FEHRM

Interoperability Progress Quarterly Report

FIRST QUARTER, FISCAL YEAR 2025

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FEDERAL ELECTRONIC HEALTH RECORD MODERNIZATION | Federal Electronic Health Record

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Introduction

Purpose of this Report

The Federal Electronic Health Record Modernization (FEHRM) Interoperability Progress Quarterly Report responds to House Report 118–557, page 246, accompanying H.R. 8744 – Department of Defense Appropriations Bill, 2025.

FEHRM Overview

During the first quarter of fiscal year 2025 (Q1 FY2025), the FEHRM prioritized a strategy of operationalization and convergence in its mission to implement a single, common Federal Electronic Health Record (EHR) to enhance patient care and provider effectiveness, wherever care is provided. This operationalization and convergence strategy unified efforts across the Federal EHR ecosystem and delivered common capabilities. The common capabilities the FEHRM delivers include:

- Governing and overseeing the Federal Enclave, a shared environment containing the Federal EHR and supporting systems.
- Governing and overseeing the joint health information exchange (HIE), a data-sharing capability.
- Overseeing configuration and content changes to the EHR, agreed on by the Departments through a joint decision-making process facilitated by the FEHRM.
- Tracking and facilitating software upgrades and solutions to optimize EHR performance.
- Tracking joint risks, issues, and opportunities as well as lessons learned regarding EHR implementation to inform continuous improvement.
- Maintaining an integrated master schedule to help coordinate EHR activities.
- Developing and updating deployment maps to show real-time status of deployments.
- Advancing interoperability, the meaningful use and exchange of data, to improve continuity of care among and between public and private-sector providers.
- Leading analysis and integration of Electronic Health Records Modernization (EHRM) activities at joint sharing sites (JSS), where resources are shared between the Department of Defense (DOD) and Department of Veterans Affairs (VA).

Federal Electronic Health Record Strategy

Joint Configuration Management

The FEHRM manages and optimizes the Joint Sustainment and Adoption Board (JSaAB). This joint governance body approves all Federal EHR content and configuration changes. The JSaAB directly informs the Federal Change Control Board and is essential to operating the

Federal EHR, providing DOD, VA, the Department of Homeland Security's U.S. Coast Guard (USCG), and Department of Commerce's National Oceanic and Atmospheric Administration (NOAA) functional oversight of all configuration decisions impacting the production baseline.

In Q1 FY2025, the JSaAB approved 348 content and configuration changes. Additionally, the JSaAB reviewed and concurred with 468 content and configuration changes approved at a lower level by DOD and VA Solution Teams.

The FEHRM coordinates an e-JSaAB process for urgent and emergent issue resolution during off-hours and successfully used it twice during Q1 FY2025. During the reporting period, the JSaAB continued to optimize semi-annual updates to the JSaAB Catalog, which represents the full scope of the types of changes within the JSaAB's authority. Updating approval authority levels and clarifying change types with the catalog allows for efficient and effective issue resolution at the lowest level with DOD and VA. There were 95 changes made to the JSaAB Catalog in Q1 FY2025.

The Executive Data Management Board (EDMB) establishes a formal data management and governance function for FEHRM data and analytics assets and authorizes and prioritizes joint data management activities impacting the Federal Enclave. Under direction and oversight of this executive body, data and analytics are governed by the Data Governance Board (DGB) and the Analytics Governance Board (AGB), respectively.

In Q1 FY2025, the DGB voted to approve the Data Acquisition and Syndication Committee's request to modify the separation rules for bulk data extracts as they were causing data gaps that led to incomplete or inaccurate reports and potentially patient safety issues. The DGB led the requirements development and review of critical data exchanges of pharmacy and immunization data as part of the Clinical Data Repository/Health Data Repository update initiative in addition to continued data quality and data enrichment initiatives.

FEHRM Domain Management (DM) tracks convergence as a key metric in supporting the FEHRM goals of interoperability, convergence, and collaboration. Over the past two years, and under the direction of the FEHRM, the AGB published 1,635 reports. The AGB achieved 63% convergence of these reports. Reports published in Q1 FY2025 achieved a convergence rate of 88%. FEHRM DM also tracks continuous improvement by maintaining a quarterly month-over-month metric.

Identity, Credential, and Access Management

The FEHRM has begun to explore utilization of new, broader, federated solutions, such as Microsoft (MS) Entra business-to-business (B2B) External ID in the shared identity solution, which is known as the Federated Trust Identity Access. The FEHRM also explored ways to support future needs, such as Zero Trust (ZT) and Security Assertion Markup Language 2.0 solutions. In Q1 FY2025, the FEHRM produced a unified architectural diagram of current

identity, credential, and access management cloud infrastructure to support future federated solutions. The FEHRM will review and update the Rough Order of Magnitude estimate, prerequisites and requirements, and policy impacts for the continued, long-term addition of new federal tenants.

Further, the FEHRM provided requirements and a user story to the J6 Engineering Review Board to expand production use of B2B and leverage the full suite of collaborative capabilities of MS 365 to hybrid environments for the MS suite of tools. The FEHRM focuses on the larger roadmap for enterprise adoption, leveraging B2B as one possible tool for both current and future tenants. New identity solutions enable collaborative capabilities while adhering to ZT and other security paradigms.

Federal EHR Retrieve Summit

In Q1 FY2025, the FEHRM continued to lead biweekly planning sessions with DOD, VA, Defense Manpower Data Center, and Federal EHR vendors to collaborate and plan for three initiatives identified for work prior to a face-to-face summit. The two initiatives with updates to the DOD and VA Rhapsody systems originally planned for inclusion in Capability Block (CB) 12 were moved to a maintenance release at the end of April due to software version upgrades and the requirement to perform full regression testing.

The third initiative, targeting address validation tools utilized by the Rhapsody retrieves, requires extensive review and discussion to reach consensus for common configuration or common validation tool output. Biweekly Integrated Project Team (IPT) sessions between subject matter experts (SME) from DOD, VA, and Federal EHR vendors continue. Discussions are targeted for completion as part of the face-to-face summit tentatively planned after DOD and VA Rhapsody changes are deployed.

Unified Architecture Dashboard

In Q3 FY2024, the FEHRM initiated multi-agency Unified Architectural Dashboard meetings between principals representing the DOD Program Executive Office, Defense Healthcare Management Systems (PEO DHMS); VA Electronic Health Record Modernization Integration Office (EHRM-IO) Architecture Team; and the FEHRM.

In Q1 FY2025, J6 accepted the categorization memo provided for authorization. The authorization package for the .mil environment continues to progress as expected.

Implementation Support to Joint Sharing Sites

During Q1 FY2025, the FEHRM updated and standardized a series of documents that will be leveraged to support future VA Federal EHR deployments and the operations of impacted JSS transitioning from interim state to end state. Additionally, the FEHRM continued to support interim-state optimization efforts to enhance interoperability at JSS.

Specifically, the FEHRM collaborated with the William Beaumont Army Medical Center (WBAMC) and El Paso VA Medical Center (VAMC) sharing partners' lab teams to develop a clinical workflow reflecting the process used by both facilities to support lab samples collected by one facility and associated tests performed by the other partner. Documenting this process was a critical step that helped to inform VA EHRM-IO's decision to offer this virtual printing solution, developed for these two partners to address loss of interoperability when the VA-managed Laboratory Electronic Data Interchange (LEDI) and Laboratory Data Sharing, and Interoperability (LDSI) interface used to submit lab tests and retrieve lab results in an automated and streamlined process was disconnected during the DOD deployment of the Federal EHR at WBAMC.

The FEHRM also identified five additional sets of sharing partners and their respective laboratory points of contact and led efforts to explain the benefits offered by the virtual printing solution. The FEHRM determined that only one additional JSS (San Diego VAMC/Naval Medical Center San Diego) could benefit from the virtual printing solution and shared this information with the EHRM-IO Program Management Office (PMO) to request funding to support this effort. Simultaneously, the FEHRM facilitated multiple sessions with both DOD and VA cybersecurity teams to determine the cyber requirements for the interface between sharing partners supporting the printing path of lab results.

Captain James A. Lovell Federal Health Care Center Federal Electronic Health Record Operations, Implementation, and Optimization

During Q1 FY2025, the multi-agency Captain James A. Lovell Federal Health Care Center (Lovell FHCC) Federal EHR Implementation Team received the Washington Exec 2024 Pinnacle Award for Government Team Project of the Year in Healthcare in recognition of the highly successful deployment of the Federal EHR at Lovell FHCC. The success of this first-of-its-kind deployment reflects many cross-agency accomplishments that can be leveraged at other complex JSS, transforming health care on an even broader scale. In addition to this accomplishment, the team focused support on several post go-live activities and stabilization of the Federal EHR at Lovell FHCC.

Primarily, the FEHRM took the lead on the Enterprise Requirements Convergence Opportunities (ERCO), which provides avenues for follow-on departmental assessments and support for further convergence and potential optimization opportunities. The initial focus of the ERCO effort during this quarter was to develop the process and prioritize the list of topics to address remaining barriers for convergence to meet the integration goal set forth for Lovell FHCC.

In Q1 FY2025, the FEHRM conducted comprehensive convergence analysis to address the Federal EHR Training ERCO topic to determine the feasibility of training reciprocity between DOD and VA at Lovell FHCC and collaborated with EHRM-IO to initiate a training reciprocity pilot program at Lovell FHCC for three DOD roles.

The purpose of the pilot was to determine the level of training material and workflow overlap between the two Departments and how they approach Federal EHR training, and included an extensive, detailed review of VA and DOD Federal EHR workflows, user-role privileging, and training curriculum. To date, this ongoing pilot program effort produced recommendations for streamlined training, resulting in a reduction in VA training hours for the DOD pilot program's participants.

Additionally, in support of the Lovell FHCC Picture Archive and Communication System (PACS) Integration initiative, the FEHRM worked with the Defense Health Agency (DHA) J6 Information Technology PMO, EHRM-IO, and the Lovell FHCC PACS Radiology Workgroup stakeholders to determine the feasibility of moving from separate PACS systems between the two campuses at Lovell FHCC to a singular system, while still using two separate image archives: VA CareAware MultiMedia and DOD Enterprise Clinical Imaging Archive. Successful completion of this initiative will result in the sharing of radiology resources between the two Departments. Currently, if patients in the Lovell FHCC East campus require advanced imaging, they must be brought to the West campus. An integrated PACS system will help to mitigate this challenge.

The FEHRM also developed a process to collaborate with DHA, DoD Healthcare Management System Modernization (DHMSM), Veterans Health Administration (VHA), and EHRM-IO to centralize, prioritize, and report on these topics and provide designated support. The process will allow for prioritization of ERCO-related activities to support assessments of the top priorities and delivery of documented action plans.

Topics have been thoroughly documented to help identify and designate important representatives and SMEs who have the necessary expertise, time, and decision-making authority to actively participate in connected work groups.

The FEHRM will assist the Departments and help facilitate, when appropriate, contractual and task-order support for ERCO-related activities as needed. The FEHRM will also identify when additional ongoing support for remaining ERCO topics is needed to progress toward convergence, when feasible.

Lovell FHCC Technical Partner Integration

Federal Interfaces Team
In July 2024, EHRM-IO and Oracle Health conducted a Prosthetics and Sensory Aids Service Rapid Process Improvement Event at Lovell FHCC. The FEHRM provided similar support for

prospective integration work, as it did for the previously mentioned Radiology PACS Subsystem. In Q1 FY2025, DHMSM's Intake Review was completed and assigned to the product teams responsible. The program office requested a level-of-effort estimate from the vendor to be delivered by the third week of January and is working on a supporting Business Case Analysis. The FEHRM is the new point of contact for regular updates on project progress.

In Q1 FY2025, the FEHRM successfully laid the groundwork to document the overall Federal EHR system of System Entity Relationship Model. Additionally, the FEHRM generated a rough capability map, system block diagram, and executive options for operational drilldowns for any functional area of concern. This will be continually maintained and improved over time as well as shared across integrated FEHRM parties to better inform further system interface discovery efforts.

Infrastructure Test and On-Site Device Team

In Q1 FY2025, the FEHRM participated in technical reviews and VA end users' experience evaluations at Lovell FHCC. The solution supports the current Resource Sharing Agreement and the long-standing business relationship between these two locations. Future solution design requests are paused currently, but plans are underway to evaluate additional locations in upcoming quarters.

The FEHRM continues to monitor, analyze, and report status updates for expected Pharmacy feature changes in CB 12, and broker technical concerns between VA and DOD as needed. Key items related to this task include supporting a Functional Design Document Review, tracking joint functional testing deep dives, and conducting systems engineering technical reviews, while maintaining an executive-level summary status.

Operations Support

The FEHRM continues to enhance the Power BI application, particularly the dashboard views launched in Q3 FY2024, which track DOD and VA incident tickets exported from ServiceNow. During Q1 FY2025, data automation processes for the dashboard views were integrated with the application to encourage quicker ticket resolution and partner agency reporting. For the Open Tickets Dashboard, the FEHRM made significant improvements to clean up the visualizations and show responsible groups and historical trends, making the dashboard more user-friendly and intuitive for end users. These updates contributed to enhanced service ticket visibility and evidence of resolution efficiency.

These ongoing enhancements continue to empower Lovell FHCC users with a centralized product that can be accessed locally, eliminating the need for navigating across multiple complex applications.

Finally, the FEHRM developed a "technical-specific" system performance scorecard that measures more than 20 key performance indicators (e.g., latency, crashes, and hangs),

which are benchmarked against known thresholds. The scorecard flags areas where Lovell FHCC Information Technology (IT) staff can pinpoint corrective actions for devices or parts of key network infrastructure elements, all of which should lead to better end-user experience outcomes.

FEHRM Lessons Learned Repository Management

The deployment of the Federal EHR at Lovell FHCC in March 2024 provides lessons learned for future deployments, especially at other JSS. Department-level teams continuously collaborate to identify and implement lessons from Lovell FHCC's Federal EHR deployment. The FEHRM Lessons Learned Repository holds 392 enterprise-wide lessons learned. Nearly half of the repository's lessons are related to the successes and lessons learned identified during the Federal EHR deployment at Lovell FHCC. While the FEHRM continues to receive and evaluate these lessons learned, top lessons-learned themes include the following:

- Ensure senior stakeholder and site engagement collaboration for success from planning to deployment. At Lovell FHCC, site leadership actively participated in collaboration with the FEHRM and the Departments.
- Use the Enterprise Requirements Adjudication decision-making process to enable a strategy to manage and adjudicate process and procedural differences between Department policies, procedures, nomenclature, and workflows, and ensure all assessment findings are considered for inclusion in the Federal EHR enterprise baseline.
- Encourage training and adoption events participation and completion—focusing on such areas as workflows, differentiated modes of training, and an agile system design with a training content maintenance approach. Pay-It-Forward/peer coaching methodology is also imperative to improve end-user adoption, ensuring proficiency and minimal disruption to workflow.
- Implement a more efficient and integrated workspace via MS Teams, Connect.gov, and/or SharePoint that enables multi-agency access and real-time collaboration.
- Accommodate dual-hat users—end users who render care on behalf of the Department that is not their employing Department—by working closely with Department identity and access management personnel and enhanced existing authentication pathways to allow end users to access the Federal EHR using either Department's credentials.

Work at Lovell FHCC, the FEHRM, and beyond continues to increase interoperability. Immediate focus areas to achieve greater integration include enhancing pharmacy, integrating help-desk processes, enabling training reciprocity, and defining roles and responsibilities for operational support during sustainment. Further analysis of successes and lessons learned from the Lovell FHCC go-live will be documented and shared in future quarterly reports.

Federal Electronic Health Record Operations

Enterprise Operations Center

The Enterprise Operations Center (EOC) is critical to operationalizing the FEHRM. It prepares Federal EHR system partners and ecosystem colleagues for the intense schedule of go-live activities. The EOC supports cross-organizational collaboration and executive-level reporting on the Federal Enclave and ecosystem during federal go-live events.

During Q1 FY2025, in addition to monitoring planned activities that could impact FEHRM partners, the EOC monitored and reported 60 federal major incidents impacting the Federal EHR or partners. These reports included root-cause analyses, when known, and corrective actions taken for unplanned incidents. The EOC added value to the Federal EHR by automating analysis tools, enabling shared agency reporting, refining response processes, participating in joint problem management improvement efforts, sharing observations regarding traceability of incidents and changes in the ecosystem, and expanding and enriching stakeholder engagements.

Federal Enclave Management

During Q1 FY2025, the FEHRM prioritized high-priority incidents and outages affecting the Federal Enclave. The FEHRM now utilizes the newly released Oracle Health SEV1 (critical incident)/SEV2 (major incident) Situation Report reporting along with Oracle Health LightsOn Network availability, DHMSM Weekly Problem Investigation, DHMSM Downtime Reporting, and Oracle Health Key Performance Indicator metrics to assess the overall health of the Federal Enclave. Additionally, the FEHRM developed a Tiered Architecture Incident Management concept to categorize incidents effectively, ensuring that the appropriate Operations and Support SME addresses each incident. This approach enables faster and more accurate identification of incident characteristics for reporting to the FEHRM. Lastly, the FEHRM is now integrated into the Federal Interagency Operations Work Group (FIOWG) to better assess the totality of incidents from a more holistic perspective.

Enterprise Technical Activities

The FEHRM remained committed to advancing enterprise technical initiatives throughout Q1 FY2025, despite the cancellation of planned Oracle Health-led Environment Management Operations Center (EMOC) sessions. Originally designed to highlight key insights from Oracle Cloud World and Oracle Health Conferences and how those advances would be included in the Oracle Cloud Infrastructure (OCI) migration, these sessions were postponed due to evolving implementation and subsequent formation of IPTs and meeting forums to discuss the integrated management schedule. A single EMOC would not be adequate in exploring the multi-faceted, major deployment.

Moving forward, the FEHRM will leverage this opportunity to realign its efforts, ensuring that future sessions address the most pressing and impactful technical priorities for DOD and VA. A brainstorming initiative is currently underway to refine the agenda and scope for upcoming EMOC engagements. This approach aims to integrate cross-agency feedback, foster collaboration with Oracle Health, and prioritize topics that directly support critical modernization goals, including cybersecurity readiness, cloud infrastructure improvements, and seamless data integration.

Federal Release and Domain Management

In Q4 FY2024 and early FY2025, the FEHRM continued its involvement in federalizing the joint release management process through active contributions to the Federal Release Work Group (FRWG). Key efforts include finalizing the FRWG charter with input from release management stakeholders and the Office of General Counsel, with the document now set for final signature in the second quarter (Q2) of FY2025. The FEHRM also transitioned to delivering detailed Release and Domain Management updates during monthly Electronic Health Record Modernization-Coordination meetings.

The FEHRM actively participates in weekly Domain Status and Block/Cube Release meetings, which ensures seamless coordination of environment refreshes with go-live and training events. Addressing critical upgrades and environment refreshes scheduled throughout the quarter is a priority. Additionally, the FEHRM enhanced its reporting by providing a monthly summarized view of upcoming and completed releases. Plans are underway to mature this reporting by associating relevant problem records with releases intended to resolve them, thereby improving the management and monitoring of operational impacts and delivering critical insights to the FIOWG.

Federal Electronic Health Record Cybersecurity

In Q1 FY2025, the FEHRM continued to lead efforts in advancing and refining strategic cyber initiatives in accordance with the FEHRM's statutory and charter responsibilities, and the 2024–2030 Assistant Secretary for Technology Policy (ASTP) Federal Health IT Strategic Plan. These critical directives serve as the foundation for the cybersecurity mission, ensuring the protection and privacy of the Federal EHR.

Collaborative Engagements

The FEHRM continued its active collaboration with key federal and private-sector stakeholders, such as the DHA, DHA Cyber Operations Center, PEO DHMS, DHMSM, EHRM-IO, Veterans Affairs Cyber Security Operations Center, USCG, and vendor partners, during Q1 FY2025. By leveraging the Joint Cybersecurity Team Meetings (JCTM) and the FEHRM's initiatives, the FEHRM provided critical cybersecurity expertise to address evolving threats

and compliance requirements. The FEHRM hosted seven JCTMs that covered essential topics, such as Medical Device Security, ZT, the Joint Incident Management Framework (JIMF), and Cyber Tabletop (CTT) Exercises.

Key engagements included:
- Oracle Health Summit (October 29–30, 2024): Discussions focused on the migration to OCI and enhancing the Federal EHR Cybersecurity posture to meet the growing complexity of health care IT systems.
- 27th DOD/VA & Government Health IT Summit (October 16–17, 2024): Collaboration with government leaders, policymakers, and industry experts emphasized the importance of interagency convergence to support Service members, Veterans, and their beneficiaries.
- Federal Health IT Council Meeting (October 11, 2024): Strategic insights were gained following the Department of Health and Human Services (HHS) release of the 2024–2030 Federal Health IT Strategic Plan, ensuring that FEHRM cybersecurity efforts aligned with the privacy and security goals in this framework.

Oracle Cloud Infrastructure

During Q1 FY2025, the FEHRM continued engagement and support for ongoing cyber discussions to evaluate the OCI Tranche Zero Authority to Operate (ATO) efforts focusing on architecture and network security requirements. This effort required assessment of cybersecurity impacts and associated security risks posed by the OCI migration, which affects existing ATOs and Authority to Connect (ATC) information systems. This effort directly aligns with the FEHRM's goals to ensure the OCI migration aligns with ZT architecture and secure cloud integration across federal systems. By integrating ZT principles and adhering to Trusted Exchange Framework and Common Agreement (TEFCA) standards, the FEHRM is mitigating risks associated with the transition, ensuring legacy ATOs and ATC processes are intact while ensuring the Federal Enclave remains secure, interoperable, and resilient against cyber threats.

Zero Trust

In response to the federally mandated ZT adoption, the FEHRM positioned itself as a key contributor by proactively supporting interagency ZT efforts. Beyond facilitating collaboration among stakeholders, the FEHRM initiated the development of a comprehensive ZT white paper, offering actionable recommendations to address interoperability challenges across agencies. This forward-thinking approach ensures that partners transition to ZT in alignment with the directive's broader objectives to fortify federal defenses.

Industrial Control Systems/Medical Devices

The FEHRM delivered a presentation on Industrial Control Systems (ICS)/Medical Device security at the JCTM, emphasizing the critical cyber risks associated with medical devices. The primary objective of the presentation was to highlight the similarities and differences between traditional IT systems and operational technology (OT) systems, while also fostering a better understanding of their unique cybersecurity challenges. Medical devices, as a subset of ICS, are increasingly at risk due to the convergence of IT and OT environments. This convergence has significantly expanded the attack surface, exposing OT systems, including medical devices, to a broader range of cyber threats. Understanding these risks is essential to developing robust security strategies that safeguard both patients' safety and system reliability.

Key outcomes of this effort include:
- Raising awareness among stakeholders about the specific cybersecurity challenges of medical devices and their alignment with broader OT security strategies.
- Reinforcing the need for cross-agency collaboration to address the vulnerabilities and implement robust defenses for medical devices.

Joint Sharing Sites

The FEHRM provided expertise regarding ATC approvals of a virtual printing solution, which is applicable to specific JSS in an interim deployment state where the LEDI and LDSI interface linking these sharing partners was decommissioned. This solution was successfully implemented at the WBAMC and El Paso VAMC sharing partners. The FEHRM coordinated and led a meeting with DHA-J6 and VA stakeholders to assist the FEHRM with El Paso VAMC's ATC inquiries. This meeting resulted in the FEHRM receiving validation from both DHA-J6 and VA stakeholders that the existing ATC for El Paso VAMC was not at risk of losing any of its capabilities due to ATC requirements. From this effort, both parties agreed to work collaboratively to further define future joint ATC documentation and requirements. This directly correlates with the FEHRM's strategic objective to streamline joint ATO/ATC efforts for current and future joint capabilities.

Cyber Tabletop Exercise/Joint Incident Management Framework

During Q1 FY2025, the FEHRM introduced plans to execute a FEHRM-led CTT exercise with DOD and VA cybersecurity stakeholders and kicked off initial planning sessions in preparation for it. As a cross-collaborative effort across the Departments, these planning sessions are expected to continue through execution of the CTT event during Q2 FY2025.

Additionally, the FEHRM also worked toward updating the JIMF to the current state and sought feedback from its business partners for consideration and inclusion. The JIMF deconflicts incident detection and response between stakeholders with different

terminology, thresholds, and reporting requirements. The purpose of the JIMF is to aid in accelerating interagency cyber incident notifications. The CTT exercise serves as a virtual execution of a real-world cyber incident. Both efforts exemplify the FEHRM's commitment to advancing cybersecurity resilience while fostering interagency collaboration.

Information Assurance

In Q1 FY2025, the FEHRM continued to proactively facilitate the creation and maintenance of dual-use Citrix accounts to securely connect DOD's account holders with VA's networks, thus enhancing secure access protocols. To maintain a systematic approach for the provision of Citrix Access Gateway accounts, the FEHRM deployed a standardized intake process. As a result, the FEHRM supported the National Defense Authorization Act (NDAA) for FY2020 mandate for interoperability and secure access to shared federal systems while maintaining compliance with VA training and certification requirements.

During Q1 FY2025, the FEHRM established an initial engagement with the ASTP TEFCA Recognized Coordinating Entity® to represent and provide federal perspectives on security requirements and risks associated with a national HIE. This collaboration ensures the FEHRM is best positioned to address pertinent security requirements for the Federal EHR TEFCA priorities.

The FEHRM remains committed to advancing cybersecurity capabilities within the FEHRM, promoting stakeholder collaboration, and protecting the security and integrity of the Federal EHR while ensuring seamless interoperability throughout the health care ecosystem.

Interoperability Modernization

Joint Health Information Exchange

The FEHRM continues to sustain the joint HIE to maintain access to multiple community networks and frameworks. During Q1 FY2025, the joint HIE successfully exchanged more than 709,201,583 documents with participating provider organizations.

The joint HIE 2024.1 upgrade successfully deployed on October 5, 2024. The FEHRM collaborated with several federal agencies, DHMSM, and several participating provider organizations to test the interface prior to implementation. This upgrade allows for the critical commercial updates necessary for joint HIE but does not contain any functional enhancements.

The FEHRM continues engagement on TEFCA and its related agreements. The FEHRM also participated in and provided feedback for a VA-sponsored TEFCA Qualified Health Information Network (QHIN) analysis, which allowed for an in-depth review of all available

QHINs. With the recent announcement that Oracle Health plans to submit to become a QHIN, the FEHRM reached out to understand their future capability.

Immunization Exchange with State Immunization Information Systems

Immunization exchange is the capability that utilizes the Centers for Disease Control and Prevention (CDC) Immunization Gateway to allow DOD and VA clinicians to report administered vaccines to and query from state and jurisdictional immunization information systems (IIS) and import immunization records into the Federal EHR database. In Q1 FY2025, this capability successfully exchanged more than 1,192,912 immunization records between medical treatment facilities and connected IIS. The FEHRM is committed to increasing access to this capability across the enterprise.

Seamless Exchange

Seamless Exchange is an advanced interoperability tool that aggregates, deduplicates, and normalizes data from various sources into a comprehensive view of a patient's information within the clinician's workflow. The VA pilot of Seamless Exchange at the La Grande Clinic was a success, and the Department plans to expand the pilot to additional sites, followed by enterprise-wide deployment to all of VA's live locations. The FEHRM also worked with DHA Health Informatics to promote deploying this capability enterprise-wide, and it is now considered one of the priority capabilities to implement in FY2025.

Health Data Intelligence

In Q1 FY2025, the FEHRM successfully enabled COVID-19 Vaccination Registries measures to the Registries group, while also modifying multiple other Health Registries measures, thereby bringing the total number of provider-facing registries to 27 with 306 measures. The FEHRM continues to support efforts related to ingesting legacy lab results, diagnoses, and procedures data into Health Data Intelligence.

The increased use of the Health Data Intelligence platform necessitated infrastructure improvements to enhance performance. The FEHRM engaged with Leidos Partnership for Defense Health (LPDH) and Oracle Health to implement upgrades that included the expansion of Vertica and Tableau computing resources. As a result, end users have seen a higher success rate for data set processing and transformations, as well as decreased session terminations. Also, efforts are underway to implement additional alerts for system performance monitoring and performance monitoring dashboards for client use. The FEHRM worked with LPDH and Oracle Health to understand the benefits and impacts of this migration. The FEHRM engaged with LPDH and Oracle Health to implement additional alerts for system performance monitoring and performance monitoring dashboards for client use. The FEHRM conducted several detailed technical and functional discussions on Health Data

Intelligence OCI transition (scheduled for Tranche 0.5) with PMOs and plans to engage in joint DOD and VA testing/validation discussions in the coming weeks.

Joint Longitudinal Viewer

The DOD Joint Longitudinal Viewer (JLV) is a read-only, web-based clinical application that allows authorized users access to health data sources for military personnel, Veterans, and other federal partners. JLV brings numerous data sources together to provide a common, integrated, comprehensive display of health information from more than 300 data sources in real time, including DOD and VA legacy applications, the joint HIE, and the Federal EHR.

The FEHRM continued JLV sustainment activities with 51,567 active users, 966,930 logins, and 1,034,849 patient-selects in December 2024.

Longitudinal Natural Language Processing

Longitudinal Natural Language Processing (LNLP) is a capability that applies natural language processing and machine learning to unstructured notes to make the unstructured data searchable and codified in a way that makes medical concepts and context easier to understand. The FEHRM attended the Hackathon hosted by the United States Military Entrance Processing Command (USMEPCOM) in November 2024 to work with Enterprise Intelligence and Data Solutions (EIDS) and USMEPCOM to develop requirements and solutions toward USMEPCOM's goals for a fully automated prescreen process. The successful collaboration resulted in additional requirements to highlight critical diagnosis conditions.

Further, the FEHRM collaborated with EIDS on analyzing and comparing Natural Language Processing tools. Additionally, the FEHRM completed LNLP 1.0.5.0 production deployment in November 2024 that enabled a new interface to the USMEPCOM Integrated Resource System for pre-fetching of certain medical records, resulting in significant time savings in the USMEPCOM workflow.

Military Service Exposures and the Electronic Health Record

Several provisions of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) of 2022 impact the Federal EHR and its Individual Longitudinal Exposure Record (ILER) interface. At present, military service-related exposure terms lack standardization, hindering information exchange between IT systems and impeding clinical decision support and research efforts that require aggregating individuals with similar exposures.

National Standards for Exposure Exchange

To facilitate the exchange of exposure-related substances, events, and locations, the FEHRM led a coordinated effort to prioritize and submit concepts according to congressional directives, receiving input from DOD and VA SMEs, and key focus areas identified by the Toxic Exposure Research Working Group. The FEHRM's objective was to analyze the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) to understand how it may be expanded to encode additional concepts related to exposures. The FEHRM focused on those exposure concepts (i.e., substances, events, and locations) cited in the PACT Act but unavailable in SNOMED CT. The primary areas of focus were in per- and polyfluoroalkyl substances, or the "forever chemicals"—chemicals related to open burn pits, dioxins, and jet fuels.

To submit these missing concepts, the FEHRM researched their application and identified academic citations to justify the inclusion in SNOMED CT, before submission to the National Library of Medicine for their consideration and approval. The FEHRM successfully submitted 27 new concepts since the commencement of this initiative in September 2023 through the current quarter. These newly approved terms are now available in the Federal EHR for clinicians to use in their documentation. The FEHRM continued to collaborate with experts from ASTP, the National Institute of Environmental Health Sciences, and the Departments to advance these efforts for all federal partners involved in exposure-related clinical care and research.

Building on the successful submissions to date, the FEHRM continued to develop SNOMED CT terms for submission to include exposure substances and events tracked in ILER.

Standards Development and Adoption

Interoperability regulations, policies, standards, and technologies are vital to exchanging and interpreting health data. A collaborative endeavor is essential to achieve the highest level of interoperability for the Federal EHR. This collaboration effort involves coordination among federal agencies, health care providers, and IT vendors. The collective goal is to implement interoperability standards and best practices to drive the best possible care for Service members and Veterans.

The FEHRM recognized the need to establish standards guidance to advance interoperability between the Federal EHR and legacy and private-sector systems, and the FEHRM's Digital Health Standards Group developed a strategy to influence the development and promote the awareness and adoption of standards.

Throughout the reporting period, the FEHRM engaged with Standards Developing Organizations (SDOs) to shape the development of interoperability standards. The FEHRM

Digital Health Standards Group works with selected working groups to contribute expertise in standards development. These endeavors involved daily analysis and collaboration with leaders across federal agencies, health care providers, software developers, and other interoperability experts to improve the quality of the data that the Federal EHR captures. The FEHRM influenced the standards development process by keeping joint interoperability and Federal EHR requirements at the forefront of the discussion.

In addition to SDO Working Group participation, the FEHRM engaged with other federal agencies such as ASTP to influence interoperability regulation and policy development. The FEHRM not only reviewed and provided SMEs' feedback, it also coordinated reviews across multiple federal agencies and consolidated feedback representing one voice to accelerate the policy development process.

Furthermore, to promote the awareness and adoption of health interoperability, the FEHRM hosted and participated in multiple forums to share knowledge of interoperability standards, policies, and trends with stakeholders and provided guidance, as needed. Specifically, the FEHRM hosted VA Interoperability Leadership Standards Working Group meetings, FEHRM Standards Stakeholder meetings, and Health Level Seven (HL7) Government Birds of a Feather meetings. These forums provide platforms to collaborate and influence health care standards and interoperability at the Department level, across federal partner organizations, and internationally.

The following are current interoperability standards initiatives and activities that are anchored to the FEHRM's mission.

National and International Standards Development

The FEHRM's Digital Health Standards Group holds a sustained engagement posture in its partnerships with national and international standards organizations, including HL7, the International Organization for Standardization (ISO), the Institute of Electrical and Electronics Engineers (IEEE), ASTP, Centers for Medicare and Medicaid Services (CMS), CDC, and the Workgroup for Electronic Data Interchange. These partnerships foster collaborative development efforts based on current and emerging priorities to advance Health Data Interoperability (HDI) standards and strategies, monitor progress, and report on trends to the greater stakeholder community. This ensures continued alignment with NDAA FY2020 mandates and the FEHRM's subsequent mission, goals, and objectives.

During Q1 FY2025, the FEHRM Standards Group engaged in standards development and advancement efforts with HL7, ASTP, and the American Dental Association to influence interoperability and health data exchange in various subject areas, or domains. Focus areas were identified based on their alignment with White House and congressional policy drivers in addition to established stakeholder priorities.

Health Level Seven

HL7 is an international SDO dedicated to providing a comprehensive framework and related standards for exchanging, integrating, sharing, and retrieving electronic health information. SDOs are member-supported organizations, often accredited by the American National Standards Institute, that develop and maintain standards to meet government and industry needs. The FEHRM's engagement with HL7 benefits the Departments by improving interoperability with external health care organizations. During Q1 FY2025, the FEHRM engaged with HL7 through numerous mechanisms and forums, including:

HL7 Ballot Cycle

HL7 ballot cycles and the associated working group meetings provide valuable opportunities for FEHRM to influence the direction of interoperability initiatives and standards development. Balloting on emerging standards occurs each January, May, and September.

HL7 released 19 proposed ballots for review during the January 2024 ballot cycle. Consensus group signup began in November 2024, and FEHRM SMEs, along with DOD and VA experts, initiated review and analysis of priority ballot issues based on an assessment of impact on Federal EHR stakeholders.

HL7 Working Groups

The FEHRM participated in and contributed to several HL7 Working Groups during Q1 FY2025, which allows federal agencies, stakeholders, and the HL7 community to work on standards and network with global industry leaders. FEHRM engaged with, co-chaired, or led the National Policy and Standards Development, U.S. Core Data for Interoperability Plus (USCDI+), and promoted standards that will improve interoperability.

FEHRM Monthly Stakeholder Collaboration

The FEHRM hosts monthly Standards Stakeholder Group meetings that provide a forum to update stakeholders on SDOs (e.g., HL7, IEEE, ISO), Federal EHR Customer and Partner initiatives, and other Health Interoperability Standards accomplishments, releases, and trends. It provides a collaborative platform that brings together interoperability experts and health IT consumers across the standards stakeholder community to promote trends and cutting-edge digital interoperability standardization for adoption. Current stakeholder organizations include DOD, VA, USCG, NOAA, Indian Health Service, CDC, CMS, and ASTP.

The FEHRM continued to lead collaborative events with the broader standards stakeholder community during Q1 FY2025, targeting sessions that promoted awareness of advancements within priority initiatives and focus areas, including dental data exchange, behavioral health, patient empowerment (e.g., patient's contributed data, patient's requests for corrections, advanced directive interoperability, standardized personal health records,

personalized health navigation), and the recently completed Military Health System Common Data Model.

VA Interoperability Leadership Standards Workgroup

The FEHRM partnered with VA Interoperability Leadership (VAIL) in chartering, standing up, and co-chairing the VAIL Standards Workgroup (SWG) to advance interoperability within VA and with private-sector partners. VAIL SWG provides a venue for standards collaboration, coordination, and promotion across the many programs and projects in VA. It promotes awareness, adoption, and the value of standards to a wider VAIL audience by providing updates about standards, best practices, and lessons learned. The SWG engages in formal collaboration on standards development, alignment, and organizational priorities to improve joint interoperability. It also influences SDOs, government, and industry partners on future standards development and adoption.

The FEHRM co-led the SWG and reported progress on meeting the goal set in the VA Interoperability Leadership Roadmap (VAIR) 2024–2028, which is the Department's strategy for advancing joint interoperability. During Q1 FY2025, the FEHRM:

- Managed the SWG operations, communications, and reporting updates to the VAIL executive team.
- Managed the execution of the SWG operational plan to achieve the goal to facilitate the delivery of seamless services by participating in standards development and promoting widespread adoption.
- Contributed to promoting the awareness and adoption of health interoperability policy and standards through knowledge sharing.
- Encouraged and coordinated VA participation in joint reviews of multiple national health interoperability standards such as the USCDI+ cancer data set public comment period.
- Encouraged and coordinated VA participation in influencing the development of international health interoperability standards, such as the January 2025 HL7 ballot cycle.
- Developed the VAIR FY2025 report, which includes accomplishments and FY2025 planned activities to meet the VAIR 2024–2028 objectives.
- Facilitated scope discussions between the FEHRM, VHA, VA Office of Information and Technology, and EHRM-IO to develop a roadmap to achieve the goal to integrate health data standards into contract for the Federal EHR.
- Implemented the use of project management and communication tools to track the progress of each goal and objective and facilitate the reporting of metrics.

Federal and Industry Stakeholder Engagements

To advance interoperability across the federal and private sectors, the FEHRM collaborates with federal and private organizations that develop policies, provide guidance regarding standards, and advance the development of health information technologies. The FEHRM monitors and analyzes publications from federal agencies, meets with their staff to share knowledge and provide input, and informs internal leaders of significant developments that may affect the deployment of the Federal EHR.

Through various events, the FEHRM collaborated with federal and industry organizations to learn about and elevate new ideas in health care interoperability and IT modernization. During Q1 FY2025, the FEHRM:

- Participated in several TEFCA meetings to facilitate engagement of federal partners. Discussed how Interoperability in TEFCA has benefitted three goals: (1) to establish a universal governance, policy, and technical floor for nationwide interoperability; (2) to simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value; and (3) to enable individuals to gather their health care information.
- Continuously collaborated with ASTP through participation in numerous ASTP engagements.

User Engagement and Assessments

Federal EHR Annual Summit

As mandated by Public Law 116–92, The National Defense Authorization Act for Fiscal Year 2020, the Federal EHR Annual Summit provides a critical forum for evaluating the clinical use of the Federal EHR and determining whether it effectively meet the needs of clinicians and patients.

This congressionally mandated summit is a key opportunity for Federal EHR end users, stakeholders, and leadership to come together to address system performance, user satisfaction, and areas for improvement. Through collaborative discussions, participants gain insight into system successes, identify areas requiring attention, and contribute to enhancing the Federal EHR's ability to serve Service members, Veterans, and other beneficiaries.

2024 Federal EHR Annual Summit: Highlights and Key Outcomes

The 2024 Federal EHR Annual Summit, hosted by the FEHRM on October 22–24, 2024, attracted 1,751 registrants representing a diverse group of agencies and organizations. Attendees included personnel from DOD, VA, USCG, NOAA, the FEHRM, Government

Accountability Office, HHS, National Institutes of Health, and other federal agencies, as well as congressional staff and key stakeholders.

The planning of the 2024 summit demonstrated a strong emphasis on aligning content with user satisfaction. Leveraging feedback from registration surveys, lessons learned from prior summits, and open-text responses from participants, the FEHRM developed an agenda that included 35 tailored sessions. These sessions covered topics such as end-user engagement, ambulatory medicine, inpatient care, nursing, and pharmacy, while also addressing change management, wellness, and self-care for clinicians. To encourage ongoing professional development, attendees had the opportunity to earn up to 56 Continuing Education Units.

Engagement and Action

A hallmark of the summit was the interactive engagement fostered between end users, Solution Owners, Solution Experts, Oracle Health representatives, and SMEs. Each session was thoughtfully designed to encourage meaningful dialogue. The FEHRM team drew upon more than 1,100 unique open-text survey responses to pre-populate more than 200 questions for discussion during the sessions. These questions guided conversations and ensured that the content remained highly relevant to participants' interests and concerns.

The summit served as a mechanism for capturing actionable feedback, enabling FEHRM staff to meticulously document session discussions and identify 83 specific action items. These items ranged from requests for improved user training and system customization to broader recommendations for streamlining clinical workflows. This robust follow-up process is central to the FEHRM's commitment to accountability. All action items are being actively addressed by DOD and VA Solution Owners and Experts.

The summit's format ensured that participants not only voiced their concerns but also collaborated on identifying solutions. By fostering direct engagement between Federal EHR users and key decision makers, the summit highlighted the importance of maintaining an open feedback loop to drive meaningful improvements.

Data-Driven Improvements

The FEHRM's comprehensive approach to analyzing summit feedback was instrumental in informing actionable insights. Data collected before, during, and after the event was systematically reviewed to identify recurring themes and address gaps.

Before the summit, registration surveys helped shape the agenda by prioritizing topics of greatest interest to attendees. These surveys also highlighted areas of concern, enabling session moderators to proactively address key issues. During the event, FEHRM staff captured session notes, which provided granular insights into the discussions. Post-summit surveys, distributed to all participants, offered an additional layer of feedback, enabling the team to evaluate overall satisfaction and pinpoint areas for improvement.

The 2024 Federal EHR Annual Summit reinforced the vital role of collaboration in advancing the Federal EHR. By prioritizing end-user feedback and fostering cross-agency dialogue, the FEHRM is driving improvements that enhance usability, functionality, and satisfaction for clinicians and patients alike.

Clinician and Patient User Satisfaction

In Q1 FY2025, the FEHRM advanced its critical work on clinician and patient satisfaction by collaborating with SMEs from DOD and VA. This collaboration, through Joint Working Groups (JWGs), focused on refining the tools and methodologies used to evaluate the effectiveness and satisfaction of the Federal EHR among both clinicians and patients.

The JWGs play a pivotal role in aligning survey methodologies across agencies to ensure consistency and reliability in assessing user experiences. By carefully evaluating the quantity, scope, and content of survey questions, the FEHRM aims to enhance the precision of satisfaction assessments while optimizing the use of government resources. This collaboration not only supports efficient resource allocation but also ensures that satisfaction metrics are relevant and actionable.

To assess clinician and patient satisfaction, the FEHRM leverages nationally recognized tools designed for rigorous evaluation. For clinicians, the KLAS Arch Collaborative for Clinician Satisfaction provides a robust framework to identify key areas for improvement and highlight successes in EHR adoption. For patients, the Consumer Assessment of Healthcare Providers and Systems Health Information Technology item set measures the impact of health IT systems on patient experiences within both Departments. These tools form the foundation for gathering actionable data to guide system improvements.

Several key advancements are planned to better engage end users for FY2025. The FEHRM and its JWGs have refined the DOD and VA clinician and patient satisfaction surveys to enhance their relevance and effectiveness. This includes removing outdated questions and introducing re-envisioned ones designed to capture deeper insights into user needs and experiences. These improvements reflect the FEHRM's commitment to continuous innovation and its dedication to creating tools that support better decision making and system enhancement.

By refining satisfaction metrics and fostering collaboration across agencies, the FEHRM ensures that both clinician and patient perspectives are at the forefront of Federal EHR improvements. These efforts contribute directly to advancing usability, functionality, and overall satisfaction, further supporting Service members, Veterans, and their families in receiving the highest quality care.

Federal EHR Partner Onboarding

The FEHRM assists federal agencies interested in implementing the Federal EHR by guiding them through the first phase of deployment. This phase encompasses the agency's initial understanding of the Federal EHR, the completion of the Functional Requirements Document (FRD), advocacy and ownership of key issues, sharing of lessons learned from past deployments, and optimization of workflows during and after deployment. Additionally, the FEHRM created and implemented a strategy to actively identify, prioritize, and engage with new federal agencies whose clinical operations align well with the Federal EHR ecosystem, fostering mutually beneficial relationships. By streamlining the deployment process and enhancing collaboration, the FEHRM ultimately improves the quality of care provided to patients, supports data-driven decision making, and strengthens the overall efficiency of federal health care operations. Key highlights of the FEHRM's engagement with external partners include:

- Armed Forces Retirement Home (AFRH): The FEHRM organized successful site visits for AFRH providers to observe the Federal EHR in action at deployed sites, including Lovell FHCC.
- Federal Aviation Administration (FAA): The FEHRM collaborated with the FAA to draft the initial FRD and is coordinating a demo to discuss key requirements.
- Joint Pathology Center (JPC): The FEHRM is facilitating collaborative discovery sessions to discuss JPC's key requirements and assess the system's capabilities, ensuring that the system aligns with their specific needs.

Enterprise Reporting and Performance Measurement

One of the most important and anticipated benefits of the Federal EHR is the convergence of clinical information for multiple federal organizations into one electronic system. The HDI Dashboard displays key metrics that describe and trend progress toward increased levels of inter-organizational interoperability. Metrics are divided into four categories—Department Integration, Community Partnerships, Patient Engagement, and Federal Partner Onboarding. The current HDI metrics are presented and discussed in Appendix A. The FEHRM continues to review new and existing measures for presentation on the dashboard in future quarters.

Conclusion

Throughout the reporting period, the Departments remained committed to measuring, assessing, and enhancing interoperability with the single, common Federal EHR as well as with their private-sector partners who care for DOD, VA, USCG, and NOAA beneficiaries. The FEHRM and the Departments continue to advance interoperability.

Appendix A: Health Data Interoperability Metrics Details

HDI Metrics Details: Throughout Q1 FY2025, the FEHRM, DOD, and VA continued to collaborate to monitor baseline HDI metrics and the progress toward modernization and enhancement of HDI by both Departments. Each section displays a different interoperability dimension, as derived from the FEHRM's HDI Measurement Framework: Department Integration, Patient Engagement, Community Partnerships, and Federal Partner Onboarding. Figure 1 represents a snapshot of the Q1 FY2025 HDI Metrics Dashboard.

Figure 1 – Q1 FY2025 HDI Metrics Dashboard
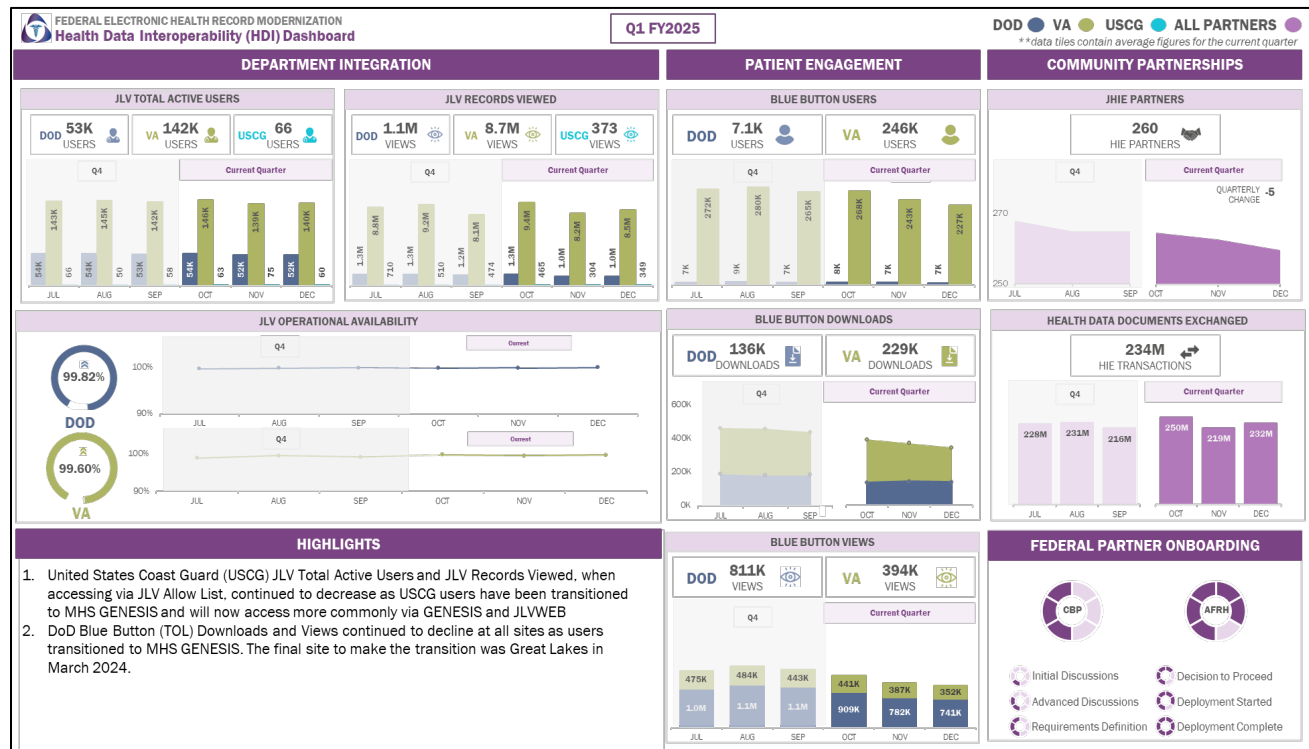
**Q1 FY2025 Highlights:** Metric highlights are captured in Table 1.

Table 1 – Quarter Highlights

Metrics	Highlights
JLV Total Active Users and JLV Records Viewed – USCG	USCG JLV Total Active Users and JLV Records Viewed, when accessing via JLV Allow List, continued to decrease as USCG users have transitioned to the Federal EHR and will now access more commonly via the Federal EHR and JLV WEB.
Blue Button - DOD	DOD Blue Button (Tricare Online) Downloads and Views continued to decline at all sites as users transitioned to the Federal EHR. The final site to make the transition was Great Lakes in March 2024.

DOD and VA use the following software applications and tools to support EHR data interoperability:

1. **JLV.** The JLV, released in 2013, is a web-based graphical user interface jointly developed by DOD and VA to provide a near real-time, integrated, and chronological view of EHR information. It allows clinicians to view an integrated, read-only display of patient data from DOD, VA, and joint HIE participating provider organizations within a single application. JLV retrieves clinical data from numerous native-data sources and systems, displayed in Figure 2.

Figure 2 – JLV Data Sources and Systems
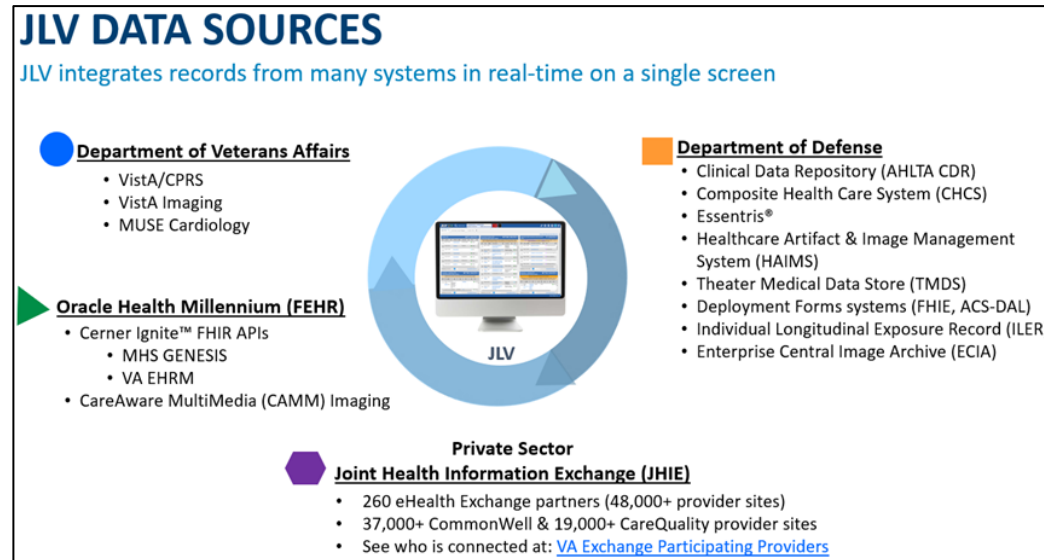
2. **Joint HIE.** The joint HIE is a secure network that enables sharing of Veteran and Military Health System beneficiary health care information electronically with participating provider organizations who join the eHealth Exchange[1] and CommonWell.[2] Provider organizations who join undergo stringent security requirements to access patient records and health information securely, regardless of whether the facility is a civilian provider, military hospital, outpatient clinic, or VA Medical Center.

3. **Blue Button**. Blue Button enables patients from DOD and VA to access their personal health data from their EHR, including allergies; laboratory and radiology results; vital signs; and outpatient medications, problem lists, and encounters. The new DOD Patient Portal also allows TRICARE beneficiaries to exchange secure messages with their care team; schedule medical and (active duty) dental appointments online; access notes, laboratory tests ("labs"), and medications; and request prescription renewals online.
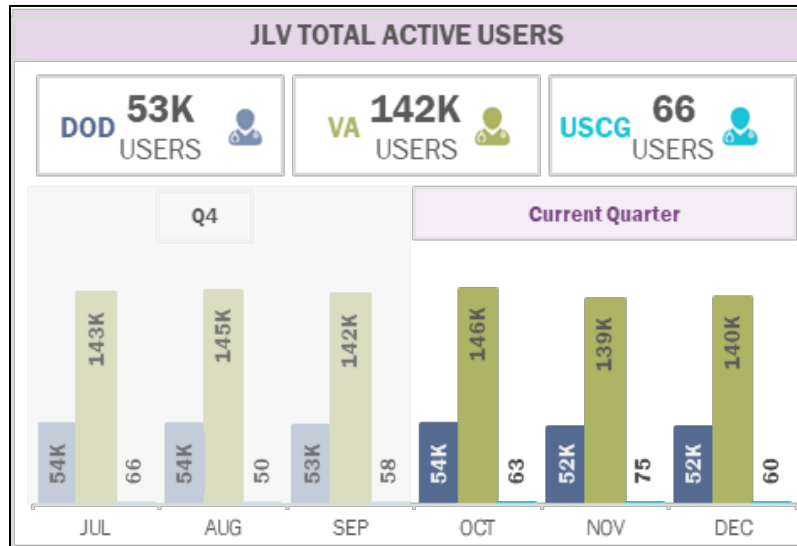
The FEHRM, DOD, and VA continue to expand HDI by improving upon the more than 9.6 million patient records currently shared monthly between the two Departments, as defined by the total number of JLV records viewed by the Departments reported as of December 31, 2024.

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[1] eHealth Exchange - Network of Networks connecting federal agencies and non-federal health care organizations so medical data can be exchanged nationwide. eHealth Exchange online, October 14, 2022, https://ehealthexchange.org/

[2] CommonWell – A service that collectively allows individuals and caregivers to find and access records associated with a patient regardless of where the care was delivered. CommonWell Alliance Online, October 14, 2022, https://www.commonwellalliance.org/about/faq/

Department Integration

Value Statement: The FEHRM tracks utilization of legacy and modern EHRs, which enables departmental leadership and Congress to assess the reliability of legacy systems and evaluate the Departments' progress in transitioning from legacy systems to the single, common Federal EHR.


JLV TOTAL ACTIVE USERS

DOD **53K** USERS

VA **142K** USERS

USCG **66** USERS

	Q4		Current Quarter		
	JUL	AUG	SEP	OCT	NOV	DEC

DOD: 54K (JUL), 54K (AUG), 53K (SEP), 54K (OCT), 52K (NOV), 52K (DEC)
VA: 143K (JUL), 145K (AUG), 142K (SEP), 146K (OCT), 139K (NOV), 140K (DEC)
USCG: 66 (JUL), 50 (AUG), 58 (SEP), 63 (OCT), 75 (NOV), 60 (DEC)

JLV Total Active Users

Definition
Active User: a unique user who logged into JLV in a given month.
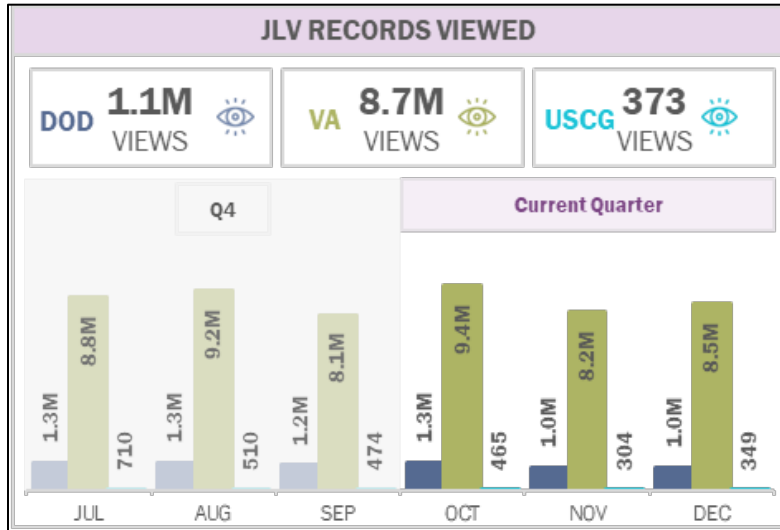
JLV Records Viewed

Definition
Monthly total number of patient records viewed using the JLV for DOD, VA, and USCG.

JLV OPERATIONAL AVAILABILITY
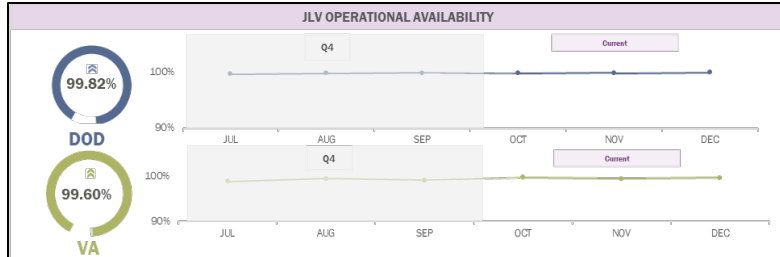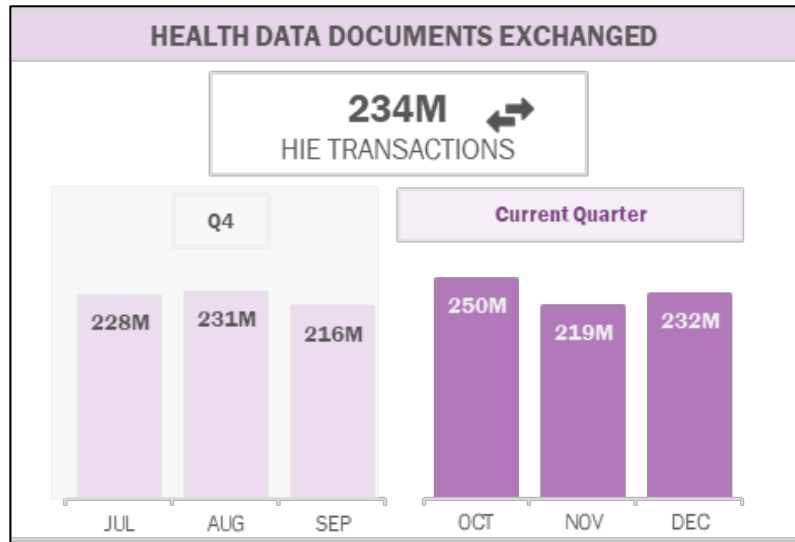
JLV Operational Availability

Definition

DOD – The percentage of time during the month that the JLV was available for login and functionally operational by DOD and VA users (i.e., available for users to conduct a patient search and to access both DOD and VA EHR data in the cloud environment).

VA – The percentage of time during the month representing the end-user experience where JLV was available for login and functionally operational (users able to conduct patient search/look-up, and retrieve DOD, VA, and Federal EHR data in production environments).
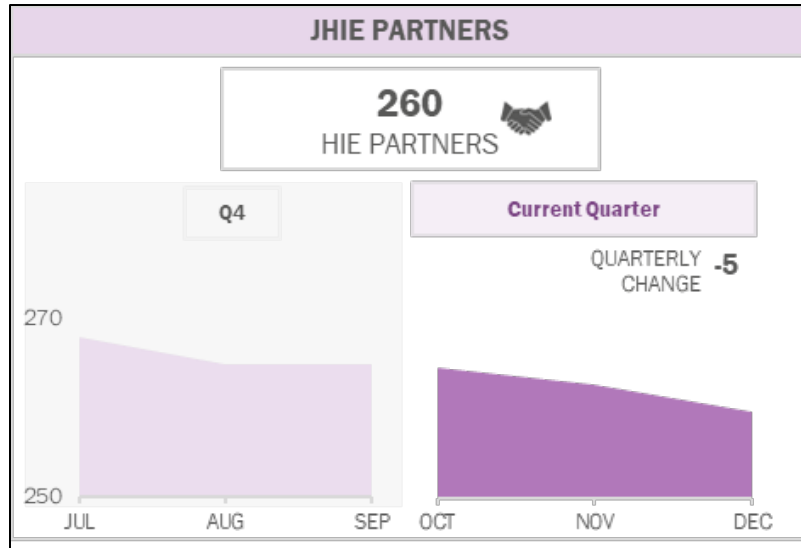
Community Partnerships

Value Statement: The FEHRM monitors the Departments' progress toward consistent, secure, and reliable health data exchange by tracking joint HIE partner onboarding, as well as joint HIE transactions between the Departments and private-care partners as best practices and improvements are implemented.

HEALTH DATA DOCUMENTS EXCHANGED

234M ↔
HIE TRANSACTIONS

Q4 | Current Quarter

JUL	AUG	SEP	OCT	NOV	DEC
228M	231M	216M	250M	219M	232M

Joint HIE Transactions

Definition

Monthly count of C-CDA, C32, or C62 (i.e., document architecture that facilitates interoperability of health data between EHR systems) documents exchanged between the Departments and participating provider organizations.

JHIE PARTNERS

260
HIE PARTNERS

| Q4 | Current Quarter |

QUARTERLY CHANGE **-5**

270

250

JUL   AUG   SEP   OCT   NOV   DEC

### Joint HIE Partners Onboarded

Definition

Monthly and cumulative count of participating provider organizations that are partners in the joint HIE.

Note: A provider organization is counted as one partner if the provider has one or more data-sharing agreement(s) with DOD or VA.
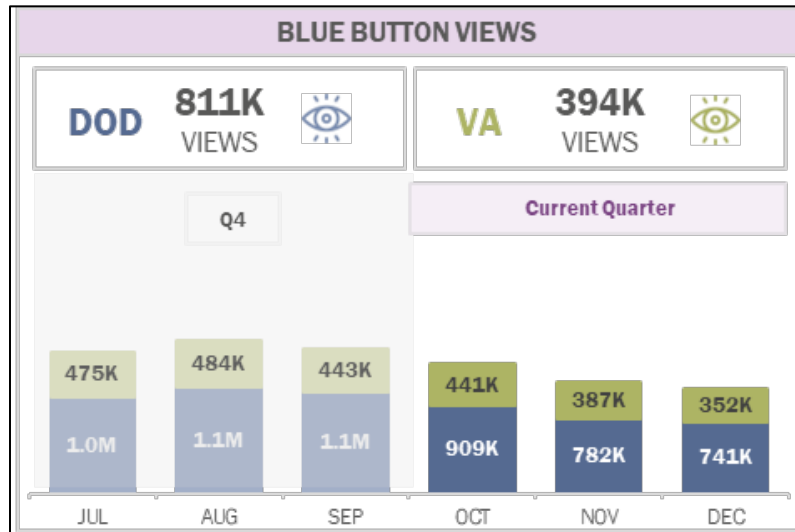
Patient Engagement

Value Statement: Blue Button serves as the foundation for broader patient engagement activities within the Departments, enabling patients to have easy access to their own health information in a usable format. The FEHRM monitors several metrics associated with Blue Button that show patient engagement with their integrated and consolidated health records from DOD and VA legacy systems' patient portals over time.
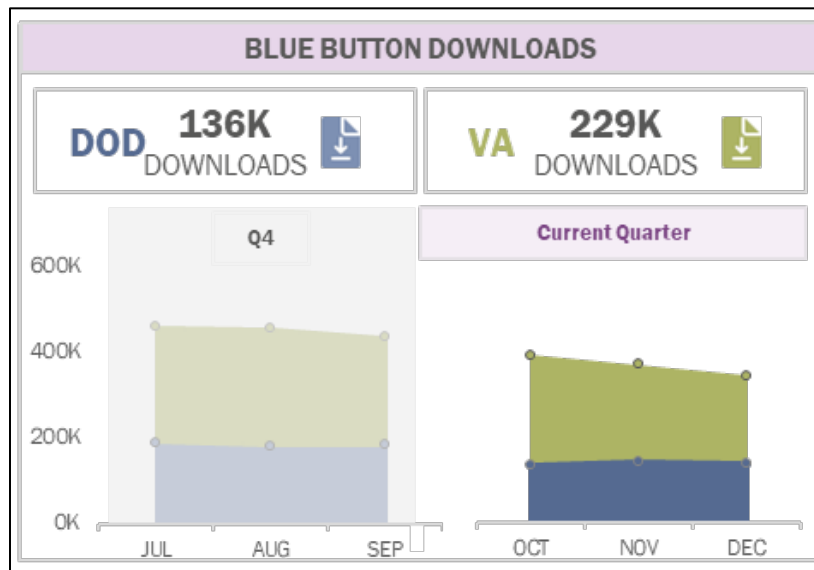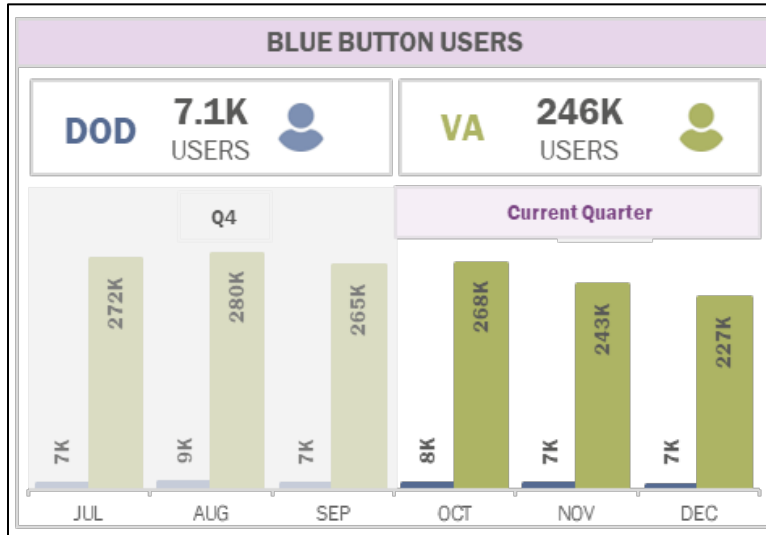

Blue Button Downloads

Definition
Total number of data downloads (e.g., PDF, text) generated by end users per month.

BLUE BUTTON VIEWS

DOD 811K VIEWS
VA 394K VIEWS

Q4 | Current Quarter

	JUL	AUG	SEP	OCT	NOV	DEC
Top	475K	484K	443K	441K	387K	352K
Bottom	1.0M	1.1M	1.1M	909K	782K	741K

Blue Button Views

Definition
Average number of views generated by end users per month.

BLUE BUTTON USERS

DOD 7.1K USERS

VA 246K USERS

Q4 / Current Quarter

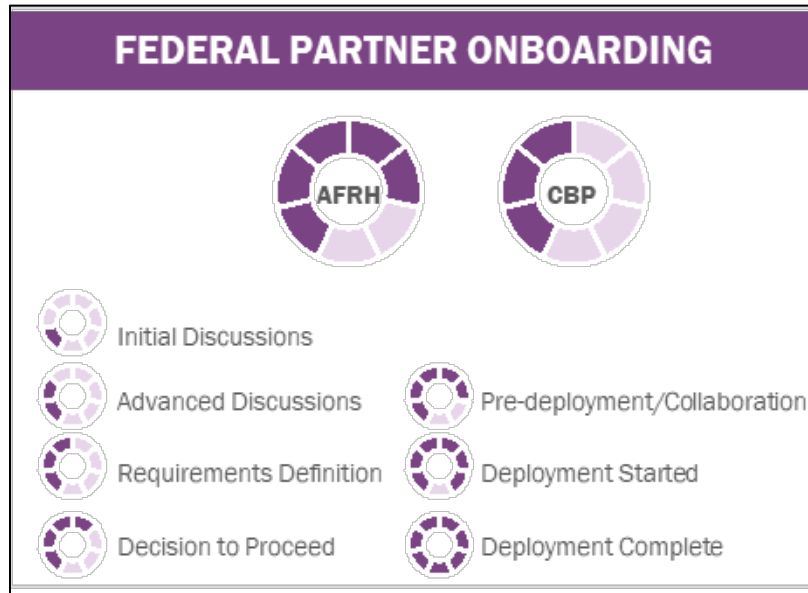| JUL	AUG	SEP	OCT	NOV	DEC
272K	280K	265K	268K	243K	227K
7K	9K	7K	8K	7K	7K

Monthly Unique Blue Button Users

Definition

Average number of Blue Button users in a month.

Federal Partner Onboarding

Value Statement: The FEHRM collaborates with federal partners by providing insight, assisting with requirements, and providing overall support of their interest in joining the Federal EHR enterprise.

FEDERAL PARTNER ONBOARDING

AFRH   CBP

- Initial Discussions
- Advanced Discussions
- Requirements Definition
- Decision to Proceed
- Pre-deployment/Collaboration
- Deployment Started
- Deployment Complete

Federal Partner Onboarding

Definition

Progress of collaborations with new federal partners that are interested in joining the Federal EHR enterprise.