

## VHA Vista Foundation Modernization (EA-64)

### *Authoritative Source*

- BY-2008 Portfolio 9/30/2006

### *Stakeholders*

- All VHA Executives, Managers and Employees
- Veterans and their dependents
- DoD/VA Health Executive Council
- VHA Business Line Managers and Health Care Providers

### *Related Segment Architectures*

- “Proposed” Health Business Segment

### *Requirement Description*

This project replaces the HealthVet-Vista project (EA-xx) which was presented in last years EA V4.1 and in the BY-2007 Portfolio. Vista Foundation Modernization differs from its predecessor in that it supports only tasks required to replace the existing Vista system and not tasks required to maintain it. Vista Foundation Modernization will replace the current Vista medical management system, in phases, introducing new technologies and eliminating dependencies on obsolete hardware and COTS software. The replacement system will utilize the Health Data Repository (HDR) that provides a shared medical record across VA.

### *Recommended Solution*

The selected solution replaces the current, exclusively local system deployment with a combination of local & regional processing with regional & national backup & redundancy. A standard Electronic Health Record is shared by all VA facilities and will be compatible with and shared by DoD. Functionality will be deployed into production, incrementally, as subsystems are developed and approved, avoiding the user-shock and potential obsolescence that may occur with a delayed “big-bang” deployment of the entire system group.

### *EA Investment Scoring*

The following table provides the EA evaluation score for BY-2008 (this is the project's most recent Exhibit-300 budget request). Scores are provided for business, data and implementation issues and for an overall project average. The Exhibit-300 EA evaluation procedure is defined within the Enterprise Architecture Portal "Procedures Tab"; all scoring is based on a scale from 0 through 5.

VA EA Evaluation			
Business	Data	Implementation	Average
5.00	4.60	4.00	<b>4.53</b>

### *Project Value Proposition, Performance Measures and Measured Results*

The following table identifies the VA and PMA business objectives that this project will satisfy, along with the performance metrics with which project success will be evaluated. For projects that are mature enough to have produced measured results, those results are also provided.

Project Value Proposition			
Support for PMA Initiatives 1.A.13.a & 1.A.13.b	Support for VA Strategic Goals 1.A.29	Project Metrics 1.D.1	Project Results/Outcomes 1.D.1
<p><b>Human Capital</b> -----Availability of the longitudinal EHR will assure health information is available to authorized healthcare providers and payers</p> <p><b>Expanded E-Government</b> -----HealtheVet will eliminate current inefficiencies of a location-based patient record</p> <p><b>Competitive Sourcing</b> -----Both government and industry resources will be used</p> <p><b>Coordination of VA &amp; DoD Programs and Systems</b> -----In conjunction with e-Gov, HealtheVet ensures interoperability of DoD &amp; VA clinical data repositories.</p>	<p><b>Honor &amp; Memorialize</b> By standardizing clinically relevant information, using standard terms from a centralized terminology database, patient data can be utilized across all facilities. The use of standardized data from a central terminology server enables sharing and reuse of medical record information among government agencies and their private healthcare providers and insurers.</p> <p><b>Public Health &amp; Socioeconomic Wellbeing</b> Standardizing patient data could help VA evaluate compliance to following the CDCI II nationally recognized clinical guidelines for treatment &amp; care. VA ensures the consistent delivery of health care by implementing standard measures for the provision of evidence-based care by focusing on the use of a Chronic Disease Care Index (CDCI) II</p> <p><b>Ensure Smooth Transition</b> Standardized data between VA and DoD will facilitate transition of recently discharged veterans back to civilian life.</p>	<p><b>Measurement-1 Indicator</b> VistA data will be incrementally standardized, utilizing national standards (such as Consolidated Health informatics (CHI), SNOMED, LOINC etc.) in the identified domains (2006 baseline = non are standard)</p> <p><b>Measurement-2 Indicator</b> Decrease the number of local ICN counts to less than 35,000 (2004 baseline =38801)</p> <p><b>Measurement-3 Indicator</b> VistA data will be incrementally standardized, utilizing national standards (such as Consolidated Health informatics (CHI), SNOMED, LOINC etc.)</p>	<p><b>Measurement-1 Results</b> Results will be determined at the end of FY 2007.</p> <p><b>Measurement-2 Results</b> Results will be determined at the end of FY 2007.</p> <p><b>Measurement-3 Results</b> Results will be determined at the end of FY 2008.</p>

### *Enterprise Impact*

This solution will permit veterans to be served by any VA medical facility across the enterprise; it will implement the medical information portion of the enterprise data layer concept and it will eliminate the majority of VA's high-risk, obsolete hardware and compiler software. This project will replace the Vista medical management system in phases, introducing new technologies and eliminating dependencies on obsolete hardware and COTS software. The replacement system will utilize the Health Data Repository (HDR) that provides a shared medical record across VA.

### *Project Status*

Will be funded in BY-2008

Project at Milestone-1