

Department of Defense / Veterans Affairs

2019 Federal Electronic Health Record Modernization (FEHRM) Program Office

CHARTER

Scope: The Federal Electronic Health Record Modernization (FEHRM) Program Office is authorized by existing statutes that established the Department of Defense/Veterans Affairs (DoD/VA) Interagency Program Office (IPO). This Charter supersedes all previous IPO Charters, and the organization will henceforth be referred to as the FEHRM. It becomes effective upon signatures by both Departments, and will be re-evaluated every two years and modified, as necessary. Modifications will be made in writing and with the written consent of both VA and DoD Deputy Secretaries.

Purpose: The FEHRM's primary mission is to implement a single common federal electronic health record (EHR) to enhance patient care and provider effectiveness, regardless of the location of care. The modern, secure electronic health record enables an integrated patient-centered continuum of care, to include nationwide health information exchange and adoption of interoperable health care data standards.

The FEHRM serves as a single point of accountability in the delivery of a common record that contributes to full interoperability of health care information between the Departments themselves and will advance interoperability with the private sector. To further that purpose, as outlined in the September 26, 2018 Joint Commitment letter signed by the VA and DoD Secretaries, the FEHRM is chartered to be an agile, single decision-making authority that efficiently manages implementation risk, to include potential functional, technical, and programmatic issues, in support of the Departments' single, seamless integrated EHR objectives.

Structure: The Director and Deputy Director manage an organizational structure to enable decision-making in the joint space and to implement the stated objectives and responsibilities. The structure evolves as the organization matures with changes captured through updates in a FEHRM Implementation Plan.

With the exception of acquisition matters, the FEHRM Director and Deputy Director report to the Deputy Secretary of Defense and the Deputy Secretary of Veterans Affairs.

For all DoD Acquisition matters, the FEHRM Director and Deputy Director report to the Under Secretary of Defense for Acquisition and Sustainment (USD (A&S)). For all VA acquisition matters, the FEHRM Director and Deputy Director report to the VA Deputy Secretary, as Chair of the VA Operations Board.

Objectives

- Actively manage risks and the operation of the joint EHR Federal Enclave;
- Minimize risk to the Departments' deployment/implementation;
- Identify opportunities for efficiency, standardization and system/process optimization; and
- Advance interoperability across the federal and private sectors.

Responsibilities

Subject to the direction of the Deputy Secretaries of Veterans Affairs and Defense, the FEHRM Director and Deputy Director:

- Provide direction and oversight for the execution of joint functions;
Note: The attached Appendix includes baseline joint functions as captured by the Joint Electronic Health Record Modernization Working Group. Execution of the baseline is iterative and is assessed and refined by FEHRM leadership, as necessary, to perform the objectives and responsibilities outlined in this charter.
- Analyze opportunities for synergies and advocate for implementation of efficiencies, standardization and system/process optimization;
- Analyze and integrate deployment activities at all joint and VA-DoD sharing sites;
- In conjunction with the Departments, synchronize with the National Coordinator for Health Information Technology and other stakeholders to support enhanced interoperability across the federal and private sectors;
- Determine resources required for FEHRM mission execution (personnel, budget, etc.);
- Direct the activities of all personnel within, aligned, or detailed to the FEHRM to include providing input to and ensuring assigned personnel are evaluated in accordance with the performance management systems of their respective Departments;
- Work with both Departments to formulate, oversee, de-conflict, and ensure adherence to EHR-related VA and DoD policies, as applicable;
- Assist the Departments to prepare, brief, and defend budget requests required to support interagency initiatives that are under the authority and direction of the FEHRM; and
- Brief and respond to inquiries from Congressional Members, Committees and their staffs, and testify, when requested, at hearings related to joint EHR implementation efforts.

Key Stakeholders:

- **Joint Executive Committee (JEC):** provides high-level, overarching guidance concerning FEHRM activities; co-chaired by the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel & Readiness (USD P&R);
- **DoD/VA IPO Executive Committee (EXCOM):** advises the FEHRM regarding execution of its purpose and responsibilities; co-chaired by the USD(A&S) and the VA Chief Information Officer for VA's Office of Information & Technology (OIT);
- **VA Operations Board:** provides VA performance/operations oversight; chaired by the Deputy Secretary of Veterans Affairs;
- **Senior Steering Group (SSG)/Configuration Steering Board (CSB):** provides DoD acquisition oversight and approval of major requirement changes; co-chaired by USD (A&S) and the Assistant Secretary of Defense for Health Affairs (ASD(HA));
- **Functional Champions:** the FEHRM partners with the Functional Champions appointed by the respective Departments as the "single voice" of functional requirements;
- **EHR Program Offices:** VA's Office of Electronic Health Record Modernization (OEHRM), and DoD's Healthcare Management System Modernization (DHMSM) Program

Management Offices, execute Department-specific actions informed by and consistent with FEHRM direction regarding joint decisions; and

- **Chief Information Officers (CIOs):** the FEHRM engages with respective Department/Agency CIOs (OIT, DHA-IO, DoD CIO) responsible for information technology management to ensure the effective implementation of the electronic health record in accordance with formal Interagency Agreements and Memoranda of Agreement/Understanding.

Additional Terms

- The FEHRM complies with all applicable laws, rules and regulations in connection with the performance of its obligations and responsibilities under this Charter.
- With respect to funding, each Department is responsible for all personnel expenses of its respective personnel and all contract expenses of its respective contracts. Other administrative expenses are shared equitably or as otherwise agreed to by the Chief Financial Officers of the two Departments. All funding responsibilities are subject to the availability of appropriations.



David L. Norquist
Deputy Secretary of Defense



James Byrne
Deputy Secretary of Veterans Affairs

DEC 04 2019

References

- a. Section 1635 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, Pub. L. 110-181, as amended by Section 252 of the Duncan Hunter NDAA for FY09, Pub. L. 110-417.
- b. Section 713 of the NDAA for FY 2014, Pub. L. 113-66.
- c. Pub. L. 104-113, National Technology Transfer and Advancement Act of 1995
- d. 38 USC § 8111, Sharing of Department of Veterans Affairs and Department of Defense health care resources.
- e. Department of Defense Instruction (DODI) 6010.23, DoD and Department of VA Health Care Resource Sharing Program, January 23, 2012, incorporating Change 1, effective 3 October 2013.
- f. 38 U.S.C. § 320, Department of Veterans Affairs-Department of Defense Joint Executive Committee.
- g. Veterans Health Administration Directive 1660, Health Care Resources Sharing with the Department of Defense, July 29, 2015.
- h. Joint Commitment Letter, September 26, 2018.
- i. Department of Defense and Department of Veterans Affairs Joint Electronic Health Record Modernization Working Group Recommended Course of Action Approval, Feb 27, 2019 (DoD) and March 27, 2019 (VA).
- j. Memorandum of Agreement between Department of Defense and Department of Veterans Affairs for Implementation of the Medical Community of Interest Network, Oct 28, 2019

APPENDIX:

This appendix includes baseline joint functions proposed by the Joint Electronic Health Record Modernization Working Group for direction and oversight by the FEHRM. Execution of baseline functions is iterative and is assessed and refined by FEHRM leadership as necessary to perform objectives and responsibilities outlined in this charter. This is documented in a regularly-updated FEHRM Implementation Plan.

As a point of emphasis, the FEHRM's primary role is direction and oversight for the joint aspects of electronic health record (EHR) Modernization. The joint requirements are significant, given plans to implement a single instance of a modernized EHR across the involved Departments.

- **Joint Federal Enclave:** Management of the Federal Enclave (joint hosting environment) that is jointly accessible over approved networks supporting the EHR;
- **Joint Configuration Management/Change Control Board:** Disciplined process for maintaining systems and software in a known, baselined, consistent state; including joint release management;
- **Cybersecurity:** Manage the joint cybersecurity program to include approved medical devices and associated interfaces for the joint hosting environment and deployed system components consistent with cybersecurity requirements and risk management framework processes;
- **Interfaces to Enclave (Joint & Department-Specific):** disciplined process for ensuring interfaces are appropriately assessed, developed, and managed as required;
- **Ensuring Networks/Network Security:** Compliance with security requirements in Memorandum of Agreement between Department of Defense and Department of Veterans Affairs for Implementation of the Medical Community of Interest Network (dated October 28 2019) for joint networks and network security to protect the usability and integrity of the network and data (both hardware and software), and access to the network;
- **End-to-End Performance Monitoring/Troubleshooting:** Manage joint end-to-end performance to collect, monitor, and report on the overall operational health of the joint hosting environment and deployed components to enable end-users, administrators, and organizations to gauge and evaluate the performance of a given system which supports the joint EHR;
- **System-of-Systems Engineering:** Joint System-of-Systems engineering process to provide the technical definition, activities, and resource planning necessary to execute technical requirements, to enforce technical and functional requirements, and to identify the need for, and ensure execution of, all required Interagency Agreements, Memoranda of Agreement/Understanding, and Interconnection Security Agreements;
- **Joint Disaster Recovery/Continuity of Operations Plan:** A joint business and technical plan that lays out the details for the quick and effective resumption of work following a man-made or natural disaster;
- **Joint Access Management (Provider & Patient):** Joint process, policies and technologies to ensure proper user identity and access (provider and patients);
- **Data Migration:** Process/procedures to select, prepare, extract, transform, and transfer data from one system to another system, as it relates to the common EHR;

- **Joint Risk Management:** Assessment and management of joint cost/schedule/performance risks to capability delivery;
- **Schedule Integration:** Assessment and integration of Department-specific schedule activity;
- **Joint Trouble Ticket Management:** Process to track the detection, reporting, and resolution of issues associated with test and evaluation, deployment, and sustainment of the EHR;
- **Joint Functional Issue Resolution:** Process for the joint management of training, defect management, content and configuration changes, and enhancement routing to determine a single solution decision for necessary joint configurations, and for resolving issues associated with the test and evaluation, deployment and sustainment of the EHR;
- **Program Integration:** Integration program activities for oversight and strategic communication/legislative affairs engagement; understand and engage key audiences to create, strengthen, or preserve favorable conditions that advance interests, policies, and objectives; congressionally-mandated reporting; audit engagement; executive secretariat for relevant oversight and governance forums;
- **Business Operations, Human Resources, Support Contracts & Budget:** administrative support, human resources and staffing, contracts, budgets, and related formal agreements;
- **Joint Data Sets:** Process for management of joint validated data sets to include the development of deliberate techniques for jointly managing and taking full advantage of the enterprise asset;
- **Joint Enterprise Technical Data Management:** process to effectively (1) create, integrate, disseminate and manage data for enterprise applications, processes and entities requiring timely and accurate data delivery, (2) address the transmission of different data sets within processes and applications that rely on the consumption of these data sets to complete business processes or transactions, (3) provide for data management standardization and technical implementation of the data standards, and (4) adherence to records control policies;
- **Joint Testing & Evaluation:** Support of the EHR's joint Test & Evaluation processes to include managing risks throughout the acquisition process by providing timely and accurate information;
- **Joint Data Standards/Interoperability:** Processes and procedures to implement national health data standards for interoperability to ensure: (1) active engagement/representation of DoD/VA to help shape national and international health standards-setting organizations standards (e.g., data formats, messaging, exchange protocols, meaningful use, usability, privacy, security and safety); (2) adoption of and mapping to national and international health standards; (3) implementation support of the Office of the National Coordinator's Interoperability Roadmap and the Trusted Exchange Framework and Common Agreement effort;
- **Joint Health Information Exchange:** Process that allows health care professionals and patients to appropriately access and securely share a patient's medical information electronically, including execution through trusted exchange documentation or contractual actions; and
- **Joint Longitudinal Viewer (Formerly Joint Legacy Viewer):** Clinical application that provides an integrated, read-only display of health data from the DoD, VA, and private sector partners in a common data viewer.