Exhibit 300: Capital Asset Plan and Business Case Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview (All Capital Assets)

1. Date of Submission:	9/10/2007
2. Agency:	Department of State
3. Bureau:	M/Med Medical Director
4. Name of this Capital Asset:	Exhibit 300 - Electronic Medical Record (EMR)
5. Unique Project (Investment) Identifier: (For IT investment only, see section 53. For all other, use agency ID system.)	014-00-01-05-01-1163-00
6. What kind of investment will this be in FY2009? (Please NOTE: Investments moving to O&M in FY2009, with Planning/Acquisition activities prior to FY2009 should not select O&M. These investments should indicate their current status.)	Operations and Maintenance

8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap:

The Electronic Medical Record (EMR) System establishes the essential medical record infrastructure that the Department of State must have to provide quality health care services for all U.S. Foreign Affairs agencies worldwide. The EMR provides a single, electronic, authoritative source of information that is retrievable by multiple providers for patient care, medical evacuations and hospitalizations, medical clearance decisions, medical record release actions, and medical program planning and management. The EMR also provides a standard, rapid and secure way to enter new medical record information into a patient's Department of State medical record. The EMR is an integration of commercial off-the-shelf (COTS) medical record software; unique State Department medical applications (e.g. medical clearances); and scanned medical records, which are currently being integrated with web-based development software. This investment was developed to create a single authoritative source of information that is readily retrievable for: patient care, medevac and hospitalizations, clearance, record release, program planning and management and immunization tracking.

The Office of Medical Services transitioned to O&M in 2006. Also, we intend that the MED system will not evolve, because MED is planning to replace its EMR with an adapted federal system when the time is appropriate in the future.

9. Did the Agency's Executive/Investment Committee approve this request?	Yes
a. If "yes," what was the date of this approval?	8/28/2007
10. Did the Project Manager review this Exhibit?	Yes
12. Has the agency developed and/or promoted cost effective, energy-efficient and environmentally sustainable techniques or practices for this project?	Yes
a. Will this investment include electronic assets (including computers)?	Yes
b. Is this investment for new construction or major retrofit of a Federal building or facility? (answer applicable to non-IT assets only)	No
1. If "yes," is an ESPC or UESC being used to help fund this investment?	
2. If "yes," will this investment meet sustainable design principles?	
3. If "yes," is it designed to be 30% more energy efficient than relevant code?	
13. Does this investment directly support one of the PMA initiatives?	Yes
If "yes," check all that apply:	Human Capital Expanded E-Government
14. Does this investment support a program assessed using	No

the Program Assessment Rating Tool (PART)? (For more information about the PART, visit www.whitehouse.gov/omb/part.)

a. If "yes," does this investment address a weakness found during a PART review?   No

b. If "yes," what is the name of the PARTed program?

c. If "yes," what rating did the PART receive?

15. Is this investment for information technology?   Yes

If the answer to Question 15 is "Yes," complete questions 16-23 below. If the answer is "No," do not answer questions 16-23.

For information technology investments only:

16. What is the level of the IT Project? (per CIO Council PM   Level 2
Guidance)

17. What project management qualifications does the   (1) Project manager has been validated as qualified for this
Project Manager have? (per CIO Council PM Guidance)   investment

18. Is this investment or any project(s) within this   No
investment identified as "high risk" on the Q4 - FY 2007
agency high risk report (per OMB Memorandum M-05-23)

19. Is this a financial management system?   No

a. If "yes," does this investment address a FFMIA   No
compliance area?

1. If "yes," which compliance area: N/A

2. If "no," what does it address?

b. If "yes," please identify the system name(s) and system acronym(s) as reported in the most recent financial
systems inventory update required by Circular A-11 section 52

21. If this project produces information dissemination   N/A
products for the public, are these products published to the
Internet in conformance with OMB Memorandum 05-04 and
included in your agency inventory, schedules and priorities?

23. Are the records produced by this investment   Yes
appropriately scheduled with the National Archives and
Records Administration's approval?

Question 24 must be answered by all Investments:

Section D: Performance Information (All Capital Assets)

In order to successfully address this area of the exhibit 300, performance goals must be provided for the agency and be linked to the annual performance plan. The investment must discuss the agency's mission and strategic goals, and performance measures (indicators) must be provided. These goals need to map to the gap in the agency's strategic goals and objectives this investment is designed to fill. They are the internal and external performance benefits this investment is expected to deliver to the agency (e.g., improve efficiency by 60 percent, increase citizen participation by 300 percent a year to achieve an overall citizen participation rate of 75 percent by FY 2xxx, etc.). The goals must be clearly measurable investment outcomes, and if applicable, investment outputs. They do not include the completion date of the module, milestones, or investment, or general goals, such as, significant, better, improved that do not have a quantitative or qualitative measure.

Agencies must use the following table to report performance goals and measures for the major investment and use the Federal Enterprise Architecture (FEA) Performance Reference Model (PRM). Map all Measurement Indicators to the corresponding "Measurement Area" and "Measurement Grouping" identified in the PRM. There should be at least one Measurement Indicator for each of the four different Measurement Areas (for each fiscal year). The PRM is available at www.egov.gov. The table can be extended to include performance measures for years beyond FY 2009.

Performance Information Table								
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Category	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2005		Customer Results	Service Coverage	Frequency and Depth	Number of Help Desk calls received re: eMedV1.	Number of eMedv1 calls from FY04.	Partly, due to poor customer results, the replacement of eMed v1 is a major focus of this submission. In FY05, eMed v2 is in the devel. phase. Our expectation	Baseline: 19.83 calls/mo in FY04. FY05 results: 27.42/m0 - 27% increase over baseline.

Performance Information Table							
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Category	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
							is that Help Desk calls re: emed v1 will remain equal to or greater than the previous FY.	
2005		Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information/status is available within 24 hours.	Providing clearance information/status will be reduced to 12 hours or less.	Hours to provide clearance information/status has been reduced by twelve (12) hours.
2005		Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is ninety percent (90%).	Accuracy of EMR scanned images will improve by five percent (5%).	Accuracy of EMR scanned images has improved by five percent (5%).
2005		Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety (90%).	EMR system availability will improve by three Percent (3%).	EMR system availability has improved by three percent (3%).
2006		Customer Results	Service Coverage	Frequency and Depth	Number of Help Desk calls received re: eMEDv1.	Number of eMedv1 calls from FY05	In the first 7 months of FY06, eMed v2 is in the development phase. Our expectation is that Help Desk calls re: emed v1 will remain equal to or greater than previous FY. eMedv2 goes live 5/1/06.	Baseline: 27.42 calls/mo in FY05. Ist 7 months FY06. Results: 48.43 calls/mo. 43% increase over baseline.
2006		Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information/status is available within 12 hours.	Providing Clearance and/or status will be reduced to six (6) hours or less.	The improved performance goals and measures met goals. Clearance Status reduced to approximately 5.5 hours.
2006		Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is ninety five percent (95).	Accuracy of EMR scanned images will improve by two percent (2%).	Improved performance goals and measures improved by two Percent (2%).
2006		Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety three (93%).	EMR system availability will improve 95%.	The improved performance goals and measures improved three percent (3%)
2007		Customer Results	Service Coverage	Frequency and Depth	Number of Help Desk calls received re: eMED v1 and eMed v2.	Number of FY06 calls re: eMEDv1 = 48.43/mo	When eMed v2 is in a fully operational state, the number of Help Desk calls will be lower than that for the first 7 months of FY06, when eMed v1 was the active system.	First 7 months of FY07 results: 38.86/month. 20% decrease from baseline.
2007		Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information and/or status is available within ten (10) hours.	Providing clearance information and/or status will be reduced to five (5) hours or less.	FY07 data to be finalized 10/15/2007.
2007		Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images	Accuracy of EMR scanned images is ninety six percent (96).	Accuracy of EMR scanned images will improve by one point (1%).	FY07 data to be finalized 10/15/2007.

Performance Information Table							
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Category	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
					for the electronic medical record.			
2007		Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety six (96%).	EMR system availability will improve by one percent (1%).	FY07 data to be finalized 10/15/2007.
2008		Customer Results	Customer Benefit	Customer Complaints	Number of Help Desk calls received.	Number of eMed 2 calls from FY07 = 38.86/mo	Number of eMed 2 calls eMed 2 calls from FY08 will be 5% less than FY07 baseline.	FY08 data to be finalized 10/15/2008.
2008		Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information and/or status is available within eight (8) hours.	Reduce availability times by 2 hours.	FY08 data to be finalized 10/15/2008.
2008		Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is es expected to be ninety seven percent (97%).	Accuracy of EMR scanned images will improve by one half point (.5%).	FY08 data to be finalized 10/15/2008.
2008		Technology	Reliability and Availability	Availability	Availability of EMR will improve.	EMR system availability is expected to be ninety seven (97%).	EMR system availability will improve by .5 percent (.5%).	FY08 data to be finalized 10/15/2008.

Section E: Security and Privacy (IT Capital Assets only)

8. Planning & Operational Systems - Privacy Table:					
(a) Name of System	(b) Is this a new system? (Y/N)	(c) Is there at least one Privacy Impact Assessment (PIA) which covers this system? (Y/N)	(d) Internet Link or Explanation	(e) Is a System of Records Notice (SORN) required for this system? (Y/N)	(f) Internet Link or Explanation
EMR	No	Yes	http://foia.state.gov/SPIAS/20061%20DOS%20PIA%20Summary%20Electronic%20Medical%20ver2-Cleared.pdf	Yes	http://foia.state.gov/issuances/STATE-24.pdf

Details for Text Options:
Column (d): If yes to (c), provide the link(s) to the publicly posted PIA(s) with which this system is associated. If no to (c), provide an explanation why the PIA has not been publicly posted or why the PIA has not been conducted.

Column (f): If yes to (e), provide the link(s) to where the current and up to date SORN(s) is published in the federal register. If no to (e), provide an explanation why the SORN has not been published or why there isn't a current and up to date SORN.

Note: Working links must be provided to specific documents not general privacy websites. Non-working links will be considered as a blank field.

Section F: Enterprise Architecture (EA) (IT Capital Assets only)

In order to successfully address this area of the capital asset plan and business case, the investment must be included in the agency's EA and Capital Planning and Investment Control (CPIC) process and mapped to and supporting the FEA. The business case must demonstrate the relationship between the investment and the business, performance, data, services, application, and technology layers of the agency's EA.

1. Is this investment included in your agency's target enterprise architecture?   Yes

     a. If "no," please explain why?

2. Is this investment included in the agency's EA Transition Strategy?   Yes

     a. If "yes," provide the investment name as identified in the Transition Strategy provided in the agency's most recent annual EA Assessment.   Electronic Medical Record (EMR)

b. If "no," please explain why?

4. Service Component Reference Model (SRM) Table:								
Identify the service components funded by this major IT investment (e.g., knowledge management, content management, customer relationship management, etc.). Provide this information in the format of the following table. For detailed guidance regarding components, please refer to http://www.egov.gov.								
Agency Component Name	Agency Component Description	FEA SRM Service Domain	FEA SRM Service Type	FEA SRM Component (a)	Service Component Reused Name (b)	Service Component Reused UPI (b)	Internal or External Reuse? (c)	BY Funding Percentage (d)
Data Integration	EMR's relational database integrates data from different data sources into a single source and its data modules also allow for capture of new information into a single system.	Back Office Services	Development and Integration	Data Integration			No Reuse	5
Document Imaging and OCR	HighView Imaging System is used to scan and index external medical record. The scanned documents/images become part of Electronic Medical Record (EMR).	Digital Asset Services	Document Management	Document Imaging and OCR			No Reuse	35
Categorization	Scanned images are categorized by category and subcategory for easy retrieval of information.	Digital Asset Services	Document Management	Indexing			No Reuse	20
Library/Storage	EMR database has automatic archiving and storage capability.	Digital Asset Services	Document Management	Library / Storage			No Reuse	5
Information Sharing	EMR is accessible in a multi-user environment (overseas and domestic) for use by its stakeholders (medical providers).	Digital Asset Services	Knowledge Management	Knowledge Distribution and Delivery			No Reuse	15
Information sharing (Interoperability)	MED is looking into adoption of a set of existing health information interoperability standards both health vocabulary and messaging in order for its EMR to speak the same language and share clinical information with other federal health agencies. This is a new activity for the Office of MED. This effort has not been projected in the FY08 budget.	Digital Asset Services	Knowledge Management	Knowledge Engineering			No Reuse	15
Record Linking/Association	The Electronic Medical Record database support the link of rational data with data sets.	Digital Asset Services	Records Management	Record Linking / Association			No Reuse	5

a. Use existing SRM Components or identify as "NEW". A "NEW" component is one not already identified as a service

component in the FEA SRM.

  b. A reused component is one being funded by another investment, but being used by this investment. Rather than answer yes or no, identify the reused service component funded by the other investment and identify the other investment using the Unique Project Identifier (UPI) code from the OMB Ex 300 or Ex 53 submission.

  c. 'Internal' reuse is within an agency. For example, one agency within a department is reusing a service component provided by another agency within the same department. 'External' reuse is one agency within a department reusing a service component provided by another agency in another department. A good example of this is an E-Gov initiative service being reused by multiple organizations across the federal government.

  d. Please provide the percentage of the BY requested funding amount used for each service component listed in the table. If external, provide the percentage of the BY requested funding amount transferred to another agency to pay for the service. The percentages in the column can, but are not required to, add up to 100%.

5. Technical Reference Model (TRM) Table:
To demonstrate how this major IT investment aligns with the FEA Technical Reference Model (TRM), please list the Service Areas, Categories, Standards, and Service Specifications supporting this IT investment.

FEA SRM Component (a)	FEA TRM Service Area	FEA TRM Service Category	FEA TRM Service Standard	Service Specification (b) (i.e., vendor and product name)
Data Integration	Component Framework	Data Interchange	Data Exchange	XML/Html (Cold Fusion - Macromedia)
Data Integration	Component Framework	Data Management	Database Connectivity	Open Database Connectivity (ODBC)
Graphing / Charting	Component Framework	Presentation / Interface	Dynamic Server-Side Display	Active Server Pages (ASP.Net - Sun,MS)
Identification and Authentication	Component Framework	Security	Certificates / Digital Signatures	Secure Sockets Layer (SSL-Verisign/DS)
Record Linking / Association	Service Access and Delivery	Access Channels	Web Browser	Microsoft (MS) Internet Explorer 6.0
Data Integration	Service Interface and Integration	Interface	Service Description / Interface	Microsoft Application Program Interface (API) / Protocol
Library / Storage	Service Platform and Infrastructure	Database / Storage	Database	Oracle 9i/9iAS
Knowledge Distribution and Delivery	Service Platform and Infrastructure	Delivery Servers	Web Servers	Microsoft Internet Information Server (IIS4/5)

  a. Service Components identified in the previous question should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications

  b. In the Service Specification field, agencies should provide information on the specified technical standard or vendor product mapped to the FEA TRM Service Standard, including model or version numbers, as appropriate.

6. Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)?   No

  a. If "yes," please describe.

Exhibit 300: Part III: For "Operation and Maintenance" investments ONLY (Steady State)

Section A: Risk Management (All Capital Assets)

Part III should be completed only for investments identified as "Operation and Maintenance" (Steady State) in response to Question 6 in Part I, Section A above.

You should have performed a risk assessment during the early planning and initial concept phase of this investment's life-cycle, developed a risk-adjusted life-cycle cost estimate and a plan to eliminate, mitigate or manage risk, and be actively managing risk throughout the investment's life-cycle.

1. Does the investment have a Risk Management Plan?   Yes

  a. If "yes," what is the date of the plan?   7/31/2006

  b. Has the Risk Management Plan been significantly   Yes
changed since last year's submission to OMB?

  c. If "yes," describe any significant changes:

EMRs have been completed and are in Operations and Maintenance. Copy of MED's Risk Management Plan is in MED's Library.

2. If there currently is no plan, will a plan be developed?

  a. If "yes," what is the planned completion date?

  b. If "no," what is the strategy for managing the risks?