This display capability includes other VA VistA systems, the VA Health Data Repository (HDR), Department of Defense (DoD) systems through the Bi-Directional Health Information Exchange (BHIE) and Clinical Health Data Repository (CHDR), and more recently from the DoD and external private partners through the Nationwide Health Information Network (NwHIN).

Business problems/opportunities:

Due to the need to make relevant health information available to Veterans, their families, and healthcare providers in a standardized usable format, VistaWeb is rapidly becoming the tool of choice to use when reviewing Veteran information gathered/collected from all VA facilities where the Veteran has been treated. The comprehensive approach to presenting data gathered at other VA facilities is improving VHA ability to better serve the Veteran. LDSI enables bi-directional electronic sharing of clinical laboratory data including data between DoD and VA facilities.

Business capabilities developed:

- Automates Patient Flowsheets (CP Flowsheets).
- Data sharing with NwHIN partners (Department of Defense (DoD), Kaiser Permanente, Med Virginia)
- Provides updates to standard code sets, including Systematized Nomenclature of Medicine Clinical Terminology (SNOMED CT) and LOINC required for LSRP Beta and iEHR Lab

FY13 IT DME Budget Line Items and Dependencies

IT Budget Line Item Description	Explain linkage to or dependency on other budget line items listed in this table	Estimated Cost of Project
VLER Medical - DME	Health Data Repository (HDR), Clinical Data Services (CDS) and CDS v2, Remote Procedure Call (RPC) Broker, VistA Imaging, Nationwide Health Information Network (NwHIN) and their partners; Virtual Lifetime Electronic Record (VLER) Data Access Service (DAS); and Health Identity Access (HIA)	\$X,XXX,XXX
VLER Medical – Marginal Sustainment	Health Data Repository (HDR), Clinical Data Services (CDS) and CDS v2, Remote Procedure Call (RPC) Broker, VistA Imaging, Nationwide Health Information Network (NwHIN) and their partners; Virtual Lifetime Electronic Record (VLER) Data Access Service (DAS); and Health Identity Access (HIA)	\$XXX,XXX
		Total \$X,XXX,XXX



Prioritization Criteria

Effectiveness of Support to Veteran: VLER Medical is an essential cog in the complex treatment of our Veterans. Through the iEHR initiative, the VA and DOD are jointly creating the future electronic health record that will be in place for years to come. VLER Medical allows currently available health information to be shared with the VA provider at the direct point of care with the Veteran, directly benefiting quality of care and enhancing the provider-patient experience. Bottom-line: Sharing of the right health information at just the right moment while patients are in provider's offices can be a life-saving event.

Efficiency: VLER Medical will seek to reuse existing VA user display systems to the maximum extent practical. Enhancements are required to address current defects, support the viewing of more types of data from partners, increase the number of partners from which VA can view health information, and improve the overall end user experience. Addressing the requirements in the VLER Medical requirements specification are necessary in order to promote the Health Information Exchange (HIE) from pilot to national release.

Support to Initiative:

Totally Dependent	Mitigation exists but at significant cost	Mitigation exists with minimal costs	Mitigation exists, minimal impact, no cost	Mitigation exists, no impact if not accomplished

Technical: There is a high likelihood of success from a technical perspective. Risks to the project are manageable.

Schedule: There is high likelihood of success from a schedule perspective. Risks to the project are manageable.

Readiness: This project is well prepared to proceed as planned.



Sunken Cost/ Impact Analysis

Impact statement:

- If VLER Health is not funded we will have failed our Veterans, to include those severely wounded, ill, injured and those in crisis. VA clinicians would be unable to view private sector medical records for Veterans and bi-directional electronic sharing of clinical laboratory data would be impaired.

Impact on FY13 program budget:

- VLER Medical requirements will seek to utilize existing VA IT investments thereby providing a cost savings to VA. Initial discussions with the VLER Medical Business Owners suggest a significant amount of the requirements may be achieved via this route which will reduce the overall DME & Sustainment (total ownership cost) to VA vice new development. In 2012, VA invested in infrastructure improvements to these underlying technologies that can be leveraged for this effort including: consolidating the application's hosting data centers; decommissioning antiquated physical hardware for newer virtual environments; offering data disaster recovery opportunities; and upgrading to the latest operating systems. End Users seek to benefit from this approach which delivers a familiar system interface thereby reducing training requirements.

Previous investment:

- Basic infrastructure is established in FY12; if this is not funded in FY13, the sunk cost is the amount spent on the initial infrastructure capability and impact is on realization of the infrastructure.

Additionally, not funding VLER Health would result in non-compliance with the following mandates:

- Executive Order 13335: Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology, <http://edocket.access.gpo.gov/2004/pdf/04-10024.pdf>.
- Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs, <http://edocket.access.gpo.gov/2006/pdf/06-7220.pdf>.
- American Recovery and Reinvestment Act of 2009, [PL 111-5](#)
- Virtual Lifetime Electronic Record (VLER), [The White House - Press Office - Remarks by the President on Improving Veterans' Health Care, 4/9/2009](#)

VLER Medical facilitates enhancements to the display of clinical information sharing between VA, DoD, and non-Federal Health Information Exchange (HIE) Partners, thereby considerably improving our ability to support our severely wounded, ill, and injured Veterans. Significant financial, IT, and human capital investments have been made to facilitate the HIE, which relies on underlying technologies that are part of the VLER Medical efforts.