

**Virtual Lifetime Electronic Record (VLER)
Data Access Service (DAS)
Work Effort Unique Identifying #20120303**
Business Requirements Document



March 2012

Revision History

NOTE: *The revision history cycle begins once changes or enhancements are requested after the initial Business Requirements Document has been completed.*

Date	Description	Author
2-29-12	Initial version. This document is versioned in the Clear Case tool.	J. Clayton, J. Cohen, D. Handley
3-1-12	Additional Content	P. Kassaie, S. Green, D. Eckroad, J. Cohen
Date BRD submitted to Business Owner(s) and Health Enterprise Systems Manager for sign-off	Approved version	Joe Paiva, Executive Director VLER EPMO, (date of approval) Shawn Faherty, Health Systems, Health Provider Systems (HPS) Enterprise Systems Manager (date of approval), VHA rep (name/date of approval), VBA rep (name/date of approval)
Date BRD submitted to Customer Advocate for sign-off		Chuck Hume (date of approval)
Date BRD submitted to OIT for sign-off		Gerry Lowe (date of approval)

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Business Requirements Document

1. Purpose

The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner. The BRD provides insight into the AS-IS and TO-BE business area, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the requirements, constraints, and Information Technology (IT) options considered. This document does not state the development methodology. The intended audience for this document is the Office of Information and Technology (OIT).

2. Overview

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) have exchanged information via the Bidirectional Health Information Exchange (BHIE) for the past ten years. BHIE currently enables the exchange of 31 data domains between VA and DoD. The Veterans Health Administration (VHA) has determined that BHIE is going into sustainment with no further development. The VLER DAS is a new information exchange transport mechanism between VA and DoD that offers capabilities beyond what the existing BHIE system offers. As such, the VLER DAS will be the enterprise-wide VLER information exchange broker for the VA. Additional functional requirements to expand VLER DAS capabilities will be generated in subsequent fiscal years.

3. Customer and Primary Stakeholders

Mr. Joe Paiva, Executive Director, VLER Enterprise Program Management Office (EPMO), VHA, and Veterans Benefits Administration (VBA) are the primary stakeholder(s) for this request. Review [Appendix C](#) for the complete list of primary and secondary stakeholders.

4. Scope

This is a request for VLER DAS enhancements to improve performance and usability for viewing of DoD data within VA systems and DoD to view VA data. This shall be accomplished by retrieving all DoD and VA requested data through the VLER DAS. VA and DoD clinicians, care coordinators and other staff, use the data (health, benefits, administrative) for multiple existing and emerging purposes including disability claims processing and the treatment and care of active duty and retired service personnel. In addition, this request includes the enhanced ability and capability to sort and filter the requisite information at an additional level of granularity

5. Goals, Objectives and Outcome Measures

Goal/Objective and Desired Outcome	Impact	Measurement
VLER DAS will deliver initial response to request within six seconds (infrastructure dependent).	Clinicians have limited time for patient appointments. Increasing the speed of the return of data will assist the clinician in providing patient care.	The HIE Subgroup will define a subset of power users of the DoD data after the changes are implemented in production. These stakeholders will verify satisfactory performance. <i>(Note: VA Clinicians will verify response time using industry standard tools for measuring software performance).</i>

Goal/Objective and Desired Outcome	Impact	Measurement
DAS will avoid creating timeouts.	Clinicians and other staff will receive needed data enabling them to consider the information for provision of care.	HIE Subgroup will audit timeout logs. (Timeouts caused by external applications and infrastructure are not included in performance evaluation.)
DAS will support the ability to sort and filter notes data. This requirement is dependent upon VA and DoD note standardization.	Clinicians will be better able to locate the information they require to provide continuing care to patients.	The HIE Subgroup will define a subset of power users of the VLER DAS after the changes are implemented in production. These stakeholders will verify that the changes requested have indeed provided an environment allowing reliable and timely access to accurate DoD data.

6. Enterprise Need/Justification

Stakeholders of the VA-DoD data exchange from both VA and DoD locations have requested enhancements for usability and performance for several years. These enhancements align with the Eight for Excellence strategy to continuously improve the quality and safety of health care for Veterans, particularly in those health issues associated with military service. These enhancements also align with the Power of Performance goal of promoting improved business processes.

The National Defense Authorization Act (NDAA) of Fiscal Year (FY) 2008 required that the DoD and the VA develop and implement electronic health record systems or capabilities that allow for full interoperability of personal health care information by September 30, 2009. To further facilitate the accurate and timely transmission of this data, the requirements captured in this BRD strengthen the requirements of the NDAA.

Additional support for this effort can be found in Executive Order 13426, dated March 6, 2007, *Establishing a Commission on Care for America's Returning Wounded Warriors and a Task Force on Returning Global War on Terror Heroes*. The task force report, submitted to the President on April 19, 2007, *recommended data-exchange enhancements*. This mandate provides a means of sharing inpatient electronic health records via VA VLER DAS and DoD Armed Forces Health Longitudinal Technology Application (AHLTA). The goal requires federal agencies to use recognized health interoperability standards to promote the direct exchange of health information between federal and with non-federal entities in supporting quality and efficient health care. The task force also recommended VA and DoD develop a system of coordinated case management for Service Members and Veterans. The requirements captured in this BRD would support coordination by providing access to authoritative information.

7. Requirements

7.1. Business Needs/Owner Requirements

NOTE: The following Business Needs and Owner Requirements were identified by utilizing a prioritized list as defined by the ICIB's HIE Subgroup resulting from months of stakeholder discussions. These items were the highest prioritized and thus, every requirement has been deemed "Required or denoted as High Priority" by the HIE Co-chairs. Any requirements that were "Optional" have been tabled for later analysis and/or elaboration and possible work through another New Service Request (NSR).

NOTE 2: All the Business Needs documented are from the VA Clinician's perspective.

Req Pro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority*
	BN 1: Retrieve all requested data through the VLER DAS consistently.			
		1.1	Provide the ability to remake an initial request of data items and then allow the user to select the desired content. Only selected content will be retrieved on the second pass ¹ .	High
	BN 2: Provide consuming applications with timely responses to initial requests for information (infrastructure dependent).			
		2.1	Implement functionality that will provide to a consuming application the ability to display an initial status within 6 seconds of the request (for example, “searching”, “network error”, “no data found”.)	High
	BN 3: Provide a consuming application with a reason a request was not fulfilled.			
		3.1	Provide the consuming application with information so that it may be able to display a notification when there are no results from a request for patient data.	High
		3.1.1	Provide the consuming application with information so that it may provide to the user the ability to visually determine when there is no matching /null patient data found by the system.	
		3.2	Provide the consuming application with information so that it may provide to a user a notification if data may be available from a site, yet there is an issue causing an invalid response.	High
		3.3	Notify a consuming application when the system has timed out.	High
	BN 4: Provide the ability to sort and filter according to one or more note classifications within the Notes module ² .			
		4.1	Make a provision for note titles within each notes section.	High
		4.1.1	Make a provision for note titles within each notes section.	High
			Implement sorting and filtering functionality for note titles.	
		4.2	The system shall provide the consuming application with information to support displaying in the Notes module the note classification axis for all notes: (Date, Title, author, type of note, specialty, setting, facility) ³ .	High
	BN 5: All Rating schedule information / Disability Based Questionnaires should be mapped from DoD to VA..			
		5.1	Provide the consuming application with information to support viewing ratings schedule information by claims adjudicators.	High

¹ Provide a true “2-pass” capability for all data domains for data being viewed by VA resources.

² This requirement is dependent upon VA and DoD note standardization.

³ The VA standard titles will be parsed out to the individual axis. The DoD MEPRS will be parsed to the specialty axis. For outpatient, since there is not an AHLTA title associated with the note, the primary diagnosis in AHLTA encounter module display will be parsed to the title axis. Note Title needs to be added above the Notes screen.

Req Pro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority*
		5.2	Provide for transfer of DBQ data from DBQ web forms to the Health Data Repository (HDR).	High
		5.3	Provide for transfer of DBQ data from HDR to the Veterans Benefits Management System – Ratings (VBMS-R) system.	High
BN 6: DAS will transport data and documents such that a user interface can display information in a readable format to support claims adjudication.				
		6.1	Transport complex content from DoD to VA and from VA to DoD.	High
BN 7: Provide for the transfer of non-clinical data from the DoD to the VA and from the VA to the DoD.				
		7.1	Make a provision for the transfer of non-clinical data to assist administrative and benefits staff in serving VA and DoD clients.	High
BN 8: Enable the transfer of all clinical domains required for disability claims processing from the existing BHIE system to VLER DAS.				
		8.1	Transfer progress notes, Radiology, Discharge Summary, Consults, Allergies, Pharmacy, Family History, Social History, Other Past Medical History, and Laboratory domain data from the BHIE System to VLER DAS.	High

*All listed requirements are needed by the business community. The Priority is merely a mechanism to suggest a sense of urgency and order to the technical community if the requirements are to be parsed into phases. The order of importance begins with those that are designated as **High** priority.

7.2. Non-Functional Requirements

- Technical support will be provided to users of the new solution.
- Reference materials will be provided to users of the new solution.
- Assistance with the implementation process to the enterprise.

ReqPro Tag	Operational Environment Requirements
NONF1610	Notification of scheduled maintenance periods that require the service to be offline or that may degrade system performance shall be disseminated to the user community a minimum of 48 hours prior to the scheduled event.
	When/if lapses in system/update availability occur, users would contact the VA service desk about the application they are using which interfaces with the VLER DAS.
	Documentation Requirements
NONF2228	Updates shall be made, as necessary, to applicable user manuals
	Updates shall be made, as necessary, to the applicable technical documentation including Operations and Maintenance (OM) Plans related to the VLER DAS located on the VA Software Documentation Library.
	Implementation Requirements
	An implementation plan shall be developed for all aspects of the VLER DAS program.
NONF1614	The IT solution shall be designed to comply with the applicable approved Enterprise Service Level Agreements (SLA).
	User Access/Security Requirements

NONF1617	Ensure the proposed solution meets all VHA Security, Privacy and Identity Management requirements including VA Handbook 6500 . (See Enterprise Requirements Appendix).
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7.2.1. Performance, Capacity, and Availability Requirements

7.2.1.1. Performance

If this is a system modification, how many users does the current system support?
Currently ~3,000 VBA and ~43,000 VHA unique users
How many users will the new system (or system modification) support?
The same number as currently supported plus ~10%
What is the predicted annual growth in the number of system users?
Expected growth to be ~10% of existing user base

7.2.1.2. Capacity

What is the predicted size (average) of a typical business transaction?
Varies depending on the type of query.
What is the predicted number of transactions per hour (day, or other time period)?
VBA has ~3,000 queries monthly; VHA has ~500,000 queries monthly
Is the transaction profile expected to change (grow) over time?
The size will increase based on the inclusion of outpatient progress notes.
What are the dependencies, interactions, and interfaces with other systems?
The system will interact with Military Health System and other DoD consumers and producers. The system will also interact with internal VA consumers and producers.
What is the process for planning/adjusting capacity?
<ol style="list-style-type: none"> 1. Monitor growth in consumer and producer interfaces. 2. Assess consumer and producer throughput needs. 3. Inform SDE of any increased throughput needs. 4. SDE modifies its supporting physical architecture to meet expanding needs per its service level agreement with VLER.
Does the update require a surge capacity that would be different from the base application?
No

7.2.1.3. Availability

Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc) to support the business.
Constant availability is required. 99.997 percent availability is required.

7.3. Known Interfaces

The VLER DAS is an interface between the VHA's Electronic Health Record and DoD's clinical data.

7.4. Related Projects or Work Efforts

Other than BHIE which is included here for reference and historical purposes only, and is moving to sustainment, there are no related projects.

- 20090707 BHIE Usability Enhancements: As part of the Health Information Exchange (HIE) subgroup chartered by the Interagency Clinical Informatics Board (ICIB), multiple clinical priorities were evaluated by the major stakeholders of BHIE and this NSR contains the major performance enhancements from that analysis.
- 20090708 BHIE Performance Enhancements: Provides BHIE framework enhancements needed to support the interagency exchange of clinical images generated by radiology, cardiology, dermatology and other clinical specialties.
- 20100707 Information Sharing Initiative (ISI): Utilizes VLER DAS to conduct data exchange between care coordinators in VA and DoD.

8. Other Considerations

8.1. Alternatives

No Known Alternatives.

8.2. Assumptions

Even though a patient may be new to a VA facility, their DoD information may be accessible. As always, the VA information is accessible from any other VA Medical Center (VAMC) the patient has visited.

8.3. Dependencies

1. A collaborative, synchronized analysis effort between VA and DoD stakeholders is critical to ensuring the continued success of the VLER DAS.
2. The ICIB must complete work on establishing the standard note title nomenclature. Those standard note titles must be implemented in order to have sorting and filtering capability.
3. The system is dependent upon the supporting physical architecture.

8.4. Constraints

Functioning hardware, operating systems, and databases configured, placed and supported by Vendors, the DoD, and the VA.

8.5. Business Risks and Mitigation

Business Risk: If business (i.e. clinical) and technical experts from the DoD and VA are not available, then the development team will make best informed assumptions possible.

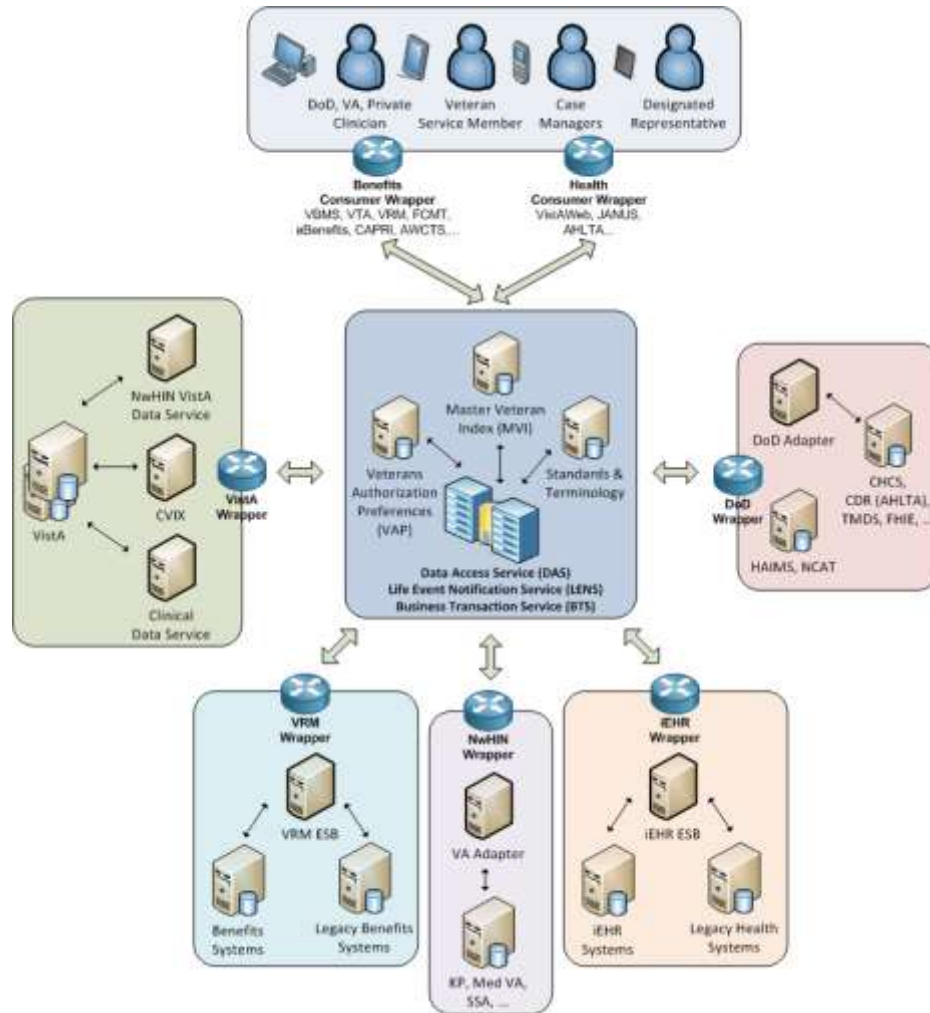
Business Risk: If the current supporting physical architecture is not modernized, and services remain the same, then DAS implementation may be delayed.

Business Risk: If contract skill sets & domain knowledge are not maintained, then DAS implementation may be delayed.

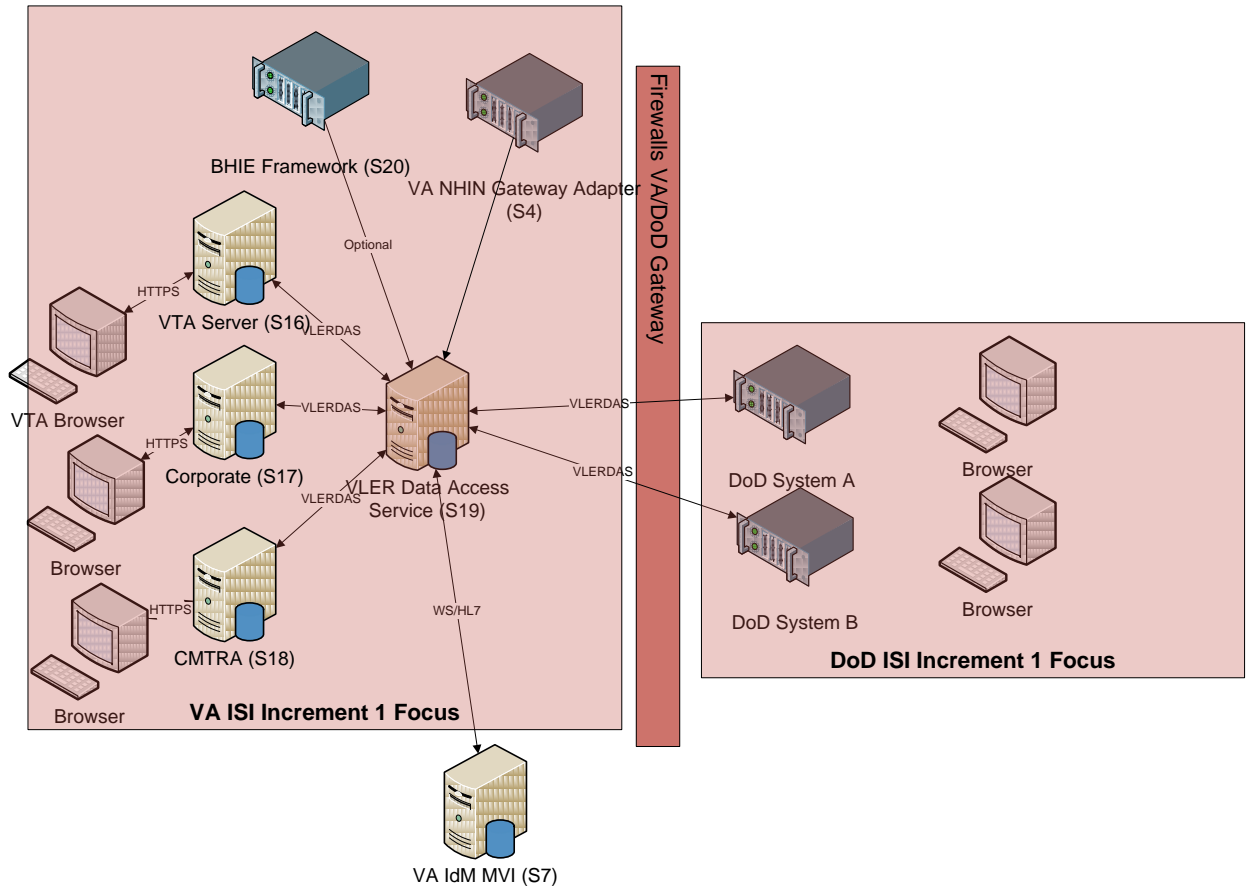
Appendix A. References

- Perlin, Jonathan B. (July 2005) VHA Strategies- Eight for Excellence. Retrieved from: http://vaww.visn5.med.va.gov/resources/career_dev/8_for_excellence.pdf
- Executive Order 13426: <http://edocket.access.gpo.gov/2007/pdf/07-1137.pdf>
- VA Handbook 6500 – Information Security Program
http://vaww1.va.gov/vapubs/viewPublication.asp?Pub_ID=364&FType=2

Appendix B. Models



ISI Pilot Configuration



Appendix C. Stakeholders, Primary/Secondary Users, and Workgroups

Stakeholders

Type of Stakeholder	Description	Responsibilities
Requester	Joan Cohen, Health Systems Enterprise Support	Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development.
Endorser	Joe Paiva Executive Director, VLER EP MO	Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Owner(s)/Program Office(s)	<ul style="list-style-type: none"> Joe Paiva Executive Director, VLER EP MO VHA (TBD) VBA (TBD) 	Provide final approval of BRD with sign-off authority. Provide strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Subject Matter Expert(s) (SME)	<ul style="list-style-type: none"> James Leiman VLER EP MO ICIB Members VBA and VHA Users of data TBD 	Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.
Technical SME(s)	Lynne Case, Technical Director, VLER IT PMO Steven Lee Green, Program Manager, Federal Information Sharing Technologies (FIST), VLER Janice Clayton, IT Specialist, Office of Enterprise Development (OED)	Provide technical background information about the current software and requested enhancements.
User SME(s)	<ul style="list-style-type: none"> VHA TBD VBA TBD 	Ensure that the enhancements will account for current business processes and existing software capabilities.

Stakeholder Support Team (BRD Development)

Type of Stakeholder	Description	Responsibilities
Security Requirements SME(s)	<ul style="list-style-type: none"> Scott Rogers, Healthcare Security Requirements 	Responsible for determining the Certification and Accreditation (CA) and other security requirements for the request.
Service Coordination SME(s)	<ul style="list-style-type: none"> TBD 	Responsible for ensuring all aspects of non-functional requirements have been accurately recorded for this request.
Health Enterprise Systems Management	<ul style="list-style-type: none"> Joan Cohen, Health Systems 	Serve as the liaison between the Program Office (Business Owner) and Product

Type of Stakeholder	Description	Responsibilities
Portfolio Staff		Development throughout the life cycle.
Health Enterprise System Management Requirements Analysis and Engineering Management (RAEM) Staff	<ul style="list-style-type: none"> • Darlene Handley, RAEM 	Assisted VLER EPMO, OIT and Health Systems with the development of BRD
VLER EPMO	<ul style="list-style-type: none"> • Parham Kassaie • Daniel Eckroad 	Reviewed BRD and added content based on VLER EPMO needs for VLER DAS

Primary and Secondary Users

<p>Primary Users</p> <p>*Note: VLER DAS does not have users, rather, it is used by consuming and producing systems, which in turn have actual users</p>	<ul style="list-style-type: none"> • VA Healthcare Providers treating Soldiers, Sailors, Airmen, and Marines transitioning into VA care • Providers from VAMCs and DoD military treatment facilities • VA and DoD administrative and benefits staff serving clients at VA and DoD facilities 	<ul style="list-style-type: none"> • Receive data through the VLER DAS • Responsible for diagnosis and treatment documentation. VA Health Care Providers view DoD data in the Computerized Patient Record System (CPRS) and VistAWeb. • View and/or record medical information and capture history information. DoD Clinicians view VA Data via AHLTA's "VA/DoD Theater History" module. • Receive data from VLER DAS to assist in coordinating care and benefits for VA and DoD clients
<p>Secondary Users</p> <p>*Note: VLER DAS does not have users, rather, it is used by consuming and producing systems, which in turn have actual users</p>	<p>All healthcare providers and support staff.</p> <p>All program management offices who oversee the delivery of administrative processes and healthcare.</p>	<p>View and/or record medical information and capture history information.</p> <p>Manage the programs that oversee the administration and delivery of healthcare.</p>

Appendix D. Enterprise Requirements

Below is a subset of Enterprise-level Requirements that are of particular interest to the business community. These requirements MUST be addressed within each project resulting from this work effort. If OIT cannot address these Enterprise-level requirements, the Business Owners responsible for each area MUST be engaged in any waiver discussions prior to any decisions being made. This section is not meant to be a comprehensive list of all Enterprise-level requirements that may apply to this work effort and should not preclude the technical community from reviewing all Enterprise-level requirements, and identifying others that should apply to this work effort as well.

Enterprise-level requirements are contained in the VA Enterprise Requirements Management (ERM) Repository. To contact the ERM program personnel, gain access to the ERM repository and to obtain the comprehensive allocation of Enterprise-level requirements for the project development iteration, contact [VA OIT OED SE Enterprise Requirements Management](mailto:VHA_10P7B_Service_Coordination_SRM_Team). ([mailto:VHA_10P7B Service Coordination SRM Team](mailto:VHA_10P7B_Service_Coordination_SRM_Team))

ReqPro Tag	Requirement Type	Description
ENTR25	Security	<p>All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is High.</p> <p>The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.</p>
ENTR101	Security	<p>All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is Low.</p> <p>The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.</p>
ENTR10	Privacy	<p>All VA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.</p>
ENTR95	508 Compliance	<p>All Section 508 requirements will be adhered to. Compliance with Section 508 will be determined by fully meeting the applicable requirements as set forth in the VHA Section 508 checklists (1194.21, 1194.22, 1194.24, 1194.31 and 1194.41) located at: http://www.ehealth.va.gov/508/resources_508.html or as otherwise specified. Checkpoints will be established to ensure that accessibility is incorporated from the earliest possible design or acquisition phase and successfully implemented throughout the project.</p>
ENTR7	Executive Order	<p>All executive order requirements will be adhered to.</p>
ENTR8	Identity Management	<p>All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds,</p>

ReqPro Tag	Requirement Type	Description
		updates, or performs lookups on persons.
ENTR103	Terminology Services	Application/services shall reference the Standard Data Services (SDS) as the authoritative source to access non-clinical reference terminology.
ENTR104	Terminology Services	Application/Services shall use the VA Enterprise Terminology Services (VETS) as the authoritative source to access clinical reference terminology.
ENTR105	Terminology Services	Applications recording the assessments and care delivered in response to an Emergency Department visit shall conform to standards defined by the VHA-endorsed version of C 28 – Health Information Technology Standards Panel (HITSP) Emergency Care Summary Document Using Integrating the Healthcare Enterprise (IHE) Emergency Department Encounter Summary (EDES) Component.
ENTR106	Terminology Services	Applications exchanging data summarizing a patient’s medical status shall conform to standards defined by the VHA-endorsed version of C 32 – HITSP Summary Documents Using Health Level Seven (HL7) Continuity of Care Document (CCD) Component.

Appendix E. Acronyms and Abbreviations

OIT Master Glossary: http://vaww.oed.wss.va.gov/process/Library/master_glossary/masterglossary.htm

Term	Definition
AHLTA	Armed Forces Health Longitudinal Technology Application
BHIE	Bidirectional Health Information Exchange
BN	Business Need
BRD	Business Requirements Document
CA	Certification and Accreditation
CCD	Continuity of Care Document
CPRS	Computerized Patient Record System
DAS	Data Access Service
DoD	Department of Defense
EDES	Emergency Department Encounter Summary
EPMO	Enterprise Program Management Office
FIPS	Federal Information Processing Standard
FY	Fiscal Year
HIE	Health Information Exchange
HITSP	Health Information Technology Standards Panel
HL7	Health Level Seven
HPS	Health Provider Systems
ICIB	Interagency Clinical Informatics Board
IHE	Integrating the Healthcare Enterprise
ISI	Information Sharing Initiative
IT	Information Technology
MEPRS	Medical Expense and Performance Reporting System
NDAA	National Defense Authorization Act
NIST	National Institute of Standards and Technology
NSR	New Service Request
OIT	Office of Information and Technology
OM	Operations and Maintenance
OWNR	Owner Requirement
PMO	Program Management Office
RAEM	Requirements Analysis and Engineering Management
RMR	Requirements Management Repository
SDE	Service Delivery and Engineering
SDS	Standard Data Services
SLA	Service-level Agreement
SME	Subject Matter Expert
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VBA	Veterans Benefits Administration
VETS	VA Enterprise Terminology Services
VHA	Veterans Health Administration

Term	Definition
VistA	Veterans Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Record

Appendix F. Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the <<Program Office (insert name of PO)>>. Further elaboration to these requirements will be done in more detailed artifacts.

Business Owner

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

Signed: _____ Date: _____

Mr. Joe Paiva, Executive Director , VLER EPMO

Signed: _____ Date: _____

VHA

Signed: _____ Date: _____

VBA

Business Liaison

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

Signed: _____ Date: _____

Shawn Faherty, Health Systems Enterprise Manager Health Provider Systems (HPS)

Customer Advocate

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

Signed: _____ Date: _____

Chuck Hume, Deputy Chief Officer, Health Systems

Office of Information and Technology (OIT)

Indicates agreement that the requirements have been received, are clear, understandable, and are documented sufficiently to facilitate project planning when the project is approved and funded. It is understood that negotiations may need to occur with the business during project planning as a result of technical reviews and feasibility.

Signed: _____ Date: _____

Gerry Lowe, VLER Initiative IT Lead, VLER IT PMO