

Products...Target...EA Portfolio Recommendations

Table of contents

- 1 EA Portfolio Recommendations..... 3
 - 1.1 Placing this Section in Context within the Target Architecture..... 3
 - 1.2 EA Portfolio Recommendation Overview.....3
 - 1.3 EA Portfolio Recommendation Project Concept Briefs..... 10
 - 1.3.1 Health Care Fee Basis Replacement (EA-10)..... 10
 - 1.3.2 Health Care Decision Support System Modernization (EA-08)..... 11
 - 1.3.3 VBA Data Centric Transition for VR&E and Education (EA-59)..... 13
 - 1.3.4 VBA Rules-Based Claims Processing (EA-61)..... 14
 - 1.3.5 Shared Financial & Logistics Data Store - Recommended Initiative..... 16
 - 1.3.6 Shared Asset & Facility Management Data - Proposed Initiative..... 17
 - 1.3.7 CAN/MAN Network Standardization - Proposed Initiative..... 18
 - 1.3.8 LAN Network Standardization - Proposed Initiative.....19
 - 1.3.9 VA RFID-Tagging Standardization - Proposed Initiative..... 20
 - 1.3.10 VA Wireless Networking Standard - Proposed Initiative..... 21
 - 1.4 Legacy System Review Recommendations.....22
 - 1.4.1 Projects Currently Scheduled for Retirement/Replacement..... 23
 - 1.4.2 Projects Recommended for Retirement/Replacement..... 23
 - 1.4.3 Projects recommended for Legacy System Review.....23
 - 1.5 Redundant Project Review and Consolidation Recommendations..... 23
 - 1.5.1 Projects Currently Scheduled for Consolidation.....24
 - 1.5.2 Projects Recommended for Consolidation Review..... 24
 - 1.6 Possible Future Projects for Budget Cycles beyond BY-2008.....24

1.6.1 VA/DoD Cooperative Separation Process Examination.....24

1.6.2 VA/DoD Health Collaboration..... 26

1.6.3 VA/DoD Seamless Transition of Service Members..... 28

1.7 EA Portfolio Recommendations Summary..... 29

1. EA Portfolio Recommendations

1.1. Placing this Section in Context within the Target Architecture

Beginning at the top of the Target Architecture discussion:

1. The Target Architecture Introduction described the purpose and methodology behind the One-VA Target Architecture;
2. The Target Architecture Strategy section articulated the Chief Architect's vision of the desired Target Architecture End-State;
3. The Segment Architecture Development Section introduced VA's strategy for implementing business improvements and IT systems within a series of discrete segment architectures.
4. The Target Architecture Transition Plan identified the actions that the Office of Enterprise Architecture Management is taking to implement these segment architectures, to facilitate IT project development, and to devise and implement strategies to achieve the target end-state;
5. The Target Project Abstract Section discussed each IT development project within the current IT portfolio. It identified the project's impact upon the enterprise and the Target End-State.
6. The Reuse, Redundancy and Gap Analysis section examined which portions of the Target End-State have not been addressed by the projects currently within the portfolio; this section also identified additional projects needed to meet that end-state;
7. This EA Portfolio Recommendations Section presents a concept-brief for each of the gap-project recommendations that were identified in the Reuse, Redundancy, and Gap Analysis section. This section also identifies VA Legacy Systems that should be reviewed through the Milestone-4 process during the next budget cycle for a retention/replacement/retirement determination, as well as ongoing IT project that should be consolidated or that should be reviewed for consolidation during the next EA performance Cycle.

In short, the recommendations presented in this section are intended to be specific and actionable. They represent the sum of the planning and analysis that developed through the formation of the EA Target Architecture, and they are designed to meet the Target Architecture End-state objectives, within the allotted interval.

1.2. EA Portfolio Recommendation Overview

The following table recaps the elements within the Gap Analysis that resulted in a recommended new project.

Target Architecture Layer	Initiative Identification				EA Evaluation/Resolution
	Recommendation Name	Recommendation Status	Recommendation Desired Deployment Date	Recommendation Information Source & Date(Meta-Data)	

<p>Business Rule Implementation Layer</p>	<p>VHA Fee-Based Health Care Reimbursement (EA-08) Proposed Project Placeholder Entry</p>	<p>Not a project at this time Dropped from BY-2007 Portfolio due to funding limitations</p>	<p>9/2010</p>	<p>V4.1 4/31/2005 BY-2007 Portfolio (9/2005)</p>	<p>This project was originally submitted at Milestone-0 within the BY-2007 Portfolio submission (2/2005); it was later removed during BY-2007-Passback due to overall limitations in available funding. However the requirement for a unified nationwide fee-basis claim clearing and reimbursement system still exists across VA. This project should be resubmitted with the BY-2009 portfolio.</p>
	<p>VHA DSS-Modernizati (EA-10) Proposed Project Placeholder Entry</p>	<p>Not a project at this time Dropped from BY-2007 Portfolio due to funding limitations</p>	<p>9/2010</p>	<p>V4.1 4/31/2005 BY-2007 Portfolio (9/2005)</p>	<p>This project was originally submitted at Milestone-0 within the BY-2007 Portfolio submission (2/2005); it was later removed during BY-2007-Passback due to overall limitations in available funding.</p>

				<p>However the requirement for a modern replacement of the aged legacy Decision Support System still remains. This project should be resubmitted with the BY-2009 portfolio.</p>
<p>VBA Data Centric Transition for VR&E and Education (EA-59)</p> <p>Project Placeholder Entry</p>	<p>Not a project at this time</p> <p>Dropped from BY-2008 Portfolio due to funding limitations</p>	<p>9/2010</p>	<p>V4.2</p> <p>2/2006</p> <p>BY-2008 Portfolio (9/2006)</p>	<p>This project was originally submitted within the BY-2008 Portfolio (9/2006); it was later removed during BY-2008-Passback due to limitations in available funding. However the requirement for the Data Centric Transition Project still remains. This project will provide document-imaging shared services across the benefits architecture segment and across six benefits business lines.</p>

<p>VBA Rules-Based Claims Processing (EA-61)</p> <p>Project Placeholder Entry</p>	<p>Not a project at this time</p> <p>Dropped from BY-2008 Portfolio due to funding limitations</p>	<p>9/2013</p>	<p>V4.2</p> <p>2/2006</p> <p>BY-2008 Portfolio (9/2006)</p>	<p>This project was originally submitted within the BY-2008 Portfolio (9/2006); it was later removed during BY-2008-Passback due to limitations in available funding. However the requirement for the Rules-Based Claims Processing Project still remains. This project will provide rules-based claim processing shared services across the benefits architecture segment and across six benefits business lines.</p>
<p>Shared Financial Management and Logistics data Store Initiative</p> <p>Project Placeholder Entry</p>	<p>Conceptual Initiative</p> <p>Pre-CIP</p> <p>Pre-Milestone-0</p>	<p>Mid-2010</p>	<p>V4.1 Recommended Project</p>	<p>This is a low priority recommendation, it is required to complete the Enterprise Data layer concept in the mid-term but it has no immediate impact on the current</p>

					portfolio.
Shared Asset management & Facility management Data Initiative Project Placeholder Entry	Conceptual Initiative Pre-CIP Pre-Milestone-0	Mid-2010	V4.1 Recommended Project	This is a low priority recommendation, it is required to complete the Enterprise Data layer concept in the mid-term but it has no immediate impact on the current portfolio.	

Shared Infrastructure Layer	<p>CAN/MAN Network Standardization Initiative</p> <p>Project Placeholder Entry</p>	<p>Conceptual Initiative</p> <p>Pre-CIP</p> <p>Pre-Milestone-0</p>	<p>Early-2011</p>	<p>V4.1</p> <p>2/2006</p> <p>EA Proposed Initiative</p>	<p>This is a low priority recommendation, it is required to complete the Shared Infrastructure layer concept in the mid-term but it has no immediate impact on the current portfolio.</p>
	<p>LAN Network Standardization Initiative</p> <p>Project Placeholder Entry</p>	<p>Conceptual Initiative</p> <p>Pre-CIP</p> <p>Pre-Milestone-0</p>	<p>Mid-2011</p>	<p>V4.1</p> <p>2/2006</p> <p>EA Proposed Initiative</p>	<p>This is a low priority recommendation, it is required to complete the Shared Infrastructure layer concept in the mid-term but it has no immediate impact on the current portfolio.</p>
	<p>VA-wide RFID-Tagging standardization Exploitation Initiative</p> <p>Project Placeholder Entry</p>	<p>Conceptual Initiative</p> <p>Pre-CIP</p> <p>Pre-Milestone-0</p>	<p>Mid-2011</p>	<p>V4.1</p> <p>2/2006</p> <p>EA Proposed Initiative</p>	<p>This is a low priority recommendation, it will be required to support nationwide deployment of RFID Tagging Infrastructure, once a compelling business requirement for RFID</p>

					Tagging has been identified.
VA-wide Wireless networking standard Project Placeholder Entry	Conceptual Initiative Pre-CIP Pre-Milestone-0	Mid-2010	V4.1 Recommended Project	This is a low priority recommendation, it will be required to support nationwide deployment of Wireless Networking Infrastructure, once a compelling business requirement for Wireless Networking has been identified.	

1.3. EA Portfolio Recommendation Project Concept Briefs

1.3.1. Health Care Fee Basis Replacement (EA-10)

Recommended By

- OEAM, EA V4.2 (Feb 2007)
- BY-2007 IT Project Portfolio
- EA V4.1 (2/2005)

Stakeholder

- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council
- VHA Business Line Managers

Related Segment Architectures

- “Proposed” Health Business Segment

Requirement Description

This project was originally submitted at Milestone-0 within the BY-2007 Portfolio submission (2/2005); it was later removed during BY-2007-Passback due to overall limitations in available funding. However the requirement for a unified nationwide fee-basis claim clearing and reimbursement system still exists across VA.

The purpose of this project is to replace a claims processing system used by VA medical centers to process health care claims for services received by eligible veterans outside of the VA health care system. The current system is commonly referred to as "VistA-Fee" or "Fee Basis".

A centralized national claims processing application is required to assure that the same Fee-Basis medical procedure claim paid one time even if it is submitted through several VA facilities or channels.

Recommended Action

VA should have a central clearing system for verification and payment of fee-basis claims. A central system would be capable of assuring that each medical procedure, performed in the commercial sector, is billed and paid only one time.

This initiative should be resubmitted with the BY-2009 portfolio. In addition to considering the original proposed solution, the use of an e-Gov claims processing solution should be considered.

Enterprise Impact

Replacement of this legacy component will contribute to overall modernization of the Vista health care management system. The solution will become a reusable service component which will be utilized within the 128 VA facilities that run the production VistA healthcare management system.

1.3.2. Health Care Decision Support System Modernization (EA-08)

Recommended By

- OEAM, EA V4.2 (Feb 2007)
- BY-2007 IT Project Portfolio
- EA V4.1 (2/2005)

Stakeholder

- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council

- VHA Business Line Managers and Health Care Providers

Related Segment Architectures

- “Proposed” Health Business Segment

Requirement Description

This project was originally submitted at Milestone-0 within the BY-2007 Portfolio submission (2/2005); it was later removed during BY-2007-Passback due to overall limitations in available funding. However the requirement for a modern replacement of the aged legacy Decision Support System still remains.

The Health Care Decision Support System (DSS) tracks and reports fixed, variable, direct and indirect costs associated with health care delivery providing effective cost accounting and workload data analysis to assist the VHA CFO in making investment decisions and in providing the appropriate level of resource to meet health care service levels. DSS applications will influence the treatment of 4.5M veterans, non-veterans and dependent beneficiaries in the out-years by enhancing VHA's capability to make data driven management decisions. Use of the DSS will continue to increase as will their importance in decision making in the process of providing health services. DSS will remain VHA's solution for compliance with Section 902(a) (3) of the Chief Financial Officers (CFO) Act of 1990 (Public Law 101-576). DSS will be required to comply with security requirements in accordance with VA policy and assure the system can withstand attempts of unauthorized access and subsequent compromise of system information and functionality. However, the current DSS (legacy) implementation is obsolete and in need of replacement.

Recommended Solution

Conduct a study to determine current DSS user requirements and determine the required system performance levels in order to establish replacement system functional specifications.

When performing the alternatives analysis for the re-submitted project, possible e-gov solutions and solutions offered within the Federal Transition Framework Solution Registry, managed by OMB, should be considered.

Enterprise Impact

DSS Interfaces with FMS, PAID and VistA, DSS is also dependent upon completion of the HDR program.

Upon completion, this replacement of this legacy component will contribute to overall modernization of the Vista health care management system. The solution will become a reusable service component that will be utilized within the 128 VA facilities that run the production VistA healthcare management system.

1.3.3. VBA Data Centric Transition for VR&E and Education (EA-59)

Recommended by

- BY-2008 Portfolio (9/2006)
- EA V4.2 (2/2007)

Stakeholders

- All VBA Executives, Managers and Employees
- Veterans and their dependents

Related Segment Architectures

- “Proposed” Benefits Business Segment

Requirement Description

This project was originally submitted at Milestone-0 within the BY-2008 Portfolio submission (9/2006); it was later removed during BY-2008-Passback due to overall limitations in available funding. However the requirement for a document imaging system (to create a paperless environment) still remains.

The VA Benefits Business Lines are in various states of developing, implementing and using imaging technology to meet their documentation requirements.

Vocational Rehabilitation and Employment (VR&E) Service has identified requirements for document imaging. VR&E business processes require repeated handling of the same information in paper format (beginning with claim development for basic eligibility, entitlement determination and documentation, case management and associated documentation, verification of enrollment in training or rehabilitation programs, and finally recording information and data that tracks a participant's involvement in the VR&E program). VR&E management has determined that veteran would significantly benefit from timely and efficient paperless handling of information, data and documents because it yields a quicker determination of eligibility and provision of services.

The Education Benefit Service's current legacy imaging system (TIMS) is an obsolete, two-tiered, client-server system which does not support centralized storage and processing or process and information sharing with other benefit programs. Furthermore, TIMS does not extract and process structured data from the documents and is unable to accept electronic input.

This initiative will develop a joint VR&E and Education Data-Centric Claims Processing and Imaging System resulting in a centralized, thin client, data-centric web enabled application for

both business lines that will be capable of expansion to other business lines, will be capable of receiving electronic inputs, and will be able to process structured data acquired from the document images.

Recommended Solution

This project will design and develop a document imaging system consistent with VA's standard J2EE architecture and utilizing the BEA Weblogic J2EE Application Server, Weblogic Web-Portal and Weblogic Transaction Server infrastructure.

Enterprise Impact

This project will provide VR&E access to those internet applications already developed and in use by Education Service. It will modify the VONAPP application to provide data-centric web submission of applications for benefits. The project will develop a joint Data-Centric Imaging System that will retain the desirable features of TIMS and remove the limiting features of that system. The result will be a centralized, thin client, data-centric application used by both business lines and capable of expansion to others. It will result in a move to a paperless environment and the development of a fully automated claims/award processing application. The project will develop the interfaces necessary for access to a fully automated rules-based award-processing application. The project will ultimately improve information processing efficiency and reduce the paperwork burden on VR&E staff.

1.3.4. VBA Rules-Based Claims Processing (EA-61)

Recommended by

- BY-2008 Portfolio (9/2006)
- EA V4.2 (2/2007)

Stakeholders

- All VBA Executives, Managers and Employees
- Veterans, their dependents and their survivors

Related Segment Architectures

- "Proposed" Benefits Business Segment

Requirement Description

This project was originally submitted at Milestone-1 within the BY-2008 Portfolio submission (9/2006); it was later removed during BY-2008-Passback due to overall limitations in available

funding. However the requirement for a rules-based claims processing system (to replace a number of stove-piped legacy systems) still remains.

Compensation and Pension Service (C&P) proposes to design and implement a rules-based Automated Information System (AIS) to support the business process of C&P claims processing. C&P Service plans to develop the rules-base in modules to support various aspects of C&P claims processing, including: Pension, Dependency and Indemnity Compensation, Burial, Hospital adjustments, and Select aspects of compensation.

Rules-Based Claims Processing (RBCP) will begin to improve the efficiency of pension claims processing.

The current VBA pension claims adjudication process has major problems. First, variances exist across 57 Regional Offices (ROs), three Pension Maintenance Centers (PMCs), and more than 3,200 Veterans Service Representatives (VSRs) who are primarily responsible for rendering the decision to grant or deny entitlement to VA improved pension benefits.

Also, the existing pension process has not been standardized with audit report capability. Finally, no VBA AIS exists to process improved pension claims.

Introducing rules-based decision making into the VBA improved pension claims process, where no rating decision is required, creates the opportunity to enhance uniformity, substantially reduce variances, and promote standardization of decision making.

Recommended Solution

RBCP will introduce innovative, strategic information technology for pension claims processing where none currently exists. VBA is currently limited to comprehensive communication and training to improve pension claims processing timeliness and accuracy. An interactive Business Rules Engine (BRE) (sometimes referred to as an “expert system”), provides commentary/feedback to the decision maker and serves as an effective training tool for new employees. Commentary within the application can also be used to alert decision makers of recent changes in law and regulations. Blending training and communication for processing pension claims into a single IT application (RBCP) has the potential to improve pension claim processing timeliness and accuracy. The development and deployment of a modern IT infrastructure continues to be a VBA priority. RBCP furthers that goal.

Enterprise Impact

Veterans will have easy access to information and the opportunity to interact with VA for benefits at a convenient time and location. The initiative will boost early registration and ensure wide dissemination of information on the array of benefits and services available to both VA and DoD beneficiaries.

A standard architecture for all VBA systems will reduce the cost of developing future applications; with every project using the same application architecture template.

1.3.5. Shared Financial & Logistics Data Store - Recommended Initiative

Recommended By

- OEAM, EA V4.1 (Feb 2006) & EA V4.2 (Feb 2007)

Stakeholder

- VA Administrations
- VA Business Stakeholders

Requirement Description

This project implements the financial/logistics segment of the Enterprise data Layer envisioned within the Target Architecture. The first stage of this effort will combine:

1. This project would create a sharable data store of asset and facility management data, for use across all business lines;
2. This project also creates standard access methodologies for business-Line based applications to access this data.

Recommended Actions

1. Proceed by identifying financial and logistics management business functions and stakeholders;
2. Identify and recruit a sponsor;
3. Establish a business-focused working group to develop the business case;
4. Investigate financial and logistics management and reporting requirements and business process definitions.
5. Identify possible economies that can be derived from common processes and shared data;
6. Develop a concept of operations and risk assessment that will exploit the possible benefits.
7. Develop and present the business case to OIT and the EIB and obtain permission to proceed with a new project. This work should be accomplished in a working group with the full participation of business leadership.

Enterprise Impact

This project will implement a major segment of the Target Architecture Enterprise Data Layer and in so doing provide VA business applications with a standard interface to and data store for all financial and logistics data. Because of having a single reusable data store, with well defined, available data access components:

- Inter-application data contradictions should be avoided;

- Inter-application data reconciliation cost will be eliminated; and
- New application development cost will be greatly reduced as a result of using readily accessible, existing information.

1.3.6. Shared Asset & Facility Management Data - Proposed Initiative

Recommended By

- OEAM, EA V4.1 (Feb 2006) & EA V4.2 (Feb 2007)

Stakeholders

- VA Administrations
- VA Business Stakeholders

Requirement Description

1. This project would create a sharable data store of asset and facility management data, for use across all business lines;
2. This project also creates standard access methodologies for business-line based applications to access this data.

Recommended Actions

1. Proceed by identifying facility and asset management business functions and stakeholders;
2. Identify and recruit a sponsor;
3. Establish a business-focused working group to develop the business case;
4. Investigate facility and asset management and reporting requirements and business process definitions.
5. Identify possible economies that can be derived from common processes and shared data;
6. Develop a concept of operations and risk assessment that will exploit the possible benefits.
7. Develop and present the business case to OIT and the EIB and obtain permission to proceed with a new project. This work should be accomplished in a working group with the full participation of business leadership.

Enterprise Impact

This project will implement a major segment of the Target Architecture Enterprise Data Layer and in so doing provide VA business applications with a standard interface to and data store for all asset and facility management data. Because of having a single reusable data store, with well-defined, available data access components:

- Inter-application data contradictions should be avoided;
- Inter-application data reconciliation cost will be eliminated; and

- New application development cost will be greatly reduced as a result of using readily accessible, existing information.

1.3.7. CAN/MAN Network Standardization - Proposed Initiative

Recommended By

- OEAM, EA V4.1 (Feb 2006) & EA V4.2 (Feb 2007)

Stakeholders

- VA Administrations
- VA Business Stakeholders

Requirement Description

In order to guarantee sufficient network bandwidth, and to support a variety of Quality of Service specifications and in order to be able to respond to Virtual Private Network (VPN) traffic separation during emergency response scenarios across the entire VA-Intranet. In addition, VA's Region-Owned and VISN-Owned campus and municipal area networks (CANs and MANs) must meet a minimum standard for capability and consistency across the enterprise. Additionally, support for IPV6 traffic will require detailed examination, configuration review, and testing of these and other VA network segments. At that time, a VA-wide network configuration management baseline should be established which should, afterward, be updated dynamically in conjunction with network change control. This effort will also contribute to the target architecture end-state at the infrastructure layer.

Recommended Actions

1. Proceed by identifying Network Facility Management stakeholders at each field installation with a locally managed IP network (CAN or MAN);
2. Identify and recruit a sponsor;
3. Establish a technical-focused working group to identify requirements, specifically considering, among others:
 - Self-healing routing redundancy;
 - Guaranteed Class-of-Service based performance;
 - Possible use of VPN-based traffic segregation for emergency operations;
 - End-to-end support for IPV6 traffic;
 - Provisions for server and server-software profiling with auto-discovery configuration-variance detection and reporting capability.
1. Identify possible functionality, security and performance enhancements that would result from implementing the proposed measures;
2. Develop a concept of operations and risk assessment that will exploit the possible benefits.

3. Develop and present the business case to OIT and the EIB and obtain permission to proceed.

Enterprise Impact

This project implements a significant segment of the Target Architecture Infrastructure Layer End-State. The project establishes a reusable "Pattern" for and an implementation of, CAN/MAN design, and assures a minimum:

- Minimum Class of Service Performance
- Uniformly implemented configuration assurance and emergency operations capability; and
- IPV6 compatibility,

Across the centrally managed backbone and all locally managed IP networks.

1.3.8. LAN Network Standardization - Proposed Initiative

Recommended By

- OEAM, EA V4.1 (Feb 2006) & EA V4.2 (Feb 2007)

Stakeholders

- VA Administrations
- VA Business Stakeholders

Requirement Description

In order to guarantee sufficient network bandwidth and network redundancy to support a variety of Quality of Service specifications, and in order to be able to respond to Virtual Private Network (VPN/VLAN) traffic separation requirements during emergency response scenarios across the entire VA Intranet, VA's Region-Owned and VISN-Owned Local Area Networks (LANs) must meet a minimum standard of consistency across the enterprise. Additionally, support for IPV6 traffic will require detailed examination, configuration review and testing of these and other VA network segments. At that time, a VA-wide network configuration management baseline should be established which should, afterward, be updated dynamically in conjunction with network change control. This effort will also contribute to the target architecture end-state at the infrastructure layer.

Recommended Actions

1. Proceed by identifying Network Facility Management stakeholders at each field installation with a local area network (LAN);
2. Identify and recruit a sponsor;
3. Establish a technical-focused working group to identify requirements, specifically considering, among others:
 1. Self-healing switching & routing redundancy;

2. Guaranteed Class-of-Service based performance;
3. Possible use of VPN/VLAN-based traffic segregation for emergency operations;
4. End-to-end support for IPV6 traffic;
5. Provisions for server and server-software profiling with auto-discovery configuration-variance detection and reporting capability.
4. Identify possible functionality, security and performance enhancements producing end-results from the proposed measures;
5. Develop a concept of operations and risk assessment that will exploit the possible benefits.
6. Develop and present the business case to OIT and the EIB and obtain permission to proceed.

Enterprise Impact

This project implements a significant segment of the Target Architecture Infrastructure Layer End-State. The project establishes a reusable "Pattern" for and an implementation of LAN design and assures a minimum:

- Minimum Class of Service Performance
- Uniformly implemented configuration assurance and emergency operations capability; and
- IPV6 compatibility,
- End-to-end, across the entire VA Intranet.

1.3.9. VA RFID-Tagging Standardization - Proposed Initiative

Recommended By

- OEAM, EA V4.1 (Feb 2006) & EA V4.2 (Feb 2007)

Stakeholders

- VA Administrations
- VA Business Stakeholders

Requirement Description

The VA has developed and deployed a "Smart Prescriptions" program, through which vision impaired VA clients, receiving health care services, can use a Radio Frequency Identification (RFID) reader to scan the label of a prescription bottle incorporating an RFID tag and obtain a voice-readout of critical information such as prescription recipient, prescription content, dosage, dosage interval or frequency and other pertinent instructions. This is only one of many potential VA uses of RFID tagging that will evolve over the next few years. RFID-Tags can also be used to track the ageing and to insure FIFO usage of materials with limited shelf life such a whole blood and certain pharmaceuticals. They can be used for general inventory tracking and shipment tracking as well as for accountability of movable assets, such as microscopes, computers, lab equipment, and it can be used to assure the privacy and HIPAA-compliant

handling of tangible personal medical information such as blood samples and exposed x-ray film.

This preponderance of uses for RFID-Tagging, both active and passive, compels the VA to adopt standards for its application across the enterprise. This technology should be selected to assure interoperability across the enterprise, radio spectrum isolation from and non-interference with all other wireless systems in use within VA medical and storage facilities. Additionally, the technology chosen should establish economies of scale in adapting and acquiring RFID solutions.

Recommended Actions

1. Proceed by identifying RFID-Tagging stakeholders both within VA and among its business partners;
2. Identify and recruit a sponsor;
3. Establish a technically-focused working group (primarily consisting of stakeholder technologists) and develop a working group charter that specifies deliverables and delivery timeframes (similar to that in a statement of work);
4. Provide funding and staff support out of existing budgets.

Enterprise Impact

Project establishes "Patterns" for various RFID-Tagging Applications that would be standard and would be universally applied across VA. Applications include:

- Smart (talking) prescriptions for the vision impaired (currently in pilot)
- Inventory location tracking
- Management of perishable commodities
- Movable asset tracking.

1.3.10. VA Wireless Networking Standard - Proposed Initiative

Recommended By

- OEAM, EA V4.1 (Feb 2006) & EA V4.2 (Feb 2007)

Stakeholders

- VA Administrations
- VA Business Stakeholders

Requirement Description

Wireless networking of various forms currently exists across VA and its medical facilities, through both planned and unintended implementations. Some equipment brought into a facility

for another purpose, such as a PDA or Laptop, may also contain a wireless networking capability; VA has also planned and installed wireless networking in numerous medical facilities for patient care and patient safety purposes. However, there is no explicit VA standard for wireless networking, which applies across the enterprise.

VA requires a wireless standard that assures interoperability and non-interference across the enterprise (especially since personnel and equipment may be rapidly deployed from one VA location to another in an emergency response scenario). An explicit standard will also lead to economies of scale in purchasing, simplification in establishing security threat deterrence and in meeting new requirements such as IPV6 compatibility. This effort should also involve VA's business partners such as DoD. The results of this effort will also contribute to the target architecture end-state at the infrastructure layer.

Recommended Actions

1. Proceed by identifying Wireless Networking stakeholders both within VA and among its business partners;
2. Identify and recruit a sponsor;
3. Establish a technically-focused working group (primarily consisting of stakeholder technologists) and develop a working group charter that specifies deliverables and delivery timeframes (similar to that in a statement of work);
4. Provide funding and staff support out of existing budgets.

Enterprise Impact

This project establishes "Patterns" for various Wireless Networking Installations which would take Medical facility spectrum restrictions into account, would assure wireless compatibility with the IPV6 initiative.

1.4. Legacy System Review Recommendations

The purpose of a legacy system review is to assure that:

- The legacy system is still required to meet a VA business or veteran service performance objective;
- The legacy system is still performing effectively in that capacity;
- The continued use of the legacy system does not create an unmanageable risk or dependency upon obsolete or unavailable resources.

Unmanageable risks arise from such factors as a system's dependency upon:

- Unsupported and irreplaceable compilers or other development/programmer workbench software;

- Unsupported and irreplaceable COTS applications;
- Unsupported and irreplaceable Operating System, DBMS, Security Management or other infrastructure-exploitation software;
- Unsupported and irreplaceable processing and/or communications hardware; and
- A dependency upon technical skills and experience that are no longer available within the marketplace and that may not be willingly adopted (through training) by existing and potential employees.

1.4.1. Projects Currently Scheduled for Retirement/Replacement

Within the current IT portfolio, the following legacy systems are scheduled for replacement:

1. The HealthVet-VistA System is replacing the legacy VistA Health Care Management System. This replacement effort will occur incrementally. It will be completed by 2010. The new HealthVet-VistA System will utilize the shared Health Data Repository (HDR), within the Enterprise Data layer. HealthVet-VistA is at Project Milestone-0 and is scheduled to deploy in 2010.
2. Sixty systems (supporting the six VBA business lines), which have been identified within the VBA Application Replacement Project.

1.4.2. Projects Recommended for Retirement/Replacement

Within the forthcoming budget year, OEAM recommends to the CIO and the EIB that the following VA legacy systems should be reviewed for unmanageable risk dependencies:

1. The DCMS Document Control Management System development project will replace the legacy EDMS controlled correspondence management system with a COTS replacement.

1.4.3. Projects recommended for Legacy System Review

Within the next EA performance period, OEAM recommends to the CIO and EIB that the following VA legacy systems should be reviewed under the provisions of the Milestone-4 in-process review for potential unmanageable risk dependencies:

1. No additional systems have been identified

1.5. Redundant Project Review and Consolidation Recommendations

The purpose of a Redundant Project review is to eliminate or consolidate duplicative efforts, to conserve resources and encourage data and process reuse.

1.5.1. Projects Currently Scheduled for Consolidation

The FLITE Financial System Redesign Project is in the process of consolidating the functions of twenty-four legacy financial system, under one integrated system.

1.5.2. Projects Recommended for Consolidation Review

Within the next EA performance period, beginning March 1, 2007, OEAM recommends to the CIO and EIB that the following programs be reviewed for possible consolidation:

1. The One-VA Registration-Ellegibility Program and the VHA Enrollment Enhancement Program should be reviewed for possible consolidation. While these projects are not redundant efforts, they do address the same mission-space and must invariably involve the same stakeholders and data. There may be an economic and administrative advantage in combining these efforts into a single project, while maintaining the unique deliverable structure and task structure of each project, in its entirety within the new project. These projects are recommended for review during calendar year.

1.6. Possible Future Projects for Budget Cycles beyond BY-2008

The following business activities are in early concept development or early business pilot stages within the VA business community, they have not developed specific IT requirements (and are not eligible for recommendation as new IT initiatives at this time) by are likely to develop into major IT initiatives in the future. They are summarized here to publicize the executive level interest they generate and to illustrate how they can further the achievement of VA's strategic business and veteran service objectives.

1.6.1. VA/DoD Cooperative Separation Process Examination

Authoritative Source

- GAO Report 05-64, dated November 2004, "VA and DOD Healthcare: Efforts to Coordinate a Single Physical Exam Process for service members Leaving the Military"
- MOA between VA and DoD, dated November 17, 2004, "Implementation of Cooperative Separation Process/Examinations for ..."
- Policy Memorandum from the ASD-HA, dated September 28, 1998, "DoD/VA Separation Physical Examinations"
- JEC FY 2004 Annual Report

- EA V4.0 May 2005

Stakeholders

- DoD/VA Liaison Office
- VBA
- VHA
- DoD Medical Departments
- USPHS

Requirement Description

This critical element of the seamless transition initiative is clearly delineated in Goal 3 of the JEC FY 2004 Annual Report as “expediting the adjudication process” of receiving disability compensation. In 1998, the ASD-HA noted to the three services that in order to “maximize the effectiveness and efficiency of the separation physical examination, the DoD Medical Treatment Facility (MTF) Commanders shall collaborate with the appropriate VA Medical Center (VAMC) Director to develop and execute a cost-neutral Memorandum of Understanding (MOU) between their respective facilities.”

There are significant limitations and challenges faced by the Departments in doing this cooperative effort. Most service members who separate do not require and do not obtain separation physical examinations. In fact, in 2003 only 23,157 or 13% of the separating soldiers, sailors, airmen, and Marines received separation physical examinations. Only the Army requires its retiring service members to have a separation physical. Consequently, DoD’s incentive is limited. Nevertheless, the objectives are stated that neither tests nor procedures should be unnecessarily duplicated. Personnel resources should be saved, where possible, by both departments. Paperwork should be minimized and, most importantly, the veteran should not be penalized because he elected to pursue disability claims for service-connected maladies by having to go through an examination twice when one exam could suffice.

Most of the onus is on the VA to make this resourcing effort successful. The purpose of the DoD physical exam is to evaluate the service member’s fitness for duty. If problems are noted, attempts are made to resolve the issues to where the service member is fully deployable. Then, the service member is not entitled to compensation from DoD because of physical disabilities. If they are, a different process ensues (medical and physical evaluation boards or MEB/PEB). In comparison, the VA’s mission in doing the physical examination, more specifically the Compensation and Pension or C&P exam, is to “document disability or loss of function regardless of its impact on fitness for duty. (Those who conduct the C&P exam) must evaluate the extent of a veteran’s physical limitations and determine their impact on the veteran’s future employment for compensation purposes.” (GAO Report) This exam is critical to the

adjudication process and will occur along with (though not simultaneously with) the separation exam while the opposite is not necessarily true.

Initiative Development

VA and DoD are well on their way to solving this issue. On November 17, 2004 senior leadership in both Departments signed a Memorandum of Agreement that states they will “define requirements which are consistent across” both areas of concern. VBA is preparing a letter defining implementation of the MOA. It carefully delineates those service members affected by this MOA to include those being discharged (Active Component, Guard and Reserve), and being separated within 180 days from their service, not just from active duty, but not going through the MEB/PEB (Evaluation Boards) process. A service member applying for disability benefits will always have to undergo the C&P exam and concomitantly the separation exam to ensure they are not eligible for DoD compensation, while service members who undergo a separation exam may not need or desire a C&P exam since they are not applying for benefits.

A major issue to resolve is division of labor for responsibilities of the common Cooperative Separation Physical Exam (CSPE). As the C&P exam goes beyond the standard of the separation exam, it makes sense for the VA to take the lead in resourcing the personnel requirements. However, a number of factors and different local circumstances can determine an infinite variety of sharing of responsibilities in this area. In the draft VBA letter, joint MOUs are encouraged for sites and can be adjusted depending on the variability of circumstances.

The bigger challenge in this arena is the one that the Departments have acknowledged in terms of automating this process. In the MOA they note the requirement to “work toward a single electronic physical examination.” and to work jointly to explore the “technical feasibility, schedule, and costs” of implementing such an exam. DoD and VA are working a number of joint initiatives in sharing of health information. Progress is certainly being made and doing this Cooperative Exam is just another element of the many solutions DoD and VA need to incorporate in their quest for integrating electronically required clinical information.

Enterprise Impact

No new information technology efforts are currently required to support this initiative in addition to those already underway such as the Bidirectional Health Information Exchange (BHIE) and the Composite Health Data Repository (CHDR). The VA/DoD Cooperative Separation Process Examination activity will probably affect the creation of a common electronic health record, between DoD and VA at some time in the future.

1.6.2. VA/DoD Health Collaboration

Authoritative Source

- DoD and VA Shared Health Architecture October 7, 2004 (Version 4.6)
- EA V4.0 May 2005

Stakeholder

- DoD/VA Health Executive Council

Requirement Description

The FY 2003 National Defense Authorization Act mandated the selection and incremental funding of joint and proximally located VA and DoD sites to demonstrate the feasibility and effectiveness of measures designed to improve the sharing of health care and health care resources. The Departments were directed to select sites in each of three areas:

1. budget and financial management system,
2. staffing and coordinated assignment system, and
3. medical information and information-technology management systems.

Recommended Solution

In 2003, the VA/DoD Health Executive Council selected three information management and technology sites to pilot health-information technology projects for evaluation as potential national health information-technology solutions. El Paso VA Health Care System and William Beaumont Army Medical System are conducting a demonstration project. It will test the ability to support bi-directional exchange of data using jointly developed Laboratory Data Sharing and Interoperability (LDSI) software. South Texas Veterans Health Care System, Wilford Hall Medical Center, and Brooke Army Medical Center are testing the same LDSI software and integrated credentialing functionality through a pilot interface of the DoD Centralized Credentialing Quality Assurance System and the VA VetPro Credentialing System. Madigan Army Medical Center and the VA Puget Sound Healthcare System are testing the implementation of BHIE and exploring the enhancement of the BHIE HL7 data exchange with the HL7 Clinical Document Architecture to support the transfer of additional data sets not currently available (e.g., discharge summaries in the DoD Clinical Information System [CIS]).

Additionally, there are numerous collaborative efforts on going within most of the VISNs with other efforts being added, where services and space are being shared to save resources and expedite care of service members. This sharing of services is fortified through the establishment of local Memoranda of Understanding.

Enterprise Impact

These information technology efforts are critical components to decreasing barriers and increasing seamlessness between DoD and VA health records. These directed initiatives point to increased sharing of resources for better patient care in both Departments' facilities. No new

information technology efforts are currently required to support this initiative. This activity may affect third party reimbursement and the creation of a common electronic health record, between DoD and VA, at some time in the future.

1.6.3. VA/DoD Seamless Transition of Service Members

Authoritative Source

- JEC Annual report for 2004
- EA V4.0 May 2005

Stakeholders

- VA Chief of Staff
- Seamless Transition Program Office

Requirement Description

JEC Goal 3 Promotes coordination to improve the understanding of, and access to, benefits and services earned by service members and veterans through each stage of life, with a special focus on ensuring a smooth transition from active duty to veteran status.

The primary focus of JEC Goal 3 is to provide a seamless transition from active duty to civilian (veteran) status by providing active duty service members, reserve personnel, and National Guard troop's information about the benefits available to them as early as possible in their military career. The goal will also streamline the benefit application process, eliminate duplicative requirements and redundant practices, and improve the transfer of beneficiary data between VA and DoD in order to expedite benefit delivery.

JEC Goal 3 comprises three objectives:

1. Enhancing collaborative efforts to educate active duty, reserve and national guard personnel on VA and DoD Benefits programs, eligibility criteria and application processes;
2. Provide for a seamless transition from active duty to veteran status through a streamlined benefits delivery process; and
3. Provide for the seamless transfer of beneficiary data between VA and DoD to expedite the benefit eligibility and delivery processes.

The immediate emphasis of the Seamless Transition Initiative is to reduce the time interval between the release of a service member from active service and the point in time at which that service member can begin to receive benefits from VA. Accomplishing this will assure that severely injured or incapacitated veterans will not have a prolonged period between the termination of DoD benefits and the start of VA benefits.

This objective can be achieved by beginning the registration, information collection, information

verification, and eligibility determination pre-processing, within VA, prior to the service member's separation from his/her uniformed service and thereby reduce the time needed for eligibility determination, after separation has occurred.

Additionally, service members are eligible for various VA benefits early in their uniformed service careers. The seamless Transition Initiative also seeks to ensure that all service members are fully informed of their VA benefits and that all VA earned services are provided at the earliest time that the service member is eligible.

This objective can be achieved by moving the emphasis on VA registration into the uniformed service community:

1. By pre-registering injured service members in DoD Medical Treatment Facilities;
2. By pre-registering returning service members at reserve and national guard post-deployment centers, prior to their release from active duty;
3. By pre-registering all service-members at special information sessions during basic training.

Recommended Solution

TBD

Enterprise Impact

TBD

1.7. EA Portfolio Recommendations Summary

OEAM respectfully submits these proposed projects to the EAC, the EIB, and the VA Business Stakeholder Community and to the IRWG for consideration.

Since these initiatives are only recommended by the OEAM, each initiative will require a sponsor, development of a full business case and eventually, submission of a budget request in either the BY-2009 or in a subsequent budget cycles, in order to be chartered as an IT project and to realize the benefits that can be achieved in the target end-state.

The following *Target Sequencing Plan* section identifies project interdependencies and examines planned deployment timeframes in order to develop a sequencing plan for deploying these projects into production.