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)

Aug 27, 2008

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-2010

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 FY2010? (Please NOTE: Investments moving to O&M in FY2010, with Planning/Acquisition activities prior to FY2010 should not select O&M. These investments should indicate their current status.)

Full-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)

Our veterans receive healthcare services from multiple VA locations during the course of their lifetime. In order to provide optimal health care, VHA clinicians need to be able to access relevant clinical patient information regardless of location and be able to make clinical decisions based on all clinical information available for each patient rather than data from just one source. They must be able to exchange patient information with other medical agencies. To address this gap, the VHA needs a repository for all relevant health data that is secure; maintains data integrity and confidentiality; operates in real-time; increases clinical efficiency and patient safety and reduces the likelihood of clinical error. Such a system should be capable of serving as the legal record, thus eliminating the need for paper documents. It must ensure patient privacy and be available 24/7. The Health Data Repository (HDR) is one of the cornerstone systems for Health e Vet VistA & remains a critical component of the One-VA architecture. HDR stores clinically relevant data at a national level & serves as the storage backbone of the Veterans' longitudinal health record. It ensures that clinical decisions are made based on all clinical information available for each patient rather than data from just one source. HDR is a repository of clinical information for use by clinicians & other personnel in support of veteran-centric care. Data are derived from legacy and re-engineered transaction-oriented systems & organized in a format to support clinical decision-making in support of health care independent of the physical location of patient information. HDR holds individual patient medical records that delineate all aspects of a veteran's clinical care across the continuum within VHA. Storage & retrieval of data from Veterans Health Information Systems and Technology Architecture (VistA) to HDR is in real-time to accommodate clinical needs. HDR is intended to be the equivalent of the legal medical record. HDR provides common access to accurate, consistent, comprehensive & reliable information across clinical/business lines in VHA, reducing the likelihood of clinical error. VHA Information Technology Architecture group has recognized the need for such a repository for the last 7 years: HDR aligns with the VHA IT Architecture goal to support access to & portability of information throughout VHA & addresses the gap that currently exists

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?

Jun 28, 2007

I.A.10) Did the Project Manager review this Exhibit?
Yes
I.A.11) Contact information of Program/Project Manager?

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

I.A.11.a) What is the current FAC-P/PM (for civilian agencies) or DAWIA (for defense agencies) certification level of the program/project manager?
DAWIA-Level-2
I.A.11.b) When was the Program/Project Manager Assigned?
Mar 1, 2006
I.A.11.c) What date did the Program/Project Manager receive the FACP/PM certification? If the certification has not been issued, what is the anticipated date for certification?
Nov 21, 2003
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
		- Human Capital
		- 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 and specifically describe for each selected how this asset directly supports the identified initiative(s)? (e.g. If E-Gov is selected, is it an approved shared service provider or the managing partner?)(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 or any project(s) within this investment identified as "high risk" on the Q4-FY 2008 agency high risk report (per OMB Memorandum M-05-23)

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 FFMIA (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)

HDR stores clinically relevant data; serves as storage backbone of Veteran longitudinal health record; ensures clinical decisions made based on all clinical information available. Total funds contain 43%-Services, covers contracting & service costs at Austin IT Center where HDR platform is stood up (equipment/storage/services); 40%-H/W, reflects equipment/storage refresh for all environments in Austin/Hines including Test/Production-2; 14%-Other, ancillary costs not covered in H/W, S/W, services

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)

I.A.20) What is the percentage breakout for the total FY2010 funding request for the following? (This should total 100%)

Percentage of Total Investment	
% Hardware	
% Software	
% Services	
% 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)	Dennis Stewart
Phone Number:	(202) 461-7456
Title: (SHORT ANSWER)	IT Specialist
E-mail: (SHORT ANSWER)	Dennis.Stewart2@va.gov

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

Yes

I.A.24) Does this investment directly support one of the GAO High Risk Areas?

No

PART I - B

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.

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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 2008	CY 2009	BY 2010
Planning Total	0.000	0.000	0.000	0.000
Acquisition Total	17.667	37.035	24.834	41.495
Operations & Maintenance Total	0.000	0.000	0.000	0.000
Total, All Stages (Non-FTE)	17.667	37.035	24.834	41.495
Government FTE Costs	3.645	3.000	3.123	4.071
Govt. FTE Numbers	30	30	28	32
Total (FTE and Non-FTE)	21.312	40.035	27.957	45.566

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 2010 - 16 FTEE

I.B.3) If the summary of spending has changed from the FY2009 President's budget request, briefly explain those changes. (LONG ANSWER)

Changes to the funding in FY 2009 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 2009 Summary of Funding table is pending OMB approval.

PART I - C

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.

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Section C: Acquisition/Contract Strategy (All Capital Assets)

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)

HDR has 3 main contract vehicles. HDR Program & CHDR project have Firm Fixed Price contracts for development efforts that are performance-based, were competitively awarded, & require EVM. There is a Service Level Agreement (SLA), competed annually, for maintenance & operation of HDR. EVM is not an appropriate methodology to track performance of SLAs.; The principles of sound program management are incorporated into the SLAs & the PM is able to ascertain overall performance based on the SLAs.

I.C.2) Do the contracts ensure Section 508 compliance?
Yes

I.C.2.a) Explain why not or how this is being done? (MEDIUM ANSWER)
HDR is a database which has no direct user access; thus 508 testing is not required on the HDR database. Part of the HDR originates from VistA data extracted to an intermediate HDR Historical database and will subsequently be migrated to the HDR database. The HDR Historical data extraction is initiated by a web-based application. Preliminary 508 testing has been performed on both of these web applications and continues to be performed if changes are made to the applications.

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

I.C.3.a) If "yes," what is the date?
Feb 24, 2005

I.C.3.a.1) Is it Current?
Yes

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

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

PART I - D

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.

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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 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 the next President's Budget.

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Planned Improvements to the Baseline	Actual Results

2007	Ensure Smooth Transition	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.	89% 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.	89% of Composite Score met
2007	Ensure Smooth Transition	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.	Actual results will establish baseline.	Queries run against the HDR on patients flagged as ADC (DoD/VA) can expect response time to be average 25 to 30 seconds for the first query with subsequent queries against the same patient taking approximately 3 to 5 seconds.	Have already met requirements of 3 to 5 seconds from request to release of transmission.
2007	Ensure Smooth Transition	Processes and Activities	Security	Security: Imrove 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.	Met requirements of no more than 2 data restores.
2007	Ensure Smooth Transition	Technology	Reliability	Reliability: Increase the system availability so that the HDR is available to providers whenever needed.	92% up time	The HDR will be available for data storage and retrieval 91% of the time.	Met requirements of 92% up time.
2008	Ensure Smooth Transition	Mission and Business Results	Health Care Delivery Services	Security: Improve and safeguard the confidentiality, integrity and availability of patient identifiable information	90% 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.	Actual requirements will be available at the end of FY 2008.

Year							
2008	Ensure Smooth Transition	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.	Actual results will establish baseline	Queries run against the HDR on patients flagged as ADC (DoD/VA) can expect response time to be average 20 to 25 seconds for the first query with subsequent queries against the same patient taking approximately 3 to 5 seconds.	The average has been 200ms to 1.6 seconds
2008	Ensure Smooth Transition	Processes and Activities	Security	Security: Imrove and safeguard the confidentiality, integrity and availability of patient identifiable information.	No data restores	No more than 1 data restore from backup media per week.	No restores have been required for production data.
2008	Ensure Smooth Transition	Technology	Reliability	Reliability: Increase the system availability so that the HDR is available to providers whenever needed.	93% up time	The HDR will be available for data storage and retrieval 93% of the time.	As of August 2008, recorded 2175 minutes of interrupted service. That equates to appox. 99.714%.
2009	Ensure Smooth Transition	Mission and Business Results	Health Care Delivery Services	Security: Improve and safeguard the confidentiality, integrity and availability of patient identifiable information	91% 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.	Actual results will be available at the end of FY 2009.
2009	Ensure Smooth Transition	Customer Results	Customer Impact or Burden	Reliability: Increase the system availability so that the HDR is available to care providers whenever needed	Actual results will establish the baseline	Queries run against the HDR on patients flagged as ADC (DoD/VA) can expect response time to be average 15 to 20 seconds for the first query with subsequent queries against the same patient taking approximately 3 to 5 seconds.	Actual results will be available at the end of FY 2009.
2009	Ensure Smooth Transition	Processes and Activities	Security	Health Care Services: Improve the quality and safety of health care of veterans by improving the VHA Prevention Index	No Data Restores	No more than 1 data restore from backup media per week.	Actual results will be available at the end of FY 2009.

2009	Ensure Smooth Transition	Technology	Reliability	Reliability: Increase the system availability so that the HDR is available to care providers whenever needed	94% up time	The HDR will be available for data storage and retrieval 94% of the time.	Actual results will be available at the end of FY 2009.
2010	Ensure Smooth Transition	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	No data restores	No more than 1 data restores from backup media per week.	Actual results will be available at the end of FY 2010.
2010	Ensure Smooth Transition	Customer Results	Customer Impact or Burden	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.	Actual results will be available at the end of FY 2008
2010	Ensure Smooth Transition	Processes and Activities	Security	Health Care Services: Improve the quality and safety of health care of veterans by improving the VHA Prevention Index.	92% Composite Score	Maintain the VHA Prevention Index with the implementation of the HDR. The prevention index is composed of the average scores for various indicators such as cancer screening, and immunizations.	Actual results will be available at the end of FY 2010.
2010	Ensure Smooth Transition	Technology	Reliability	Reliability: Increase the system availability so that the HDR is available to care providers whenever needed.	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 10 to 15 seconds for the first query with subsequent queries against the same patient taking approx 3 to 5 seconds.	Actual results will be available at the end of FY 2010.

PART I - F

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.

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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) Is this investment identified in a completed (contains a target architecture) and approved segment architecture?

Yes

I.F.3a) If "yes," provide the six digit code corresponding to the agency segment architecture. The segment architecture codes are maintained by the agency Chief Architect.

100-000

Segment Architecture Mapping Reference Table:

BUSINESS SEGMENT NAME	SEGMENT ARCHITECTURE CODE
1) Health Business Segment	100-000
2) Benefits Business Segment	200-000
3) Memorial, Burials & HQ Segment	300-000
4) Material Management Segment	400-000
5) Financial Segment	500-000
6) Human Resources Segment	600-000
7) Security Management Segment	700-000
8) Information Management Segment	800-000
9) Education & Training Segment	900-000

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 Common Services	Supports changes to application interfaces and to the way the data is displayed	Customer Preferences	Personalization	Personalization	029-00-01-11-01-1223-00	Internal	
2	VHA Health Data Repository	Supports document and data warehousing and archiving	Document Management	Library / Storage			No Reuse	
3	Clinical Data Service	Allows access to data from the VHA Health Data Repository.	Knowledge Management	Information Retrieval	Information Retrieval	029-00-01-11-01-1223-00	Internal	
4	VHA Health Data Repository	Provides documents and data for VA personnel and project stakeholders	Knowledge Management	Information Sharing			No Reuse	
5	VHA Corporate Data Warehouse	Utilizes OLAP for decision support processing. OLAP capabilities include what-if analysis, modeling and forecasting.	Reporting	OLAP	OLAP	029-00-01-11-01-1223-00	Internal	
6	Delivery Service	Delivery services provides 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	
7	VHA Corporate Data Warehouse	Retrieves a subset of data for specific needs, i.e. individual departments or pharmacies	Data Management	Data Mart	Data Mart	029-00-01-11-01-1223-00	Internal	
8	VHA Health Data Repository	Supports a data warehouse for access to data stored in the HDR	Data Management	Data Warehouse			No Reuse	
9	VHA Health Data Repository	Supports data cleansing for human and computer error	Data Management	Data Cleansing			No Reuse	

10	VHA Health Data Repository	Extracts data from VistA and transfers to the HDR Platform	Data Management	Extraction and Transformation			No Reuse	
11	VHA Health Data Repository	Uses the high available HealtheVet architecture for rapid data recovery	Data Management	Data Recovery			No Reuse	
12	VHA Health Data Repository	Classifies the data to maximize value of datasets	Data Management	Data Classification			No Reuse	
13		together with Delivery Service provides middleware services for the service oriented architecture of the re-hosted/re-engineering applications.	Data Management	Data Exchange	Data Exchange		Internal	
14	VHA Common Services	Supports integration between Legacy VistA applications and new technology	Development and Integration	Enterprise Application Integration	Enterprise Application Integration	029-00-01-11-01-1223-00	Internal	
15	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		Internal	
16	Infrastructure & Security Services (ISS)	Takes responsibility for assigning rights and privileges to application users.	Development and Integration	Data Integration	Data Integration	029-00-01-11-01-1223-00	Internal	
17	VHA Health Data Repository	Stores information in a document library that can be accessed on the VA Intranet	Collaboration	Document Library			No Reuse	
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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	Personalization	Component Framework	User Presentation / Interface	Dynamic Server-Side Display
2	Library / Storage	Service Platform and Infrastructure	Database / Storage	Storage
3	Information Retrieval	Service Interface and Integration	Interoperability	Data Format / Classification
4	Information Sharing	Service Access and Delivery	Access Channels	Web Browser
5	OLAP	Component Framework	Data Management	Reporting and Analysis
6	Data Exchange	Service Access and Delivery	Delivery Channels	Intranet
7	Data Mart	Service Access and Delivery	Delivery Channels	Internet
8	Data Warehouse	Service Platform and Infrastructure	Database / Storage	Storage
9	Data Cleansing	Service Interface and Integration	Interoperability	Data Types / Validation
10	Extraction and Transformation	Service Interface and Integration	Interoperability	Data Transformation
11	Data Classification	Service Interface and Integration	Interoperability	Data Format / Classification
12	Legacy Integration	Service Interface and Integration	Integration	Middleware
13	Enterprise Application Integration	Service Interface and Integration	Integration	Middleware
14	Data Exchange	Service Access and Delivery	Delivery Channels	Intranet
15	Data Integration	Service Interface and Integration	Interoperability	Data Types / Validation
16	Access Control	Component Framework	Security	Supporting Security Services
17	Document Library	Service Access and Delivery	Delivery Channels	Intranet
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NOTE:

(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

(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.F.5) Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)?

Yes

I.F.5.a) If "yes," please describe. (LONG ANSWER)

VHA is leveraging the Federal interagency initiative, Consolidated Health Informatics (CHI), to identify standards for interoperability of health care information. This is part of the President's eGov initiative, with OMB oversight. Participants include DoD, HHS, NIH, IHS, CDC, and FDA. Standardization efforts amongst these organizations will enable data sharing for improved nationwide healthcare.

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?

Mar 29, 2007

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 "yes," what is the planned completion date?

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

Yes

II.C.3) Has the investment re-baselined during the past fiscal year?

No

II.C.3.a) If "Yes", when was it approved by the Agency head?

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	
HDR Deployment to all sites.		Sep 30, 2009	
Operation of Repository during development.		Sep 30, 2009	
Project Closeout, Lessons Learned Activities		Apr 30, 2010	
Enterprise Reference Terminology		Sep 30, 2009	
Data Dictionary Development		Sep 30, 2008	
IT Security Certification and Accreditation HDR Regional		Sep 30, 2009	
HDR Regional Construction		Sep 30, 2009	
VA/DoD CHDR		Sep 28, 2007	
Program Administration		Sep 30, 2009	