

VA/DoD Information Exchange Programs

Northrop Grumman has a long history supporting Federal efforts to enable exchange of information between the Department of Defense (DoD) and the Department of Veterans Affairs (VA). The Federal Health and Bi-directional Health Information Exchange (FHIE/BHIE) is a Congressionally-mandated DoD/VA initiative to provide a secure patient data information bridge, compliant with the Health Insurance Portability and Accountability Act (HIPAA), between the VA and DoD. The Clinical Data Repository/Health Data Repository (CHDR) initiative is a joint effort between the VA and DoD to enable the exchange of normalized health data to support computability across agency systems.

Northrop Grumman functions as the developer and integrator for FHIE/BHIE and CHDR programs that link data in DoD records with VA data for use by clinicians and others in carrying out and managing delivery of healthcare in VA and DoD medical facilities. These programs streamline the cross-agency health data access process and create a flexible framework for the electronic exchange of clinical information between the agencies.

Federal Health Information Exchange (FHIE)

The FHIE program is a Federal IT healthcare initiative that enables VA clinicians to view all clinically pertinent, available electronic data provided by the DoD for separated service members who have come to VA for care or benefits. The FHIE design makes DoD clinical and administrative data available to all VA Medical Centers via the Computerized Patient Record System (CPRS). FHIE maintains a repository of clinical care information for separated service members provided by numerous DoD health information systems. The exchange repository maintains records containing patient demographics, laboratory results, radiology reports, outpatient pharmacy data, allergy data, encounter information, and consults. Additionally, FHIE supports the transmission and retention of numerous health assessment surveys – provider- and self-administered – for separated military personnel. VBA disability claims processors are able to view these data via the Compensation and Pension Records Interchange (CAPRI) interface. These data are invaluable to VA clinicians treating combat veterans and demobilized Reserve and National Guard members. The exchange repository contains more than 110 million records on more than 3.5 million individuals, and supports more than 40,000 inquiries a week from VA care and benefits personnel.

Bi-directional Health Information Exchange (BHIE)

BHIE reuses the FHIE exchange infrastructure to support the bi-directional, real-time sharing of VA and DoD beneficiary data for patients using the healthcare services of both agencies. BHIE permits clinicians from both VA and DoD to view electronic healthcare data from each other's production health information systems. Currently, the data made viewable using BHIE are as follows:

VA Data Available to DoD

- Laboratory Results
- Radiology Reports
- Medication History
- Allergies
- Encounters
- Consult Reports

DoD Data Available to VA

- Laboratory Results
- Radiology Reports
- Medication History
- Allergies
- Encounters
- Theater Treatment Data
- Clinical Notes (Discharge Summaries, Operative Summaries, OP Consults, Progress Notes)
- Problem Lists

Clinical Data Repository/Health Data Repository (CHDR) Exchange

CHDR enables the VA's Health Data Repository (HDR) and the DoD's Clinical Data Repository (CDR) to share computable outpatient pharmacy and drug allergy information for shared patients.

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Health Solutions, 3975 Virginia Mallory Drive, Chantilly, VA 20151
Northrop Grumman, 7575 Colshire Drive, McLean, VA 22102 703-556-1000
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The CDR is the component within the DoD's Armed Forces Health Longitudinal Technology Application (AHLTA) that centrally stores patient healthcare history for all beneficiaries of the DoD TRICARE system. Similarly, the HDR centrally stores patient healthcare history for all beneficiaries in the VA HealthVet system. Once transferred, data from DoD become an active part of the VA patient's medical record, and vice versa.

CHDR is an important step toward VA/DoD interoperability. To achieve interoperability, both agencies standardize their data internally and have agreed on normalized terminologies or code sets to communicate externally. In this way, CHDR software mediates DoD terms into VA terms and provides computable data for decision support, such as drug-allergy or drug-drug interaction checking. Computable data from DoD can then be used with the same degree of interoperability as VA data to provide decision support to VA clinicians using quantitative analyses.