Pacific Joint Information Technology Center 2QFY16 In-Progress Review Meeting Notes

MEETING DETAILS

Date:	**Feb. 1, 2016 – Feb. 3, 2016**	**Recorder:**	Pacific JITC PMO
Location:	Pacific JITC ITEC Lab Conference Room 1300 N. Holopono St., Ste 105, Kihei, HI 96753	**Dial-In:**	Various
Purpose:	The In-Progress Reviews (IPRs) are a management tool for the Pacific Joint Information Technology Center (JITC) Program Management Office to assist projects with any issues and mitigate any risks. Each IPR addresses at a minimum: 1) Cost, 2) Performance, 3) Schedule, and 4) Feedback from the stakeholders.		

Contents

Monday, February 1, 2016
Medical Informatics Fusion Decision Support (MIF-DS)

Attendance

Attending Functional Sponsors: Col Goldhagen and Mr. Robert Traynor

	LTC Mark Mellott		CAPT Paul Miller		HMC Joseph Puckett
	Rolando Estrada		Dr. Reese Omizo		Alan Furuno
	Dr. Loretta Schlachta-Fairchild		Andrew Jacobs		Janine Oakley
	Wayne Speaks		Russ Davis		Col Goldhagen
	Rob Traynor		Bob Bolluyt		Gen Charles Roadman

0700 – 0730 HST: Project Overview

1. **Project Overview:**
   a. The purpose of the MIF-DS project is to research and develop a working Medical Informatics Fusion Decision Support (MIF-DS) prototype that fuses information from multiple disparate sources. This provides a way of querying the data to support Medical Readiness Planning and real-time decision making across the enterprise and through data visualizations. Prototyping is also being researched to enable leadership with mobile devices to access real-time information and data analytics critical to readiness decision making.
   b. This research is working on an application that can perform data queries and provide reports to answer readiness questions in a matter of minutes, improving upon a current manpower intensive process that can take days or weeks to do the same.
2. **Key Topics Discussed:**
   a. Two development teams work in tandem to fuse the data (through data modeling and analysis) and build the visualizations based on the use cases provided by government subject matter experts (SMEs). This will include business case analysis, build a concept of operations, and improve critical mission planning workflows.
      i. The Surgeon General, MAJCOM, and Unit Level planning experience is used to provide requirements that tailor the application to suit the needs of decision-makers at all levels of medical readiness planning.
      ii. The project team has not yet had the opportunity to look at putting the MIF-DS application on Navy ships or other services' platforms; however, this is something that can be explored in the future should another option year be awarded.
      iii. It has been very difficult to get access to even Air Force systems data and pulling it from Air Force systems. Air Force systems must be fully investigated and the application must be built to those specifications before additional services' systems can be added.
      iv. Transition discussions are starting with end-users in mind, but nothing has been decided yet. It has not yet been determined whether the MIF-DS application will be solely implemented for Air Force during the transition life cycle or extended to the other services' for medical readiness mission planning.
      v. The portfolio of the services of JMSO requires a training component, specialty component, and 5 elements for medical components. Many medically trained personnel deployed have multiple specialties.

vi. Currently working with Robert Ward (CPMB) to socialize MIF-DS and get it approved for transition.

3. **Other Discussion:**

a. Mr. Antonio Moscatelli (contractor) explained that the purpose of the project is to aggregate data from several disparate data systems into a view that allows decision-makers to make decisions in near real-time. The vendor team is comprised of a functional team and two technical teams. The functional team has been instrumental in putting together use-cases and developing scenarios for use in the technical approach. The technical team then takes the systems and the information that we have access to, in creating a solution. Part of that solution is in the form of a canonical data model (which was demonstrated later during the week). The major benefit of this work is to provide the right decision-makers with the right information to make critical medical mission readiness decisions in near real-time.

i. Mr. Robert Bolluyt asked who those decision-makers are that use this information.
ii. Col Goldhagen replied that the information that would be used is by a Medical Readiness Planner, or a higher level commander, a MAJCOM Surgeon or a higher level Surgeon General of the service who needs to understand what medical assets are available and how to best fill a requirement that has been brought to their attention.
iii. Mr. Bolluyt asked what Medical Planners have they been working with.
iv. Mr. Moscatelli replied that at the VCC level, they have been working with the Unit level, the MAJCOM level and the Surgeon General level, each user (at each level) can tailor the tool that they have built to accommodate whatever mission needs they have (role-based access).

b. CAPT Miller asked if the team had looked at different systems that this could be housed on. For example; Navy ships and other platforms like NIPR and SIPRNET.

i. Mr. Moscatelli replied that they have not had the opportunity to do that yet, but it would be something outstanding to do in a follow-on year. Having researched and prototyped de-identified non-health data into a canonical data model, the ability to display this data is something they can certainly take across at the joint level. As more DoD systems are available for incorporation into the canonical data model, it can be utilized across the board.
ii. Col Goldhagen responded that this started with the Air Force as a proof-of-concept for Joint, with user's proof-of-concept familiar with the Air Force's requirements in terms of the databases; unsure what the Navy or Army has. They would have to bring in Subject Matter Experts (SMEs) from other services to point out what would be appropriate to utilize for medical asset readiness. For proof-of-concept, what needs to happen is a progression to now get real systems with full sets of data, tailoring it specifically to what databases to include in the fusion process.
iii. Mr. Andrew Jacobs asked if the information that is being pulled and aggregated and presented is from some kind of web portal; that not actually building a separate database.
iv. Mr. Moscatelli said yes, this was correct.

c. Mr. Bolluyt asked if there has been any discussions with Program Offices regarding a proof-of-concept and who would this project transition to; developing and putting it into an operational system that then would be maintained.

   i. Col Goldhagen replied that there have been some transition discussions starting regarding a strategy and who to do that with, but nothing has gone too far forward along those lines.
   ii. LTC Mellott asked if their requirements are being met as part of their draft CDD, as he recently spoke with Claire Evans from JOMIS, and if this fits in the requirements, then it's possible it could get passed on to JOMIS.
   iii. Mr. Bolluyt said that they would need to have a follow-on discussion on how this transitions to the next phase of the acquisition life-cycle.
   iv. Mr. TK Lee (contractor) added that this system uses disparate databases and one of the biggest problems is getting access to MRDSS and others which are 'service specific' in their portfolio. Also, because there is unit specific information in MRDSS leadership needs to talk and determine if MRDSS and other services' individual medical readiness systems fit into JOMIS, and what level of classification it will end up in.
   v. Mr. Bolluyt expressed concern that this project may lose momentum and that this is what typically happens with these proof-of –concepts. Need to make sure what the next steps are and how we get there to make it happen.
   vi. Ms. Anne O'Conner (contractor) said that the Transition group has been working with Robert Ward and getting in front of CPMB to start socializing this with the capability managers as well.

0900 – 0930 HST: Contractual Overview

1. **Key Topics Discussed:**
   a. The vendor briefed the project's budget, tasks & milestones, results to date, barriers/issues, GFI status, anticipated impact, transition plan, and any assistance/decisions that is needed.
2. **Schedule & Budget:**
   a. Project Status – Project cost, schedule, performance, and Stakeholder satisfaction statuses are green, and the project is on budget.
3. **Risks/Issues:**
   a. Barriers/Issues slide: It was discussed that lack of access to de-identified non-health data is actually an issue and not a 'risk' to the project.
      i. Mr. Brian Teeter (contractor) added that they are currently using what they have available, which is a de-identified training database from MRDSS acquired through the folks at Maxwell Air Force base. The team also has a version of DMLES at the ITEC, which is a few years old, but it contains Army data. The project team is largely using synthesized data needed to generate the visualizations for their project. So far, this process has worked, but on the "okay, good, better, best" scale, synthesized data is really only okay. *The "best" would be the real data to be used to drive the application so that they can prove out definitively that yes in fact, this technology works for real Air Force data.* Ultimately, if they could get access to these real

systems' data, they would be able to prove that this would work for the Air Force goals.

ii. Mr. Jacobs asked if the data was being developed in the .com side. Mr. Teeter replied that yes, they were currently working on the commercial side but also recognize that if they accessed the real data, it would have to be moved over to the .mil side.

iii. Mr. Jacobs added that to try and operationalize this, it would be to transition this into the .mil enclave.

iv. Mr. Bolluyt said then that this would be a decision point that needs to be made soon, so if they want this data, they need to move, and then make the connections. Mr. Teeter agreed and said that they had reached this decision point a year ago when they were working with the folks at MRDSS, and part of the reason they did not move to the .mil at that time, was because it was an 8-12 week delay in the project and being that this is a short-term project, they didn't want to give up 2-3 months of productivity for something they weren't sure was going to continue.

v. Mr. Jacobs agreed, but said that they are now at a juncture where if we're going to roll this concept out, we are going to have to move it along.

vi. CAPT Miller also agreed and added that the transition from the .com to the .mil side would be almost seamless and there would not be a long delay.

vii. Dr. Loretta Schlachta-Fairchild asked if this would be completed in the initial period of performance, or would it be part of the option year. Mr. Alan Furuno answered that they were currently in the option year. Dr. Schlachta-Fairchild then asked if it would be done in this current year. CAPT Miller said that it is not set as a requirement. Mr. Teeter added that there is a proposal to add a third year to the project to acquire all of the real data sources. This would allow the project to prove definitively that the technology approach and prototypes built would work across real data in near real-timescale. At that point, it would have to transition into the .mil side. CAPT Miller said that the access issue would be discussed in more detail at the government only meeting.

viii. Dr. Schlachta-Fairchild wanted to add the comment regarding 6.4 funds; JPC-1 does have the limitation of using only de-identified data under the current Defense Business System (DBS) portfolio certification. CAPT Miller replied that it will not be live data; just a current snapshot of the real system data and static after that point.

b. Mr. Teeter reiterated that the project requirements cannot be fully met without access to real de-identified non-health data for the requested systems, since mocked data is likely insufficient to test all parameters for the application/prototype's functionality and performance.

i. Mr. Bolluyt responded by saying that this was not a risk, but should actually be an issue, because to prove-out the data, they need to actually have access to real-data. In a proof-of-concept project, you don't actually have access to real data; it's just a proof of "does it work."

ii. CAPT Trinh commented that he has seen a common theme from other projects in upcoming EHR phases/transitions, and part of that process involves getting access to real data. This should be part of the government discussion. CAPT Miller agreed and added that leadership should also look at the GFI requirements; while proposed

projects are still in their infancy, working on SOO's and see if they can reasonably get access to those systems', and if not, then maybe the project is not viable.

4. **Other Discussion:**
    a. Mr. Bolluyt asked if the classification on the data has been addressed.
        i. CAPT Miller replied that once it is rolled out and aggregated, then it becomes an issue and will probably need to go over to SIPR.
        ii. Mr. Bob Traynor added that most of the data being used is open MRDSS, which is an Air Force specific Medical Readiness database, and it is on the NIPR side. As long as there is no edit in certain fields and there is no add of aggregated data, then it is able to stay on the NIPR side. But if the project goes down the road further than where it is now, it will definitely go to the SIPR side.
        iii. CAPT Miller added that they will have to move over to SIPR if they are putting in unit locations, etc.
    b. Mr. Traynor completed the first draft of the Requirements Validation Problem Statement to get it socialized through the Privacy Office. The next step is to get it through the CPMB and have an IM representative to help with the Problem Statement. Janine Oakley is working to get the Requirements Validation scheduled in front of the Portfolio Management Board and Col Goldhagen will take it to COL Bonnema (IDD). Col Goldhagen will take this to the Air Force Readiness Board prior to taking it to the Transitional Functional Working Group (TFWG).

Legacy Program Integration

Attendance

Attending Functional Sponsor: CAPT Trinh

	LTC Mark Mellott		CAPT Paul Miller		HMC Joseph Puckett
	Rolando Estrada		Dr. Reese Omizo		Alan Furuno
	Dr. Loretta Schlachta-Fairchild		Andrew Jacobs		Janine Oakley
	CAPT Trinh		Wayne Speaks		Col Goldhagen
	Bob Bolluyt		Dr. Rafael Richards		Nancy Orvis

0745 – 0815 HST: Project Overview

1. **Project Overview:** The Legacy Program Integration project will enhance and extend the TAPS Transition Framework developed in the Transition Application Plan Support (TAPS) project. It will be proven out by applications being built out by the Legacy Program Integration team.
2. **Key Topics Discussed:**
    a. Mr. Bob Bolluyt asked CAPT Trinh how the lack of success of this effort will impact what is being done at the IPO.
        i. CAPT Trinh mentioned that he had a discussion with the Federal Health Agency Architecture. A lot of what's done at the IPO and some venues are still working with spreadsheets; and efforts such as Legacy Program Integration are helping them move beyond the mappings and etc. The efforts such as Legacy Program Integration will help the IPO move forward, it will take them out of the spreadsheet mode, make it less manual, and improve the process overall.
        ii. Mr. TK Lee (contractor) added that it will reduce the point-to-point interfaces that are currently made in CHCS and AHLTA.

- Mr. Lee also went into discussion about Cerner and the new EHR, and what is being done with point-to-point interfaces. He stated that knowledge of this project's research would greatly benefit the rollout. Solutions Delivery Directorate (SDS) could unlock any system's historical data and allow it to be standardized and consumable in cloud architecture.

b. Dr. Loretta Schlachta-Fairchild asked if the transition framework is a materiel solution, an application, or several applications.
    i. Mr. Conor Dowling (contractor) answered that it's a basic application framework with many individual plug-ins. It's something that can be checked out, deployed, and you choose the plug-ins.
c. Dr. Schlachta-Fairchild asked if the research product will be a proof-of-concept, a prototype; what the end-solution is.
    i. Mr. Dowling stated that TAPS was the proof-of-concept for Legacy Program Integration and only touched CHCS.
    ii. Mr. Andrew Jacobs added that it's a prototype that would eliminate a user testing pilot.
d. CAPT Miller stated that there are several systems that the project does not have access to that are impeding progress and diminishing the value of the project. This needs to be discussed at the Government only session.
e. Dr. Rafael Richards (VA) added that the early outcomes generated from this project will be applicable directly to the VistA Metadata project. These tools are 100% open source re-purposeable, and will provide the key foundation for the VistA Metadata project, so it's an important piece. The VA will converge on the same automation tools, and same infrastructure tools, the same standards and same metadata; that's a key part of interoperability that they are talking in the data infrastructure level. He also added that this is a low level technical framework that is repurpose-able for VistA, DHMRSi, and other platforms.

0945 – 1015 HST: Contractual Overview

1. **Key Topics Discussed:**
    a. Mr. Conor Dowling (contractor) went into detail on the accomplishments/results of the research project to data.
        i. The main accomplishments discussed were the different systems/datasets that they have access to, the translation pipeline, and the applications.
2. **Schedule & Budget:**
    a. Budget: The contract is a Firm Fixed Price contract for a 12-month period of performance.
    b. Schedule: Delayed/insufficient access to Legacy data sources had had an impact on the schedule. However, with anticipated workarounds such impact may be made up in the remaining PoP; assuming access to Seymour-Johnson data is obtained in a timely manner.
3. **Risks/Issues:**
    a. Mr. Renton Nip (contractor) stated that within 30 days of contract award, they were provided access to one fully representative CHCS instance only; that was the North Chicago image, which was the same image used in the TAPS project. They have also been provided partial access to some CDR data.

b. Mr. Nip added that the impact of delayed/insufficient access to legacy data sources will reduce the value of the research that will be produced for the DHA.
c. Mr. Dowling added that within the last week they have had some basic access to the AHLTA synthesized dataset that TATRC is using. So the vendor "knows they can connect, put a couple of things through the pipeline, but they can't say, "Yes, we've shown that this works."

4. **Other Discussion:**
   a. Madigan CHCS:
      i. Ms. Janine Oakley stated that there is an instance of Madigan CHCS on its way to Pacific JITC that should arrive today (2/1/16). She asked the vendor if that instance will meet their needs.
      ii. Mr. Dowling replied that it will only give them validation of the CHCS side; it doesn't go beyond CHCS to cover AHLTA.
      iii. The Madigan instance would go in the NIPR network because it's not de-identified data and it's not AHLTA, it's only CHCS.
      iv. They need Seymour-Johnson's pair so that they can show full vertical coverage of 2-3 systems in the contract.
   b. Mr. TK Lee (contractor) confirmed with the vendor that they received the DHMRSi data dictionary.
   c. CAPT Miller confirmed with the vendor that they were able to receive the use cases for COHORT and the priority Use Cases for the Resource Capacity Simulator (RCS).
   d. Assistance/Decisions Needed:
      i. Assistance in obtaining Seymour-Johnson data immediately
         - CAPT Miller stated that the vendor doesn't necessarily need Seymour-Johnson data; they just need instance paired instance of AHLTA/CHCS de-identified data.
         - Mr. Dowling answered; yes, it could be from any source. However, to start from scratch and get an instance from a different location would not allow the vendor to meet their deadline, since they need to report by August.
      ii. Assistance in obtaining access to other Legacy instances as discussed in the November IPR as soon as practicable.
         - Mr. Nip mentioned that if the vendor gets access to other Legacy instances of the paired AHLTA/CHCS de-identified data (from different MTFs), then they can demonstrate the shape of the data and systems. It will be helpful and useful to the enterprise and to the Cerner effort, and to know the shape of the CHCS system as it exists in Madigan.

VA Vista Metadata

Attendance

Attending Functional Sponsors: Russ Davis, Dr. Reese Omizo, Dr. Rafael Richards

	LTC Mark Mellott		CAPT Paul Miller		HMC Joseph Puckett
	Rolando Estrada		Dr. Reese Omizo		Alan Furuno
	Dr. Loretta Schlachta-Fairchild		Andrew Jacobs		Janine Oakley
	Dr. Rafael Richards		Russ Davis		Bob Bolluyt
	Col Goldhagen		Patricia Lothrop (PEO DHMS)		

0815 - 0845 HST: Project Overview

1. **Project Overview:**
    a. The Project will provide a single, comprehensive security-enabled read/write data model for all VA VISTA data across all VA VISTA operational systems, establishing a common technical foundation for master data management and computable data representation; exchanging critical data between VA and DoD clinical information systems. Project objectives include:
        i. Provide comprehensive always-up-to-date, machine-processable exposure and definition of complete operational VISTA data model (VDM), based on all data dictionaries from all active VISTA instances in standard machine-processable, exchangeable form, supported by off-the-shelf tools.
        ii. Create a fully audited and normalized VISTA data model (MVDM) with no redundancy.
        iii. Modify FileMan data to allow management (query, security, and read/write) of Patient, Institutional, Knowledge, and Systems data as distinct entities and to enable patient-centric security.
    b. Project addresses the following functional gaps:
        i. Permits analysis and enhancement of the true operational VISTA data models and provide a data- and metadata-centric roadmap for auditing VISTA data. This automation creates a sustainable, continuously repeatable process across all systems going forward rather than a single snapshot in time.
        ii. Provides the foundation for enterprise-centric Master Data Management for VISTA. This is the foundation for code reduction and elimination of multiple overlapping extraction methods.
        iii. Enables highly contextualized and personalized patient data enrichment and patient-centric security.
2. **Key Topics Discussed:**
    a. Mr. Bolluyt questioned if there was a data model released to date for VistA.
        i. Dr. Reese Omizo had responded that VistA focuses on the same synthetic solution out to everyone.
    b. Mr. Andrew Jacobs asked, “Where does the VA go with this when the project objectives are met and the model is developed?
        i. The response was that the vendor will not be able to use this until the VA has implemented the solution enterprise-wide.
        ii. A question was asked, if it’s successful, will the VA start implementing?
            - Dr. Richards stated during the contract PoP, write back and security will be tested on a real VistA system which is in the contract.
            - CAPT Miller stated the project still needed a current data dictionary, VistA test patient, and VistA with real de-identified data.
            - Mr. Dowling responded to date, the project is working with test patients from the eHMP project. A VA Sandbox has also been received (although not turned made available yet) that is running nearest to the “Platinum version” of VistA.

- The team has the GFI necessary to develop Q1 and Q2 deliverables.
- VistA is an open source, but CHCS is not an open source; anyone can download VistA, per VA guidance. CHCS is not available outside of the DHA.

c. Mr. Bolluyt asked what the vendor was doing within the legacy system and the new EHR system.
   i. Ms. Patricia Lothrop responded the new EHR is a commercial off-the-shelf product so changes to data models will be minimal.

1015 – 1045 HST: Contractual Overview

1. **Key Topics Discussed:**
   a. Collateral materials are posted on GitHub where everything is kept public.
      i. https://github.com/vistadataproject/documents
2. **Schedule & Budget:** Project is on schedule and within budget.
3. **Risk/Issues:**
   a. The required GFE/GFI to be provided by Government within 30 DACA has not been provided.
      i. Mitigation: Use open source OSEHRA VISTA images and resources.

Tuesday, February 2, 2016

Innovation Ecosystem

Attendance

Attending Functional Sponsor: Andrew Jacobs

	LTC Mark Mellott		CAPT Paul Miller		HMC Joseph Puckett
	Janine Oakley		Dr. Reese Omizo		Alan Furuno
	Dr. Loretta Schlachta-Fairchild		Andrew Jacobs		Bob Bolluyt
	Dr. Jan Harris		Russ Davis		

0700 - 0730 HST: Project Overview

1. **Project Overview:**
   a. The Innovation Ecosystem provides a reliable, easy to use platform that accelerates the setup, management, development, test, and packaging process for the DHA.
   Features of the Innovation Ecosystem include:
      i. An accessible and repeatable deployable set of tools and processes that standardize the development & test environments
      ii. Virtualized representations of legacy systems in a manner that allows accurate testing and integration
      iii. An environment and process that will reduce the learning curve and bottlenecks in today's transition and implementation process, providing system integrators and innovators a consistent and streamlined process for developing new capabilities
2. **Key Topics Discussed:**
   a. Mr. Bob Bolluyt asked what the scope of the project is.
      i. Mr. Chris Picklo (contractor) responded the Innovation Ecosystem will be a self-service "sandbox" environment, where users will have access to applicable toolsets and legacy systems.

ii. Mr. Andrew Jacobs added that once the framework has been established, it can be used at any lab.
iii. Mr. Bolluyt compared the project to building a garage where anyone could modify their cars to what they needed without having to purchase their own tools. Mr. Picklo added that the main objective is to remove or streamline any non-essential administrative processes.

b. Dr. Loretta Schlachta-Fairchild asked if the product is a system and how it would be transitioned.
i. Mr. Bolluyt commented it is in the .mil environment.
ii. CAPT Miller stated that the concept process would be transitioned not hardware of software. It is not a system.
iii. Dr. Schlachta-Fairchild questioned who would be the owner once it transitioned. Mr. Jacobs confirmed it would be IATDD and that the toolkit could be leveraged and used anywhere.

0830 – 0900 HST: Contractual Overview

1. **Key Topics Discussed:**
   a. Dr. Janet Harris wanted confirmation that the environment the project was in is .mil.
      i. Mr. Picklo confirmed it is and at the ITEC.
   b. CAPT Miller commented that there are three stumbling blocks that he saw: 1) Interface agreement, 2) Product Software Requirements, and 3) UFR.
2. **Schedule & Budget:** Project is on schedule and within budget.
3. **Risk/Issues:**
   a. CAPT Miller asked for a status on the Authority to Operate (ATO) certification process.
      i. Mr. Chris Picklo (contractor) stated that the ATO process had begun and that security scans are currently in progress and should be completed in the June timeframe.

Cloud Management

Attendance

Attending Functional Sponsor: Andrew Jacobs

	LTC Mark Mellott		CAPT Paul Miller		HMC Joseph Puckett
	Rolando Estrada		Dr. Reese Omizo		Alan Furuno
	Dr. Loretta Schlachta-Fairchild		Andrew Jacobs		Janine Oakley
	CAPT Trinh		Russ Davis		Nancy Orvis

0745 - 0815 HST: Project Overview

1. **Project Overview:** The purpose of this project is to research and test an integrated public/private/personal cloud framework for the Defense Health Agency (DHA) in a controlled development and testing environment in order to define the DHA's cloud computing strategy.
2. **Key Topics Discussed:**
   a. Increment 1 - Research and Design of the Optimal Cloud Services Strategy and Solution
   b. Increment 2 - proof-of-concept of the Recommended Solution
   c. Increment 3 - Training and Documentation of Solution for Future Deployment
   d. Increment 4 - Optional Technical Services (Optional)

3. **Other Discussion:**
   a. Mr. Matt Granger (contractor) elaborated on the efforts made toward the (Engineering Bill of Materials (eBOM) for increment 2. He also stated that the team will be leveraging off of previous research completed. He added he did not believe any additional hardware would be needed. However, some software licenses would be required. The goal is to keep cost minimal but make sure that the project has the key licenses and key capabilities to perform the proof-of-concept. The team plans to meet with ITEC staff and government representatives for further discussion on the proof-of-concept and the test plan.
   b. CAPT Trinh asked if the project was looking into personalizing medical care dealing with patient generated data or general soldier information.
      i. Mr. Andrew Jacobs responded that this question is currently being addressed on how to manage the internal enclave *vs.* external enclave. At this point, there is not yet a policy in place on external patient generated data, but internally, there will be personal information generated by soldiers. Multiple uses for the medical information can be used in different ways; and is more than just healthcare information.
      ii. Mr. Bob Bolluyt added that the DHA needs to be assured policies and procedures are in place before any Cloud access can be provided.
      iii. Mr. Jacobs added that Mr. Don Johnson (DHA Infrastructure and Operations System Directorate/Compute Storage Management Systems) is closely following the project and should be able to stay in-line to meet all requirements and requests. Mr. Granger replied that Mr. Johnson has provided unwavering support in helping to align the Functional community with the project.
   c. Dr. Janet Harris had a question regarding funding for each increment of the project.
      i. Mr. Granger replied that the increments were 12 months, 6 months, and then followed by an unpriced follow-on option.
      ii. Dr. Janet Harris asked for information regarding the 6 month option period be sent to her for review.
   d. Dr. Loretta Schlachta-Fairchild asked how the integration efforts differ from the on-going work being done at the DoD/CIO level of Cloud computing.
      i. Mr. Granger stated that the real key to cost efficiencies is to have a brokering solution, so that you can look across the computing and infrastructure in storage that you are using and it makes the most business sense.
      ii. Mr. Jacobs added that under the Medical Community of Interest (MEDCOI) construct we will no longer be under the Global Information Grid (GIG). It will be on the Defense Research and Engineering Network (DREN). It will allow us to partner with our mission partners better. The construct of the MED-COI will separate us from that. That will give us the ability to have our own flexibility to put things where they belong. It will provide self-service. It's much more of a self-service portal four our customers to get these things rapidly through. There are certain workflows in cloud computing that don't have to reside in-house, and you can kind of burst them out into some of these clouds and get it done and bring it back in.
      iii. Mr. Granger added that another aspect for efficiency and cost savings is the beginning of third virtualization, regionalization. VMware was the only choice 10-12 years ago. However, when we look at costs in terms of ITEC, it would be a good

thing to look at what the MHS is paying for licenses; largely to take advantage of the VMWare vCenter Operations Manager capabilities, etc.

iv. Mr. Granger goes on about open source and how it has moved in a big way; that open-source is not necessarily free since there are support costs, etc. If you look at licensing per socket for VMware, it probably costs MHS tens of millions, so there are some abilities to gain some cost efficiencies in the technology stack.

v. Dr. Schlachta-Fairchild asked if Matt Granger and his team will be looking at those factors under the business functional gap focus areas. Matt Granger replied yes.

vi. Mr. Jacobs interjected and said that they cannot look at the costs across the whole MHS because that's something they have been looking at internally and looking at the possibility of using the open source models; reducing the funding spent on licensing and maintenance.

vii. Dr. Schlachta-Fairchild asked if the ultimate product at the end of this research is a materiel solution. Is it going to be used strictly for research, or is there an expectation that this will be transitioned to operation?

viii. Mr. Jacobs answered that they are looking to transition this into the I&O and Program Office.

e. Mr. Robert Bolluyt asked if HIPPA provisions were considered during the analysis. The greatest concern of the MHS leadership is having a data "spillage" in the cloud - HIPPA, PHI and PII security are absolutely considered as part of the analysis.

i. Mr. Granger replied that the "business associate" provisions of HIPPA cover the security requirements and potential liability of non-clinical PHI data handlers.

0915 - 0945 HST: Contractual Overview

1. **Key Topics Discussed:**
   a. The vendor briefed the audience with their slides that covered the project's budget, tasks & milestones, results to date, barriers/issues, GFI status, anticipated impact, transition plan, and any assistance/decisions that is needed.
2. **Schedule & Budget:**
   a. Increment 1: 10/1/15 – 03/31/16
   b. *Increment 2: 04/01/16 – 03/31/17
   c. *Increment 3: 04/01/17 – 09/30/17

   *Contract Modification to be processed to move funding for video production from Increment 3 to Increment 2.
3. **Risk/Issues:**
   a. Department of Defense networks may be problematic unless specific candidate cloud providers (e.g. MilCloud, etc.) have testing interfaces and services available for development/testing on the commercial Internet
   b. Collaboration with government to determine existing interfaces and begin the process to gain access credentials in a timely manner
   c. Potential migration and/or resolution issues
4. **Other Discussion:**
   a. Mr. Bob Bolluyt asked how the project was awarded and then funded later.
      i. Mr. Alan Furuno responded that the award was granted before the funding, this was why we had to push for a start date and subject to availability of the funds. The

start date was set for 29 Sep 2015, but could not officially start the project because it was not yet fully funded.

ii. Mr. Bolluyt then asked if this was a Staff Award in fiscal year 2015. Mr. Furuno replied that it was.

iii. Ms. Neena Porter (contractor) responded that the actual start date was 01 Oct 2015, but we pushed out an additional month to accommodate the delayed funding for Increment 1.

iv. Ms. Cynthia Fox, (contractor) added that it was a delay within the Defense Agency Initiative (DAI) system.

b. In reference to the Analysis of Alternatives (AoA) section on the Tasks & Milestones slide, Mr. Bolluyt asked if this was more of an AoA, or a Test & Business Case and if it involves any development effort as a solution.

i. Mr. Matt Granger (contractor) stated that they are following the AoA format that was done in terms of looking at those specific Course of Actions (COA's) stated and also looking at various technologies, then doing a price comparison, and finally making a recommendation in terms of what the best technical solution would be for the cost considerations on the proof-of-concept (PoC).

ii. Mr. Granger added that this is a "brokering system" which orchestrates and manages the other Cloud computing technology stacks.

iii. CAPT Miller also added that we are looking into new and different software now.

iv. Mr. Chris Hample (contractor) responded to the development effort as a solution question and said that it really is just using the stack technology as a monitoring tool in a public cloud and if the end solution was a 'pilot' then it could be seen as a development, but as far as the AoA analysis, then no.

c. Mr. Granger outlined the strategy for connectivity between the Integrated Test Center (ITC) in San Antonio and the ITEC; the ITC test environment being representative of the Med-COI production architecture. If connectivity from the ITEC to the ITC would not be favorably considered, then the install of the ITC test environment "image" within the ITEC would be an alternative course-of-action. Knowledge of the timelines will allow the PoC Test planning to consider when resources would be available for testing private cloud management to align test areas with availability of the appropriate resources. As an example, the first 6 months of the PoC could focus on configuration and required testing of public cloud component while the ITC test environment private cloud was being installed in the ITEC. There are various potential branches/sequels that could be included within the test plan as excursions to research specific areas in greater depth. Once the cloud brokering solution is tested sufficiently within the ITEC, it could potentially be installed in zone B at the ITC for acceptance and certification testing as a pathway to transition.

d. Ms. Janine Oakley stated the formal briefing ITC-ITEC connectivity has been pushed to February 10th; Ms. Oakley will work out schedule with Mr. Jacobs and will pass on to the project team.

e. Mr. Ryan Chun (contractor) stated a draft of engineering Bill of Materials (eBOM) had been completed and presented the information to Mr. Alan Furuno, Mr. Ryan Okata and ITEC staff in a meeting the afternoon following this IPR.

i. Mr. Furuno asked if the Contracting Office Division (COD) was requiring any other additional documentation for the eBOM package on increment 2.

ii. Mr. Granger, concerned about not getting the funding before increment 2 is executed, suggested increasing the Other Direct Costs (ODC) line on increment 1 so that anything needed ahead of time could be in position for increment 2.

iii. Ms. Neena Porter (contractor) has been tracking this effort and emphasized cost expectations for increment 2 should be reached and submitted promptly. She also agreed that early approval is needed to modify increment 1 in order to avoid a missed opportunity for funding.

iv. Mr. Furuno added that COD is requesting specifics. Mr. Granger offered to assist in compiling the list.

f. CAPT Miller requested a list for the As-Is for MHS applications.

i. Mr. Granger replied that there are 13 applications that are part of the original As-Is and were paired down from about a list of 50 before they became the Cloud strategy and that he would provide CAPT Miller the As-Is Assessment Report.

ITEC Engineering & Management Support

Attendance

Attending Functional Sponsor:

	LTC Mark Mellott		CAPT Paul Miller		HMC Joseph Puckett
	Rolando Estrada		Bob Bolluyt		Alan Furuno
	Janine Oakley		Andrew Jacobs		

1000 - 1030 HST: Project Overview

1. **Project Overview:** The ITEC at Pacific JITC provides an agile and flexible development environment focused on rapidly researching, testing, and developing warfighter medical solutions and products through pilots or prototypes in support of the DOD. The Pacific JITC ITEC is managed under the DHA's Health IT Innovation and Advanced Technology Development Division.
2. **Key Topics Discussed:**
   a. The ITEC obtained a full Authority to Operate (ATO) last quarter; remaining POAMs from the audit are in-progress and nearing completion.
   b. The DMLSS server will be online shortly once a connection is established via SPAWAR. Further status was requested by Janine Oakley with regard to getting JMLFDC connected to the DMLSS server; she will be invited to the scheduled meeting on 2/5/16 regarding remote access to the ITEC's NIPR enclave.

1030 - 1100 HST: Contractual Overview

1. **Key Topics Discussed:**
   a. NIST and NVLAP
      i. Mr. Anthony Escasa (contractor) discussed the difference between NIST and NVLAP.
         - The ITEC is looking at a specific "flavor" of NIST, which is the NVLAP (National Voluntary Lab Accreditation Program), specifically Health IT. They are mainly looking at a subset of the NIST accreditations that mainly has to do with testing and calibration.
         - CAPT Miller added that some of the projects that the Pacific Hui is doing can begin using the ITEC for testing once the NVLAP HIT accreditation is obtained.
2. **Schedule & Budget:** The project is on schedule and within budget.

a. There was a brief discussion regarding the contract type for the ITEC.
b. Mr. Bob Bolluyt suggested a Firm Fixed Price contract may not be the best vehicle for the line of work performed by the ITEC and does not accommodate fluctuations in workload.
c. CAPT Miller stated that he has assigned one ITEC Engineer to support each project. He estimated that the ITEC has the capacity to support twelve projects. If the ITEC is required to support more, then we need to go into additional funding for manpower.

3. **Risk/Issues:**
   a. OpenVMS training
      i. The contract requires expertise with OpenVMS clustering to improve hosting of CHCS.
      ii. Mr. Andrew Jacobs confirmed that this contract didn't have a written SOO, but does have a PWS. He recalls that in the PWS, it stated that the vendor would have that specific skillset for the support of the systems.
      iii. Mr. Escasa added that this issue is being corrected by sending staff to training, in the hopes that they will put themselves in a 'train-the-trainer' environment to get everyone trained.
         - Training begins the first week of March.
   b. Tech Refresh
      i. Mr. Jacobs asked if the majority of the funding for the Tech Refresh is supposed to be for licenses. CAPT agreed and also added for maintenance. Andrew Jacobs asked if some of the equipment has come to an end-of-life. Jonathan stated that some of the equipment has.
      ii. CAPT Miller noted that a substantial percentage of the ITEC's funding is allocated for licensing and hardware support contracts. CAPT Miller further noted that failing to renew contracts on-time results in substantial financial penalties, further impacting funding.
   c. Staffing
      i. With the departure of William Yarian, and backfilling the ISSO position by Robert Hughes, the contract is short-staffed.
      ii. Mr. Alan Furuno requested an updated list of the staff and their positions. He also confirmed that the MHS Applications role has been filled by Mike Sweeney.

4. **Other Discussion:**
   a. Mr. Jacobs requested confirmation that the .com circuit is currently being paid through ODCs; Mr. Jonathan Dann (contractor) confirmed this is the case.
   b. CAPT Miller requested metrics, including project environment utilization metrics from Splunk and time to resolution for helpdesk tickets, be included in the slides for the ITEC's next IPR.
   c. MobileSmith, BlueButton, and Open Source Virtualization:
      i. Mr. Furuno asked who the customer is for these 3 special projects. Those in attendance confirmed DHA is the project owner.
   d. Mr. TK Lee suggested that Leadership should start looking at including an ITEC resource on the project itself as a staff, and put it on to the IGCE. It's a suggestion that Mr. Walt Ruggles made in 2008. So, for instance, if the VA was going to come with another project for

research in the ITEC and assistance to support their instance is needed at the ITEC, then we could have them put a contract resource here under that project's contract.

i. CAPT Miller added that the first attempt into adding support onto the projects really relies on the support of the ZBR.

e. Mr. Jacobs invited the ITEC to provide any ideas on how to conduct IT within DHA better, cheaper, and faster. Mr. Jacobs further invited the ITEC to participate in his weekly staff meetings, particularly the 30 minute technology demonstration portion of the meeting.

Wednesday, February 3, 2016

Theater Blood - Mobile

Attendance

Attending Functional Sponsor: CAPT Fahie (ASBPO), CDR Riggs (ASBPO), LCDR Matheu (ASBPO)

	LTC Mark Mellott		CAPT Paul Miller		HMC Joseph Puckett
	Rolando Estrada		Dr. Reese Omizo		Alan Furuno
	Dr. Loretta Schlachta-Fairchild		Andrew Jacobs		Janine Oakley
	Bob Bolluyt		LTC Bell		CDR Riggs
	LCDR Matheu		CAPT Fahie		Nancy Orvis
	Tony Hill (PACAF)		LTC Marshall (PACAF)		

0915 – 0945 HST: Project Overview

1. **Project Overview:**
   a. The goal of this project is to research and develop the enterprise system capability to perform the operational blood management mission in the low/no communications operational environment.
   b. The objective is to transition the prototype Theater Blood-Mobile (TBLD-M) capability to the Joint Operational Medicine Information Systems (JOMIS) acquisition program-of-record for operational deployment.
2. **Key Topics Discussed:**
   a. There was some discussion focusing on the idea that there is presently no Theater Blood (TBLD) capability in low/no communications environments. The current TBLD in TMDS/MSAT is web based, so a reliable internet connection is required to perform operational blood management operations. In austere, early entry operational environments and particularly for Fleet Naval forces while underway, when no connectivity exists, no electronic capability to perform the operational blood management mission exists.
   b. The previous research component of TBLD-M resulted in a mobile portion of TBLD which has already been developed using Xamarin (Xamarin is a San Francisco , California based software company created in May 2011 by the engineers that created Mono for Android and MonoTouch that are cross-platform implementations of the Common Language Infrastructure (CLI) and Common Language Specifications) – across mobile platforms. The current year's effort focuses on the web interface's ability to sync from Theater Medical Data Store (TMDS).
   c. Transition Activities:
      i. There have been two Theater Functional Work Group briefings; the outcome of these briefings was a recommendation to transition to JOMIS Program of Record.

ii. Mr. Granger stated that COL Bailey at JOMIS requested the need for an independent evaluation
iii. The team engaged with AMEDD Board and the DoD Joint Interoperability Test Command (JITC). In order to participate in tests, it requires a lot of coordination and contracting/acquisition/and test and evaluation strategy alignment, planning and appropriate resources.
iv. The team will continue to work with Ms. Janine Oakley and Mr. Bob Bolluyt to bring to the right decision maker.

0945 – 1015 HST: Contractual Overview

1. **Key Topics Discussed:**
   a. The vendor briefed the audience with their slides that covered the project's budget, tasks & milestones, results to date, barriers/issues, GFI status, anticipated impact, transition plan, and any assistance/decisions that is needed.
2. **Schedule & Budget:** Project is on schedule and within budget.
3. **Risk/Issues:**
   a. The project team is still attempting to develop a transition process; identifying funding and aligning with a T&E strategy is still pending.
      i. Mr. Bob Bolluyt commented that the government will solve the transition strategy. The contractor should continue to focus on the technical task.
4. **Other Discussion:**
   a. Transition Plan Schedule:
      i. The items in the schedule were described and it was mentioned that LTC Corley briefed the Theater Functional Work Group (TFWG) in Feb 2015; outcome, the requirements were accepted and submitted to the Program Office for costing. When the project team updated the TFWG on 22 Oct 2015, the Navy representative, Mr. Joe Goodin commented, "I thought this project had transitioned already." There was no additional discussion.
   b. Mr. Bolluyt asked what needs to be done to complete the product at the end of contract.
      i. Mr. Matt Granger (contractor) responded that what they will deliver at the end of contract will be a complete capability for a laptop device. They will deliver a completed/integration tested product ready for government acceptance testing, accreditation and certification and initial operational test and evaluation.
      ii. Mr. Granger added that if the 6-months option was exercised, that could be the basis for IOT&E event; this would be a capability that they could deploy in 2017/2018/2019.
   c. Discussion re: RIMPAC Test Event
      i. CAPT Miller stated that the project team needs to get TBLD-M in to the RIMPAC Test Event.
         - Mr. Bolluyt asked when RIMPAC is scheduled; next Summer into Fall?

- Mr. Granger replied that there are a series of demonstrations and training events leading up to the exercise in Aug-Sept 2017 timeframe.
- LTC Mellott added that the team may want to also consider MARFORPAC for additional testing efforts.

d. CAPT Fahie stated that ASPBO critically needs this capability for Fleet and Special Forces operations.

i. CDR Riggs agreed with CAPT Fahie. He also stated that they need the combatant commander and surgeon to have the situational awareness and timely relevant information available, so they can make the informed decisions.

Outstanding Action Items

Project	Action Item	Assigned To	Due By	Status/Comments
Medical Informatics Fusion-Decision Support	Move 'Results to Date' slide from contractual overview to project overview.	Pacific JITC PMO	Prior to next IPRs	Complete
	Follow on discussion on how this project will transition.	Bob Bolluyt/Janine Oakley	TBD	
	Investigate building the MIF-DS application on NIPR and SIPR environments.	Antonio Moscatelli (CTR)/Brian Teeter (CTR)	TBD	
	Provide the Requirements Validation schedule to the Portfolio Management Board.	Janine Oakley	TBD	
	Provide Requirements Validation schedule (from Janine Oakley) to COL Bonnema.	Col Goldhagen	TBD	
	Provide Requirements Validation schedule to the Air Force Readiness Board prior to taking to the Transitional Functional	Col Goldhagen	TBD	

	Working Group.			
Legacy Program Integration	Discuss in Government meeting the several systems that the project doesn't have access to.	Pacific JITC	2/1/2016	Complete
VA VistA Metadata	Secure access to production VistA image	ITEC with assistance from Project SMEs	6/30/2016	In Progress
Innovation Ecosystem	Set up focus group with Andrew Jacobs.	Chris Picklo (CTR)	3/1/2016	
	Set objectives and direction for next quarter.	Andrew Jacobs	2/15/2016	
	Present demo to Bob Bolluyt.	Chris Picklo (CTR)	2/5/2016	Complete
Cloud Management	Forward documentation to Dr. Janet Harris on the project's 6 months option.	Cynthia Fox (CTR)	ASAP	
	Schedule briefing regarding ITC-ITEC connectivity request.	Janine Oakley	ASAP	Formal briefing set for 2/10/2016
	Submittal of Cost Expectation for Engineering Bill of Materials (EBOM).	Ryan Chun (CTR), Matt Granger (CTR)	ASAP	Detailed discussion with ITEC staff and government representatives set for 02FEB2016 to gain approval for submission
	Provide CAPT Miller the current As-Is Assessment report.	Cynthia Fox (CTR)	ASAP	Complete
ITEC Engineering & Management Support	Add Janine Oakley to invitation list for ITEC NIPR remote access meeting on 2/5/16.	Mike Sweeney (CTR)	2/5/2016	Complete
	Provide Alan Furuno with an updated list of staff and their positions.	Anthony Escasa (CTR)	3/2/2016	In-Progress

	Obtain information for Andrew Jacobs' weekly staff meeting.	Mike Sweeney (CTR)	3/2/2016	In-Progress
	Include metrics, including project environment utilization metrics from Splunk and time to resolution for helpdesk tickets in the next IPR slides.	Anthony Escasa (CTR)	Prior to next IPRs	In-Progress
Theater Blood Mobile	Coordinate an ITEC meeting on 2/15.	CAPT Fahie	2/6/2016	Complete