

Exhibit 300: Capital Asset Summary

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

Section A: Overview & Summary Information

Date Investment First Submitted: 2010-03-19
Date of Last Change to Activities: 2012-06-21
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2011-09-16
Date of Last Exhibit 300A Update: 2012-02-27
Date of Last Revision: 2012-07-17

Agency: 029 - Department of Veterans Affairs **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: InterAgency 21st Century Core

2. Unique Investment Identifier (UII): 029-888888101

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.**

InterAgency 21st Century Core provides the architecture and foundational elements required to operate and maintain a modern health care IT system while maintaining connectivity with VistA-Legacy. This architecture will greatly improve performance, scalability, and interoperability, while at the same time, it will decrease operating costs. The components of InterAgency 21st Century Core are Business Ware Migration v4.3.2 VistA Interface Engine (VIE) and Medical Sign On (MSO). The VistA Interface Engine and the associated Business Ware software, working together with customized solutions for the VA, ensures the enterprise and Legacy VistA applications can transmit data via accepted messaging standards. Messaging is a highly critical component in linking disparate systems in order to ensure continuity of patient care to veterans and will be available to support future requirements for interoperability. Medical Sign On addresses VHA wide compliance requirements for measured business performance/productivity and security features. MSO provides an Enterprise Single Sign On; allowing clinicians to log in once for all applications. MSO will improve clinician adherence to established Federal and VA policies. Clinical environments outside of VHA have shown improvement of clinician adherence to security policy by as much as 80%. DoD and VA have agreed to build the joint iEHR together, an IT architecture framework and systems solutions to enable the efficient, effective and secure sharing of health records and information supporting the delivery of health care services to our health

care beneficiary populations, veterans, active duty personnel and family members and military retirees. It is essential that service members transition seamlessly from active duty into the Department of Veterans Affairs and a very large part of that transition is the service member's medical records. Investments dependent on this service are InterAgency Veterans Interoperability, InterAgency Enrollment Systems Redesign, Medical 21st Century Development Core, Medical 21st Century Telehealth, Medical Legacy, Medical 21st Century Pharmacy, and Medical 21st Century Laboratory.

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.

By maintaining the sustainment effort of Business Ware Migration it will allow a significant decrease in system downtime due to messaging errors, improve accuracy of messaging infrastructure by timely release of patches and allowing configuration to support new or modified applications to the enterprise. If Business Ware is not fully funded all applications using the HL7 formatted messaging will not operate impacting patient care significantly. Investments listed above as having a dependency will be affected, again impacting the ability to provide timely patient care with world class software applications. The Medical Sign On product complements the principles and goals of the Department of Veterans Affairs to provide excellence in patient care, veteran's benefits and customer satisfaction. Functionality provides role-based access and authentication for clinicians as a single point entry with patient-context management for medical applications. This technology significantly reduces the amount of time clinicians spend logging in/out to the various VistA components needed for patient care. Benefits include security, savings through clinician time, and accuracy, including patient safety. iEHR is foundational to Improving Quality and Accessibility of Health Care and Benefits. It will facilitate transition from active/reserve status into the VA system, impact by not fully funding would undermine the shared vision of both DoD and VA to provide world class service to our service members, veterans and beneficiaries.

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.

In 2011 1st Quarter; patches released enabled CORBA and addressed server port contention. Business Ware release 4.3.2 migration was deployed to several production sites including: Denver, Fort Harrison, Cheyenne and Sheridan. In 2011 2nd Quarter several key patches / enhancements were developed and released to include a patch for resolution of DoD messaging issues allowing DoD messaging to not require special network routing instruction (NATing) and several patches addressing OPAI COTS interfacing with ScriptPro and Optifill. The Dallas and Madison VIE sites were migrated from the older 3.1.7 Business Ware environment to the new 4.3.2 environment and received new server hardware. 3rd Quarter the Business Ware 4.3.2 Migration package was finalized and released to ESE for deployment. The remainder of the 2011 will perform sustainment and maintenance.

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

Business Ware CY 2012 and BY 2013 accomplishments will include the following: as new or

enhanced applications are released, the support group will create files which configure servers to support the new or enhanced applications. These patches and fixes enable communication between infrastructure servers. Analysts will document the application and system requirements. The Tier 3 support team will support the Enterprise System Engineering group, individual application teams, local VA System Administrators and the Austin Information Technology Center. In BY2013 iEHR will stand up a Program Management Office to provide Planning and DME support as the implementation of the common infrastructure and architecture is deployed.

- 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.**

2009-06-10

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:	\$0.0	\$6.0	\$17.0	\$34.0
DME (Including Planning) Govt. FTEs:	\$0.0	\$1.4	\$0.0	\$2.3
Sub-Total DME (Including Govt. FTE):	0	\$7.4	\$17.0	\$36.3
O & M Costs:	\$9.6	\$4.9	\$2.9	\$1.2
O & M Govt. FTEs:	\$2.6	\$1.2	\$2.3	\$0.1
Sub-Total O & M Costs (Including Govt. FTE):	\$12.2	\$6.1	\$5.2	\$1.3
Total Cost (Including Govt. FTE):	\$12.2	\$13.5	\$22.2	\$37.6
Total Govt. FTE costs:	\$2.6	\$2.6	\$2.3	\$2.4
# of FTE rep by costs:	20	20	20	20
Total change from prior year final President's Budget (\$)		\$0.3	\$16.0	
Total change from prior year final President's Budget (%)		2.20%	263.31%	

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

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	3600	V200P1821	V200P1752	3600							
Awarded	3600	V200P1819	V200P1751	3600							
Awarded	3600	V200P1793	V200P1752	3600							

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:

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-06-21

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)
1111180627	iEHR Presentation Layer	<p>The DoD/VA Health Executive Council signed an agreement to utilize the Janus-based graphical user interface (GUI) for an enterprise-level iEHR solution that will be implemented gradually at VA and DoD medical centers throughout the nation.</p> <p>This project includes a newly constructed GUI that essentially overlays Janus in order to present, in one single view, all of the patient data that is available in the VAs VistA, CHCS, and eventually AHLTA. An expected benefit to be realized is the simultaneous, non-duplicative provisioning of accessible, high-quality health care information for both the active duty and veteran providers. This joint access system will provide a template by which future joint health care initiatives can be modeled, thus reducing the total cost of ownership as the Government moves toward a</p>			

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		realization of the Presidential and Congressional goals of complete interoperability between the DoD and the VA.			
1203140913	iEHR Service Oriented Architecture (SOA) Suite	The SOA Suite will provide a set of infrastructure components enabling the development, deployment and management of SOA services in support of a logical SOA infrastructure.			

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
1111180627	iEHR Presentation Layer							
1203140913	iEHR Service Oriented Architecture (SOA) Suite							

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 (%)
1203140913	Planning State Completed	Planning State Completed	2012-03-14	2012-03-14	2012-03-14	1	0	0.00%
1111180627	Planning State Complete	Planning Complete	2012-04-30	2012-03-02	2012-03-02	88	59	67.05%

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
Decrease in percentage of system down time due to messaging related errors.	Percent	Mission and Business Results - Support Delivery of Services	Under target	5.000000	5.000000	1.000000	1.000000	Monthly
After implementation an increased messaging volume support requests will not increase.	Number	Process and Activities - Productivity	Under target	134.000000	0.000000	134.000000	120.000000	Monthly
Percentage of error after implementation of pilot and record transfer integration.	Percent	Technology - Reliability and Availability	Under target	5.000000	5.000000	1.000000	1.000000	Monthly
Improve the accuracy of the messaging infrastructure by delivery of patches to address critical issues the percentage of errors will decrease.	Percent	Customer Results - Service Quality	Under target	5.000000	5.000000	1.000000	1.000000	Semi-Annual
Percentage of support requests closed within a specified timeframe (2hours)	Percent	Technology - Efficiency	Over target	67.000000	75.000000	70.000000	75.000000	Semi-Annual