

# Health IT Strategic Framework

## Attachment 4

### Federal Health Information Technology Programs

*The following report was issued by the National Coordinator for Health Information Technology under direction of Executive Order 13335, Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator, April 27, 2004.*

The Office of the National Coordinator for Health Information Technology (ONCHIT) is responsible for coordinating federal activities relating to health information technology. These covered health information technology activities are defined as any effort in the federal government that meets one or more of the following criteria:

1. Efforts that use federal funds to design, develop, standardize, implement, maintain, operate, and/or enhance HIT (e.g., software, hardware or other technology) that is used inside or outside the federal government to deliver, monitor, improve, supply information to, interface with, or use information from a patient care encounter, including financial, clinical, or other information.
2. Efforts that use federal funds for projects or programs that evaluate, research, study, or otherwise assess the use, benefit, cost, consequences, or other aspects of the HIT defined in #1.
3. Efforts that use federal funds to educate, teach, train, or address human factors about or relating to the HIT described in #1.
4. Policies, rules, reports, advisories, or other documents that describe, discuss, or influence the use of the HIT defined in #1.
5. Partnerships, grants, contracts, initiatives, or awards between the federal government and/or its contractors with non-federal organizations, including state or local governments or agencies, private companies, or other entities that relate to HIT defined in #1.
6. Knowledge management of the experiences gained from HIT implementation across large, distributed health care networks such as DoD, VA, and the IHS will be brought to a central, accessible point.

Many different components of the federal government touch upon health care, so federal leadership in HIT needs to be focused and coordinated. While there is some integration of these efforts, until recently there has been neither a single voice for this effort nor a holistic set of goals for change. The National Coordinator for Health Information Technology has been given the responsibility for coordinating HIT efforts throughout the federal government. As part of the outreach effort, the programs, projects, and policies that involve HIT are being compiled.

According to the FHA initiative and budget documents submitted to the Office of Management and Budget, total federal spending on HIT was over \$900 million in FY2004. A list of identified federal HIT programs follows. Federal HIT initiatives range from supporting research in advanced HIT (e.g., high-speed Internet, imaging, and bioinformatics) to the development and use of EHR systems. Overall, the compilation in the following table shows that the federal government has played an active role in

the evolution and use of HIT, and further analysis of agency obligations and programmatic activities suggests that there is additional HIT spending within federal grants and other activities. The implementation of this strategy is an opportunity to comprehensively identify HIT spending activities, and to better enable collaboration that leverages these efforts.

VA provides to physicians, registered nurses, dentists, optometrists, podiatrists, nurse anesthetists, physician assistants, and other staff an EHR system known as VistA. The VA's work on the evolution of this EHR and diagnostic imaging is leading the field. The VA first demonstrated the effectiveness of bar coding for improving patient safety in hospital drug administration. This success contributed to the FDA's development of regulation requiring bar codes on drug products.

Another example of federal leadership is DoD's Pharmacy Data Transaction Service (PDTS), which is linked to DoD's EHR system. This utilizes a centralized data repository that records information about prescriptions filled for DoD beneficiaries through Military Treatment Facilities (MTFs), the civilian pharmacy network, and the TRICARE Mail Order Pharmacy program. PDTS enhances patient safety and quality of medical care by reducing the likelihood of adverse drug-to-drug interactions, duplicate drugs prescribed to treat the same condition, and the same drug obtained from multiple sources. This system has detected more than 117,000 potential Level 1 drug interactions over the last three years.

Other innovative activities are under way in the federal government. DoD and VA utilize telehealth applications for radiology, mental health, dermatology, pathology, and dental; for provider/patient education interactions; and as provider extenders. IHS has had an electronic health information system for over 25 years. IHS is currently adapting an EHR to fit the special needs of its hospitals and clinics. CMS is developing programs to promote the adoption and effective use of HIT through the Doctors' Office Quality Information Technology (DOQ-IT) pilot project and the Medicare Care Management Performance demonstration.

Standards adoption has been a core federal program. HHS has acquired the license to SNOMED CT<sup>Ó</sup>, a medical terminology, for use throughout the U.S. The VA and DoD are developing interoperable health information systems to support the seamless transfer of health information and continuity of services for beneficiaries. To accelerate progress within the government, HHS, DoD, and VA are lead partners in the CHI, one of the 24 e-Gov initiatives supporting the President's Management Agenda. The goal of the CHI initiative is to establish federal health information interoperability standards as the basis for electronic health data transfer in federal health activities and projects, which will facilitate the adoption of these standards in products used in the private sector. These federal agencies also support the FHA effort to develop an interoperable and common architecture for HIT across agencies.

Federal agencies are also stimulating formation of private sector health information exchange. AHRQ will spend \$50 million in FY2004 on HIT research and demonstration projects aimed at improving the safety, quality, efficiency, and effectiveness of care. Using a portion of these resources, AHRQ will establish a Health Information Technology Resource Center that will provide technical assistance, expert HIT support, educational services, and other support to HHS grantees. AHRQ will also fund five state-level HIT projects to support health information exchange across these communities. The Health Resources and Services Administration is accelerating adoption and enabling community

health information exchange through several programs including Connecting Communities for Better Health, the BPHC Healthy Communities Access Program, and telehealth programs.

The tools to ensure advances in population health and research are evolving. NIH is working to ensure the development of an infrastructure to support clinical research that will interface with community health information exchange networks. CDC is facilitating the implementation of a public health information infrastructure in a variety of fronts. This effort is already demonstrating results; the reporting times have dropped from an average of 30 days to 1-2 days. Work on and support for the U.S. Department of Homeland Security's BioWatch and BioSense continues, solidifying the infrastructure needed to detect and respond to emerging diseases and a bioterrorist event. Also, CDC is advancing the development of the Public Health Information Network (PHIN), which supports the broad range of public health activities, including interoperability with clinical care. It now includes the National Electronic Disease Surveillance System as a surveillance component, which promotes the use of standards to advance development of efficient, integrated, and interoperable surveillance systems at federal, state, and local levels. BioSense, among other things, fosters the use of standards-based clinical care data for the early detection, localization, and investigation of emerging health events.

The federal government has also acted to develop tools to support personalized care for the consumer. This is being accomplished through Healthfinder and Medline Plus, access to clinical trial information; DoD's TRICARE Online (TOL), the enterprise-wide, secure, Internet portal for use by all DoD beneficiaries, providers, and managers worldwide to access available health care services, benefits, and information; and VA's My HealtheVet.

The following table represents a preliminary, non-exhaustive, list of federal (HHS, VA, and DoD) projects meeting these criteria. ONCHIT will compile a database of programs, projects, and policies from various sources. This information will be for planning, coordination, and knowledge transfer.

Agency/ Organization	Title of HIT Initiative	Description of Activities
<b><u>Department of Health and Human Services</u></b> <b><u>Assistant Secretary for Planning &amp; Evaluation</u></b>		
<a href="#">ASPE</a>	<a href="#">National Committee on Vital and Health Statistics (NCVHS)</a>	Policy development and development of standards.
<a href="#">ASPE</a>	National Health Information Infrastructure (NHII)	The NHII is an initiative to improve the effectiveness, efficiency, and overall quality of health and health care in the United States -- a comprehensive knowledge-based network of interoperable systems of clinical, public health, and personal health information that would improve decision making by making health information available when and where it is needed. (NHII has been incorporated into ONCHIT).

<a href="#">ASPE</a>	EHRs in Post-Acute and Long-Term Care	ASPE has contracted with the University of Colorado Health Sciences Center to evaluate the current status of electronic health information systems (EHIS) and electronic health records (EHRs) in post-acute and long-term care (PAC/LTC) settings. The project team has reviewed literature, conducted telephone interviews, and completed site visits to providers that have implemented EHIS/EHRs in PAC/LTC. The project also contracted with Apelon to conduct a pilot study of the issues of conforming the nursing home minimum data set (MDS v.2) to CHI standards.
<a href="#">ASPE</a>	Conforming the Nursing Home Minimum Data Set v.3 to CHI-Endorsed Standards	ASPE and CMS will partner on a project to conform the MDS v.3 to CHI-endorsed standards.

**[Office of the Chief Information Officer \(CIO\)](#)**

<a href="#">CIO</a>	<a href="#">Consolidated Health Informatics Initiative (CHI)</a>	<a href="#">The goal of CHI is to establish federal health information interoperability standards as the basis for electronic health data transfer in all activities and projects and among all agencies and departments. The first phase involved establishing a set of existing clinical vocabularies and messaging standards enabling federal agencies to build interoperable federal health data systems.</a>
<a href="#">CIO</a>	<a href="#">Federal Health Architecture (FHA)</a>	TheFHA program will define an overarching framework and methodology that allows initiatives throughout several federal agencies to proceed coherently, establishing the target and standards for interoperability and communication that will unify the federal health community. The FHA will establish a government-wide road map to achieve the federal health community's mission through optimal performance of its core business processes within an efficient IT environment.

**[Council on the Application of Health Information Technology \(CAHIT\)](#)**

CAHIT	Coordination HL7 balloting	CAHIT staff coordinated the HHS engagement with regard to the HL7 Electronic Health Record Special Interest Group.
CAHIT	EHR Acceleration Efforts	CAHIT staff coordinated a series of planning meetings to best position pertinent departmental HIT activities (either current or future) that hold the promise of accelerating EHR adoption.

CAHIT	CHI Standards	CAHIT staff and membership, via council meetings, activities, and staff briefings ensured the universal integration of CHI standards in HHS agency activities and programs.
<b><u>Agency for Healthcare Research and Quality (AHRQ)</u></b>		
<a href="#">AHRQ</a>	<a href="#">Transforming Healthcare Quality Through Information Technology (THQIT)</a>	<a href="#">THQIT is a series of three grant programs (RFAs) released in FY04. The RFAs include the following: 1) demonstrating the value of HIT, 2) planning grants for future HIT implementations, and 3) providing HIT implementation grants for partnerships of three or more entities.</a>
<a href="#">AHRQ</a>	State and Regional Health IT Demonstrations	AHRQ recently issued a contract solicitation to establish and implement state and regional demonstrations of interoperable health information systems. In the Fall of 2004, AHRQ anticipates issuing up to five awards.
<a href="#">AHRQ</a>	<a href="#">Health Information Technology Resource Center (HITRC)</a>	<a href="#">The Health Information Technology Resource Center (HITRC) will provide a state-of-the-art service center for grantees and organizations that are engaged in health IT diffusion activities (e.g., research, diffusion, or adoption).</a>
<a href="#">AHRQ</a>	Coordination with CMS Medicare Care Management Performance (MCMP) Demonstration Project	AHRQ will be supporting a five-year evaluation of CMS's MCMP demonstration project to explore the integration of EHRs in the ambulatory environment.
<a href="#">AHRQ</a>	Indian Health Service (IHS) - Resource and Patient Management System (RPMS)	AHRQ recently provided funding to the IHS to support needed enhancements to the IHS EHR. This investment will help to create a user-friendly data system that can provide community-specific health care data as well as track the health status of the patient population.
<a href="#">AHRQ</a>	Patient Safety Health Care Information Technology Data Standards Program: Standards and Interoperability	This work on health data standards, done in coordination with the ASPE, will focus of the following four areas: 1) voluntary industry clinical messaging and terminology standards, 2) national standard nomenclature for drugs and biological products, 3) standards related to comprehensive clinical terminology, and 4) nomenclature and research related to accelerating the adoption of interoperable HIT systems.
<a href="#">AHRQ</a>	<a href="#">Evidence Based Practice Center (EPC) - Evaluation of</a>	<a href="#">AHRQ's EPC Program has embarked on a 13-month program to explore and determine the evidence base</a>

	<a href="#">the Evidence Regarding Select Health IT Functions</a>	<a href="#">associated with certain HIT functions.</a>
<b><a href="#">Centers for Medicare and Medicaid Services (CMS)</a></b>		
CMS	<a href="#">Doctors' Office Quality - Information Technology (DOQ-IT)</a>	A special study to develop an approach to promoting adoption and use of information technologies in the physician office and reporting of information to Quality Improvement Organizations (QIOs).
<a href="#">CMS</a>	VistA – Office her	Modify / repackage VistA (the Veteran's Administration EHR software) for the physician office setting.
<a href="#">CMS</a>	<a href="#">Medicare Care Management Performance Demonstration</a>	<a href="#">Establish a three-year, pay-for-performance pilot with physicians to promote the adoption and effective use of HIT to improve the quality of patient care for chronically ill Medicare patients. CMS will offer financial incentives to physician offices that meet performance standards in delivery systems and outcomes.</a>
<a href="#">CMS</a>	<a href="#">Physician self-referral exception: Phase II of physician self-referral regulations includes exception for community-wide health information systems</a>	Removes the regulatory barrier to allow for the furnishing of technology items or services to physicians to enable their participation in community-wide health information systems.
<a href="#">CMS</a>	E-prescribing hearings to develop, adopt, recognize, or modify initial e-prescribing standards. Pilot project to test initial standards.	<a href="#">Participate in NCVHS hearings regarding e-prescribing standards in 2004 and 2005. Develop, adopt, recognize, or modify initial uniform standards not later than Sept. 1, 2005. During 2006 calendar year, conduct pilot project to test initial e-prescribing standards, unless the Secretary determines the industry has adequate experience with such standards.</a>
<a href="#">CMS</a>	EMR Focus Groups	<a href="#">Pacific Consulting Group, under contract with CMS, will conduct 12 focus groups of providers to identify the issues and barriers that would prevent them from using electronic medical records, and suggestions they may have for addressing these issues. The focus groups will be organized as follows: three Part A, three Part B, three durable medical equipment (DME) providers, two rural providers, and one billing agent. Six of these focus groups will be in person, while six will meet via conference call. Focus groups are planned for the following cities: Boston or New York City, Florida or Atlanta, Chicago, Denver, San Francisco.</a>

<a href="#">CMS</a>	CMS Virtual Call Center	<a href="#">The goal of CMS' Virtual Call Center is to improve beneficiary telephone customer service through the implementation of various initiatives for efficient and effective handling of all types of inquiries. The first phase involves, among other things, improvements in the Web-based application that allows phone representatives to retrieve clinical information about the beneficiary (such as date of last pap smear or colonoscopy). The second phase involves allowing beneficiaries to access clinical information about themselves through a Web-based application.</a>
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### **[Food and Drug Administration \(FDA\)](#)**

<a href="#">FDA</a>	<a href="#">Structured Product Labeling (SPL) for prescription products (e.g., accessible drug information)</a>	The SPL provides information found in the approved FDA drug label or package insert in a computer-readable format for use in electronic prescribing and decision support.
<a href="#">FDA</a>	Bar Coding for Prescription Products	Standardized labeling.

### **[National Institutes of Health](#)**

<a href="#">NIH</a>	<a href="#">National Library of Medicine - Grants for Research, Training, and Access to Informatics Resources</a>	Research grants and contracts for advanced computer technologies to facilitate access, storage, and use of biomedical information, and for the value derived from the adoption, diffusion, and utilization of HIT.
<a href="#">NIH</a>	<a href="#">National Library of Medicine - Grants for Research, Training, and Access to Informatics Resources</a>	Support for training of informatics researchers and developers.
<a href="#">NIH</a>	<a href="#">National Library of Medicine - Grants for Research, Training, and Access to Informatics Resources</a>	<a href="#">Support for Integrated Advanced Information Networks (IAIMS), Internet connections, and access to digital libraries.</a>
<a href="#">NIH</a>	<a href="#">National Library of Medicine - Development and Implementation of Controlled Clinical Vocabularies</a>	Support for, and development of, selected CHI standard clinical vocabularies to enable ongoing maintenance and free use within the United States.
<a href="#">NIH</a>	<a href="#">National Library of Medicine - Development and Implementation of Controlled Clinical Vocabularies</a>	Uniform distribution and mapping of HIPAA code sets, CHI standard vocabularies, HL7 code sets, and other important vocabularies within the UMLS Metathesaurus.

<a href="#">NIH</a>	<a href="#">National Electronic Clinical Trials and Research (NECTAR) Network</a>	NIH plans to develop NECTAR, which will link research sites and ultimately create a “national network of networks,” in coordination with the national health information network, by which research information and findings will be shared and scientific collaborations facilitated. NECTAR includes a research workflow model, a common lexicon of standard vocabularies to describe medical and scientific events, and analytical and dissemination tools.
<a href="#">NIH</a>	<a href="#">Cancer Biomedical Informatics Grid (caBIG)</a>	caBIG is a virtual cancer research network of interconnected data, individuals, and organizations that will create a common, widely distributed infrastructure that facilitates the sharing of data and applications and thereby enhances productivity and efficiency of research. caBIG infrastructure is based on HHS CHI standards. caBIG is being pursued as a pilot program that involves NCI’s caCORE central resources, over 40 of NCI’s cancer centers, and the FDA. The NCI has created a standards-supporting infrastructure called caCORE. It is composed of HHS-established controlled vocabularies, standard data elements, and domain models.
<b><a href="#">Indian Health Service</a></b>		
<a href="#">IHS</a>	Integrated Behavioral Health System (BH)	The BH graphical user interface software application that includes the ability to track services provided by social work, alcohol/substance abuse counselors, psychologists, and psychiatrists. Application includes suicide tracking system (with bi-directional notification within HIPAA guidelines) as well as embedded guidelines. The requirements determination has been completed and the software development process will begin in FY04.
<a href="#">IHS</a>	Patient Account Management System (PAMS)	The PAMS is an enhanced third-party billing system.
<a href="#">IHS</a>	<a href="#">Clinical Indicator Reporting System (CIRS)</a>	<a href="#">The CIRS is a robust reporting system that tracks over 40 indicators in a standard reporting format. The standards reporting format is a delimited file that exports locally into Excel and can be exported for regional aggregation.</a>
<a href="#">IHS</a>	Integrated Case Management System	An integrated case management application is being developed to facilitate three views of data: patient,

		provider, and population health. These systems will allow for integration of varied disease case management applications that currently exist (diabetes, asthma, immunizations, etc.).
<a href="#">IHS</a>	<a href="#">National Data Warehouse Initiative</a>	This Initiative is developing a data warehouse for use by epidemiologists, as well as clinical quality in order to enable analyses on quality improvement and interface with the clinical indicator reporting system.
<a href="#">IHS</a>	<a href="#">Resource and Patient Management System (RPMS)</a>	<a href="#">RPMS is the hospital information system utilized by 49 hospitals, 221 health centers, 120 health stations, and 170 Alaska village clinics.</a>
<a href="#">IHS</a>	IHS - EHR Initiative	<a href="#">IHS-EHR provides order entry, results reporting, encounter documentation, and other clinical functionality to IHS, tribal, and urban Indian health care providers. IHS-EHR is a component of the Resource and Patient Management System (RPMS), IHS's enterprise health information system.</a>

### **[Health Services and Resource Administration](#)**

<a href="#">HRSA</a>	Shared Integrated Management Information Systems (SIMIS)/ Information and Communication Technology (ICT)	The SIMIS/ICT provides hardware, software, and support services for integration of practice management systems among federally supported health centers (SIMIS), and integration of electronic health records with practice management systems at consolidated health centers (ICT).
<a href="#">HRSA</a>	<a href="#">Integrated Services Development Initiative (ISDI)</a>	The program supports integration efforts in five areas one of which is information management.
<a href="#">HRSA</a>	<a href="#">Healthy Communities Access Program (HCAP)</a>	<a href="#">The HCAP is a community-based program to develop or strengthen health care safety net delivery systems through providing an infrastructure that will coordinate health care for the uninsured. Development of information systems is fundamental to supporting coordination of efforts that increase access to care.</a>
<a href="#">HRSA</a>	Sentinel Centers Network (SCN)	The SCN is investing in the information systems of participant health centers and networks to provide timely, patient-level data to inform policy decisions and quality improvement activities across all health centers.
<a href="#">HRSA</a>	Patient Electronic Care System (PECS)	The PECS is a program that is developing patient registry information systems for centers participating in the Health Disparities Collaboratives.

<a href="#">HRSA</a>	<a href="#">Office for the Advancement of Telehealth grants (OAT)</a>	Grants support for community-based activities in informatics, electronic medical records, and telemedicine, including telepharmacy.
<a href="#">HRSA</a>	<a href="#">CAREWare</a>	CAREWare is a patient, encounter-level software application distributed to HIV/AIDS Bureau (HAB) grantees and providers of HIV care to help them manage, monitor, and report on all clinical and supportive care services. The software was originally built in Microsoft Access, but is now being developed in dotNET to enable Internet and wide-area connectivity of care providers and grantees. CAREWare is also being developed for use internationally (in Africa especially) under the President's Emergency Plan for AIDS Relief.
<b><a href="#">Centers for Disease Control and Prevention</a></b>		
<a href="#">CDC</a>		The CDC is working to advance public health activities through standards-based information systems. These systems need to work with each other and with clinical care systems to support public health needs. Through PHIN, the CDC and its public and private partners have been advancing software components and data and technical specifications that are compatible with federal standards activities such as CHI, NCVHS, and eGov.
<a href="#">CDC</a>	PHIN: National Electronic Disease Surveillance System (NEDSS)	<a href="#">NEDSS is an initiative that promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance systems at federal, state, and local levels.</a>
<a href="#">CDC</a>	PHIN: National HealthCare Safety Network System	PHIN is an Internet-based system to collect patient data on measures of health care quality.
<a href="#">CDC</a>	Public Health Monitoring	Most public health surveillance and monitoring systems, either directly or indirectly, get some data from clinical care activities. These data are used to facilitate public health surveillance through the timely and efficient transfer and processing of appropriate public health, laboratory, and clinical care data. Vital statistics systems also at times get data that originate in other places in the health system.
<a href="#">CDC</a>	Clinically Oriented National Center for Health Care Statistics (NCHS) Monitoring	National Health Care surveys provide a picture of how health care is delivered in the U.S. by collecting data from hospitals, emergency and outpatient departments, ambulatory surgery centers, nursing

		homes, office-based physicians, home health agencies, hospices, and others on a periodic basis. These surveys address measurement of diagnosis and treatment, characteristics of health care providers, trends in use of services, characteristics of patients, patterns of disease, use of drugs and other treatments, and emergence of alternative care sites.
<a href="#">CDC</a>	Public Health Preparedness Systems	Preparedness activities such as early event detection, quantification of outbreak or event magnitude, localization of an event, investigation of event etiology, the management of possible cases, the laboratory confirmation of true cases, the tracing of communicable disease contacts, the administration of vaccines, prophylaxis, and isolation all potentially interact with clinical-care data and systems. The PHIN standards have been requirements of the CDC and HRSA preparedness supplements to help see that the over 2 billion in preparedness funds that have gone to state and local health departments and hospitals can meet these information exchange goals.
<a href="#">CDC</a>	<a href="#">EPI-X</a>	EPI-X is the CDC's Web-based communications solution for public health professionals. Through EPI-X, CDC officials, state and local health departments, poison control centers, and other public health professionals can access and share preliminary health surveillance information quickly and securely. Users can also be actively notified of breaking health events as they occur. Key features of EPI-X include scientific and editorial support, controlled user access, digital credentials and authentication, rapid outbreak reporting, peer-to-peer consultation, and CDC-assisted coordination of investigations.

**[Department of Defense / Veterans Affairs Initiatives](#)**

DoD/VA	Joint Plan for the Electronic Health Record (JPEHR)	The JPEHR will provide interoperability between the two health information systems of VA and DoD. The plan provides for the exchange of health data by the departments and development of a health information infrastructure and architecture supported by common data, communications, security, and software standards and high-performance health information systems. The plan will support Healthy People (federal), Federal Health Information Exchange (FHIE),
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		Clinical Data Repository/Health Data Repository (CHDR), Consolidated Mail Outpatient Pharmacy (CMOP), Lab Data Sharing and Interoperability (LDSI), and the Centralized Credentials Quality Assurance System (CCQAS)/VetPro, Scheduling, and E-portal Systems. (Joint DoD and VA funding.)
DoD/VA	<a href="#">Telehealth</a>	Development and adoption of telehealth capabilities within the DoD Military Health System (MHS) and the VA continues to advance. The steady increase in cooperation between the two agencies allows for further leveraging of assets, knowledge, and development of integrated or interoperable programs. There are six joint telehealth initiatives in progress: VA/DoD Imaging Subgroup, Teleradiology, Telepsychiatry, Hawaii Integrated Federal Health Care Partnership, Alaska Federal Health Care Access Network, Case Management (Diabetes), and e-Learning.
<b><a href="#">Department of Defense (DoD) Initiatives</a></b>		
<a href="#">DoD</a>	<a href="#">Clinical Information Technology Program Office (CITPO)</a>	CITPO is an acquisition office for centrally managed MHS clinical IT systems that support the delivery of health services throughout the MHS. The following are CITPO projects: Composite Health Care System II (CHCSII), Composite Health Care System Legacy, Clinical Information System (CIS), Preventive Health Care Application (PHCA), Defense Blood Standard System (DBSS), Defense Occupational and Environmental Health Readiness System (DOEHRS), Encoder Grouper (EG), Special Needs Program Management Information System (SNPMIS), TRICARE Online (TOL), Nutrition Management Information System (NMIS), and Veterinary Services Information Management System (VSIMS).
<a href="#">DoD</a>	<a href="#">Defense Medical Logistics Standard Support (DMLSS)</a>	DMLSS replaces aging military departments' (Army, Navy, and Air Force MilDeps) specific legacy medical logistics systems with one standard DoD medical logistics system. DMLSS also manages Joint Medical Asset Repository (JMAR), Customer Support on the Web (CSW), Facility Management (FM), Customer Area Inventory Management (CAIM), Equipment & Technology Management (E&TM), Stockroom/Readiness Inventory Management (SRIM),

		<p>Assemblage Management (AM), Universal Data Repository (UDR), Prime Vendor Program (PV), DMLSS - Wholesale (DMLSS - W), Customer Demand Management Information Application (CDMIA), National Mail Order Pharmacy (NMOP), Readiness Application (RMA), Medical Electronic Customer Assistance (MECA), Distribution and Pricing (DAPA) Management System (MS), and Electronic Catalog (ECAT).</p>
<p><a href="#">DoD</a></p>	<p><a href="#">Executive Information/Decision Support (EI/DS)</a></p>	<p>The EI/DS program provides timely, accurate, and appropriate decision information supporting the TRICARE Management Activity (TMA) and DoD MHS mission. The EI/DS program currently consists of a data warehouse and several operational data marts supporting nearly 3,000 system users, providing a robust database and suite of decision support tools to empower the effective management of MHS health care operations. The EI/DS systems support decision making by senior MHS personnel and post-decision monitoring of the effects of decisions. EI/DS products include: MHS Management Analysis and Reporting Tool (MHS MART), Managed Care Forecasting and Analysis System (MCFAS), Population Health Operational Tracking and Optimization (PHOTO), Medical Surveillance, TMA Reporting Tools (TMART), CHAMPUS/TRICARE Medical Information System (CMIS), CHAMPUS/TRICARE Utilization Reporting and Evaluation Systems (CURES), Care Detail Information System (CDIS), and Patient Encounter Processing and Reporting (PEPR).</p>
<p><a href="#">DoD</a></p>	<p><a href="#">Resources Information Technology Program Office (RITPO)</a></p>	<p>The RITPO initiative is a project that consists of a family of capability-specific applications/systems that support the MHS "Manage the Business" and "Access to Care" and information technology requirements. The RITPO project scope includes providing information technology support for MHS personnel, scheduling, workload forecasting, and patient safety initiatives. The following are RITPO projects: Defense Medical Human Resources System - internet (DMHRSi), Central Credentials Quality Assurance System (CCQAS), Enterprise Wide Scheduling and Registration (EWS-R), Enterprise Wide Workload Forecasting (EWF), Patient Safety Reporting (PSR), and Patient Accounting System (PAS).</p>

<a href="#">DoD</a>	Expense Assignment System IV (EAS IV)	EAS IV is a standard DoD cost accounting/assignment information technology system that consists of a cost-assignment application and a data repository. The system receives information electronically from a variety of DoD financial, manpower, and workload systems, and allocates this expense information to Medical Treatment Facility/Dental Treatment Facility (MTF/DTF) direct and indirect work centers.
<a href="#">DoD</a>	<a href="#">Theater Medical Information Program (TMIP)</a>	<a href="#">TMIP provides a seamless, interoperable medical information system to support theater health services during combat or contingency operations within and across all echelons of care. The primary goal is to provide a global capability linking theater medical information databases and integration centers that are accessible to the warfighter anywhere, any time to support the mission. TMIP includes the following programs: Composite Health Care System in the Theater of Operations (CHCS NT), Composite Health Care System II - Theater (CHCS II-T), TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES), Defense Medical Logistics Standard Support Assemblage Management (DMLSS-AM), Medical Analysis Tool (MAT), Shipboard Non-Tactical Automated Data Processing Program Automated Medical System (SAMS), Medical Surveillance System (MSS), and Defense Blood Standard System (DBSS).</a>
<a href="#">DoD</a>	Third Party Outpatient Collection System (TPOCS)	TPOCS is the MHS information system used to bill for ambulatory services.
<a href="#">DoD</a>	<a href="#">Telehealth</a>	The use of electronic information and telecommunications technologies to provide or support clinical health care, patient and professional health-related education, public health and health administration when distance separates the participants. Current projects include Business cases, e-Learning, Policy, Teleconsultation, Pediatric Consultation, Telecardiology, Teledermatology, TeleENT, Tele Mental Health, Teleneurosurgery, Teleorthopedics, Telepathology, Teleradiology, Telementoring, and Telemonitoring.
<b><a href="#">Department of Veterans Affairs Initiatives</a></b>		
VA	Joint [VA/DoD] Patient Electronic Health Record	The JPEHR plan will provide interoperability between the two health information systems of VA and DoD. The

	(JPEHR)	plan provides for the exchange of health data by the departments and development of a health information infrastructure and architecture supported by common data, communications, security and software standards, and high-performance health information systems. (See FHIE.)
<a href="#">VA</a>	Allocation Resource Center (ARC) (Health Resources Management)*	<a href="#">The ARC provides IT services for systems designed to support the VHA CFO's ability to develop, implement, and maintain resource allocation methodologies; gather and report on financial aspects of patient workload and cost; classify patients based on care and diagnosis rendered; and train and provide information to management officials throughout VA.</a>
<a href="#">VA</a>	<a href="#">Decision Support System (DSS)*</a>	The DSS transforms day-to-day operational data into tactical information that can be used by managers to make informed operational decisions.
<a href="#">VA</a>	<a href="#">Decision Support System (DSS) Modernization*</a>	The DSS will modernize the existing VA DSS information technology system through analysis, identification, development, and implementation of system architecture that interfaces with current and future VA-wide system information technology structures.
<a href="#">VA</a>	Fee Basis Replacement (FBR)*	The FBR will replace a claims-processing system used by VA that processes claims made by veterans and providers for non-VA care. The new system will ensure effective and efficient authorization and payment processing for all non-VA care, including state and home health care and community nursing home programs.
<a href="#">VA</a>	<a href="#">Health Administration Center (HAC) IT Operations*</a>	<a href="#">The HAC provides a variety of critical programs mandated by Congress and facilitates delivery of high-quality services to veterans and their family members.</a>
<a href="#">VA</a>	Patient Financial Services System (PFSS)*	<a href="#">The PFSS will create a comprehensive business solution for revenue improvement utilizing improved business practices, commercial software, and enhanced VA clinical applications.</a>
<a href="#">VA</a>	Health Enrollment	<a href="#">Health Enrollment includes functionality to accept and process veterans' applications for enrollment, share veterans' eligibility and enrollment data with all VA health care facilities involved in veterans' care, manage veterans' enrollment correspondence and telephone</a>

		<a href="#">inquiries, and support national reporting and analysis of enrollment data.</a>
<a href="#">VA</a>	Federal Health Information Exchange (FHIE)	Provides current and historical data feeds electronically from CHCS I to the FHIE repository node on selected data types for active-duty, retired, and separated service members.
<a href="#">VA</a>	Health Data Repository (HDR)	Defined as a repository of clinical information normally residing on one or more independent platforms for use by clinicians and other personnel in support of patient-centric care.
<a href="#">VA</a>	Pharmacy Reengineering and IT Support	Facilitates improved VA pharmacy operations, customer service, and patient safety, concurrent with pursuit of full re-engineering of VA pharmacy applications.
<a href="#">VA</a>	Scheduling Replacement	Will develop a next-generation appointment application based on business process re-engineering and the Institute for Health Care Improvement guidelines for open and advanced access to care models.
<a href="#">VA</a>	VistA Imaging	Will provide complete online patient data to health care providers, increase clinician productivity, facilitate medical decision making, and improve quality of care.
<a href="#">VA</a>	VistA Laboratory IS System Reengineering	<a href="#">Will enhance the VA Laboratory Service's information technology system and associated business processes to address current deficiencies and meet future needs.</a>
<a href="#">VA</a>	VistA Legacy (includes staff)	<a href="#">The operating system software platform and technical infrastructure (associated with clinical operations) on which VA health care facilities operate their software applications.</a>
<a href="#">VA</a>	Health Infrastructure	<a href="#">The health infrastructure is primarily a hardware-refresh project designed to put VA general office automation support servers, workstations, and peripherals on a 4-year replacement schedule. It will consolidate the services of several smaller computer facilities into an existing larger computer facility on newer hardware, providing greater reliability while reducing overall computer space and IT staff. It will establish a working contingency plan for the consolidated site.</a>

\* Administrative, logistic, and financial systems, which use health data but do not contribute to direct patient care.