



Defining  
**EXCELLENCE**  
in the 21st Century

# ***VISTA migration to National Veteran Care Services and OneVA Care System***

***Executive Brief and Update  
April 14, 2017***

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## ***The VISTA Data Project***

***A joint project with the U.S. Department of Defense, Defense Health Agency***



VA-DoD Common Core Systems Migration Strategy  
Leverages DoD-developed EHR migration technology  
Formalizes Veterans Care Model  
Execution 2016-2017  
<http://vistadataproject.info>



**VA**  
HEALTH  
CARE

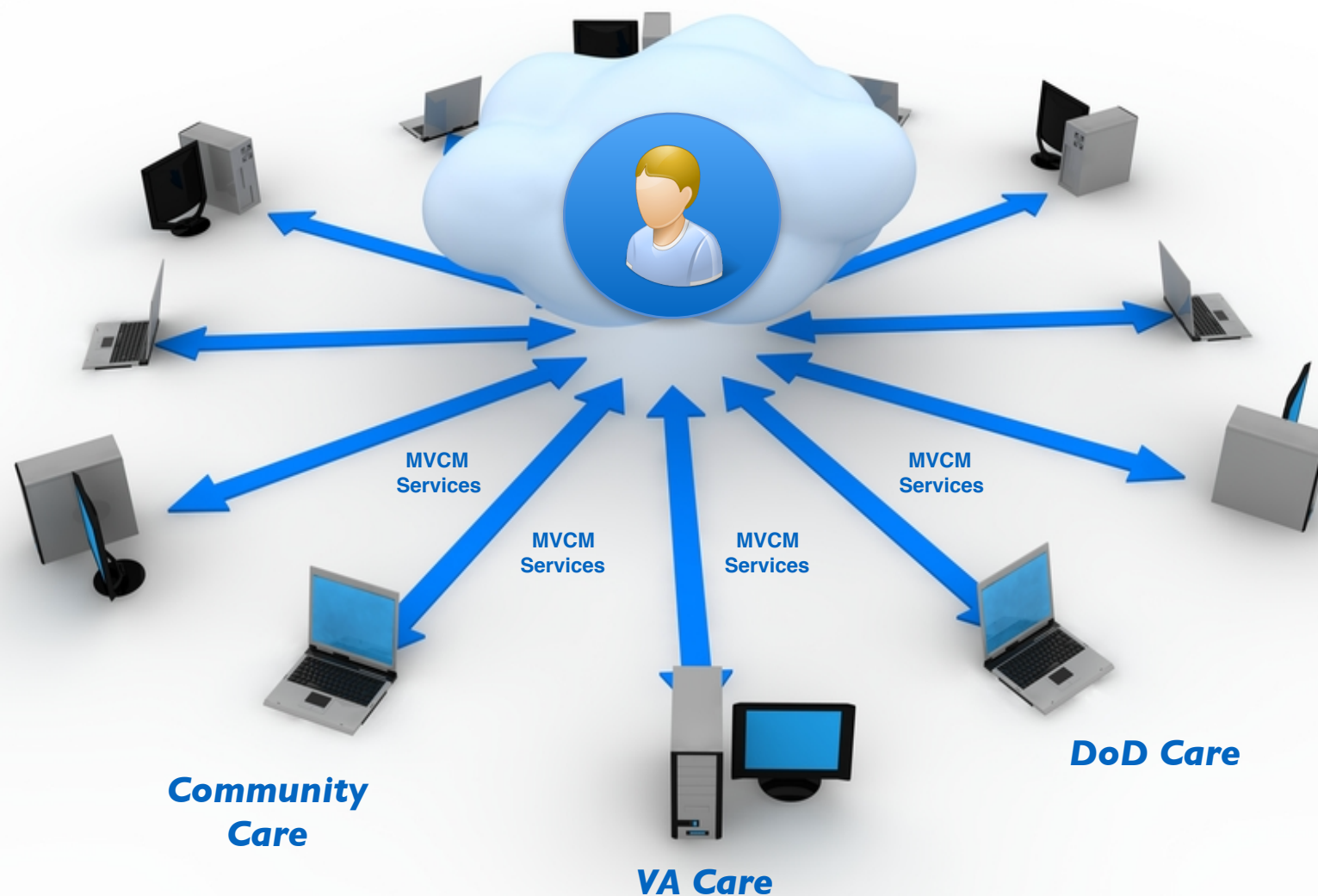
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# OneVA Care System

PROPOSAL

*Cloud-based, COTS-integrated  
National Veteran Care Services  
Preserving Continuity of Care*

**One Veteran.  
Many Systems.  
One Care Model.**



**Master Veteran Care Model (MVCM)  
National Veteran Care Services**

Preserves Veteran Continuity of Care  
Prototyped and proven.  
The VISTA Data Project

<http://vistadataproject.info>



**Specialized Veteran Care Services  
with integrated COTS**



# **VISTA Migration to OneVA Care System**

## **VISTA Data Project**

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### **History of VA-DOD Electronic Health Records**

*DHCP is the common base system of both agencies*

### **Migrating from DHCP (VISTA/CHCS):**

#### **Continuity of Care Risks**

*Military/Veteran-specific care*

*Agency-specific business reports*

*Longitudinal / Life-long care*

### **CPRS: Blueprint for VA Care**

*CPRS is the VISTA Server to the providers*

### **VA Client Migration**

*Client-first approach (eHMP)*

### **VA Server Migration**

*Server-first approach (VDP)*

### **Migration to a Modern VA Server**

*VISTA Data Project*

*Joint VA-DOD Interagency project*

*Leverages DOD migration technology*

*Preserves Continuity of Care*

### **Migration to a OneVA Care System**

*Leverages VISTA Data Project*

*Enables services migration to the Cloud*

*Allows integration of COTS*



# Evolution of VA-DoD Electronic Health Records

*DHCP is the common base system*

VHA: 151 hospitals; 820 clinics; 300 vet centers; + other (total 1700 care sites)  
DHA: 55 hospitals; 350 clinics + other

VHA: 131 VISTA systems operational (since 1981)  
DHA: 101 CHCS systems operational (since 1985)  
Total: 232 DHCP-based systems across VHA-DHA

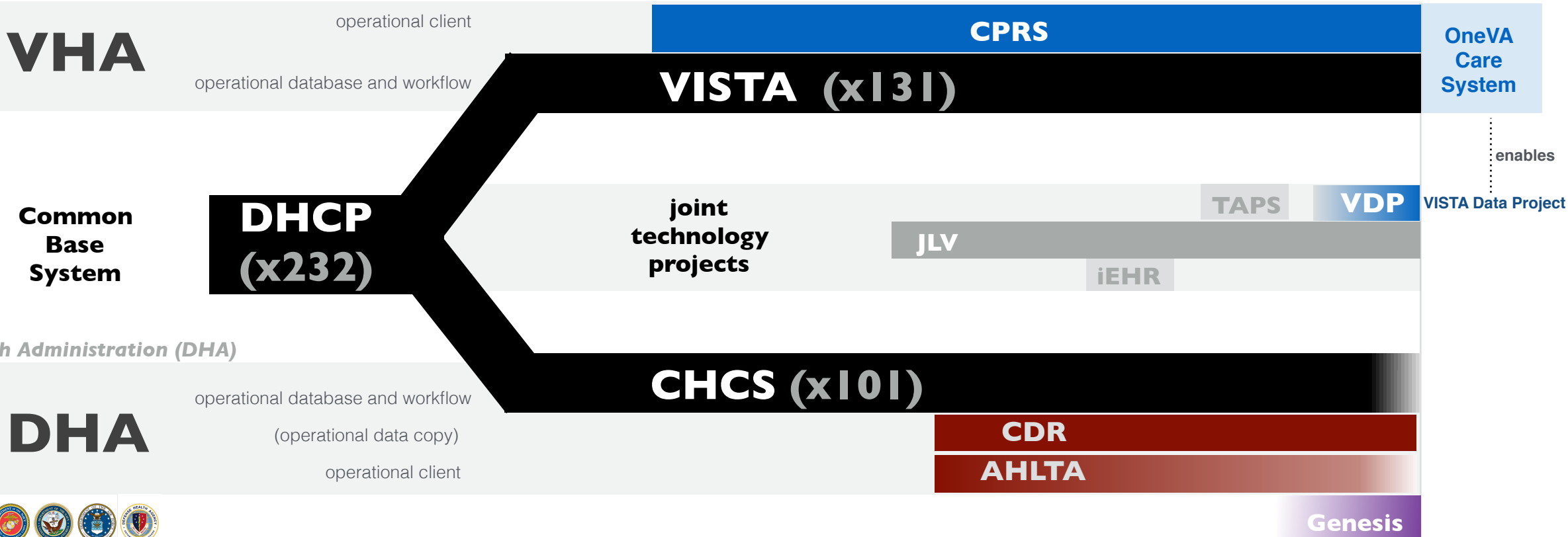
DHCP-based systems

VHA-specific interface and workflow

Common technology projects

DHA-specific interface and workflow

Veterans Health Administration (VHA)



Defense Health Administration (DHA)



Note: Time scale simplified for clarity

	1980	1990	2000	2010	present
VHA-specific		<b>VISTA</b>	<b>CPRS</b>		
Common	<b>DHCP</b>		<b>JLV</b>	<b>iEHR</b>	<b>TAPS</b> <b>VDP</b>
DHA-specific		<b>CHCS</b>	<b>AHLTA / CDR</b>		<b>Genesis</b>

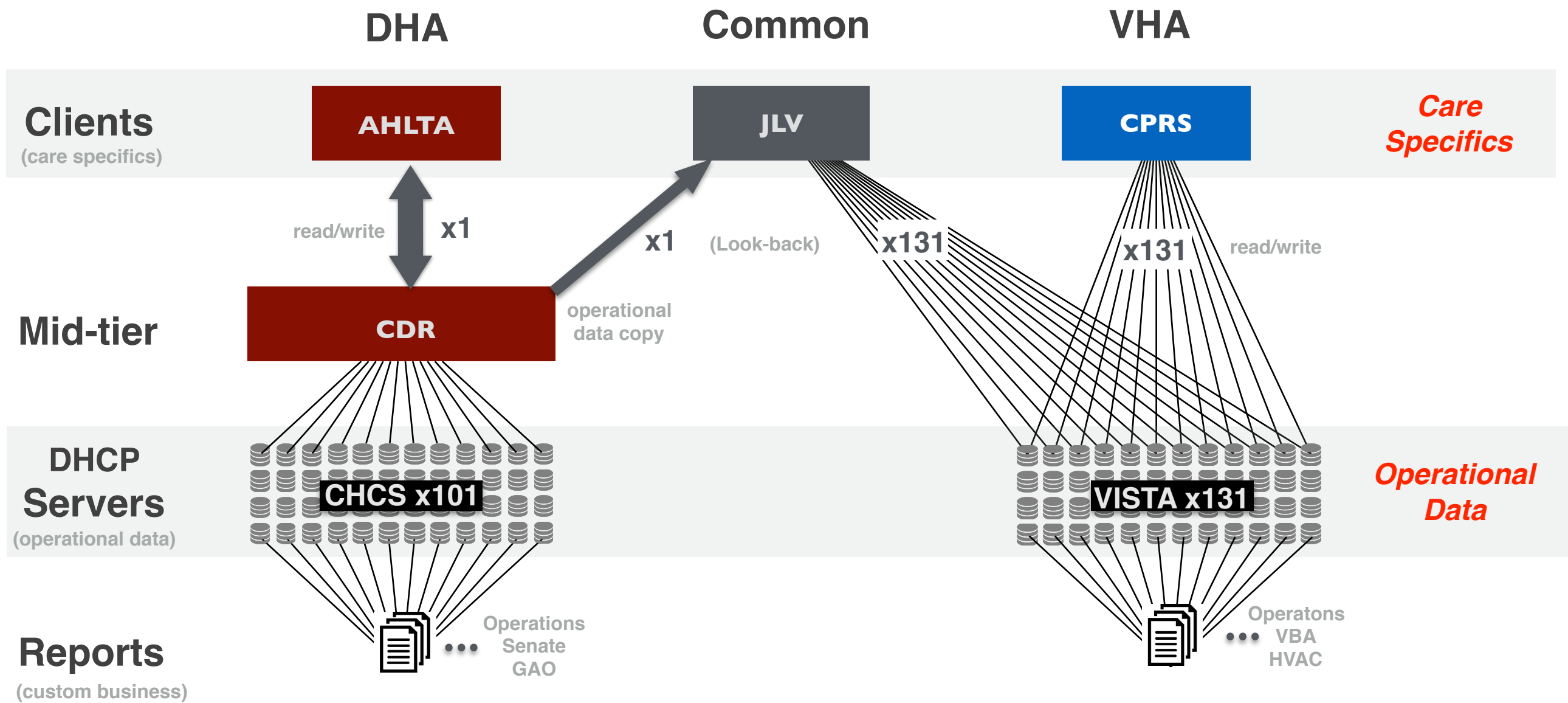
1981 - DHCP - Decentralized Hospital Care Program - VA Fileman database and applications [VHA]  
1985 - CHCS - (DHCP renamed) Composite Health Care System; modified for DHA use [Leidos (SAIC)]  
1994 - VISTA - (DHCP renamed) Veterans Information Systems Technology Architecture [VHA]  
1997 - CPRS - Computerized Patient Record System - graphical interface and workflow [VHA]  
2004 - AHLTA/CDR - Armed Forces Health Longitudinal Technology Application [Northrup Grumman]

2003 - JLV - (originally Janus; renamed to JLV in 2011) [DHA-VHA]  
2011 - iEHR - Integrated Electronic Health Record [ SMS ]  
2013 - TAPS - Transition Application Plan Support [DHA-VHA]  
2015 - Genesis - Military Health System Genesis [Leidos / Cerner]  
**2016 - VDP - VISTA Data Project [DHA-VHA]**



# Migrating from DHCP Servers (VISTA/CHCS): Continuity of Care Risks

*Continuity of Care depends on seamless  
access to Operational Data and Care Specifics*



## Continuity of Care Risks

DHA	Current	Migration
1. Military-specific care	AHLTA	?
2. DoD Custom Reports	CHCS x101	?
3. Longitudinal Care (Look-back)	CDR	CDR (read-only)

VHA	Current	Migration
1. Veteran-specific care	CPRS	?
2. VA Custom Reports	VISTA x131	?
3. Longitudinal Care (Look-back)	VISTA x131	?



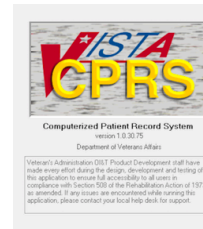


# CPRS: Blueprint for Veteran Longitudinal Care

CPRS *is* VISTA to Physicians, and  
Embodies all Veteran Care specifics

## Veteran-specific

Built specifically around veteran  
care policies and practice



### Department of Veterans Affairs

### Memorandum

Date: OCT 17 2012  
From: Deputy Under Secretary for Health for Operations and Management (10N)  
Subject: National Patient Record Flag for High Risk for Suicide  
To: Network Director (10N1-23)  
Chief Medical Officer (10N1-23)  
Network Mental Health Liaisons

1. The purpose of this memo is to provide guidance for the implementation of a new Category I Patient Record Flag (PRF) for High Risk for Suicide.

#### Agent Orange

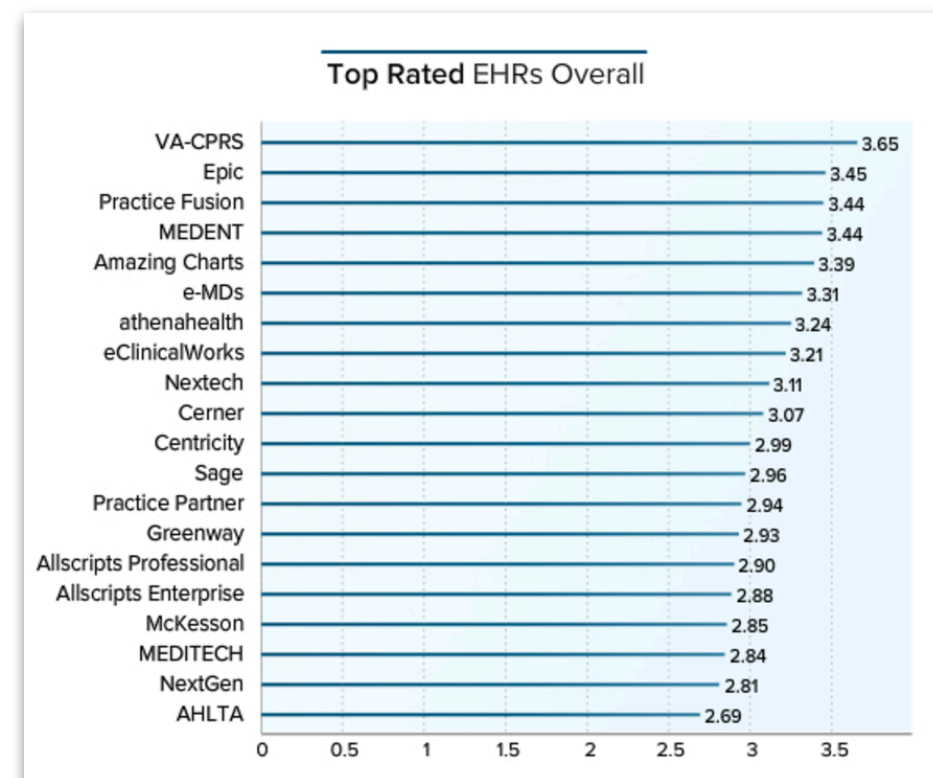
Agent Orange (AO) is an herbicide that was used in Vietnam between 1962 and 1971 to remove unwanted plant life that provided cover for enemy forces. The VA has recognized the following conditions as associated with but not necessarily caused by exposure to Agent Orange:

- AL Amyloidosis
- Diabetes (type 2)

## Physicians favorite

### Medscape EHR Report 2016: Physicians Rate Top EHRs

Carol Peckham, Author; Leslie Kane, Sr. Director, Medscape Business of Medicine;  
Susanna Rosensteel, Editor | August 25, 2016



<http://www.medscape.com/features/slideshow/public/ehr2016>

➔ **Opportunity:** Maintaining the CPRS client and its workflow (for a period) allows the retirement of the VISTA servers and the introduction of COTS while guaranteeing continuity of care and workflow.

➔ **The VISTA Data Project (VDP):** Is a “server-first” approach to preserving Veteran Continuity of Care. Because VISTA’s interfaces (RPCs) capture the current clinical operational data model and business logic of the CPRS clients, migrating “VISTA first” ensures Continuity of Care.



# VA Client Migration and Upgrade

*The objective of eHMP was to create a new web client to introduce new functionality and replace existing clients*

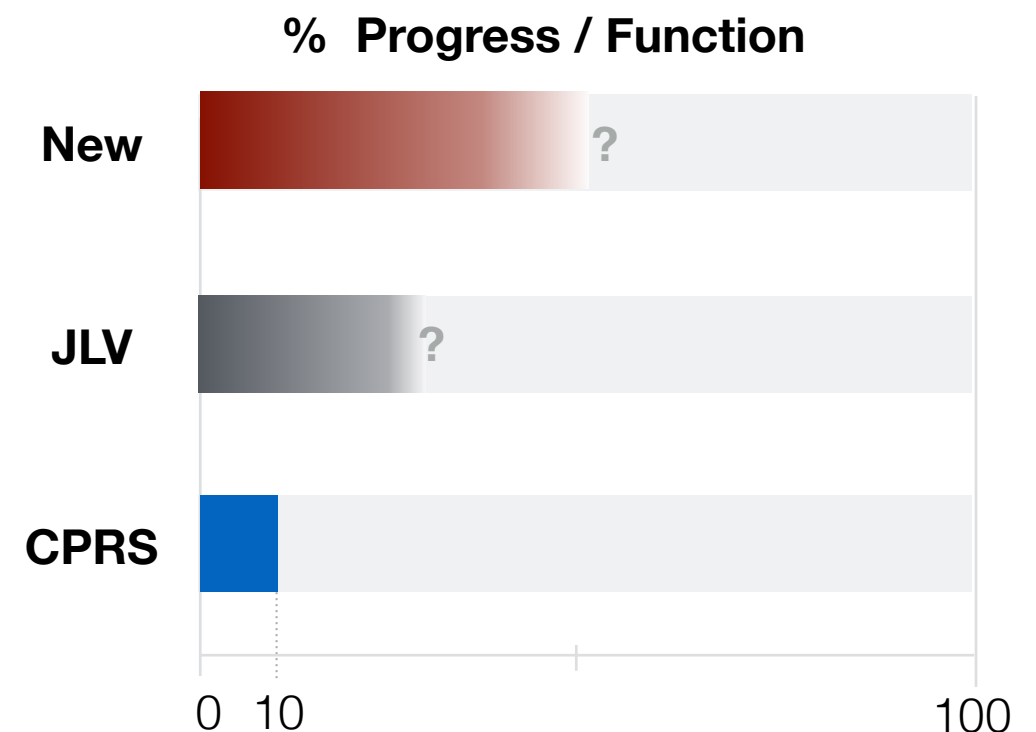
## A Client-first approach

1. **Create a New Client** to introduce new functionality and then
2. **Replace existing clients** with existing veteran care functionality

**New Client and Functionality (Team Care, Cohorts, CDS...)** Largely self contained, independent (of VISTA/CPRS), and novel. Inspired by HMP. [No measurable endpoints to indicate completion or success.]

**Exchange Client (JLV) Replacement:** (“VISTA Exchange”) Read-only patient record through interfaces used by JLV.

**Clinical Client (CPRS) Replacement:** Requires write back/sync over legacy pre-web VISTA remote server interfaces (RPCs). [ Completion measured by % CPRS interfaces retired (Currently <10%) ]



## Issues Encountered

- **New and Old Simultaneously:** It is extremely difficult to both create new motifs and patterns of care while maintaining current patterns of care. These pull in different directions, and require different skills and technologies to address.
- **Server Interface Challenges:** The VISTA server has an opaque, undocumented, nonstandard, legacy remote procedure call (RPC) interface which pre-dates the Internet. It is thus very difficult to understand or use, making client interfacing and enhancement extremely challenging.
- **Foundations deferred:** By focusing almost exclusively on the client (GUI / UX) and on new features, the problems of the current server interface were largely ignored. This led to the roadblocks in replacing and enhancing client functionality.
- **Continuity of Care challenges.** Because access to VA's operational data was not preserved, nor was the veteran-specific care of the existing clients preserved, continuity of care cannot be preserved.

**VISTA's Server Interface Challenges remain unresolved.  
Continuity of Care is not preserved.**

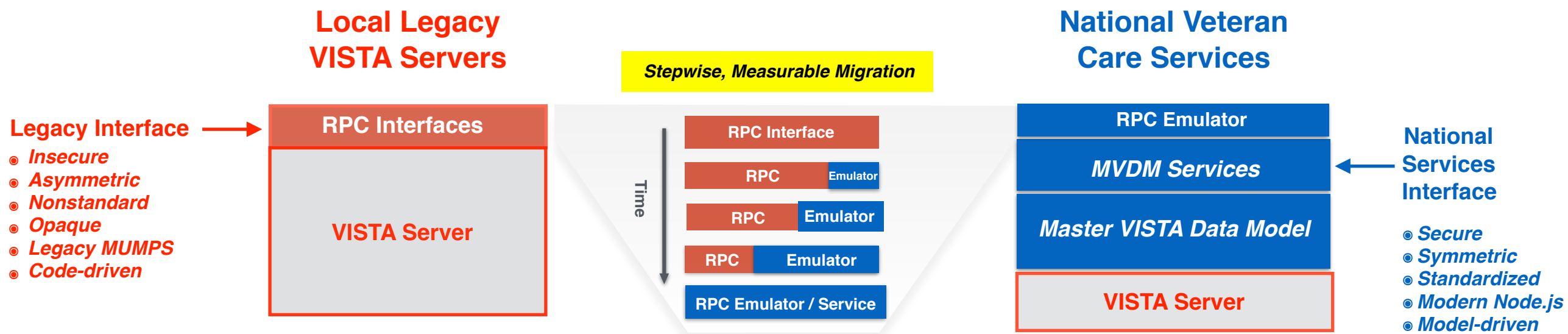


# VA Server Migration and Upgrade

*The objective of the VISTA Data Project is to migrate Local Legacy VISTA Servers to National Veteran Care Services*

## A Server-first approach

1. **Create a National Services Interface:** Establish a modern, model-driven web-based service interface for the 131 VISTA systems: Master VISTA Data Model (MVDM) Services.
2. **Existing Clients Continue:** Emulate the current legacy VISTA server remote procedure call (RPC) interfaces over the new National Services interface, assuring all existing clients (CPRS, JLV) continue to work as-is, without change. ***This maintains retroactive Continuity of Care.***
3. **New Clients Enabled:** Demonstrate ease of development of new clients directly on the new modern web-based service interface. ***This maintains future Continuity of Care.***



## Lessons Learned

- By using CPRS as a blueprint for current care, it ensured that the new services interface met its goals
- The legacy VISTA RPC interfaces are riddled with redundancy and security problems
- Common off-the-shelf software for security, context management, data representation, and other applications can be used as-is with the Veteran Care Services interface (COTS-friendly interface)
- A clean service interface neatly distinguishes veteran-specific care from generic care. This is essential in preserving Veteran-specific Continuity of Care.

***VISTA's Server Interface Challenges are resolved.  
Continuity of Care is maintained.***





# VISTA Data Project

<https://vistadataproject.info>



# VISTA Data Project

Stepwise Migration to a Modern, Model-driven VISTA server while maintaining Continuity of Care

CURRENT

- VHA-DHA Interagency project
- Migration Proof of Concept
- Leverages DHA-developed technology
- Formalizes Veterans Care Model
- Execution 2016-2017

CURRENT

Local Legacy VISTA Servers

## Key Features

- Measurable, Stepwise Migration from Legacy VISTA server
- Leverages DoD-funded migration tooling for VA systems
- Migrates to model-driven server, based on CPRS blueprint
- Executable Master Data Model, regression tested
- **Maintains continuity of care:**
  - CPRS continues to run without change
  - JLV continues to run without change
- Provides new National Veteran Care Services interface
- Enables new, mobile and web clients

## VISTA Data Project

National Veteran Care Services

CPRS / JLV (continue)

New web/mobile (enabled)

Clients (current + new)

Secure Symmetric Modern Node.js Model-driven Interface

MVDM Services Interface

x1

Stepwise, Measurable Migration

Clients

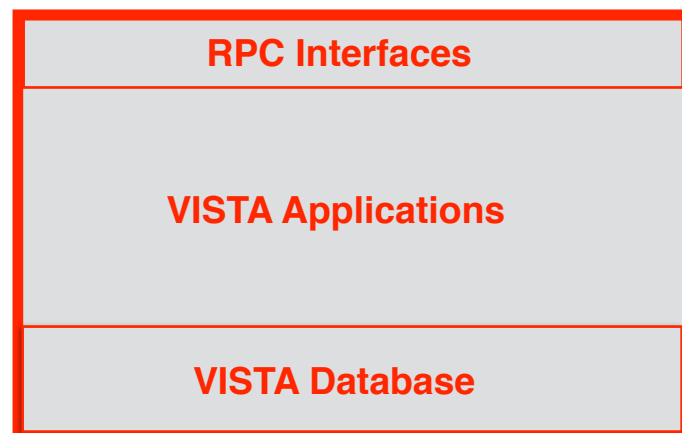
CPRS / JLV

RPC Interfaces (x 1000s)

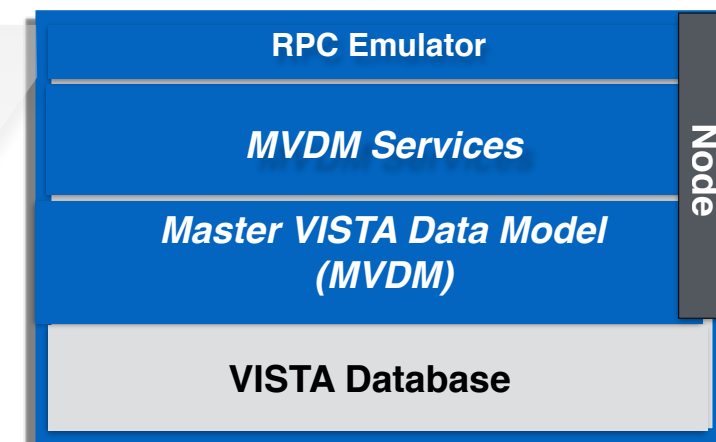
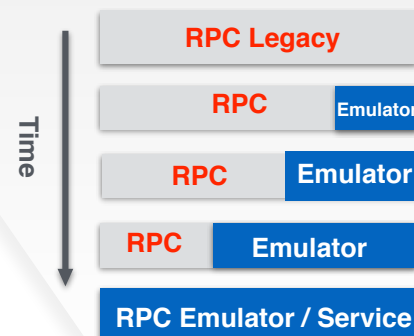
or

Insecure Asymmetric Opaque Legacy MUMPS Code-driven Interfaces

Legacy Server



MUMPS-driven VISTA Server (unmaintainable)



New Server

Model-driven VISTA Server (mainstream technology)

M Legacy VISTA (MUMPS)

Master VISTA Data Model (MVDM) Node.js - Driven VISTA

## Strategic Benefits

- New, maintainable veteran care server based on mainstream technology
- New web and mobile clients enabled with mainstream technology
- Current clients remain operational as is
- May now safely incrementally retire legacy MUMPS VISTA [spaghetti]
- **Not in scope: COTS introduction / OneVISTA. BUT....**



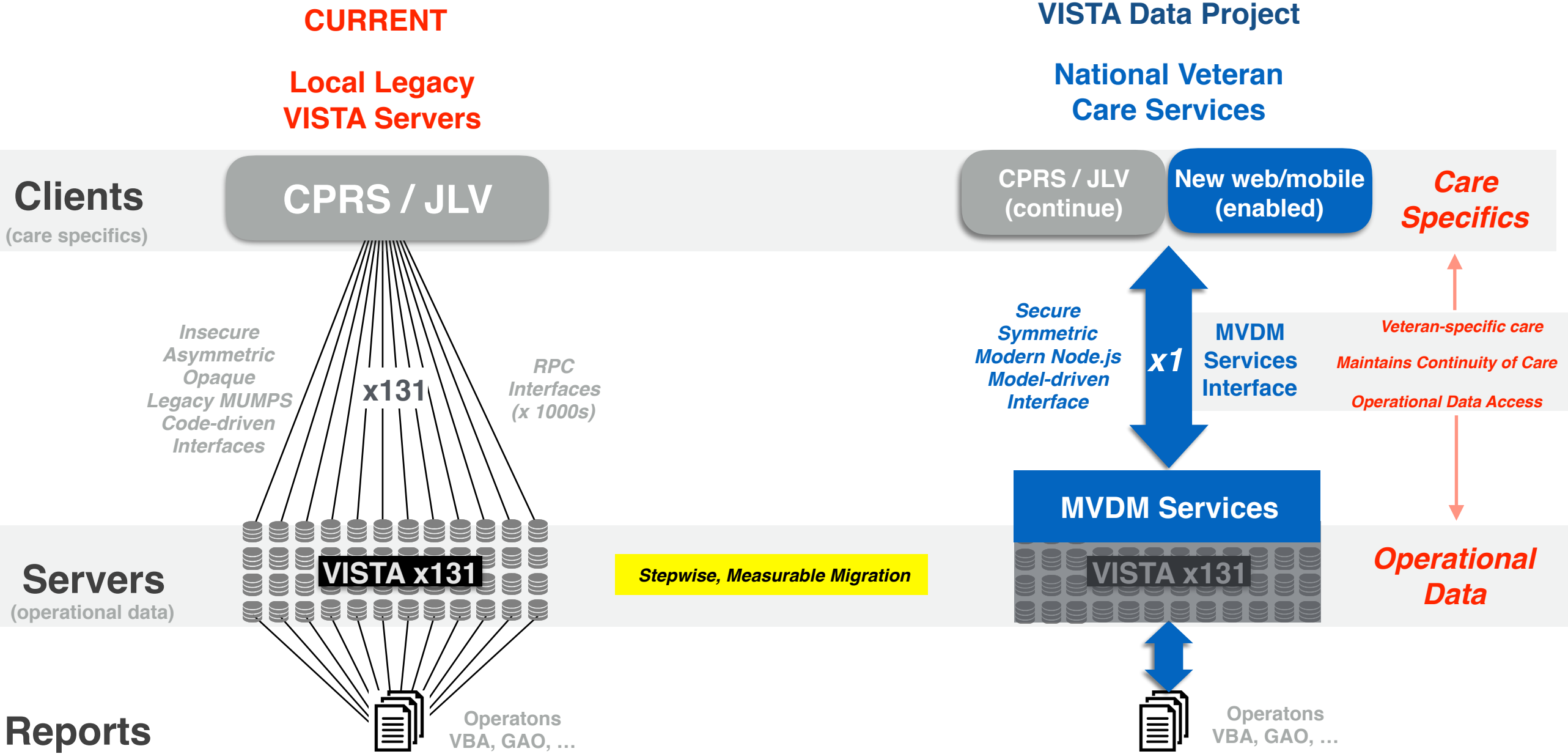
# VISTA Data Project

**CURRENT**

- VHA-DHA Interagency project
- Migration Proof of Concept
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*Migration to a National Veteran Care Services while  
**Maintaining Continuity of Care***



## Continuity of Care Risks

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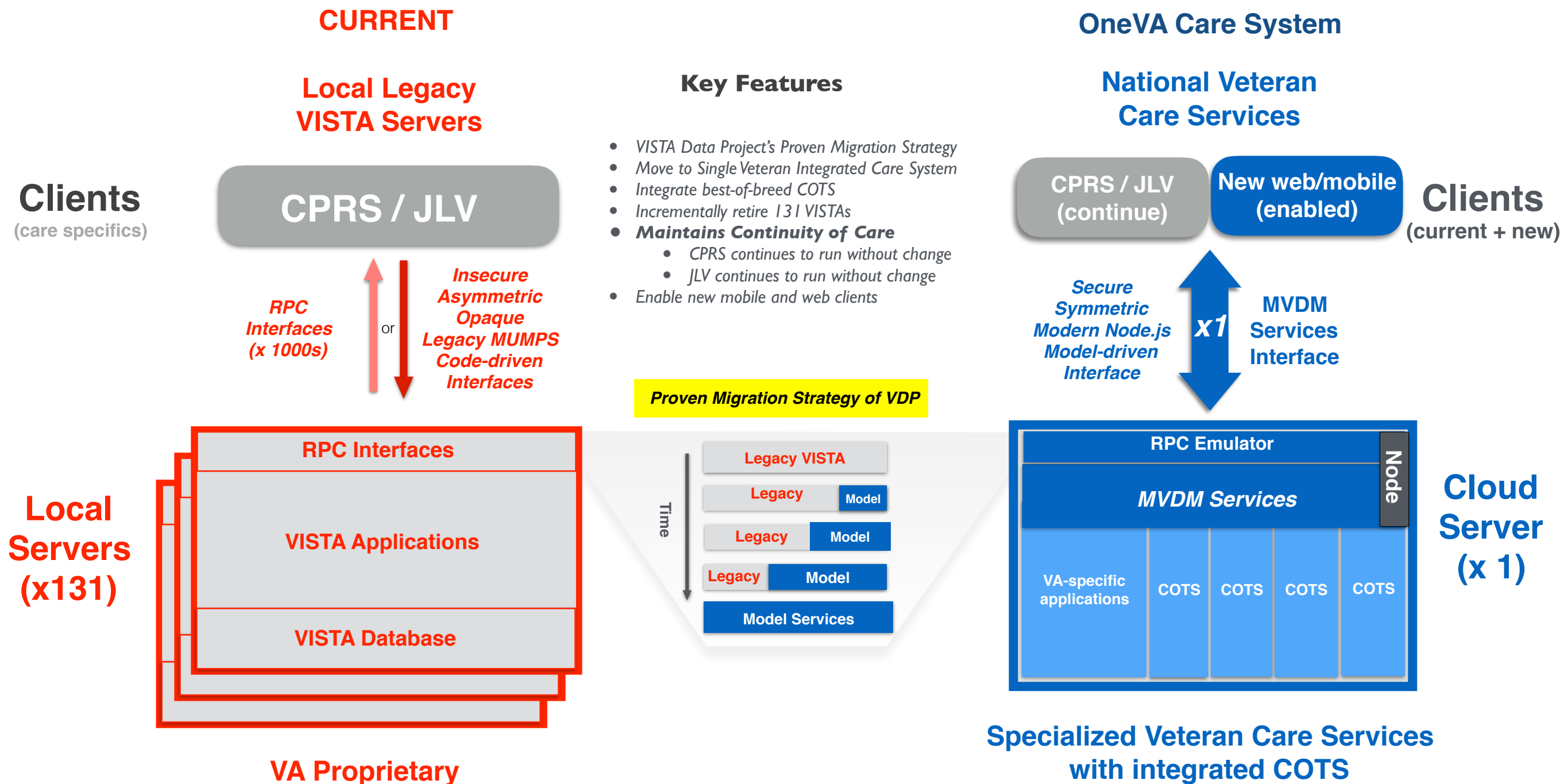
## Continuity of Care Mitigation

VHA - National Vet Care Services	Current	Migration
Veteran-specific care	CPRS	<b>MVDM Services</b>
VA Custom Reports	VISTA x131	<b>MVDM Services</b>
Longitudinal Care (Look-back)	VISTA x131	<b>MVDM Services</b>

# OneVA Care System

PROPOSED

Migrate to COTS/Cloud-based National Veteran Care Services  
following the proven VISTA Data Project strategy



## Strategic Benefits

- Single Integrated Veteran Care System
- Guarantees continuity of veteran care and services during migration
- VA stops maintaining features available in COTS
- Easily add new clients and services for providers and veterans



**VA**  
HEALTH  
CARE

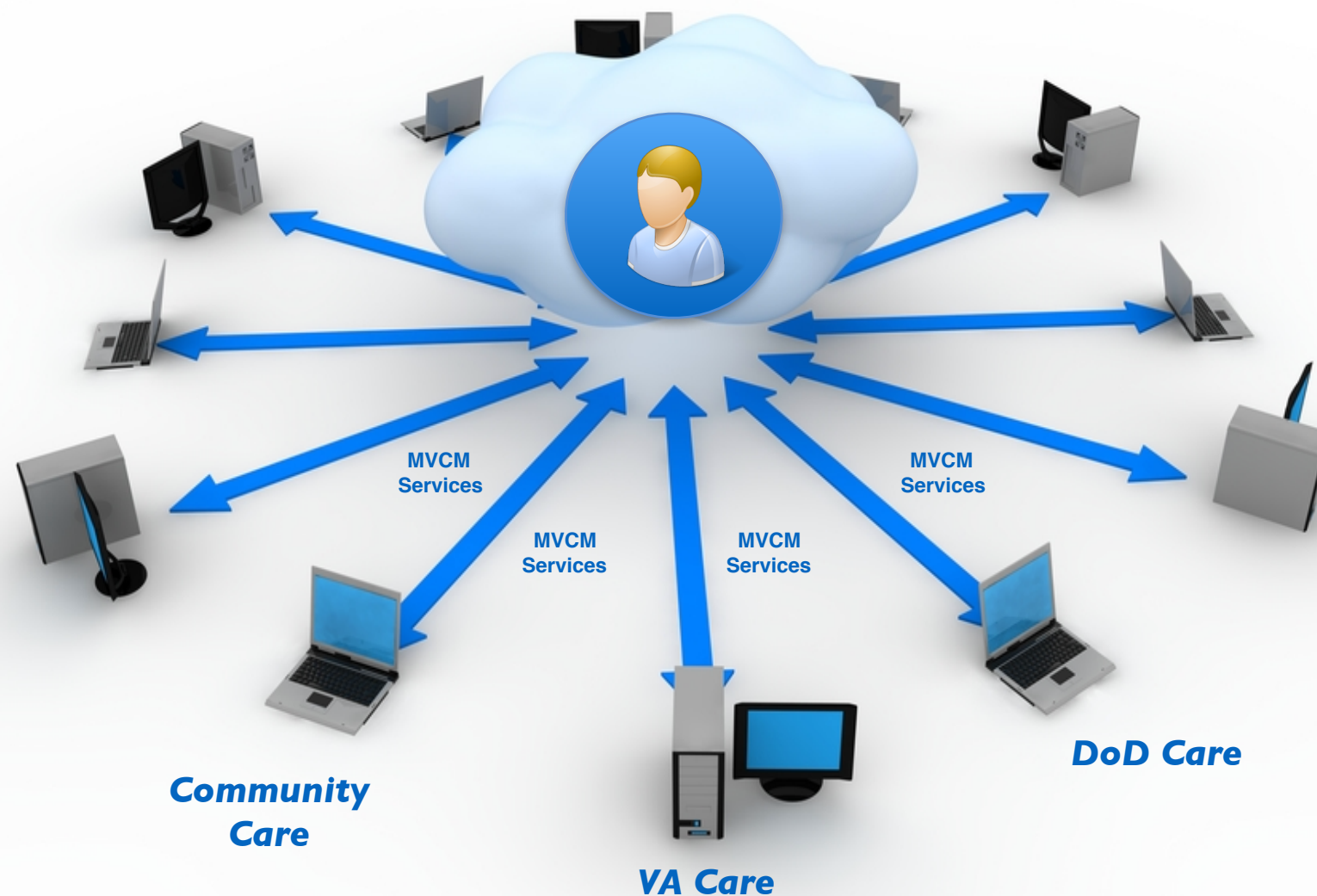
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**Specialized Veteran Care Services  
with integrated COTS**



# ***VISTA Data Project***

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## ***Contact and Information***

### ***Website***

***<http://vistadataproject.info>***

### ***Github***

***<https://github.com/vistadataproject>***

### ***Contact***

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