

Health Data Repository - 2008

ProSight

PART I - A

PART I: SUMMARY INFORMATION AND JUSTIFICATION

In Part I, complete Sections A, B, C, and D for all capital assets (IT and non-IT). Complete Sections E and F for IT capital assets.

OMB Text Limitations - SHORT ANSWER(250 Characters), MEDIUM ANSWER(500 Characters) and LONG ANSWER(2500 Characters)

Section A: Overview (All Capital Assets)

I.A.1) Date of Submission (mm/dd/yyyy)

Sep 11, 2006

I.A.2) Agency

029 - Department of Veterans Affairs

I.A.3) Bureau

00 - Agency Wide Initiatives

I.A.4) Name of this Investment:(SHORT ANSWER)

Health Data Repository-2008

I.A.5) Unique Project(Investment) Identifier: Update the UPI using the Exhibit 53 tab.

029-00-01-11-01-1183-00

I.A.6) What kind of investment will this be in FY2008? (Please NOTE: Investments moving to O&M ONLY in FY2008, with Planning/Acquisition activities prior to FY2008 should not select O&M. These investments should indicate their current status.)

Acquisition

I.A.7) What was the first budget year this investment was submitted to OMB?

FY2003

I.A.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: (LONG ANSWER)

The HDR is a repository of clinical information normally residing on one or more independent platforms for use by clinicians and other personnel in support of veteran-centric care. The data are derived from legacy, transaction-oriented systems and organized in a format to support clinical decision-making in support of health care, independent of the physical location of patient information. The HDR will hold individual patient medical records that delineate all aspects of a veteran's clinical care across the continuum within the VHA. The data comprise demographics, veteran-centered data (e.g., problem list, allergies & adverse reactions, vitals), ancillary data (e.g., medications, laboratory test results, radiological results), encounters (e.g., purpose of visit, procedures, diagnosis), discharge summaries, etc. A perpetual store representing the veteran's medical history is managed via the HDR. The repository is intended to represent the clinical portion of the legal medical record. Data are not overwritten. The repository will allow access to clinical patient information regardless of VHA location, allow other medical agencies to share information with VHA, provide improved health care through decision support tools and alerts of required actions, provide the components for the requirements of the legal record of patient care and eliminate the need for paper documents, provide an environment for population based reporting, provide improved information security, enable enhanced patient safety, convenience, high quality care and measurable health care delivery, maintain data quality, confidentiality, availability and integrity to ensure patient safety and protect veteran privacy. HDR is further being developed to interface with the DoD's Clinical Data Repository (CDR) creating the Clinical Health Data Repository (CHDR). CHDR will support the bi-directional, computable data exchange between the DoD Clinical Data Repository (CDR) with the VA Health Data Repository (HDR) enabling Armed Forces Health Longitudinal Technology Application (AHLTA) CDR and the HealtheVet HDR to exchange clinical data so that both TRICARE and HealtheVet beneficiaries receive seamless care. Completion of the first phase of the CHDR project to include Outpatient Pharmacy, Allergies, Vitals and Laboratory data related to Chemistry and Hematology is scheduled for the first quarter of FY2007. Phase II will continue from that point to enable sharing of additional data "domains".

I.A.9) Did the Agency's Executive/Investment Committee approve this request?

Yes

I.A.9.a) If "yes," what was the date of this approval?

May 25, 2006

I.A.10) Did the Project Manager review this Exhibit?

Yes

I.A.11) Project Managers Contact Information

	Project Managers Names (SHORT ANSWER)	PM Phone	E-mail (SHORT ANSWER)
Primary in-house	Smith, Gloria	801-588-5052	gsmith@med.va.gov

I.A.12) Has the agency developed and/or promoted cost effective, energy-efficient and environmentally sustainable techniques or practices for this project.

Yes

I.A.12.a) Will this investment include electronic assets (including computers)?

Yes

I.A.12.b) Is this investment for construction or retrofit of a federal building or facility? (Answer applicable to non-IT assets only)

No

I.A.12.b.1) If "yes," is an ESPC or UESC being used to help fund this investment?

I.A.12.b.2) If "yes," will this investment meet sustainable design principles?

I.A.12.b.3) If "yes," is it designed to be 30% more energy efficient than relevant code? (Answer applicable to non-IT assets only)

I.A.13) Does this investment directly support one of the PMA initiatives?

Yes

I.A.13.a) If "yes," check all that apply:

	PMA Initiatives for XML Submission	PMA Initiatives
Yes	Human Capital	- Human Capital
Yes	Budget Performance Integration	- Budget Performance Integration
		- Financial Performance
Yes	Expanded E-Government	- Expanded E-Government
		- Competitive Sourcing
		- Faith Based and Community
		- Real Property Asset Management
		- Eliminating Improper Payments
		- Privatization of Military Housing
		- Research & Development Investment Criteria
		- Housing & Urban Development Management & Performance
		- Broadening Health Insurance Coverage through State Initiatives
		- "Right Sized" Overseas Presence
Yes	Coordination of VA and DoD Programs and Systems	- Coordination of VA & DoD Programs and Systems

I.A.13.b) Briefly describe how this asset directly supports the identified initiative(s)?(MEDIUM ANSWER)

The HDR will provide online patient data clinicians at the point of care increasing productivity, facilitate medical decision-making and improve quality of care. The project will allow exchange of computable medical info between the DoD and VA. The HDR aligns with EO to computerize Health Records. The records within the repository are designed from the perspective that veterans will expect them to be portable. Rigorous PM processes are applied to insure on-time completion and within budget.

I.A.14) Does this investment support a program assessed using the Program Assessment Rating Tool (PART)? (For more information about the PART, visit www.whitehouse.gov/omb/part.)

No

I.A.14.a) If "yes," does this investment address a weakness found during a PART review?

I.A.14.b) If "yes," what is the name of the PARTed program? (SHORT ANSWER)

I.A.14.c) If "yes," what rating did the PART receive?

I.A.15) Is this investment information technology? (See section 53.8 for definition)

Yes

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

Level 3

I.A.17) What project management qualifications does the Project Manager have? (per CIO Council PM Guidance)

Qualification Status	Qualification Status for XML Submission	Description
1	(1) Project manager has been validated as qualified for this investment	(1) - Project manager has been validated as qualified for this investment.
		(2) - Project manager qualification is under review for this investment.
		(3) - Project manager assigned to investment, but does not meet requirements.
		(4) - Project manager assigned but qualification status review has not yet started.
		(5) - No Project manager has yet been assigned to this investment.

I.A.18) Is this investment identified as "high risk" on the Q4 - FY 2006 agency high risk report (per OMB's 'high risk' memo)?

Yes

I.A.19) Is this project (investment) a Financial Management System? (see section 53.3 for definition)

No

I.A.19.a) If so, does this project (investment) address a FFMA (Federal Financial Managers Integrity Act) compliance area?

I.A.19.a.1) If yes, which compliance area?

I.A.19.a.2) If "no," what does it address? (MEDIUM ANSWER)

I.A.19.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 (LONG ANSWER)

Financial systems are not involved and are not applicable to this question.

I.A.20) What is the percentage breakout for the total FY2008 funding request for the following? (This should total 100%)

Percentage of Total Investment	
% Hardware	4.00
% Software	0.00
% Services	96.00
% Others	

I.A.21) If this project produces information dissemination 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?

NA

I.A.22) Contact information of individual responsible for privacy related questions:

Contact Name: (SHORT ANSWER)	Heidi Hamzi
Phone Number:	202-565-8346
Title: (SHORT ANSWER)	IT Specialist
E-mail: (SHORT ANSWER)	heidi.hamzi@va.gov

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

Yes

PART I - B

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Section B: Summary of Funding (All Capital Assets)

I.B.1) FILL IN TABLE IN CURRENT VALUES (in millions)

(Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)

Provide the total estimated life-cycle cost for this investment by completing the following table. All amounts represent budget authority in millions, and are rounded to three decimal places. Federal personnel costs should be included only in the row designated "Government FTE Cost," and should be EXCLUDED from the amounts shown for "Planning," "Full Acquisition," and "Operation/Maintenance." The total estimated annual cost of the investment is the sum of costs for "Planning," "Full Acquisition," and "Operation/Maintenance." For Federal buildings and facilities, life-cycle costs should include long term energy, environmental, decommissioning, and/or restoration costs. The costs associated with the entire life-cycle of the investment should be included in this report.

Category of Funds	PY-1 and Earlier	PY 2006	CY 2007	BY 2008
Planning				
Budgetary Resources	23.900	0.000	0.000	0.000
Acquisition				
Budgetary Resources	59.380	12.100	11.040	12.730
Total, Sum of Stages				
Total, Resources (Plan & Acq)	83.280	12.100	11.040	12.730
Operations & Maintenance				
Budgetary Resources	7.580	4.000	7.020	7.270
Total, All Stages Resources	90.860	16.100	18.060	20.000
Government FTE Costs	13.150	7.030	5.690	6.880
Govt. FTE Numbers	36	54	42	50
Total, All Stages Resources + FTE	104.010	23.130	23.750	26.880

Government FTE Costs SHOULD NOT be INCLUDED as part of the TOTAL, All Stages Resources represented.

Note: 1) For the cross-agency investments, this table should include all funding (both managing partner and partner agencies). 2) Total, All Stages Resources should equal Total, All Stages Outlays.

I.B.2) Will this project require the agency to hire additional FTE's?

Yes

I.B.2.a) If Yes, How many and in what year? (MEDIUM ANSWER)

FY 2008 - 8 FTEE

I.B.3) If the summary of spending has changed from the FY2007 President's budget request, briefly explain those changes. (LONG ANSWER)

Changes to the funding in FY 2007 are requested as a result of realignment of sub-projects. The original request included funding for the HDR sub-project of Enterprise Terminology Services. Beginning with FY 2007, this project is moving to the HealtheVet Vista OMB 300 in order to align with other common services that are required to implement HealtheVet Vista. In addition, CHDR (Clinical Health Data Repository) had been aligned with HealtheVet Vista is being added to the HDR OMB 300. Both the HDR and CHDR are required to share data with Department of Defense. The baseline shown in this Exhibit 300 is the latest approved by the Office of Management and Budget (OMB). A revised baseline reflecting the amounts shown in the BY 2008 Summary of Funding table is pending OMB approval.

PART I - C

PART I: SUMMARY INFORMATION AND JUSTIFICATION
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Section C: Acquisition/Contract Strategy (All Capital Assets)
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<i>I.C.1) If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why? (LONG ANSWER)</i>

For the contracts that do not include EVM in the contract; all contractors working on the contract are required to enter time into IT Project Office for this project and earned value management can be monitored and reported. All time entries are review and approved by the project manager prior to certification of the invoice for payment of services.

<i>I.C.2) Do the contracts ensure Section 508 compliance?</i>

Yes

<i>I.C.2.a) If the Contracts WILL NOT ensure Section 508 Compliance, explain why:</i>

<i>I.C.3) Is there an acquisition plan which has been approved in accordance with agency requirements?</i>
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Yes

<i>I.C.3.a) If "yes," what is the date?</i>

Feb 21, 2005

<i>I.C.3.b) If "no," will an acquisition plan be developed?</i>

<i>I.C.3.b.1) If "no," briefly explain why: (MEDIUM ANSWER)</i>

PART I - D

PART I: SUMMARY INFORMATION AND JUSTIFICATION

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Section D: Performance Information (All Capital Assets)

I.D.1) 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 must be provided. These goals need to map to the gap in the agency's strategic goals and objectives that 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%, increase citizen participation by 300% a year to achieve an overall citizen participation rate of 75% 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, milestone, or investment, or general goals, such as, significant, better, improved that do not have a quantitative or qualitative measure.

For Existing IT projects that have previously submitted Exhibit 300s:

--> If you completed Table 1 last year, please use Table 1 to report for fiscal year 2005 and Table 2 for fiscal years 2006 through at least 2009.

--> If you completed only Table 2 last year, please use Table 2 to report for fiscal years 2006 through at least 2009.

For projects that are submitting Exhibit 300s for the first time:

--> Use Table 2.

--> Report on Performance Measures for at least two years, i.e., FY 2008 and 2009, FY 2009 and 2010.

--> If the project will have data for 2007 that you wish to include, add extra lines in Table 2 and complete all information in this single table.

--> At least one performance goal should be met by BY+1.

PERFORMANCE INFORMATION TABLE 2:

Please use Table 2 and the FEA Performance Reference Model (PRM) to identify the performance information pertaining to this major IT Investment. 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 at least four different Measurement Areas (for each fiscal year).

Fiscal Year	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Planned Improvements to the Baseline	Actual Results
2005	Mission and Business Results	Health Care Delivery Services	Health Care Services: Improve the quality and safety of health care of veterans by improving the VHA Prevention Index	88% Composite Score	Improve the VHA Prevention Index with the implementation of the Health Data Repository. The prevention index is composed of the average scores for various indicators such as cancer screening, and immunizations Supports Strategic Plan Objective 3.1	HDR Data Population did not occur and therefore no impact on performance measure
2005	Customer Results	Customer Impact or Burden	Customer Impact or Burden: The average response time to add file content to VistA by the terminology services team will not unduly impact care providers	11.09 Work Days	Disposition of requests made for changes to nationally standardized data will be made within 2 business days with a 95% compliance rate.Supports Strategic Plan Goal 3, Objective 3.1	Implementation of the NTRT process began on 07/27/05 with only one NTRT attempted in FY 2005 with full implementation in FY 2006
2005	Processes and Activities	Security	Security: Improve and safeguard the	No data restores	No more than 3 data restores from backup	At the current time, nightly hot back-ups

			confidentiality, integrity and availability of patient identifiable information		media per week Supports Strategic Plan Goal 3, Objective 3.1 provide high-quality, reliable, accessible, timely, and efficient health care	and weekly cold back ups are conducted to ensure data would be available and data restores have not yet been required
2005	Technology	Compliance	Improve availability of patient-centric clinical information by decreasing the number of local ICN's. When local ICN's are utilized data may not be stored in HDR	Baseline measurement will be taken at each site prior to implementation. Planned improvement is to reduce local ICN's to within targets upon HDR population.	Reduce the number of local ICN's; Target: Small sites < 40 local ICN's; Medium sites < 100 local ICN's; Large sites < 500 local ICN's Supports Strategic Plan Goal 3, Objective 3.1	Of the 128 VistA systems 92% meet or exceeded expectations. A total of 10 systems did not meet the desired target
2005	Technology	Reliability	Reliability: Ensure that HL7 messages are being stored in the HDR	Actual results will establish the baseline	100% of all rejected HL7 messages are acted upon. Supports Strategic Plan Goal 3, Objective 3.1 provide high-quality, reliable, accessible, timely, and efficient health care	In the prototype development for the HDR HL7 messages with appropriate clinical data were transmitted and stored in the HDR. All rejected messages were acted upon.
2005	Technology	Reliability	Reliability: Ensure that the data is being transmitted to the HDR	Baseline measurement will take place immediately after deployment and at one week intervals	If more than 24 hours elapses without a receipt of an HL7 message from any site, that site will be contacted to determine the status of the interface engine. Supports Strategic Plan Goal 3, Objective 3.1	In the prototype development for the HDR HL7 messages with appropriate clinical data were transmitted and stored in the HDR. Based on information obtained in the prototype we discovered that reliability of the Interface Engine needed to be monitored
2006	Mission and Business Results	Health Care Delivery Services	Health Care Services: Improve the quality and safety of health care of veterans by improving the VHA Prevention Index	88% Composite Score	Maintain the VHA Prevention Index with the implementation of the Health Data Repository. The prevention index is composed of the average scores for various indicators such as cancer screening, and immunizations. Supports Goal 3, Objective 3.1	Actual results will be available at the end of FY 2006
2006	Customer Results	Customer Impact or Burden	Customer Impact or Burden: The average response time to add file content to VistA by the	11.09 Work Days	Disposition of requests made for changes to nationally standardized data will be made within 2 business days with a	For the period of 02/02/06 through 03/31/2006 the average processing time for new terms was 11.09 work

			terminology services team will not unduly impact care providers		95% compliance rate. Supports Strategic Plan Goal 3, Objective 3.1	days.
2006	Processes and Activities	Security	Security: Improve and safeguard the confidentiality, integrity and availability of patient identifiable information	No data restores	No more than 3 data restores from backup media per week Supports Strategic Plan Goal 3, Objective 3.1	Actual results will be available at the end of FY 2006
2006	Technology	Reliability	Reliability: Increase the system availability so that the HDR is available to care providers whenever needed	Actual results will establish the baseline	The HDR will be available for data storage and data retrieval 90% of the time. Supports Strategic Plan Goal 3, Objective 3.1	Actual results will be available at the end of FY 2006
2007	Mission and Business Results	Health Care Delivery Services	Health Care Services: Improve the quality and safety of health care of veterans by improving the VHA Prevention Index	88% Composite Score	Maintain the VHA Prevention Index with the implementation of the Health Data Repository. The prevention index is composed of the average scores for various indicators such as cancer screening, and immunizations Supports Goal 3, Obj 3.1	Actual results will be available at the end of FY 2007
2007	Customer Results	Customer Impact or Burden	Customer Impact or Burden: The average response time to run a query on patients identified as Active Dual Consumers will not unduly impact care providers	Actual results will establish the baseline	Queries run against the HDR on patients flagged as ADC (DoD/VA) can expect response time to be between 25 to 30 seconds for the first query with subsequent queries against the same patient taking approximately 3 to 5 seconds Supports Goal 3, Obj 3.1	Actual results will be available at the end of FY 2007
2007	Processes and Activities	Security	Security: Improve and safeguard the confidentiality, integrity and availability of patient identifiable information	No data restores	No more than 2 data restores from backup media per week Supports Strategic Plan Goal 3, Objective 3.1 provide high-quality, reliable, accessible, timely, and efficient health care. Supports Strategic Plan Goal 3, Objective 3.1	Actual results will be available at the end of FY 2007
2007	Technology	Reliability	Reliability: Increase the system availability so that the HDR is available to care	Actual results will establish the baseline	The HDR will be available for data storage and data retrieval 92% of the time. Supports	Actual results will be available at the end of FY 2007

			providers whenever needed		Strategic Plan Goal 3, Objective 3.1	
2008	Mission and Business Results	Health Care Delivery Services	Health Care Services: Improve the quality and safety of health care of veterans by improving the VHA Prevention Index	88% Composite Score	Maintain the VHA Prevention Index with the implementation of the Health Data Repository. The prevention index is composed of the average scores for various indicators such as cancer screening, and immunizations. Supports Strat Plan Goal 3, Obj 3.1	Actual results will be available at the end of FY 2008
2008	Customer Results	Customer Impact or Burden	Customer Impact or Burden: The average response time to run a query on patients identified as Active Dual Consumers will not unduly impact care providers	Actual results will establish the baseline	Queries run against the HDR on patients flagged as ADC (DoD/VA) can expect response time to be between 20 to 25 seconds for the first query with subsequent queries against the same patient taking approx 3 to 5 seconds. Supports Goal 3, Obj 3.1	Actual results will be available at the end of FY 2008
2008	Processes and Activities	Security	Security: Improve and safeguard the confidentiality, integrity and availability of patient identifiable information	No data restores	No more than 1 data restores from backup media per week. Supports Strategic Plan Goal 3, Obj 3.1	Actual results will be available at the end of FY 2008
2008	Technology	Reliability	Reliability: Increase the system availability so that the HDR is available to care providers whenever needed	Actual results will establish the baseline	The HDR will be available for data storage and data retrieval 94% of the time. Supports Strategic Plan Goal 3, Objective 3.1	Actual results will be available at the end of FY 2008

PART I - E

PART I: SUMMARY INFORMATION AND JUSTIFICATION
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Section E: Security and Privacy (IT Capital Assets only)

System/Application Level Information:
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<i>In order to successfully address this area of the business case, each question below must be answered at the system/application level, not at a program or agency level. Systems supporting this investment on the planning and operational systems security tables should match the systems on the privacy table below. Systems on the Operational Security Table must be included on your agency FISMA system inventory and should be easily referenced in the inventory (i.e., should use the same name or identifier).</i>

<i>All systems supporting and/or part of this investment should be included in the tables below, inclusive of both agency owned systems and contractor systems. For IT investments under development, security and privacy planning must proceed in parallel with the development of the system(s) to ensure IT security and privacy requirements and costs are identified and incorporated into the overall lifecycle of the system(s).</i>
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<i>I.E.1) Identified the IT security costs for the system(s) and have integrated those costs into the overall costs of the investment:</i>
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Yes

<i>I.E.2) Is identifying and assessing security and privacy risks a part of the overall risk management effort for each system supporting or part of this investment.</i>

Yes

<i>I.E.3) Have any weaknesses, not yet remediated, related to any of the systems part of or supporting this investment been identified by the agency or IG?</i>

No

<i>I.E.3.a) If "yes," have those weaknesses been incorporated into the agency's plan of action and milestone process?</i>

PART I - F

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

In order to successfully address this area of the business case and capital asset plan you must ensure the investment is included in the agency's EA and Capital Planning and Investment Control (CPIC) process, and is mapped to and supports the FEA. You must also ensure the business case demonstrates the relationship between the investment and the business, performance, data, services, application, and technology layers of the agency's EA.

I.F.1) Is this investment included in your agency's target enterprise architecture?

Yes

I.F.1.a) If "no," please explain why? (LONG ANSWER)

I.F.2) Is this investment included in the agency's EA Transition Strategy?

Yes

I.F.2.a) If "yes," provide the investment name as identified in the Transition Strategy provided in the agency's most recent annual EA Assessment. (MEDIUM ANSWER)

CHDR - VA/DoD CDR-HDR interoperability
VHA Health Data Repository Development (HDR)

I.F.2.b) If "no," please explain why? (LONG ANSWER)

I.F.3) FEA SERVICE REFERENCE MODEL:

I.F.3) 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.whitehouse.gov/omb/egov/>.

SERVICE COMPONENT TABLE:

	Agency Component Name (SHORT ANSWER)	Agency Component Description (MEDIUM ANSWER)	FEA SRM Service Type	FEA SRM Component (a*)	FEA Service Component Reused : Component Name (b*)	FEA Service Component Reused : UPI (b*)	Internal or External Reuse? (c*)	BY Funding Percentage (d*)
1	VHA Health Data Repository	Controls the process for making changes to documents, software and business processes	Management of Processes	Change Management	Change Management		No Reuse	0.000
2	VHA Health Data Repository	Employs a system for the control of configurations, software, hardware and physical media designated to represent the project	Management of Processes	Configuration Management	Configuration Management		No Reuse	0.000
3	VHA Health	Classifies the	Data	Data	Data		No Reuse	0.000

	Data Repository	data to maximize value of datasets	Management	Classification	Classification			
4	VHA Common Services / Clinical Data Service	Gathers all of the data in the different VistA systems and store in a common repository.	Development and Integration	Data Integration	Data Integration		No Reuse	0.000
5	VHA Corporate Data Warehouse	Retrieves a subset of data for specific needs, i.e. individual departments or pharmacies	Data Management	Data Mart	Data Mart		No Reuse	0.000
6	VHA Health Data Repository	Uses the high available HealthVet architecture for rapid data recovery	Data Management	Data Recovery	Data Recovery		No Reuse	0.000
7	VHA Health Data Repository	Supports a data warehouse for access to data stored in the HDR	Data Management	Data Warehouse	Data Warehouse		No Reuse	0.000
8	VHA Health Data Repository	Categorizes project documents, both electronic and physical	Records Management	Document Classification	Data Classification		No Reuse	0.000
9	VHA Health Data Repository	Stores information in a document library that can be accessed on the VA Intranet	Collaboration	Document Library	Document Library		No Reuse	0.000
10	VHA Health Data Repository	Supports ongoing education and training for its users and support personnel	Human Resources	Education / Training	Education / Training		No Reuse	0.000
11	VHA Health Data Repository	Extracts data from VistA and transfer it to the HDR Platform	Data Management	Extraction and Transformation	Extraction and Transformation		No Reuse	0.000
12	VHA Health Data Repository	Provides documents and data for VA personnel and project stakeholders	Knowledge Management	Information Sharing	Information Sharing		No Reuse	0.000
13	VHA Health Data Repository	Verifies and validates its application capabilities through lab testing	Development and Integration	Instrumentation and Testing	Instrumentation and Testing		No Reuse	0.000

14	VHA Common Services	Supports integration between Legacy Vista applications and new technology	Development and Integration	Legacy Integration	Legacy Integration		No Reuse	0.000
15	VHA Health Data Repository	Maintains a documents and data library for future reference	Document Management	Library / Storage	Library / Storage		No Reuse	0.000
16	VHA Health Data Repository	Uses modeling to simulate real world conditions	Knowledge Discovery	Modeling	Modeling		No Reuse	0.000
17	VHA Health Data Repository	Uses multimedia for audio and video presentations, portable data storage, software installation, education and training	Visualization	Multimedia	Multimedia		No Reuse	0.000
18	VHA Health Data Repository	Utilizes OLAP for decision support processing. OLAP capabilities include what-if analysis, modeling and forecasting.	Reporting	OLAP	OLAP		No Reuse	0.000
19	VHA Health Data Repository	Provides online capabilities for users to seek assistance	Customer Initiated Assistance	Online Tutorials	Online Tutorials		No Reuse	0.000
20	VHA Common Services	Supports changes to application interfaces and to the way the data is displayed	Customer Preferences	Personalization	Personalization		No Reuse	0.000
21	VHA Health Data Repository	Utilizes applications i.e. Microsoft Live Meeting to enable realtime communications	Communication	Real Time / Chat	Real Time / Chat		No Reuse	0.000
22	VHA Health Data Repository	Ensures project activities comply with business requirements and VA policies and procedures	Management of Processes	Requirements Management	Requirements Management		No Reuse	0.000
23	VHA Health Data Repository	Supports the ongoing development of	Development and Integration	Software Development	Software Development		No Reuse	0.000

		application software and upgrades						
24	VHA Health Data Repository	Takes a responsibility for the distribution of upgrading applications and patches	Systems Management	Software Distribution	Software Distribution		No Reuse	0.000
25	User Management	Takes a responsibility for assigning rights and privileges to application users	Security Management	Access Control			No Reuse	0.000
26	Clinical Data Service	Allows access to data from the VHA Health Data Repository	Knowledge Management	Information Retrieval	Information Retrieval		No Reuse	0.000
27	Delivery Service	Clinical Health Data Repository (CHDR) uses the delivery service for the transfer and synchronization of data amongst VHA systems as well as external systems	Data Management	Data Exchange	Data Exchange	029-00-01-11-01-1223-00	Internal	0.000
28	Standard Terminology Services	Clinical Health Data Repository (CHDR) uses terminology services for sharing a full complement of medical information with DoD	Data Management	Data Exchange	Data Exchange	029-00-01-11-01-1183-00	Internal	0.000
29	Vitria	Vitria BusinessWare together with Delivery Service provides the middleware services for the service oriented architecture of the re-hosted/re-engineering applications	Development and Integration	Enterprise Application Integration	Enterprise Application Integration	029-00-01-11-01-1180-00	Internal	0.000
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NOTE:

(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 funding level transferred to another agency to pay for the service.

I.F.4) FEA TECHNICAL REFERENCE MODEL:

I.F.4) To demonstrate how this major IT investment aligns with Reference Model (TRM), please list the Service Areas, Service Specifications supporting this IT investment.

TECHNICAL REFERENCE MODEL TABLE:

	FEA SRM Component (a*)	FEA TRM Service Area	FEA TRM Service Category	FEA TRM Service Standard
1	Change Management	Service Platform and Infrastructure	Software Engineering	Software Configuration Management
2	Configuration Management	Service Platform and Infrastructure	Software Engineering	Software Configuration Management
3	Data Classification	Service Interface and Integration	Interoperability	Data Format / Classification
4	Data Integration	Service Interface and	Interoperability	Data Types / Validation

		Integration		
5	Data Mart	Service Access and Delivery	Delivery Channels	Internet
6	Data Recovery	Component Framework	Data Management	Database Connectivity
7	Data Warehouse	Service Platform and Infrastructure	Database / Storage	Storage
8	Document Classification	Service Access and Delivery	Delivery Channels	Intranet
9	Document Library	Service Access and Delivery	Delivery Channels	Intranet
10	Education / Training	Service Access and Delivery	Access Channels	Web Browser
11	Extraction and Transformation	Service Interface and Integration	Interoperability	Data Transformation
12	Information Sharing	Service Access and Delivery	Access Channels	Web Browser
13	Instrumentation and Testing	Service Platform and Infrastructure	Software Engineering	Test Management
14	Legacy Integration	Service Interface and Integration	Integration	Middleware
15	Library / Storage	Service Access and Delivery	Delivery Channels	Intranet
16	Modeling	Service Platform and Infrastructure	Software Engineering	Modeling
17	Multimedia	Service Platform and Infrastructure	Delivery Servers	Media Servers
18	OLAP	Component Framework	Data Management	Reporting and Analysis
19	Online Tutorials	Service Access and Delivery	Delivery Channels	Intranet
20	Personalization	Component Framework	Presentation / Interface	Static Display
21	Real Time / Chat	Service Access and Delivery	Delivery Channels	Internet
22	Requirements Management	Service Access and Delivery	Service Requirements	Legislative / Compliance
23	Software Development	Service Platform and Infrastructure	Support Platforms	Platform Independent
24	Software Distribution	Service Access and Delivery	Delivery Channels	Internet
25	Access Control	Component Framework	Security	Supporting Security Services
26	Modeling	Service Platform and Infrastructure	Software Engineering	Modeling
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	<i>NOTE:</i>
	<i>(a*) - Service Components identified in the previous question(I.F.3) should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications</i>
	<i>(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.</i>
	<i>I.F.5) Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)?</i>
	Yes
	<i>I.F.5.a) If "yes," please describe. (LONG ANSWER)</i>
	HDR will leverage existing components and applications across the government. HDR will leverage DoD applications and systems to collaborate and establish seamless medical data linkages with DoD applications and systems. One example of HDR/DoD collaboration is the Consolidated Health Data Repository which provides a combined DoD and VA health record for active dual consumers, i.e., patients being treated in both DoD and VA Health Care Facilities. HDR will also leverage existing components at NIH and CDC for interoperability and data transfer.
	<i>I.F.6) Does this investment provide the public with access to a government automated information system?</i>
	No
	<i>I.F.6.a) If "yes," does customer access require specific software (e.g., a specific web browser version)?</i>

PART II - B

PART II: PLANNING, ACQUISITION AND PERFORMANCE INFORMATION

Part II should be completed only for investments which in FY2008 will be in "Planning" or "Full Acquisition," investments, i.e., selected one of these three choices in response to Question 6 in Part I, Section A above.

OMB Text Limitations - SHORT ANSWER(250 Characters), MEDIUM ANSWER(500 Characters) and LONG ANSWER(2500 Characters)

Section B - RISK MANAGEMENT (All Capital Assets)

II.B.1) Does the investment have a Risk Management Plan?

Yes

II.B.1.a) If "yes," what is the date of the plan?

Nov 29, 2005

II.B.1.b) Has the Risk Management Plan been significantly changed since last year's submission to OMB?

No

II.B.1.c) If "yes," describe any significant changes: (LONG ANSWER)

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

II.B.2.a) If "no," what is the strategy for managing the risks? (LONG ANSWER)

II.B.3) Briefly describe how investment risks are reflected in the life cycle cost estimate and investment schedule: (LONG ANSWER)

The investment risks were included in the early stages of the project life-cycle. The project schedule was developed to address the high technical risks early in the project schedule in order to identify and eliminate risks before they threatened the project schedule and/or life-cycle costs. In order to mitigate risks a prototype was developed and completed in Feb 2004. Using sound project management principles an assessment was done using data from the prototype. Based on those findings the project took changes in not using a COTS application, changed the architectural design and used risk mitigation efforts to come up with interim deliverables. Additional prototypes are planned to ensure technical difficulties are addressed as early as possible in the project life cycle.

PART II - C

Part II: Planning, Acquisition And Performance Information

Part II should be completed only for investments which in FY2008 will be in "Planning" or "Full Acquisition," investments, i.e., selected one of these three choices in response to Question 6 in Part I, Section A above.

OMB Text Limitations - SHORT ANSWER(250 Characters), MEDIUM ANSWER(500 Characters) and LONG ANSWER(2500 Characters)

C) Cost and Schedule Performance:

Identify in this section the proposed change to the original or current OMB-approved baseline. What are the new cost and schedule goals for the phase or segment/module (e.g., what are the major investment milestones or events; when will each occur; and what is the estimated cost to accomplish each one)? If this is a new investment in the FY 2008 Budget year or if the agency does not intend to propose a new baseline modification, this section will be blank for your budget submission.

II.C.1) Is the department requesting a change in the performance baseline?

Yes

II.C.2) Does the earned value management system meet the criteria in ANSI/EIA Standard – 748?

No

II.C.3) What costs are included in the reported Cost/Schedule Performance information (Government Only/Contractor Only/Both)? (Per OMB requirements Cost/Schedule Performance information should include both Government and Contractor Costs).

Contractor and Government

II.C.4) Comparison of Initial Baseline and Current Approved Baseline:

II.C.4) Complete the following table to compare actual performance against the current performance baseline and to the initial performance baseline. In the Current Baseline section, for all milestones listed, you should provide both the baseline and actual completion dates (e.g., "03/23/2003"/ "04/28/2004") and the baseline and actual total costs (in \$ Millions).

Description of Milestone	Init BL Planned Completion Date	Current BL Completion Date Planned	Current BL Completion Date Actual
Technical Strategies defined and published, Implementation of Interface Engine, Prototype Complete		Feb 18, 2004	Feb 18, 2004
HDR Design complete including the completion of lexicon data mapping		May 7, 2004	May 7, 2004
HDR Elaboration complete.		Sep 30, 2008	
HDR Procurement & Testing		Sep 29, 2006	Sep 29, 2006
IT Security Certification and Accreditation		Sep 29, 2006	Sep 29, 2006
Population of HDR Interim Complete		Sep 29, 2006	Sep 29, 2006
Build Data Mart / Data Warehouse Solutions - HDR Available		Sep 29, 2006	Sep 29, 2006
HDR Historical		Sep 29, 2006	Sep 29, 2006
HDR National Construction		Sep 28, 2007	
Data Dictionary Development		Sep 30, 2008	
VA/DoD CHDR		Sep 28, 2007	

