

## Exhibit 300: Capital Asset Summary

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

#### Section A: Overview & Summary Information

**Date Investment First Submitted:** 2010-09-21  
**Date of Last Change to Activities:** 2012-05-22  
**Investment Auto Submission Date:** 2012-02-23  
**Date of Last Investment Detail Update:** 2012-02-23  
**Date of Last Exhibit 300A Update:** 2012-03-13  
**Date of Last Revision:** 2012-05-22

**Agency:** 007 - Department of Defense      **Bureau:** 97 - Department of Defense Agencies

**Investment Part Code:** 01

**Investment Category:** 00 - Agency Investments

**1. Name of this Investment:** Electronic Health Record Way Ahead

**2. Unique Investment Identifier (UII):** 007-000004122

#### Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

Electronic Health Record Way Ahead (EHRWA) is a proposed Major Automated Information System program to replace/sunset current portfolio of DoD systems providing initial EHR capability, primarily AHLTA and CHCS. EHRWA will result in a longitudinal electronic health record available anywhere, anytime for the lifetime of every patient. EHRWA will promote Virtual Lifetime Electronic Record (VLER) initiative by being a source system for shared healthcare information. The EHR resulting from EHRWA will deliver health information collected from multiple locations and sources that will be accessible to providers in both a clinical and theater setting. The collection of comprehensive, current and readily available health information will be directly leveraged to optimize medical care, monitor force health, manage health risks, and enhance individual performance. Successful fielding will result in improved fitness of the military force as seen by enhanced individual medical readiness status and improved population health. A Material Development Decision was granted by Under Secretary of Defense, for Acquisition, Technology & Logistics on May 24, 2010 for EHRWA to proceed into pre-program planning and analysis, allowing development of the Analysis of Alternatives (AoA) to define a Preferred Alternative. Completion of the AoA was initially targeted for December 2010. Phase I of the AoA focused on preliminary assessment of nine (9) alternatives; of which five (5) alternatives considered potentially viable and moved to Phase II for more detailed analysis. In March 2011, the Secretaries of Defense and Veterans

Affairs (VA) committed to jointly address the need to modernize their EHRs, and are currently working together to synchronize planning activities and implement a common approach known as the Integrated Electronic Health Record (iEHR). Many synergies and common business processes, including common data standards and data center consolidation, common clinical applications, and a common user interface have been identified. In September 2011, Milestone Decision Authority issued an Acquisition Decision Memorandum authorizing the DoD EHRWA Program Office to pursue foundational iEHR Enterprise Architecture activities working with the VA, additional development and maintenance activities related to the Blue Button and Personal Health Record, additional VLER Health Development and Deployment activities, and further stabilization of the existing EHR Systems.

**2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.**

A critical component of the DHP mission is the DoD electronic health record which serves as a longitudinal electronic record that encompasses the documentation of patient health information in all military healthcare delivery settings worldwide and the communication of this information across the continuum of care to include the sharing of this information with our Veteran's Administration and civilian healthcare partners. While the DoD electronic health record has continued to evolve and mature since its inception where it is now the largest ambulatory electronic health record in the world in the documentation of an average of 132,000 daily patient encounters, the current suite of applications and underlying infrastructure do not support the challenges of the rapid evolution of today's healthcare practices, the ever-increasing need to transact and share data across the continuum of care, the timely fielding of new capabilities, and the ability of the Department to keep pace with the modernization of industry and clinical standards. More specifically, there are significant technical and functional problems that adversely affect the reliability, speed, usability, and data integrity of the overall system which has resulted in disappointment and dissatisfaction with the EHR throughout the DoD Healthcare Community at large. The MHS cannot continue to build new functionalities on an aging infrastructure and expect those new capabilities to perform any better than the slowest dependent component. Significant improvements must be made to further address the technical and functional problems that consume investment dollars in sustainment and hinder the ability of the Department to stabilize and modernize in order to meet DoD's wartime demands and our user's expectations while meeting the Presidential mandate of a VLER at the same time. The EHR Way Ahead is the envisioned solution. Working with VA, DoD is pursuing the development of a standards-based, modular architecture, an environment that will allow for end-to-end development and interoperability test activities, procurement of the components that will enable a more service-oriented delivery of capabilities, and Military Treatment Facility data center consolidation.

**3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.**

Continued to make preparations to begin pending a milestone decision; stabilize the clinical data repository; provide critical enhancements to the current EHR as identified by the military Services, and to focus on the infrastructure components that will enable the delivery of clinical

information technology in a more modular, services-based approach. Requirements documentation was developed and provided for processing within the acquisition process. Key contributions were made to core initiative planning regarding user interface and data exchange improvements to be demonstrated in a DoD facility.

**4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).**

Establish an integrated Development and Test Center / Environment (DTC/DTE) to facilitate joint DoD and VA capability integration, with emphasis on providing a SOA Suite and Enterprise Service Bus (ESB) to determine data exchange alternatives between current systems as well as the path forward towards a common infrastructure, common business processes and common services. This will include defining an overall Data Strategy that will address how data will be managed, stored, discovered, accessed, and processed through the use of common data schemas, models, and structures. In addition, clinical capability risk reduction will be conducted via demonstrations and technology assessments. Specific iEHR activities will include: • Acquisition Planning – Milestone A Business Capability Lifecycle (BCL) and Program Management Agreements (PMAs) Documentation – Program Cost Estimate • Foundation Capabilities – Functional Requirements Baseline – Service-Oriented Architecture (SOA) Suite / ESB – DTE – Alpha Sites at DoD and VA facilities • Architecture / Infrastructure / Data – Target Architecture – Data Strategy – Foundational Infrastructure Components – demonstration and prototyping • Clinical Capability Risk Reduction: Demonstration, Prototyping, and Technology Insertion for Initial Capabilities (i.e., Pharmacy, Lab, Immunization, and Consult and Referral Management) • Strategic and Program Planning – Governance – Regionalization – iEHR Portfolio Laydown – Transition Application Planning. Perform activities necessary to obtain a Milestone B decision for Increment 1, as well as Investment Management activities for Increment 2. Priorities will include prototyping core foundational components within the data architecture, system architecture, and SOA framework, conducting best of breed/best value analysis on commercial off-the-shelf (COTS) / Government off-the-shelf (GOTS) products aligned to the capability prioritization provided by the clinical community, maturing the DTC/DTE, developing both development and operational test plans, performing risk assessments and risk reduction activities, and preparing for an Initial Operational Capability (IOC) event.

**5. Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2010-05-24

## Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$0.0	\$0.0	\$0.0	\$0.0
DME (Excluding Planning) Costs:	\$50.8	\$202.2	\$432.2	\$167.6
DME (Including Planning) Govt. FTEs:	\$0.5	\$10.0	\$10.4	\$0.0
Sub-Total DME (Including Govt. FTE):	\$51.3	\$212.2	\$442.6	\$167.6
O & M Costs:	\$0.0	\$0.0	\$0.0	\$139.6
O & M Govt. FTEs:	\$0.0	\$0.0	\$0.0	\$23.8
Sub-Total O & M Costs (Including Govt. FTE):	0	0	0	\$163.4
Total Cost (Including Govt. FTE):	\$51.3	\$212.2	\$442.6	\$331.0
Total Govt. FTE costs:	\$0.5	\$10.0	\$10.4	\$23.8
# of FTE rep by costs:	5	70	70	83
Total change from prior year final President's Budget (\$)		\$-90.1	\$-2.2	
Total change from prior year final President's Budget (%)		-30.00%	0.00%	

**2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:**

Adjustments are associated with departmentally directed rebaselining of the Electronic Health Record Way Ahead (EHRWA) as a result of revised requirements derived from the establishment of a new joint DoD/VA effort. FY2012 funding will eventually be used by the Department for the rebaselining. Additional FTEs and associated costs also increased FY 2013 and out.

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

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	9700	0015	W81XWH08D0011	9700							
Awarded	9700	0018	W81XWH08D0028	9700							
Awarded		<a href="#">W15P7T10CF600</a>									
						Solicitation ID	Type of Contract/Task Order (Pricing)	PBSA	Effective date	Extent Completed	Short description of acquisition
							Cost No Fee	Y	2009-10-01	N	FUNDING FOR SECOND YEAR OPTION PERIOD FOR SYSTEMS ENGINEERING SERVICES - MITRE
							Cost No Fee	Y	2009-10-01	N	FUNDING FOR SECOND YEAR OPTION PERIOD FOR SYSTEMS ENGINEERING SERVICES - MITRE
Awarded	9700	0003	W81XWH08D0043	9700							
Awarded	4730	GST0310DS6140	GS35F0072N	4730							
Awarded	4730	P001	GS10F0186U	4730							
Awarded	9700	0008	W74V8H04D0025	9700							
Awarded		0014									
Awarded	4730	W81XWH10F0530	GS35F46496	4730							

Awarded	4730	W81XWH10F05 45	GS35F0465T	4730
Awarded	9700	0026	W74V8H04D00 25	9700

**2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:**

In accordance with Department of Defense (DOD) policy dated 7 Mar 2005, (Revision to DOD Earned Value Management Policy) the use of Earned Value Management (EVM) on Firm Fixed Price (FFP) including contracts, intra-government work agreements, and other agreements regardless of dollar value is not required, and also EVM is not required for cost or incentive contracts less than \$20M in then-year dollars. Although no formulized EVM may be used, the program manager will review cost, schedule and the overall investment performance information on a regular basis.

## Exhibit 300B: Performance Measurement Report

### Section A: General Information

**Date of Last Change to Activities:** 2012-05-22

### Section B: Project Execution Data

**Table II.B.1 Projects**

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
P4122-101	Electronic Health Record (EHR) Way Ahead is a proposed Major Automated Information System program. Joint DoD/VA project. AoA decision pending. This project is for Initial Planning activities.	Project exceeds 18 months because although a Material Development Decision (MDD) was granted by Under Secretary of Defense for Acquisition, Technology & Logistics (USD (AT&L)) on May 24, 2010 for EHR Way Ahead to proceed into pre-program planning and analysis which initiated development of the Analysis of Alternatives (AoA) to provide a Preferred Alternative. The MDD also supported the development of acquisition planning documentation with a target to enter the formal acquisition process. Phase I of the AoA focused on preliminary assessment of nine (9) alternatives; five (5) of the alternatives were considered potentially viable and carried into the AoA Phase II for more detailed analysis. During the second quarter of FY11, TMA was directed to pause the AoA to			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>support the joint program analysis efforts undertaken by the DoD and VA. On March 17, 2011, the Secretary of Defense and the Secretary of the VA agreed to jointly pursue a common EHR acquisition. The Integrated Electronic Health Record (iEHR) (a follow on to originally proposed Electronic Health Record Way Ahead) is designed to provide a comprehensive, longitudinal, electronic health record that is available anytime and anywhere for the lifetime of the patient. Since the original Electronic Health Record Way Ahead (EHR WA) has now become a joint DoD/VA program, iEHR has received an Acquisition Decision Memorandum and is now an official DoD program. Rebaseline is to close out EHR WA and insert new projects, activities, and risk for the iEHR.</p>			
P4122-102	Infrastructure for EHRWA (Initial Support)	<p>Engineering planning, design, and implementation for the network layer and computing infrastructure support services (For this first Exhibit 300 (B) this project is being called Initial Support for ease of reference. There was support provided from Jul 2010 through Jan 2011 but falls outside this reporting period and therefore not included).</p>			
P4122-103	Infrastructure for EHRWA (Follow on Support)	<p>Engineering planning, design, and implementation for the network layer and computing infrastructure support services. (Follow on Support).</p>			
P4122-104	iEHR Prime Mission Product	The hardware, software, and			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		associated effort used to analyze, design, integrate, and test the entirety of iEHR.			
P4122-105	iEHR System Engineering	The technical and management efforts of directing and controlling the integrated engineering effort of iEHR.			
P4122-106	iEHR Program Management	The business and administrative planning, organizing, directing, coordinating, controlling, and approval actions designated to accomplish overall program objectives, which are not associated with specific hardware elements and are not included in systems engineering.			
P4122-107	iEHR System Test and Evaluation	The use of pilot, prototype, production, or specifically fabricated hardware/ software to obtain or validate engineering data on iEHR during the developmental phase of the program. It also includes all effort associated with the development of any specialized tools or data in support of the system level test program.			
P4122-108	iEHR Operational/Site Activation	The real estate, construction, conversion, utilities, and equipment to provide all facilities required to house, service, and launch prime mission equipment at the organizational and intermediate level.			
P4122-109	Operations and Sustainment	Operations and sustainment are all direct and indirect costs incurred in using the prime system—manpower, maintenance, and support—through the entire life cycle. Also included are sustaining engineering and other			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
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collateral activities.

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
P4122-101	Electronic Health Record (EHR) Way Ahead is a proposed Major Automated Information System program. Joint DoD/VA project. AoA decision pending. This project is for Initial Planning activities.							
P4122-102	Infrastructure for EHRWA (Initial Support)							
P4122-103	Infrastructure for EHRWA (Follow on Support)							
P4122-104	iEHR Prime Mission Product							
P4122-105	iEHR System Engineering							
P4122-106	iEHR Program Management							
P4122-107	iEHR System Test and Evaluation							
P4122-108	iEHR Operational/Site Activation							
P4122-109	Operations and Sustainment							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days )	Schedule Variance (%)
P4122-102	Infrastructure Personnel Augmentation	Program Management office support for the management of infrastructure requirements and contracts. May include as necessary facility to host consolidated Military Health System (MHS) common development, test and evaluation environments for EHRWA applications and systems.	2012-01-25	2012-01-25	2012-01-25	364	0	0.00%
P4122-101	Alternative of Analysis/Business Process Reengineering/Technical Alternative Assessment (AoA/BPR/TAA)	Present a coherent, defensible, and robust explanation for an EHRWA acquisition. Ensure budget, programmatic and operational impacts are considered. Departmental requirements must be fulfilled before programmatic decisions are made. The Integrated Electronic Health Record (iEHR) (a follow on to originally proposed Electronic Health Record Way Ahead) is designed to provide a comprehensive, longitudinal, electronic health record that is available anytime and anywhere for the lifetime of the patient. Since the original	2012-03-30	2012-03-30	2012-03-30	676	0	0.00%

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days )	Schedule Variance (%)
		Electronic Health Record Way Ahead (EHR WA) has now become a joint DoD/VA program, iEHR has received an Acquisition Decision Memorandum and is now an official DoD program. Rebaseline is to close out EHR WA and insert new projects, activities, and risk for the iEHR.						
P4122-101	PO Personnel Augmentation	Definition of the integrated Electronic Health Record (iEHR) programmatic plans; support to the Integration Team and execution of tasks; financial management of the interdependent initiatives and, the integration of technical planning for the future state. This funding requirement provides personnel for continued programmatic support in the areas of engineering advisory, strategic planning and program management, and finance. The Integrated Electronic Health Record (iEHR) (a follow on to originally proposed Electronic Health Record Way Ahead) is designed to provide	2012-03-30	2012-03-30	2012-03-30	676	0	0.00%

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days )	Schedule Variance (%)
		<p>a comprehensive, longitudinal, electronic health record that is available anytime and anywhere for the lifetime of the patient. Since the original Electronic Health Record Way Ahead (EHR WA) has now become a joint DoD/VA program, iEHR has received an Acquisition Decision Memorandum and is now an official DoD program. Rebaseline is to close out EHR WA and insert new projects, activities, and risk for the iEHR.</p>						
P4122-103	Infrastructure Personnel Augmentation	<p>Follow on Support for Program Management office support for the management of infrastructure requirements and contracts. May include as needed host application in a virtualized environment on a centralized server. The Integrated Electronic Health Record (iEHR) (a follow on to originally proposed Electronic Health Record Way Ahead) is designed to provide a comprehensive, longitudinal, electronic health record that is</p>	2012-04-17	2012-04-17	2012-04-17	82	0	0.00%

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days )	Schedule Variance (%)
		available anytime and anywhere for the lifetime of the patient. Since the original Electronic Health Record Way Ahead (EHR WA) has now become a joint DoD/VA program, iEHR has received an Acquisition Decision Memorandum and is now an official DoD program. Rebaseline is to close out EHR WA and insert new projects, activities, and risk for the iEHR.						
P4122-101	Requirements Personnel Support (IM)	The DoD and the VA are defining a proposed joint requirements definition and management framework. This will serve as the methodology for managing requirements for the capabilities being prioritized into the Capability Sets. This funding requirement provides personnel for the requirements generation and management activities for the iEHR. The Integrated Electronic Health Record (iEHR) (a follow on to originally proposed Electronic Health Record Way Ahead)	2012-04-17	2012-04-17	2012-04-17	277	0	0.00%

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days )	Schedule Variance (%)
		<p>is designed to provide a comprehensive, longitudinal, electronic health record that is available anytime and anywhere for the lifetime of the patient. Since the original Electronic Health Record Way Ahead (EHR WA) has now become a joint DoD/VA program, iEHR has received an Acquisition Decision Memorandum and is now an official DoD program. Rebaseline is to close out EHR WA and insert new projects, activities, and risk for the iEHR.</p>						
P4122-109	Operations and Sustainment	Operations and sustainment are all direct and indirect costs incurred in using the prime system—manpower, maintenance, and support—through the entire life cycle. Also included are sustaining engineering and other collateral activities.	2012-09-30	2012-09-30		165	0	0.00%
P4122-105	iEHR System Engineering	The technical and management efforts of directing and controlling the integrated engineering effort of iEHR to be performed and/or managed directly by the Government.	2013-07-14	2013-07-14		452	0	0.00%

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days )	Schedule Variance (%)
P4122-104	iEHR Enterprise Information Systems	All the hardware equipment and effort to plan, analyze, design, build, and test functionality(s) of an enterprise information system that uses an integrated database to support typical business processes within business/functional areas and consistent information access across areas and systems.	2013-08-20	2013-08-20		489	0	0.00%
P4122-104	iEHR Enterprise Service Element	All the hardware, software, and associated effort needed for developing functionality or software services: unassociated, loosely coupled units of functionality that have no calls to each other embedded in them. These services can be integrated or used by several organizations, even if their respective client systems are substantially different.	2013-09-29	2013-09-29		529	0	0.00%
P4122-104	iEHR AIS Platform Hardware (iEHR System Integration)	Includes all effort and equipment to develop a hardware system to host the deliverable iEHR software.	2013-09-29	2013-09-29		529	0	0.00%
P4122-106	iEHR Government Program Management	The business and administrative planning, organizing, directing,	2013-09-30	2013-09-30		530	0	0.00%

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days )	Schedule Variance (%)
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coordinating, controlling, and approval actions designated to accomplish overall program objectives, which are not associated with specific hardware elements and are not included in systems engineering.

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
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NONE