



THE UNDER SECRETARY OF DEFENSE

3010 DEFENSE PENTAGON
WASHINGTON, DC 20301-3010

ACQUISITION,
TECHNOLOGY,
AND LOGISTICS

NOV 16 2015

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

I am writing to provide interim notification that the Department of Defense (DoD) has met the interoperability requirements of section 713 of the National Defense Authorization Act (NDAA) for Fiscal Year 2014, Public Law 113-66. The NDAA requires that the electronic health record systems of DoD and the Department of Veterans Affairs (VA) are interoperable with an integrated display of data by complying with the national standards and architectural requirements identified by the DoD/VA Interagency Program Office (IPO) in collaboration with the Office of the National Coordinator for Health Information Technology (ONC).

DoD and VA have closely partnered to meet the 2014 NDAA requirements. The VA is currently working to finalize their efforts; once both Departments have met their requirements, DoD and VA will provide a joint certification to Congress.

The FY 2014 NDAA specifically required that all data in DoD's Armed Forces Health Longitudinal Technology Application (AHLTA) outpatient system be shared in compliance with existing national standards. With this letter, we are certifying that we have not merely met this requirement, but have gone even further to integrate data from other DoD systems, including inpatient, theater and pharmacy, into this process, thereby exceeding the NDAA's requirements. The additional data requirements were established by DoD and VA functional providers as important for continuity of care.

To establish a framework for implementing the Departments' data for compliance with the NDAA, the DoD/VA Interagency Clinical Informatics Board (ICIB) has endorsed 25 prioritized data domains to support continuity of care and Veterans benefits adjudication. The DoD/VA IPO worked with the Departments to identify the appropriate national standards associated with each domain, which is documented in the Healthcare Information Interoperability Technical Package.

For both Departments, three domains have no structured data to map. For the remaining 22 domains, the IPO has established national standards for both Departments' electronic health record systems. This process is documented in the IPO's Health Data Interoperability Management Plan. For domains that do not have structured data, the information is currently captured in the clinical notes in the legacy systems. These clinical notes are shared and provided in an integrated display. Moving forward these domains will be included as part of our electronic health record modernization plan.

DoD has mapped all 21 domains requiring national standard terminologies, representing nearly 1.8 million unique clinical terms. Over the past year, we have completed four data mapping

deliveries. DoD subject matter experts and the IPO conducted independent quality assurance reviews of these mappings to ensure their accuracy. Additionally, DoD has established a data governance process to actively manage and continually improve utilization of national standards as they evolve in the future. These domains are available to VA clinicians and benefits analysts through the Defense Medical Information Exchange Program and the Health Artifact and Image Management Solution (HAIMS).

DoD health data is currently electronically accessible and viewable for the 22 data domains. In FY 2014, data and national standard mappings for seven of the highest value clinical care domains were provided in the Joint Legacy Viewer (JLV) for an integrated display. This initial delivery comprised over 70 percent of relevant data for outpatient encounters. In FY 2015, DoD delivered two additional builds of JLV and supporting data infrastructure upgrades. Today, JLV includes 13 additional data domains and updated national standards mappings, for a total of 20 domains in an integrated display of data. The additional domains include both DoD, VA and private sector health data and represent more than 99 percent of the most frequently used and high value data terms.

The remaining two domains (Scanned & Imported Images and Radiology Images) are currently shared through DoD's HAIMS program. Summary reports of these radiology images are included in JLV today and we are working to include links to the source images as appropriate within JLV in FY 2016. Simultaneously, we have been methodically improving the availability, performance, scalability and comprehensiveness of JLV and the underlying infrastructure to ensure the data is available when needed. JLV today provides an integrated display and access to more health information than any other viewer or system used by either DoD or VA. This capability will be part of DoD's EHR modernization to ensure continued interoperability.

We fully recognize that medical data interoperability requires steadfast commitment and continuous improvement. In April, DoD conducted an independent operational assessment of our DoD/VA data sharing capabilities. The results and findings of that test have been critical inputs to improve the effectiveness and suitability of our data sharing capabilities. We plan to conduct a follow-on operational assessment in FY 2016 to validate the corrections and further test our capabilities. DoD will continue to collaborate and work closely with VA directly and through the IPO to better serve our users, and we will provide a joint certification to Congress when appropriate.

We appreciate your continued support for DoD's health data sharing programs. Providing high quality healthcare for current Service members, their families, and our Veterans is among our nation's highest priorities.

An identical letter has been sent to the other appropriate committees as defined by section 713(k).

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank Kendall', written in a cursive style.

Frank Kendall

cc:
The Honorable Nita M. Lowey
Ranking Member