



# **Department of Veterans Affairs and Department of Defense Joint Executive Committee**

**Joint Strategic Plan  
Fiscal Years 2019 – 2021**

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## Introduction

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) collaborate to facilitate a seamless transition, capitalize on efficiencies, reduce costs, and enhance interoperability of Departmental systems for the men and women who volunteer to serve in uniform. In this endeavor, the Departments work together to advance the priorities and initiatives outlined in the President’s 2018 Reform Plan, specifically collaboration with DoD on Electronic Health Records Modernization and consolidation of selected military and Veterans cemeteries under VA.

Title 38 of United States Code, Section 8111(b)(1), requires the Secretaries of Veterans Affairs and Defense to “Develop and publish a joint strategic vision statement and a joint strategic plan to shape, focus, and prioritize the coordination and sharing efforts among appropriate elements of the two Departments...” The Joint Executive Committee (JEC) publishes the Joint Strategic Plan (JSP) to support that vision.

The JSP’s strategic framework guides our efforts and connects the work of the JEC to the strategic plans of both VA and DoD. We continually reassess the environment and the relevance of the JSP’s mission, vision, and strategic goals. As a result, the strategic framework for this JSP for fiscal years (FY) 2019-2021 builds on the foundation from previous joint strategic plans and advances new priorities. Finally, the JSP is a living document and some strategic objective milestones and goals may change or require updating over time.

## External Influences on the JSP Strategic Framework

Prior JSPs included a recommendation to incorporate joint goals and objectives into the Departments’ respective strategies and operations. The FY 2019-2021 JSP maintains that recommendation and defines how the JEC goals and objectives serve the broader VA and DoD strategic landscape. The intent for this revision is to align the VA-DoD JEC strategy more explicitly with the current strategic drivers for VA, DoD, and the Military Services.

| Sample of Strategic External Influences   |   |   |
|---|---|---|
| <p><b>VA</b></p> <p>VA Strategic Plan<br/>SECVA Priorities<br/>Public SECVA Announcements</p> | <p><b>Joint</b></p> <p>National Defense Authorization Acts<br/>Executive Orders<br/>SECDEF/SECVA joint priorities<br/>SECDEF/SECVA meeting outcomes<br/>OMB Directive Memoranda</p> | <p><b>DoD</b></p> <p>DoD Strategic Plan<br/>SECDEF priorities<br/>Public SECDEF Announcements<br/>National Security Strategy<br/>USD(P&amp;R) FY 2019-20 Strat Plan</p> |

JEC staff examined the strategic and operational plans of the Departments and guidance from sources of high-level direction, referred to in this plan as strategic external influences. This work served to capture and summarize the following themes:

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- Increase Access to Care;
- Improve Information Technology Interoperability and Capability;
- Improve Capabilities of Collaborative Business Processes;
- Improve Effectiveness of Benefits Processes;
- Increase Federal Resource Coordination;
- Improve Public-Private Collaboration and Partnership Capabilities;
- Improve Health Surveillance of Veterans and Service Members;
- Make Services More Geographically Adaptable, Flexible and Scalable; and
- Develop and Implement Improvements in Specific Service-Related Health Conditions.

JEC staff aligned key points from the strategic content of the themes to the JSP strategic framework to validate the joint VA-DoD direction within the larger scope of current VA and DoD strategy. This assessment identified the need to adjust the JSP Strategic Framework for the first time since it was established by VA and DoD in 2010.

### Revised JSP Strategic Framework

| <b>JEC Strategic Framework</b>   |   |  |  |
|--|---|--|--|
| <b>JSP Mission</b>   | Optimize the health and well-being of Service members, Veterans, and their eligible beneficiaries.  |  |  |
| <b>JSP Vision</b>  | Provide a single system experience of lifetime services through an interdependent partnership that establishes a national model for excellence, quality, access, satisfaction, and value. |  |  |
| <b>Strategic Goal 1: Health Care</b>   | <b>Strategic Goal 2: Benefits and Services</b>  | <b>Strategic Goal 3: Efficiencies of Operation</b>   | <b>Strategic Goal 4: Interoperability</b>  |
| Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the two Departments. | Deliver comprehensive benefits and services through an integrated client-centric approach that anticipates and addresses client needs.  | Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution. | Create seamless integration of VA and DoD data that improves quality of outcomes, maximizes value, and increases speed of decision-making across both Departments. |

The VA-DoD mission and vision endures from prior versions of the plan, but the revised strategic framework includes the following changes:

- One of the foundational elements supporting the strategic framework, interoperability, is promoted to a fourth strategic goal to recognize its significance and to complement the three existing strategic goals of Health Care, Benefits and Services, and Efficiencies of Operation.
- The remaining foundational elements of client-centric focus and partnerships will continue to be drivers of VA-DoD activity, but will no longer be documented as distinct elements of the strategic framework.

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- The action plans that demonstrate how the JSP is achieved will be simplified into operational plans with high-level milestones and metrics.

The Departments will pursue several high-level objectives in FY 2019-2021 to support the overarching VA-DoD strategy described in the JSP Strategic Framework. Subject-matter experts in VA and DoD developed streamlined operational plans that support the identified objectives based on strategic guidance. These plans consist of a high-level and coordinated summary of key milestones and performance measures. JEC staff in both Departments will use these plan summaries to track and follow-up on progress and advise leadership as needed.

### **JSP Strategic Goals – Looking Forward**

**Strategic Goal 1 – Health Care:** Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value consistently across the two Departments.

The Departments will pursue the following objectives to support Strategic Goal 1:

- Objective 1.1 – Suicide Prevention – Implement the objectives in the VA-DoD Joint Action Plan for suicide prevention, submitted to the White House on May 3, 2018, in support of Executive Order 13822.
- Objective 1.2 – Individual Longitudinal Exposure Record – Develop and field a VA and DoD capability to provide individual, longitudinal exposure-related data and medical information to inform and improve health care (diagnosis and treatment), epidemiology, research, and the VA claims and disability process.
- Objective 1.3 – Base Access – Develop and implement national level guidance for VA patient access to DoD installations/facilities.

**Strategic Goal 2 – Benefits and Services:** Deliver comprehensive benefits and services through an integrated client-centric approach that anticipates and addresses client needs.

The Departments will pursue the following objectives to support Strategic Goal 2:

- Objective 2.1 – Military-to-Civilian Transition – Leverage and expand as appropriate the codified Transition Assistance Program (TAP) interagency governance partnership (DoD/VA/Department of Labor/Department of Education/Department of Homeland Security/Office of Personnel Management/Small Business Administration/Military Departments) to ensure continuous evolution, efficacy, and effectiveness of current military-to-civilian transition strategy to further enhance stakeholder knowledge and Service member access to resources.

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- Objective 2.2 – Mandatory Separation Health Examinations – Improve the VA and DoD claims process for the Service members seeking disability benefits prior to discharge (BDD).
- Objective 2.3 – Military Personnel Data Transmission – Enhance the exchange of personnel data between VA and DoD to deliver comprehensive benefits and services and ensure immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans' status.

**Strategic Goal 3 – Efficiencies of Operation:** Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.

The Departments will pursue the following objectives to support Strategic Goal 3:

- Objective 3.1 – Cemetery Transfers – To transfer responsibility for operation, maintenance, and perpetual care of select military cemeteries currently maintained by the DoD, Department of the Army (DA), to VA – National Cemetery Administration (NCA). NOTE: President's 2018 Reform Plan initiative.
- Objective 3.2 – Movement of Medical Personnel – Hire transitioning Service members into the Veterans Health Administration (VHA) to key clinical and administrative leadership positions.
- Objective 3.3 – DoD VA Health Care Staffing Services – DoD (Defense Health Agency) and VA will collaborate in developing a strategy for establishing contract vehicles for health care staffing services (HCSS) with the following objectives:
  - Integrating best practices and staffing between the two Departments;
  - Creating staffing synergy between the departments rather than competition;
  - Affording opportunities to level staffing costs in similar markets.
- Objective 3.4 – Supply Chain Modernization/Defense Medical Logistics Standard Support – Complete deployment and user adoption of Defense Medical Logistics Standard Support (DMLSS) at Captain James A. Lovell Federal Health Care Center (FHCC) to support joint DoD-VA clinical care using a single integrated end-to-end health care logistics information system; and set conditions for potential VA enterprise adoption of DMLSS/LogiCole. This will enable FHCC and VA medical logistics modernization efforts with direct positive impacts on quality of care, patient safety, and access to care.
- Objective 3.5 – Joint Sharing of Facilities and Services – Continue to work to obtain enactment of legislative reform to improve collaboration and execution of construction and leasing of joint medical facilities; and improve the process of identification of potential collaborative opportunities for shared facilities and services. This will include conducting a deep-dive analysis and/or study into the use of space and other key capital planning areas for both Departments.
- Objective 3.6 – Develop requirements for an Integrated Purchased Care Network (IPCN) between VA and DoD. The agencies will analyze integration options and issue recommendations to the JEC.  
Potential benefits include the following:

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- Expand provider networks for VA and DoD;
- Clarify optimal network size to serve both populations;
- Reduce duplicative provider network contracting costs;
- Increase access to network care for Veterans without TRICARE eligibility;
- Standardize processes between VA and DoD;
- Standardize metrics between VA and DoD.

**Strategic Goal 4 – Interoperability:** Create seamless integration of VA and DoD data that improves quality of outcomes, maximizes value, and increases speed of decision making across the Departments. The Departments will pursue the following objectives to support Strategic Goal 4:

- Objective 4.1 – Electronic Health Record Modernization Interoperability – Enhance health data interoperability between VA, DoD, and their private partners as VA and DoD continue their electronic health record (EHR) modernization efforts.
- Objective 4.2 – Disability Evaluation System Bi-Directional File Transfer Capability – Establish the capability to electronically transfer Integrated Disability Evaluation System (IDES) case file and transactional data between VA and DoD. This will help improve IDES program management, oversight and efficiency by eliminating the requirement for manual file uploads/downloads, reducing data latency and improving data accuracy associated with current manual updates into the Veterans Tracking Application (VTA).
- Objective 4.3 – Joint Architecture – Provide the engineering and architecture support (transport/network, identity and access, cybersecurity, and data) needed to facilitate a common shared EHR infrastructure environment used by health care providers at DoD Military Treatment Facilities (MTFs) and VA Medical Centers, patients, and authorized third parties.
- Objective 4.4 – Identity Management – Provide joint data identity services to support VA and DoD EHR modernization and a single VA-DoD Identity Management System Solution.

**General Objectives** – The below statements are ongoing JEC objectives and efforts that will continue to be addressed in the FY 2019-2021 JSP. Action plans will be developed in FY 2019 for the following objectives:

- General Objective 1 – Digital Access to Benefits – Ensure appropriate Departments, Agencies, Service members, Veterans, and representatives have immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans' status.
- General Objective 2 – VA-DoD Reimbursement Process – Develop and implement a standard process between VA and DoD for enterprise-wide payment and reconciliation to manage financial and medical care workload.

## VA-DoD Joint Strategic Plan FY 2019-2021

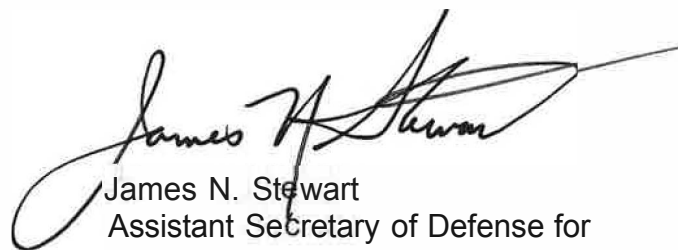
- General Objective 3- Credentialing - Standardize the VA and DoD credentialing processes to make sharing staff and health care providers between VA and DoD facilities timely and cost efficient.
- General Objective 4- Telehealth - VA-DoD Virtual Health Workgroup will:
  - Focus on common virtual health/telehealth workflow capabilities to present unified needs to Gerner, the company selected for EHRM.
  - Selectively develop and advance joint education modules where value is identified.
- General Objective 5 - Military Medical Provider Readiness - VA and DoD will establish a process to increase VA purchased care patient referrals to military treatment facilities with excess capacity to support Graduate Medical Education and wartime skills maintenance.
- General Objective 6 - Sexual Trauma - Facilitate transition of treatment of Service members who experienced sexual trauma during military service and assist Veterans in filing related disability claims. The JEC will establish a formal sexual trauma working group in 2019, with a charter published not later than June 30, 2019. This working group's responsibilities will include ensuring plans are implemented to process sexual trauma claims efficiently and effectively.

### Conclusion

The JSP establishes the strategic direction for joint coordination and sharing efforts and responsibilities between VA and DoD. It is the intent of this plan to provide overall strategic guidance, while leaving discretion to operationalize that guidance to the committees and groups that support the JEC and this plan. We will use JEC meetings to track and review progress toward achieving the Strategic Goals, assess our influences, and determine requirements for issuing updated guidance.



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## Operational Plans

### Objective 1.1. Suicide Prevention

|   |   |                      |  |
|---|---|----------------------|--|
| <b>Strategic Goal: Health Care</b>  |   | <b>Working Group</b> | VA-DoD Suicide Strategic Decision Team |
| <b>Objective:</b> Implement the objectives in the VA-DoD Joint Action Plan for suicide prevention, submitted to the White House on May 3, 2018.                                 |   |                      |  |
| <b>Key Milestones</b>   | <ol style="list-style-type: none"> <li>1. All transitioning members are aware of and have access to mental health services.</li> <li>2. Needs of at-risk Veterans are identified and met.</li> <li>3. Improved mental health and suicide prevention services for individuals that have been identified in need of care.</li> <li>4. Specific milestones are included in the Joint Action Plan.</li> </ol> |                      |  |
| <b>Performance Measures</b>   |   |                      |  |
| Metrics specific to each of the suicide prevention objectives are included in the VA-DoD Joint Action Plan for suicide prevention, submitted to the White House on May 3, 2018. |   |                      |  |
| <b>Point of Contact</b>   | VA: Dr. Keita Franklin, Executive Director, Mental Health (VHA)<br>DoD: Dr. Karin Orvis, Director, DSPO   |                      |  |

**Objective 1.2. Individual Longitudinal Exposure Record (ILER)**

|  |   |   |
|--|---|---|
| <b>Strategic Goal: Health Care</b>   | <b>Working Group</b>  | Deployment Health Working Group (WG) – HEC Research Business Line |
| <b>Objective:</b> Develop and field a VA and DoD capability to provide individual, longitudinal exposure-related data and medical information to inform and improve health care (diagnosis and treatment), epidemiology, research, and the claims and disability process.  |   |   |
| <b>Key Milestones</b>  | <ol style="list-style-type: none"> <li>1. Obtain required post-Joint Incentive Fund (JIF) funding for Initial Operating Capability (IOC) sustainment and Full Operating Capability (FOC) development by March 31, 2019.</li> <li>2. Complete development and enterprise-wide release of IOC by September 30, 2019.</li> <li>3. Award contract for development of FOC by January 2020.</li> <li>4. Assess the feasibility of providing select ILER source data from DoD to VA by March 31, 2019, and complete the preliminary design of the functional mechanism to provide data to VA by September 30, 2019.</li> <li>5. Determine requirements and schedule for integration with EHR by September 30, 2020.</li> </ol> |   |
| <b>Performance Measures</b>  |   |   |
| <ol style="list-style-type: none"> <li>1. Successful development and delivery of Pilot and IOC functionality as measured by a 50 percent increase in number of active users from initial measured baseline and &gt;80 percent user acceptance by December 31, 2019.</li> <li>2. Successful development and delivery of FOC functionality as measured by a 25 percent increase in number of active users from FY 2020 and &gt;85 percent user acceptance by FY 2021.</li> <li>3. Complete integral data acquisition and integration of the identified data sources to support ILER FOC by September 2019 (30 percent), September 2020 (40 percent), and September 2021 (50 percent).</li> <li>4. Complete analysis and preliminary design of functional mechanism to provide select ILER source data to VA for use in targeted Information Technology systems by September 30, 2019.</li> </ol> |   |   |
| <b>Point of Contact</b>  | VA: Dr. Patricia Hastings, Deputy Chief, Post Deployment Health Services (PDHS) (VHA)<br>DoD: Mr. Steve Jones, Office of the Deputy Assistant Secretary of Defense for Health Readiness Policy & Oversight, Health Affairs  |   |

**Objective 1.3. Base Access**

|   |  |                      |                                |
|---|--|----------------------|--------------------------------|
| <b>Strategic Goal: Health Care</b>  |  | <b>Working Group</b> | Base Access Working Group (WG) |
| <b>Objective:</b> Develop and implement national level guidance for VA patient access to DoD installations/facilities.  |  |                      |                                |
| <b>Key Milestones</b>   | <ol style="list-style-type: none"> <li>1. Office of the Secretary of Defense (OSD) completes publication of new DoD Issuance on Access to DoD Installations, incorporating the agreed-upon Identity/Fitness/Purpose model and identifying the Veteran's Health Identification Card (VHIC) as an acceptable credential for establishing Identity and Purpose.               <ol style="list-style-type: none"> <li>a. Issuance is currently in legal sufficiency review.</li> <li>b. Issuance is expected to be approved and published in FY 2019.</li> </ol> </li> <li>2. Services develop enhancements to their installation physical access control systems implementing the new requirements contained in the new DoD Issuance on Access to DoD Installations.</li> <li>3. Services issue updated policy and guidance containing procedures implementing the new DoD Issuance.</li> </ol> |                      |                                |
| <b>Performance Measures</b>   |  |                      |                                |
| <ol style="list-style-type: none"> <li>1. Publish the new DoD issuance by Q2 FY 2019.</li> <li>2. Military Services implement the DoD issuance upon publication in the Federal Register, target before Q4 FY 2019.</li> </ol> |  |                      |                                |
| <b>Point of Contact</b>   | VA: Darryl Blackwell, Chief, Infrastructure Protection & Policy,<br>DoD: Joshua Freedman, Chief, DoD Security, OUSD(Intelligence)  |                      |                                |

**Objective 2.1. Military to Civilian Transition (MCT)**

|   |  |                                       |
|---|--|---------------------------------------|
| <b>Strategic Goal: Benefits and Services</b>  | <b>Working Group</b>   | Military to Civilian Transition (MCT) |
| <p><b>Objective:</b> Leverage and expand as appropriate the codified Transition Assistance Program (TAP) Interagency Governance partnership (DoD/VA/Department of Labor/Department of Education/Department of Homeland Security/Office of Personnel Management/Small Business Administration/Military Departments) to ensure continuous evolution, efficacy, and effectiveness of current MCT strategy to further enhance stakeholder knowledge and Service member access to resources.</p> |  |                                       |
| <b>Key Milestones</b>   | <ol style="list-style-type: none"> <li>1. MCT Summit 3.0 Feb 2019.</li> <li>2. Documentation of the Warm Handover (WHO) Completion with VA resources provided May 2019.</li> <li>3. Advance a collaborative partnership with all stakeholders in the development and implementation of documented processes for MCT transition.</li> <li>4. Documentation of transition readiness ((a) Career Readiness Standards (CRS) (b) Heath Readiness Standards) July 2019.</li> </ol> |                                       |
| <b>Performance Measures</b>   |  |                                       |
| <ol style="list-style-type: none"> <li>1. MCT Definition.</li> <li>2. Input/output on the WHO.</li> <li>3. CRS compliance. Specific metrics are included in the VA-DoD Joint Action Plan for suicide prevention, submitted to the White House on May 3, 2018.</li> </ol>  |  |                                       |
| <b>Point of Contact</b>   | VA: Robert Sanders, Chief, TAP Operation (VBA)<br>DoD: Tamre Newton, DPFSC/TVPO  |                                       |

## Objective 2.2. Mandatory Separation Health Examinations

|   |  |  |
|---|--|--|
| <b>Strategic Goal: Benefits and Services</b>  | <b>Working Group</b>   | Separation Health Assessment (SHA) Working Group |
| <b>Objective:</b> Improve the VA and DoD claims process for the Service members seeking disability benefits prior to discharge (BDD).   |  |  |
| <b>Key Milestones</b>   | <ol style="list-style-type: none"> <li>1. Fully transition to electronic Service Treatment Record (STR) and Disability Benefits Questionnaires (DBQ) data transfer for BDD population by Q1 FY 2019.</li> <li>2. Implement the mandatory mental health assessment requirement (FY 2018 NDAA Section 706) by Q1 FY 2019.</li> <li>3. Update the Memorandum of Agreement (MOA) on SHA by Q2 FY 2019.</li> <li>4. Establish a mechanism to monitor and report on full implementation of mandatory SHA (standard VA and DoD metrics) by Q4 FY 2019.</li> <li>5. Review and update baseline Separation Health Assessment/Separation History and Physical Examination (SHA/SHPE) medical exam/mental health assessment by Q1 FY 2020. Includes JEC decision on modifying exams to reduce VA and DoD duplication.</li> <li>6. Develop requirements for computable data transfer between VA and DoD by Q4 FY 2020.</li> <li>7. Decrease the number of duplicate SHA/SHPE exams by Q4 FY 2021.</li> </ol> |  |
| <b>Performance Measures</b>   |  |  |
| <ol style="list-style-type: none"> <li>1. Implement standardized VA-DoD compliance reporting by Q4 FY 2019. Quarterly report included the following:             <ol style="list-style-type: none"> <li>a. SHA/SHPE compliance (percent with Mental Health Assessment/Physical Assessment NLT 30 days prior to separation).</li> <li>b. Number of duplicate exams (DoD first/VA first).</li> <li>c. Percentage of total exams completed by VA and DoD.</li> </ol> </li> <li>2. Reduce duplicate SHA/SHPE exams:             <ol style="list-style-type: none"> <li>a. DoD achieve 75 percent utilization of VA exam by Q4 FY 2021.</li> <li>b. Complete electronic transfer of pre-discharge STRs from DoD to VA within 10 days of receipt of the notification of interest (for pre-discharge claims).</li> <li>c. 90 percent by Q1 FY 2020.</li> <li>d. 95 percent by Q1 FY 2021.</li> </ol> </li> <li>3. Eliminate the need for Service member to provide a copy of STR to VA for Pre-Discharge benefits adjudication by Q2 FY 2019.</li> <li>4. Demonstrate proof of concept for exchange of computable data by Q4 FY 2021.</li> </ol> |  |  |

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|-------------------------|--|
| <b>Point of Contact</b> | VA: Ms. Jocelyn Moses, Assistant Director, Pre-Discharge & Interagency Collaboration Staff (VBA)<br>DoD: COL Angela Icaza, Program Director, Clinical Informatics Policy, OASD(HA), Health Services Policy and Oversight |
|-------------------------|--|

**Objective 2.3. Military Personnel Data Transmission**

|   |   |   |
|---|---|---|
| <b>Strategic Goal: Benefits and Services</b>  | <b>Working Group</b>  | Information Sharing / Information Technology (IS/IT) Working Group (WG); Military Personnel Data WG |
| <b>Objective:</b> Enhance the exchange of personnel data between VA and DoD to deliver comprehensive benefits and services and ensure immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans’ status.   |   |   |
| <b>Key Milestones</b>   | <ol style="list-style-type: none"> <li>1. Enhance data on National Guard and Reserve active duty periods.</li> <li>2. VA to conduct automated match of Service members receiving dual compensation leveraging VA-DoD Identity Repository (VADIR) data.</li> <li>3. Conversion of all DD 214 information to electronic format upon service separation by Service members retiring or upon end of term of service from Uniformed Services.</li> <li>4. Deploy an automated Veteran status indicator using electronic DD 214 information in VADIR.</li> <li>5. Complete an Analysis of Alternatives comparing the technical alternatives for improving data sharing between VA and DoD.</li> </ol> |   |
| <b>Performance Measures</b>   |   |   |
| <ol style="list-style-type: none"> <li>1. Achieve the policy goal of 100 percent accuracy and 100 percent compliance on all National Guard/Reserve members called or ordered to active service by the end of FY 2021, with focus on active service periods that end on or after 1 January 2015.</li> <li>2. Implementation of dual compensation electronic identification, notification, and process to stop disbursements to avoid debt by end of Q4 FY 2021.</li> <li>3. Conversion of all DD 214 and DD 215 information to electronic format by the end of FY 2019.</li> <li>4. A Veteran Status indicator is available for all current and former members with a VADIR military service record by the end of Q2 FY 2019.</li> <li>5. Complete an Analysis of Alternatives (AoA) of technical methods enabling the bi-directional sharing of information between VA and DoD, that considers Security, Data Quality, Business Need, Cost, and alignment with other ongoing programs and priority initiatives. Provide a joint recommendation of an approach to overseeing incremental technical enhancements of the VA-DoD data-sharing architecture by the end of Q2 FY 2019.</li> </ol> |   |   |
| <b>Point of Contact</b>   | VA: Mike Carr, Deputy Director, Benefits Assistant Service and Denise Kitts, Director of Operations, Veterans Experience Office (VBA)   |   |

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|  |  |
|--|--|
|  | DoD: Steve Wellock and Mark Breckenridge, Defense Manpower Data Center<br>DoD/VA IPO: Camala Price, Chief of Staff, Interagency Program Office |
|--|--|



### Objective 3.1. Cemetery Transfers

|   |   |  |
|---|---|--|
| <b>Strategic Goal: Efficiencies of Operations</b>   | <b>Working Group</b>  | Department of Army (DA)/National Cemetery Administration (NCA) |
| <p><b>Objective:</b> To transfer responsibility for operation, maintenance, and perpetual care of select military cemeteries currently maintained by the Department of Defense (DoD), Department of Army (DA), to the Department of Veterans Affairs (VA) – National Cemetery Administration (NCA). This transfer will increase operational efficiency, limit mission overlap, and ensure perpetual maintenance to Army and national shrine standards in recognition of service and sacrifice of those interred therein. Transferring the care of these cemeteries to NCA, whose primary mission is to operate and maintain national Veterans’ cemeteries as lasting tributes, enables the Army to focus their operations and maintenance resources on critical mission needs, while reducing duplication of efforts. This initiative will better serve the Veteran and military community by ensuring access to burial benefits and improving the perpetual care and maintenance of these military cemeteries.</p> |   |  |
| <b>Key Milestones</b>   | <ol style="list-style-type: none"> <li>1. Letter of Intent to formalize conceptual agreement among both parties to pursue the cemetery transfers. Complete – September 2017.</li> <li>2. Identification of land transfer authorities to allow the Army to transfer the identified 11 post cemeteries to NCA. Complete – June 2018.</li> <li>3. Interagency coordination between Army, the Department of Interior – Bureau of Land Management, and the General Services Administration, to obtain suitability assessment/delegation of authorities to transfer eight of the 11 cemeteries. Ongoing – TBD.</li> <li>4. Develop and maintain joint Program Management Plan (PMP) for the execution of the cemetery transfers. The plan will delineate critical tasks and identify roles and responsibilities, conditional requirements, and timeframes (Gantt chart) for executing the transfer of the cemeteries. Separate Gantt charts will track each transfer in accordance with appropriate real estate transfer authorities and subject to availability of funds. Baseline PMP – Q4 FY 2018.</li> <li>5. Execution of land transfers from DA to NCA. Initial transfer targeted for Q1 FY 2019. Subsequent transfers will occur in a phased approach based on the type of real estate transfer authorities. Ongoing – TBD.</li> <li>6. NCA develops and executes site-specific contracts to ensure continuity of operations, maintenance, and improvement efforts at time of transfer. Commencing in Q1 FY 2019 and ongoing.</li> </ol> |  |

| <b>Performance Measures</b>  |   |
|--|---|
| <p>1. Number of DA cemeteries transferred to NCA for operational alignment under an existing NCA national cemetery. Transfer timelines managed through Joint Program Management Plan.</p> <p>2. Achievement of continuity of operations (burial – where applicable, ground maintenance, facilities maintenance, etc.) post transfer.</p> <p><i>NOTE: Transferred cemeteries will be assessed in accordance with NCA’s established Operational Standards and Measures, to include customer satisfaction surveys.</i></p> <p><i>NOTE: 10 U.S.C. § 7721 addresses Department of the Army responsibilities for selected military cemeteries.</i></p> |   |
| <b>Point of Contact</b>  | <p>VA: Lisa Pozzebbon, Executive Director, Cemetery Operations and Glenn Madderom, Director, Cemetery Development and Improvement Service, NCA</p> <p>DoD: Karen Durham-Aguilera, Executive Director, Army National Military Cemeteries (ANMC) and Mr. Arthur Smith, Chief ANMC</p> |

**Objective 3.2. Movement of Medical Personnel**

|  |  |                                  |
|--|--|----------------------------------|
| <b>Strategic Goal: Efficiencies of Operation</b>   | <b>Working Group</b>   | Health Executive Committee (HEC) |
| <b>Objective:</b> Hire transitioning Service members into VHA to key clinical and administrative leadership positions.   |  |                                  |
| <b>Key Milestones</b>  | <ol style="list-style-type: none"> <li>1. VHA has partnered with DoD military installations in the National Capital Region on an initiative called Military Transition and Training Advancement Course (MTTAC). MTTAC is an entry-level training program for Service-members currently enrolled in the transition process, who anticipate being released from Active Duty within 90 to 120 days. VHA’s program is currently set up to train Service members to become Medical Support Assistants (MSA), with the goal of hiring them into VHA immediately upon separation.             <ol style="list-style-type: none"> <li>a. Formalize DoD MTTAC training by September 30, 2019.</li> <li>b. Deploy MTTAC to all Veterans Affairs Medical Centers (VAMCs) by September 30, 2019.</li> <li>c. Create trainings for additional occupations for MTTAC occupation expansion by September 30, 2021.</li> </ol> </li> <br/> <li>2. The Intermediate Care Technician (ICT) Program is an established VHA program to recruit former military medics and corpsmen into positions in VAMC Emergency Departments and other specialty areas. ICTs are aligned organizationally under Licensed Independent Practitioners (LIPs) in the clinical setting to maximize their utility and value to Veteran care. This program has been piloted in VHA and had been deployed to 23 VAMCs at the start of FY 2018.             <ol style="list-style-type: none"> <li>a. Expand ICT program to VHA facilities by September 30, 2019.</li> <li>b. Create a program to help medics and corpsmen become licensed practitioners before transitioning from Active Duty by September 30, 2020.</li> </ol> </li> </ol> |                                  |
| <b>Performance Measures</b>  |  |                                  |
| <ol style="list-style-type: none"> <li>1. Increase the number of VA and DoD facilities with MTTAC deployed with a target of 25 percent by September 30, 2020 and 50 percent by September 30, 2021.</li> <li>2. Increase VA hiring of transitioning Service members with a target for VA to hire 30 percent of transitioning Service members annually by September 30, 2021.</li> </ol> |  |                                  |
| <b>Point of Contact</b>  | VA: Jessica Bonjorni, Acting Assistant Deputy Under Secretary for Health for Workforce Services (VHA)  |                                  |

**Objective 3.3. DoD VA Health Care Staffing Services**

|   |  |                                      |
|---|--|--------------------------------------|
| <b>Strategic Goal: Efficiencies of Operation</b>  | <b>Working Group</b>   | DoD VA Health Care Staffing Services |
| <p><b>Objective:</b> VA and DoD will assess the feasibility of creating a joint strategic sourcing health care staffing services (HCSS) contract to the following:</p> <ul style="list-style-type: none"> <li>• Integrating best practices and staffing between the two Departments;</li> <li>• Creating staffing synergy between the Departments rather than competition;</li> <li>• Afford opportunities to level staffing costs in similar markets.</li> </ul> |  |                                      |
| <b>Key Milestones</b>   | <p>JEC and HEC approved Program Champions’ recommendation to convene a full IPT to define requirements and develop the acquisition strategy with the following major milestones:</p> <ol style="list-style-type: none"> <li>1. IPT Member Appointments: January 31, 2019</li> <li>2. JALFHCC Q-services contracts: February 2019 - UTC</li> <li>3. Requirements Review and Approval: September 2, 2019</li> <li>4. JEC Go/No Go Decision: September 30, 2019</li> <li>5. Solicitation(s): December 2, 2019</li> <li>6. Contract Award/Rollout: June 1, 2020</li> </ol> |                                      |
| <b>Performance Measures</b>   |  |                                      |
| <ol style="list-style-type: none"> <li>1. DoD VA HCSS Program is on schedule to meet commitments.</li> <li>2. Cooperative opportunities for health care staffing services (combined locations, buying practices, coordinated effort, lessons learned) are identified.</li> <li>3. Constraints associated with VA’s requirement to use only two types of capable small business types are resolved.</li> </ol>   |  |                                      |
| <b>Point of Contact</b>   | <p>VA: Sandra Hallmark, Director, Medical Sharing Office (VHA)<br/>                 DoD: Tina M. Altevers, DHA/J-4 SAPM, Program Manager</p>   |                                      |

**Objective 3.4. Supply Chain Modernization/Defense Medical Logistics Standard Support (DMLSS)**

|  |  |  |
|--|--|--|
| <p><b>Strategic Goal: Efficiencies of Operation</b></p>  | <p><b>Working Group</b></p>  | <p>Supply Chain Modernization/Defense Medical Logistics Standard Support (DMLSS)</p> |
| <p><b>Objective:</b> Complete deployment and user adoption of DMLSS at FHCC to support joint DoD-VA clinical care using a single integrated end-to-end health care logistics information system; and set conditions for potential VA enterprise adoption of DMLSS/LogiCole. The implementation of DMLSS at the FHCC will have direct positive impacts on quality of care, patient safety, and access to care by the adoption of a single health care logistics system, rather than operating two disparate systems used by VA and DoD today. DMLSS is also one of three components required to replace VA legacy IT infrastructure, in addition to a new health care record and a new financial management system.</p> |  |  |
| <p><b>Key Milestones</b></p>   | <p><b>KEY DEPENDENCIES:</b></p> <ul style="list-style-type: none"> <li>• HealthShare authority to operate October 2018.</li> <li>• Approval to use Defense Logistics Agency (DLA) Medical Surgical Prime Vendor via legislative relief or waiver.</li> </ul> <ol style="list-style-type: none"> <li>1. Integrated testing between VA and DoD (interfaces, configuration settings, proper files transfers) Complete: April 30, 2019.</li> <li>2. Technical Go-Live (infrastructure readiness to testing completion and integration from DMLSS at FHCC to VA): July 1, 2019.</li> <li>3. Data Migration from VA legacy systems VistA Packages (Integrated Funds Distribution Control Point Activity, Automated Engineering Management System/Medical Equipment Reporting) to FHCC DMLSS Complete – September 30, 2019.</li> <li>4. End User Training Complete – September 30, 2019.</li> <li>5. Full FHCC functional Go-Live – October 1, 2019.</li> </ol> |  |
| <p><b>Performance Measures</b></p>   |  |  |
| <ol style="list-style-type: none"> <li>1. Percent of legacy systems interfaces tested and validated by April 30, 2019.</li> <li>2. Percent of production release readiness by July 1, 2019.</li> <li>3. Percent of end users trained by September 30, 2019.</li> </ol>   |  |  |
| <p><b>Point of Contact</b></p>   | <p>VA: Harry G. Oldland, Deputy Chief Supply Chain Officer (Acting) (VHA)<br/>DoD: COL John P. Staley, Defense Health Agency</p>   |  |

### Objective 3.5. Joint Sharing of Facilities and Services

|  |  |                                       |
|--|--|---------------------------------------|
| <b>Strategic Goal 3: Efficiencies of Operation</b>   | <b>Working Group</b>   | Construction Planning Committee (CPC) |
| <p><b>Objective:</b> Continue to develop an objective data-driven process for identification of potential collaborative opportunities for collocated or shared facilities, and services. Collaboratively complete a “deep dive” analysis and/or study into the use of space, and other key capital planning areas for both Departments.</p>  |  |                                       |
| <b>Key Milestones</b>  | <ol style="list-style-type: none"> <li>1. In an effort to enhance VA and DoD missions, CPC will support medical markets where health care delivery and administration efforts are aligned by pursuing like legislation, which authorizes a collaborative approach to shared facilities capital investment.</li> <li>2. CPC will employ an objective, verifiable, and data-driven process to explore opportunities to plan, design, construct, or lease health care facilities that improve access, continuity, quality, and cost effectiveness of the direct care provided to the beneficiaries of both Departments.</li> <li>3. CPC will continue to develop a needs assessment model and/or methodology to include clear criteria and relevant data that will serve to help identify potential interagency opportunities for planning and capital investment for construction, leasing, or sharing of existing space.</li> <li>4. Leverage lessons learned from prior shared facilities initiatives when planning future shared facilities using references such as the Institutes of Medicine Evaluation of the Lovell FHCC.</li> </ol> |                                       |
| <b>Performance Measures</b>  |  |                                       |
| <ol style="list-style-type: none"> <li>1. A reinvigorated CPC with a new charter that will include significant stakeholders including non-health care DoD equities and other stakeholders impacted by construction or leasing on military installations are included in the analysis process.</li> <li>2. For 2019, the CPC will focus on refining facilities capital investment related data and the use of space that will help identify crosswalk opportunities of needs for both Departments. VA and DoD will develop a rigorous, objective, data-driven model for preliminary exploration of possible collaboration opportunities for medical facilities and services that includes consideration of medical treatment facility downsizing or closure under NDAA 2017 provision.</li> <li>3. Projects identified as potential opportunities will be considered for incorporation into VA 2021 and future Strategic Capital Investment Plan (SCIP) and DoD CIDM processes.</li> <li>4. In FY 2020 and 2021, the CPC will ensure the methodology developed and related data mining efforts are incorporated into VA Market Assessments and DoD Market Visioning.</li> </ol> |  |                                       |

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5. By FY 2021, CPC will identify and compare construction agent performance metrics (acquisition type, on-time, on-budget, Technical Post-Occupancy Evaluation survey) between VA and DoD to identify benchmarks of performance and to set a baseline for future target objectives. The CPC will also compare design, construction and activation metrics and standards of the Federal Government -versus- the medical industry.

**Point of Contact**

VA: Michael Greenan, Director, Investment & Enterprise Development Service  
DoD: Harold Sherman, DHA Financial Operations (J-8)

**Objective 3.6. Integrated Purchased Care Network (IPCN)**

|  |  |                      |               |
|--|--|----------------------|---------------|
| <b>Strategic Goal: Efficiencies of Operation</b>   |  | <b>Working Group</b> | HEC IPCN Team |
| <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Develop requirements for an Integrated Purchased Care Network (IPCN) between VA and DoD. The agencies will analyze integration options and issue recommendations to the JEC.</li> <li>• Potential benefits include:             <ul style="list-style-type: none"> <li>○ Expand provider networks for VA and DoD.</li> <li>○ Clarify optimal network size to serve both populations.</li> <li>○ Reduce duplicative provider network contracting costs.</li> <li>○ Increase access to network care for Veterans without TRICARE eligibility.</li> <li>○ Standardize processes between VA and DoD.</li> <li>○ Standardize metrics between VA and DoD.</li> </ul> </li> </ul> |  |                      |               |
| <b>Key Milestones</b>  | <ol style="list-style-type: none"> <li>1. Subject to the results of the 2018 IPCN feasibility study outcome, the Departments will proceed to develop actions, outcomes and performance metrics by September 30, 2019.</li> <li>2. Complete pilot and recommend target performance measures by September 30, 2021.</li> </ol> |                      |               |
| <b>Performance Measures</b>  |  |                      |               |
| <p>Targets to be determined:</p> <ol style="list-style-type: none"> <li>1. Reduce medical/administrative costs.</li> <li>2. Increase access to health care as evidenced by percentage increase in network participants of targeted specialties.</li> <li>3. Increase beneficiary satisfaction as evidenced by percentage increase in satisfaction as measured by targeted population and targeted points of contact.</li> </ol>  |  |                      |               |
| <b>Point of Contact</b>  | <p>VA: Dr. Kameron Matthews, Assistant Deputy Under Secretary for Health for Community Care (VHA)<br/>           DoD: Patrick Grady, Interim Chief, TRICARE Health Plan</p>  |                      |               |



**Objective 4.1. Electronic Health Record Modernization Interoperability**

|   |   |                      |   |
|---|---|----------------------|---|
| <b>Strategic Goal: Interoperability</b>   |   | <b>Working Group</b> | DoD/VA Interagency Program Office (IPO) |
| <b>Objective:</b> Enhance health data interoperability between DoD, VA, and their private partners as they continue their electronic health record (EHR) modernization efforts.   |   |                      |   |
| <b>Key Milestones</b>   | <ol style="list-style-type: none"> <li>1. Development of the Joint Interoperability Strategic Plan Version 2 (JISP) by the end of FY 2019.</li> <li>2. Development of the health care Information Interoperability Technical Package (I2TP) Version 8 by the end of FY 2019.</li> <li>3. Track, monitor, and publish Health Data Interoperability (HDI) transactional metrics on quarterly basis.</li> <li>4. Publish DoD/VA Interagency IT Governance and reporting structure by the end of FY 2019.</li> <li>5. Publish DoD/VA Interagency EHR Modernization Governance and reporting structure by the end of FY 2019.</li> <li>6. Provide quarterly reports to Congress in compliance with the FY 2014 National Defense Authorization Act, detailing the recent work and ongoing progress of data sharing efforts by the IPO, IPO Executive Committee, and Departments.</li> </ol> |                      |   |
| <b>Performance Measures</b>   |   |                      |   |
| <ol style="list-style-type: none"> <li>1. Development of the JISP Version 2 by end of FY 2019 (JISP=100 percent).</li> <li>2. Development the I2TP Version 8 by end of FY 2019 (I2TP=100 percent).</li> <li>3. Quarterly maintenance of metrics (Q1=25 percent, Q2=50 percent, Q3=75 percent, Q4=100 percent).</li> <li>4. Development of DoD/VA Interagency IT Governance and reporting structure by the end of FY 2019 (IT Governance=100 percent).</li> <li>5. Development of DoD/VA Interagency EHR Modernization Governance and reporting structure by the end of FY 2019 (EHR Modernization Governance=100 percent).</li> <li>6. Responding to Congressional requests dependent on frequency (1/1=100 percent, 1/2=50 percent, 1/4=25 percent, etc.)</li> </ol> |   |                      |   |
| <b>Point of Contact</b>   | DoD-VA IPO: Ms. Camala Price, Chief of Staff (IPO)  |                      |   |

**Objective 4.2. Integrated Disability Evaluation (IDES) Bi-directional Case File Transfer Capability**

|  |   |  |
|--|---|--|
| <b>Strategic Goal: Interoperability</b>  | <b>Working Group</b>  | Disability Evaluation System Working Group |
| <p><b>Objective:</b> Establish the capability to electronically transfer IDES case file and transactional data between VA and DoD. This will help improve IDES program management, oversight and efficiency by eliminating the requirement for manual file uploads/downloads, reducing data latency and improving data accuracy associated with current manual updates into the Veterans Tracking Application (VTA).</p> |   |  |
| <b>Key Milestones</b>  | <ol style="list-style-type: none"> <li>1. Establish joint DoD-VA governance to develop IT project plan with targeted milestones (if necessary following JEC decision).</li> <li>2. Obtain JEC decision on VA and DoD commitment for Departmental prioritization and funding.</li> </ol> |  |
| <b>Performance Measures</b>  |   |  |
| <ol style="list-style-type: none"> <li>1. Determine a technical solution and establish DoD-VA framework to define exchange parameters for the capability to electronically transfer IDES documents and data between Departments.</li> <li>2. Identify and validate requirements and establish an implementation schedule.</li> </ol>   |   |  |
| <b>Point of Contact</b>  | <p>VA: Ms. Jocelyn Moses, Assistant Director, Pre-Discharge &amp; Interagency Collaboration Staff (VBA)<br/>                 DoD: Mr. Bret Stevens, Director, Disability Evaluation Systems Health Services Policy &amp; Oversight</p>  |  |

**Objective 4.3. Joint Architecture**

|   |  |   |
|---|--|---|
| <b>Strategic Goal: Interoperability</b>   | <b>Working Group</b>   | Engineering and Architecture Working Group (EAWG) |
| <b>Objective:</b> Provide the engineering and architecture support (transport/network, identity and access, cybersecurity, and data) needed to facilitate a common shared electronic health record (EHR) infrastructure environment used by health care providers at DoD military treatment facilities and VA Medical Centers, patients, and authorized third parties.  |  |   |
| <b>Key Milestone</b>  | Develop a delivery plan to enable initial operational capability (IOC) at select VA sites by Q2 FY 2020.   |   |
| <b>Performance Measures</b>   |  |   |
| <ol style="list-style-type: none"> <li>1. Architecture Review conducted by full EAWG by Q4 FY 2018 (Review=100 percent)</li> <li>2. Gap Analysis performed by each Sub-Working Group by Q1 FY 2019 (Analysis=100 percent)</li> <li>3. Development of a delivery plan to enable initial operational capability at select VA sites by Q2 FY 2019 (delivery plan=100 percent)</li> <li>4. On-time achievement of IOC at select VA sites by Q2 FY 2020 (IOC=100 percent)</li> </ol> |  |   |
| <b>Point of Contact</b>   | VA: Mr. Terry Luedtke, Deputy Program Executive, VistA Evolution (OI&T/Office of Electronic Health Record Modernization)<br>DoD: Mr. David Serber, CIO Joint EHR Lead<br>DoD/VA IPO: Camala Price, Chief of Staff, IPO |   |

**Objective 4.4. Identity Management**

|  |   |  |
|--|---|--|
| <b>Strategic Goal: Interoperability</b>  | <b>Working Group</b>  | DoD/VA Interagency IT Steering Committee Identity Management |
| <b>Objective:</b> Provide joint data identity services to support VA and DoD electronic health record (EHR) modernization; and a single VA-DoD Identity Management System Solution.  |   |  |
| <b>Key Milestones</b>  | <ol style="list-style-type: none"> <li>1. Development of the requirements and use cases to support joint patient identity to the Electronic Health Record Modernization (EHRM) solution (six core use cases, completed June 2018, additional use cases identified and targeted for completion December 2018, other use cases require elevation to joint leadership for completion).</li> <li>2. VA to DoD Fund Transfer to support Joint Patient Identity Management             <ol style="list-style-type: none"> <li>a. Development and signature of 7600 Part A Joint Patient Identity Management (executed August 2018).</li> <li>b. Development and signature of 7600 Part B Program Management (executed August 31, 2018; Funding Transferred September 4, 2018).</li> <li>c. Development and signature of 7600 Part B Service Provision (fully developed and approved, pending VA Deputy Secretary signature for Funding Transfer Execution, planned October 2018).</li> <li>d. Development and signature of 7600 Part B DSLOGON (In draft, planned September 2018, funding planned October 2018).</li> </ol> </li> <li>3. Delivery of production Joint Patient Identity Management services to EHRM modernization solution by March 2020.</li> <li>4. Begin development of the business case supported by an analysis of alternatives to support a JEC decision to determine the best approach or strategy to pursue for a full Identity Management Solution to support both VA and DoD (planned January 31, 2019).</li> </ol> |  |
| <b>Performance Measures</b>  |   |  |
| <ol style="list-style-type: none"> <li>1. Development of the requirements and use cases to support joint patient identity to the EHRM modernization solution (90 percent complete).</li> <li>2. Defense Manpower Data Center (DMDC) receipt of fund transfers described in 7600 Part B attachments (25 percent complete).</li> <li>3. Delivery of production Joint Patient Identity Management services to support DoD/VA EHRM modernization solution by March 2020.</li> <li>4. Complete development of the business case for the full Identity Management Solution.</li> </ol> |   |  |

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|                         |  |
|-------------------------|--|
| <b>Point of Contact</b> | VA: Mr. Daniel Galik, Executive Director, Office of Identity, Credential, & Access Management<br>DoD: Mr. Michael Sorrento, Director, DMDC<br>IPO: Ms. Camala Price, Chief of Staff, IPO |
|-------------------------|--|

## Appendix: List of Acronyms

|       |   |
|-------|---|
| ADUSH | Assistant Deputy Under Secretary for Health         |
| ANMC  | Army National Military Cemeteries                   |
| AoA   | Analysis of Alternatives                            |
| BDD   | Benefits Delivery at Discharge                      |
| BUMED | The Navy Bureau of Medicine and Surgery             |
| CIDM  | Collaborative Identity Management                   |
| COS   | Chief of Staff                                      |
| CPC   | Construction Planning Committee                     |
| CRS   | Career Readiness Standards                          |
| DA    | Department of Army                                  |
| DBQ   | Disability Benefits Questionnaires                  |
| DHA   | Defense Health Agency                               |
| DHA   | Defense Health Agency                               |
| DMDC  | Defense Manpower Data Center                        |
| DMLSS | Defense Medical Logistics Standard Support          |
| DoD   | Department of Defense                               |
| EAWG  | Engineering and Architecture Working Group          |
| EHR   | Electronic Health Record                            |
| EHRM  | Electronic Health Record Modernization              |
| FHCC  | Federal Health Care Center                          |
| FOC   | Full Operating Capability                           |
| FY    | Fiscal Year   |
| HCSS  | Health Care Staffing Services                       |
| HEC   | Health Executive Committee                          |
| I2TP  | Information Interoperability Technical Package      |
| ICT   | Intermediate Care Technician                        |
| IDES  | Integrated Disability Evaluation System             |
| ILER  | Individual Longitudinal Exposure Record             |
| IOC   | Initial Operating Capability                        |
| IPO   | Interagency Program Office                          |
| IS    | Information Sharing                                 |
| IT    | Information Technology                              |
| JEC   | Joint Executive Committee                           |
| JIF   | Joint Incentive Fund                                |
| JISP  | Joint Interoperability Strategic Plan               |
| JSP   | Joint Strategic Plan                                |
| MA    | Master of Art                                       |
| MCT   | Military to Civilian Transition                     |
| MD    | Doctor of Medicine                                  |
| MHA   | Master of Health Care Administration                |
| MOA   | Memorandum of Agreement                             |
| MSA   | Medical Support Assistants                          |
| MTTAC | Military Transition and Training Advancement Course |
| NCA   | National Cemetery Administration                    |

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|           |  |
|-----------|--|
| NDA       | National Defense Authorization Act                 |
| OMB       | Office of Management and Budget                    |
| OSD       | Office of the Secretary of Defense                 |
| PDHS      | Post Deployment Health Services                    |
| POC       | Point of Contact                                   |
| SCIP      | Strategic Capital Investment Plan                  |
| SECDEF    | Secretary of Defense                               |
| SECVA     | Secretary of Veterans Affairs                      |
| SHA       | Separation Health Assessment                       |
| SHPE      | Separation History and Physical Examination        |
| STR       | Service Treatment Record                           |
| TAP       | Transition Assistance Program                      |
| TBD       | To Be Determined                                   |
| TH        | Telehealth   |
| USD (P&R) | Under Secretary of Defense (Personnel & Readiness) |
| VA        | Veterans Affairs                                   |
| VADIR     | VA-DoD Identity Repository                         |
| VAMC      | Veterans Affairs Medical Center                    |
| VH        | Virtual Health                                     |
| VHA       | Veterans Health Administration                     |
| VHIC      | Veteran's Health Identification Card               |
| VTA       | Veterans Tracking Application                      |
| WG        | Work Group   |
| WHO       | Warm Handover                                      |