



VLER Medical Phase I

EPS Number:

01-02-02-04-10-001T

NSR Number:

Project Summary:

VLER Medical is comprised of VistAWeb and Lab Data Sharing Interoperability (LDSI). In addition to these capabilities, VLER Medical is also comprised of VLER homelessness initiatives to include the exchange with the Department of Housing and Urban Development (HUD), the Wounded Warrior Care and Coordination Taskforce (WWCCT), and expanding sharing capabilities to C&P examiners through Janus GUI.

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. Further, the additional programs listed above have a direct correlation to providing the a higher standard of care for our Veterans.

Justification:

Business Requirements

- Standardized Lab data (Chem/Hem) from Heath Data Repository
- Use Veterans Health Information Model (VHIM) templates format (Clinical Data Services (CDS) version 2)
- Integrate security for the new broker
- Display data acquired via Nationwide Health Information Network (NwHIN) adapter
- Re-design to use multi-threading capabilities
- Display images on a progress note via Vista Imaging
- Provide bi-directional electronic sharing of lab data between VA, Commercial Reference Labs, DoD, and the LSRP Laboratory Information Management System (LIMS)
- Enable ability for sites that have converted to LSRP LIMS to communicate with non-converted sites & vice versa; LDSI is a critical need while LSRP is being deployed
- Enable use of standard code sets, including Systematized Nomenclature of Medicine Clinical Terminology (SNOMED CT) and Logical Observation Identifiers Names and Codes (LOINC)
- Transmit order and result data via standard Health Level Seven International (HL7) messaging
- Develop a new interface to provide HUD and the VA with real time data sharing capabilities. This will enable the data to flow from the VA Medical Centers to the PHA and back without human intervention.

Business Processes Enabled

- Automates Patient Flowsheets (CP Flowsheets).
- Data sharing with NwHIN partners (Department of Defense (DoD), Kaiser Permanente, Med Virginia)
- Enable Microbiology and Anatomic Pathology data sharing between VA facilities and the LSRP LIMS and Commercial Reference Labs
- Real-time data sharing capabilities between care coordinators, HUD/VA information sharing, and real-time information capabilities for C&P examiners

Business Values

Schedule and Deliverables

- Oct 2012 Project Start
- Oct 2012 Milestone 0 Review
- Oct 2012 Milestone 1 Review
- Apr 2013 VLER Medical Phase 1 Increment 1 (customer acceptance Version 17 NwHIN partner upgrades)
- Nov 2013 VLER Medical Phase 1 Increment 2 (customer acceptance Version 18 VistAWeb performance improvements)
- Apr 2014 VLER Medical Phase 1 Increment 3 (customer acceptance Version 19 NwHIN partner upgrades)
- Nov 2014 VLER Medical Phase 1 Increment 4 (customer acceptance Version 20 VistAWeb performance improvements)
- Dec 2014 Project End

Lifecycle Cost Table:

Lifecycle Costs									
Pay			redacted	redacted					redacted
Non-Pay			redacted						
Non-Pay DME			redacted	redacted					redacted
Non-Pay SUS			redacted	redacted					redacted
Total	redacted								
All Other Non-IT*									redacted

*Included in other Non-IT appropriation.

Project Risks:

1. Technology
2. Project Resources

Risk Matrix

Impact	5 Very High					
	4 High				2	
	3 Mod				1	
	2 Low					
	1 Very Low					
		1 Very Low	2 Low	3 Mod	4 High	5 Very High
		Probability				



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Is this project mandated? Yes.

If mandated, enter all applicable documentation for mandate.

- 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](#)
- The National Defense Authorization Act (NDAA) of 2003, Section 722.

Acquisition Strategy

The VistAWeb project's functions will be delivered by Product Development (PD), supplemented by performance based contracted staff. The resources required for this project will be comprised of VA resources including the Program Manager, Project Manager, .NET Web Developers, Database Administration (DBA), SQA Analyst and EIE support staff. A performance based contract for the following activities will supplement the team, Technical Project Management, .NET Web Development/DBA, Technical Writing, Functional & Business Analysis, Implementation & Deployment Support, Tier 3 Support, and PMAS Documentation support. It is assumed that current VA and contract staff assigned to this project effort in FY12 will be available in FY13 to complete that scope of work outlined in the project documentation.

The LDSI acquisition strategy includes contract resources to perform development and testing. Contracts used are firm fixed price and performance based.

Dependencies

- During the life of the VistAWeb project there are multiple dependencies that affect the project and be included in the planning and execution of development efforts. The following dependencies have been identified: 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).
- Laboratory System Reengineering Project (LSRP) (01-02-03-02-07-001) is dependent on LDSI.
- LDSI is dependent on Standards and Terminology Service (STS) - Laboratory Standardization (01-02-03-04-02-007) and this project is dependent on LDSI.
- LDSI is dependent on Product Development Tools & Databases Support Services Sustainment (01-03-04-07-03-000).

Risks and Mitigation

Business Risks and Mitigation

Risk: If LEDI IV is not nationally released, then the bidirectional electronic sharing of clinical laboratory data between DoD and VA facilities cannot take place.

Mitigation: Project lifecycle costs required to support national release are included in the budget request.

Technical/Project Risks and Mitigation

Risk: Technology- If a standardized/reference NwHIN partner payload, Xpath, and style sheet Xpath documentation are not received for the exchange of health information in a timely fashion by the development team, then it will increase difficulty in the ability to support new partner exchanges.

Mitigation: (1) The Data Exchange Working Group is developing a Universal interoperable payload specification that will address the long-term risk. (2) Near-term VA will submit a sample reference payload to candidate new partners. Configuration changes to the VistAWeb software will be made to address new partners based on this reference payload.

Risk: Project Resources- If staff is not available to support the required extract & mapping of the standard codes used by this project, then Beta testing of the project as well as 21st Century Laboratory will be delayed.

Mitigation: This project introduces fields for storing Systemized Nomenclature of Medicine Clinical Terms (SNOMED CT) codes. This project is dependent on the Standards and Terminology Service to develop a site-specific extract, which is loaded immediately after this project is installed. STS may not be funded next fiscal year. The mitigation plan is to determine if there is another means of loading the SNOMED CT codes.