FEHRM

Interoperability Progress Quarterly Report

SECOND 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. 8774 – Department of Defense Appropriations Bill, 2025.

FEHRM Office Overview

During the second quarter of fiscal year 2025 (Q2 FY2025), the FEHRM prioritized a strategy of operationalization and convergence in its mission to implement the 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 Federal 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 Federal EHR performance.
- Tracking joint risks, issues, and opportunities as well as lessons learned regarding EHR implementation to inform continuous improvement.
- Maintaining the Federal EHR enterprise integrated master schedule to help coordinate Federal EHR activities.
- Developing and updating deployment maps and dashboards 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 Record Modernization (EHRM) activities at joint sharing sites (JSS), which are locations where resources are shared between 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, 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 Q2 FY2025, the JSaAB approved 353 content and configuration changes. Additionally, the JSaAB reviewed and concurred with 506 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 seven times during Q2 FY2025.

Joint Data Management

The FEHRM leads the harmonization of data sharing and health care reporting while driving efficiencies that result in substantial cost avoidance and enhanced care delivery. To achieve these goals, the Departments have adopted a convergence-first approach to data and analytic governance that enables federal agencies to develop, share, and use unified Federal EHR data and reports that more effectively support informed decision making and improve patient health outcomes across the shared Federal EHR system.

The Executive Data Management Board 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 the 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 Q2 FY2025, the DGB reviewed and approved the functionality necessary to enable near-real-time data sharing in support of Defense Health Agency (DHA) bedside reporting optimization. Additionally, the DGB reviewed and approved the modification data retention schedule for Bedside Medical Devices Integration, which improved the reporting of inpatient nursing, anesthesia, dialysis, and respiratory therapy.

Converged Federal EHR reporting plays a pivotal role in advancing patient safety and improving care coordination within federal health systems by leveraging comprehensive data collection and analysis to deliver more cohesive care through real-time data access to joint

populations and streamlining communication to allow health care providers to identify potential risks to patient care. In Q2 FY2025, the AGB achieved a quarterly month-over-month convergence rate of 68%, resulting in 1,760 published reports.

Identity, Credential, and Access Management

The FEHRM is exploring utilization of new broader, federated solutions, such as Microsoft Entra ID for guest Organization Unit accounts in the shared identity solution, also known as the FedAccess Trust. The FEHRM is also exploring ways to support future needs, such as zero trust and agency security assertion markup language 2.0 solutions.

In Q2 FY2025, the FEHRM generated documentation supporting the Interagency Security Agreements for implementation of the MED365 and VA 365 Entra ID collaboration effort in concert with the FEHRM's efforts to establish joint agreements. The FEHRM also began analysis of the implementation and impacts of DOD Network Enterprise Alternative Token System (NEATS) cards. With collaboration and testing, these are planned to be the identity source utilized by all non-DOD users (e.g., VA employees, volunteers, health professional trainees, care teams) for accessing applications, such as DOD's Storefront. Guidance for and validation of NEATS use is expected in the next quarter.

Unified Architecture Dashboard

In Q2 FY2025, regular Unified Architectural Dashboard meetings resulted in the development of courses of action (COAs) for a possible shared Cameo environment. The primary COA proposes collaboration through a shared, VA-hosted Cameo environment for architectural drawings, with separate Cameo instances maintained to ensure the security of data not authorized for shared access.

The COA is pending approval from Defense Healthcare Management Systems (DHMS) Security and the DHMS Chief Technology Officer as they assess the hosting environment, cross-enclave communication, and collaboration between Leidos Partnership for Defense Health (LPDH) and VA regarding Cameo and Teamwork Cloud. If the shared Cameo instance is approved for use by Defense Healthcare Management System Modernization (DHMSM), the FEHRM will be facilitating collaboration and drafting shared architectural drawings in Cameo.

Federal EHR Retrieve Activities

In Q2 FY2025, the FEHRM continued to lead biweekly planning sessions with DOD, VA, Defense Manpower Data Center (DMDC), and Federal EHR vendors to collaborate and plan for three initiatives identified for work prior to a face-to-face summit. The production changes for the two initiatives with updates to DOD and VA Rhapsody systems were

implemented for a maintenance release at the end of April to accommodate software version upgrades and the requirement to perform full regression testing. The third initiative targeting address validation tools proceeded with biweekly working group reviews of metadata and configuration.

In planning for a post-release face-to-face Federal EHR Retrieve Summit, it was determined that the major discussion item from the potential agenda topics, which would drive a face-to-face summit, is no longer part of the current VA focus. DHMSM, the Electronic Health Record Modernization Integration Office (EHRM-IO), DMDC, and vendor partner representatives concurred that a face-to-face summit is not needed at this time.

Updates to VA Health Plans and Millennium Traits that are part of the April maintenance release will continue to be tracked and discussed in biweekly status meetings until post-release reviews are complete. Additional Millennium Trait updates planned for Capability Block 13 will be added to the agenda for tracking. The address validation tool Integrated Planning Team (IPT)/working group meetings will proceed; working group discussions to compare data for fields, logic, and output will continue until a list of inconsistencies is complete, at which time the broader IPT will reconvene, inconsistencies will be discussed, and federal leads will agree on a common solution. Outcomes of the IPT/working group meetings will be briefed in the status meetings. Going forward, current and future Federal EHR Retrieve efforts will become part of DOD and VA standard change management processes and procedures.

Implementation Support to Joint Sharing Sites

During Q2 FY2025, the FEHRM continued preparation activities to support VA deployments in calendar year (CY) 2026. The FEHRM identified the JSS impacted by the Michigan and Ohio market deployments and, in accordance with the FEHRM Risk Analysis Framework, began collecting information for each JSS and cataloguing items to be tracked and addressed during the pre-deployment and deployment phases.

For the Michigan market, the FEHRM flagged one JSS that will be impacted by the VA deployment. The Toledo Community-Based Outpatient Clinic (CBOC), which is associated with the Ann Arbor VA Medical Center (VAMC), has an established sharing relationship with the 180th Medical Squadron. The Toledo CBOC provides audiology, optometry, and ancillary services for reservists assigned to the 180th Fighter Wing to support deployment medical readiness. The FEHRM participated in key pre-deployment activities. Additionally, the FEHRM validated the delivery mode of shared services by employing the pre-deployment questionnaire data-gathering tool, which was jointly completed by the sharing partners. The collected data is being analyzed to determine items to be addressed and tracked to completion. The outcome will be used to support the sharing partners' seamless transition

to the end state, when both partners are using the Federal EHR to document care for both DOD and VA beneficiaries.

For the Ohio market, the FEHRM identified multiple JSS associated with VA facilities where the Federal EHR will be deployed. The FEHRM will collect information to support the risk analysis process for these sites.

During the reporting period, the FEHRM advanced interim-state optimization efforts to enhance interoperability at JSS by supporting the review and clarification of an EHRM-IO requirements document for a virtual printing solution. This solution—previously implemented at the William Beaumont Army Medical Center (WBAMC) and El Paso VAMC—aims to restore interoperability between sharing partners, such as San Diego VAMC and Naval Medical Center San Diego, which was disrupted during DOD's deployment of the Federal EHR due to the automatic disconnection of the VA-managed Laboratory Electronic Data Interchange (LEDI) and Laboratory Data Sharing and Interoperability (LDSI) interfaces. The FEHRM also identified five additional sharing-partner sets and their laboratory points of contact, assessed their applicability for the solution, and concluded that only the San Diego JSS would benefit. This finding was shared with EHRM-IO to request funding. Additionally, the FEHRM facilitated multiple sessions with DOD and VA cybersecurity teams to define the cyber requirements for enabling the lab-result-printing interface between sharing partners.

Specifically, the FEHRM collaborated with the WBAMC and El Paso 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. It helped to inform EHRM-IO's decision to offer this virtual printing solution, developed for these two partners, to address loss of interoperability when the VA-managed LEDI and LDSI interfaces used to submit lab tests and retrieve lab results in an automated and streamlined process were disconnected during DOD's deployment of the Federal EHR at WBAMC.

Looking ahead to the third quarter (Q3) of FY2025, the FEHRM will continue supporting JSS by facilitating large-scale enterprise-wide solutions that improve patient care delivery, while concurrently increasing support to JSS impacted by the VA deployment in the markets scheduled to deploy the Federal EHR in CY2026.

Capability Block Release

The FEHRM led a multi-agency workgroup to develop and distribute integrated capability release documents for Capability Block 12 in support of its February 2025 deployment. These documents provided an overview of new capabilities, interfaces, and software upgrades included in the standard, biannual releases that continuously improves the Federal EHR.

Capability Block 12 included updates that reflected feedback from Federal EHR end users, including multiple pharmacy enhancements that improve efficiency for pharmacy staff and reduce confusion for end users when entering and dispensing prescription orders. The updates automate and streamline several end-user tasks—reducing the manual burden on staff and introducing efficiencies.

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

During Q2 FY2025, the FEHRM supported the continuous improvement of the Federal EHR at the Captain James A. Lovell Federal Health Care Center (Lovell FHCC). The FEHRM led the efforts on the Enterprise Requirements Convergence Opportunities (ERCO) process, which provides avenues for follow-on departmental assessments and support for further convergence and potential optimization opportunities. The focus of the ERCO effort during Q2 FY2025 was to prioritize the list of topics to address remaining barriers for convergence to meet the integration goal set forth for Lovell FHCC.

The FEHRM provided continued support for active ERCO topics related to training, subsystems consolidation, and cross-Patient Care Location (PCL) orders, as well as additional post-go-live activities, including referral management and data visibility. The FEHRM continued to collaborate with EHRM Program Management Offices (PMO) to address the Federal EHR training ERCO topic to determine the feasibility of training reciprocity between DOD and VA at Lovell FHCC. In collaboration with EHRM-IO and Oracle Health, the FEHRM completed and reported out results of the training reciprocity pilot at Lovell FHCC for the role pairs of DOD "LPN/Med Tech" to VA "VA Nurse LPN/LVN" and DOD "Ambulatory LPN/Med Tech" to VA "VA Ambulatory Health Technologist." The pilot facilitated the assessment of competency for end users who previously completed DOD training and now require assignment of a similar VA user role. The results from the pilot program yielded recommendations for streamlined training, resulting in a reduction in VA training hours for the DOD pilot program's participating population. The information from the pilot was queued for Federal Decision Group review and feedback on the way forward either at the enterprise level or for Lovell FHCC.

Additionally, the FEHRM coordinated to continue support of the ERCO topic addressing cross-PCL orders for Prosthetics and Sensory Aids Service (PSAS). The FEHRM facilitated agreement by stakeholders on a COA to modify the current interface to allow for PSAS orders from DOD PCLs to be submitted to the VA's PSAS software solution without the need for an additional encounter. The COA was submitted via the DHMSM intake process as a

programmatic request and approved as a medium-priority project with formal project kickoff by the vendor anticipated in FY2025.

In response to challenges faced by Lovell FHCC for cross-PCL referrals, the FEHRM initiated the Lovell FHCC Cross-PCL Referral Management Workgroup. The workgroup is comprised of stakeholders from Lovell FHCC, DHA, Veterans Health Administration (VHA), EHRM-IO, DHMSM, and the FEHRM, and is focused on developing and documenting process maps for referrals that cross between PCLs at Lovell FHCC. The process maps are estimated to be completed in Q3 FY2025 and will be disseminated to end users at Lovell FHCC to be used as standard operating procedures (SOPs) for cross-PCL referrals.

In Q2 FY2025, the FEHRM initiated the Data Visibility and Reporting Workgroup to address Lovell FHCC's concerns in obtaining the necessary data to allow for informed resourcing decisions, given that the data resides in distinct (VHA and DHA) data repositories that are not accessible by the other agencies for queries. The workgroup collaborated with stakeholders to gather the information required to develop a Briefing of Record, which will be briefed to the FEHRM Data Acquisition and Syndication Committee for concurrence before escalating the issue to the FEHRM DGB for adjudication.

Radiology Picture Archiving and Communications System

In Q2 FY2025, the FEHRM collaborated with DHA J-6 Information Technology (IT) PMO, EHRM-IO, and Lovell FHCC stakeholders on several key integration efforts to support the Picture Archiving and Communications System (PACS) integration initiative by assessing the feasibility of transitioning from separate radiology systems at Lovell FHCC to a unified system using two distinct image archives—VA's CareAware MultiMedia and DOD's Enterprise Clinical Imaging Archive. The FEHRM also developed project requirements, proposed solution outcomes, and completed a memorandum for record submitted with the EHRM-IO intake in March 2025.

The FEHRM continued to analyze collected data to further understand how radiology services are shared at JSS. This effort resulted in the FEHRM identifying two supporting scenarios: (1) radiology tests are performed as part of a referral; and (2) radiology tests are ordered without a referral, performed at a military facility, and sent back to the requesting VA facility to be read and posted in the Veteran's medical record (most common for JSS). To validate the second scenario, the FEHRM created a workflow to provide a visual depiction of the process. Additionally, the FEHRM continued to work with the DHA Health IT Directorate to gain a better understanding of its ongoing consolidation project of the PACS at military treatment facilities (MTF) to determine its impact, if any, on DOD facilities with established PACS relationships with their VA partners to facilitate the sharing and transfer of radiologic images.

During Q2 FY2025, the FEHRM continued to advance the Enterprise Clinical Imaging Archive and the Lovell FHCC PACS Interconnection Security Agreement, facilitating its formal approval process in coordination with the Support Agreements Team for the Engineering Review Board and/or Architecture Review Board schedule of review to its current state of VA informal review for a final approval of signature process.

Technical Systems Integration

Federal Interfaces Team

In Q2 FY2025, the FEHRM continued to track the development of a supply chain workflow improvement project at Lovell FHCC. The purpose of the project was to integrate VA PSAS catalog functions with DOD's intelligent routing configuration of the Federal EHR, preventing excessive user workload. For background, since their Federal EHR go-live in March 2024, Lovell FHCC's DOD PCLs have been using a "double entry" interim workflow to order from the VA PSAS catalog. To reduce the manual end-user burden for double entry, the FEHRM supported early product engineering definition that was eventually consumed by the PMO business case and programmatic request. This request was then approved by the DHMSM Requirements Management Branch in March 2025.

In Q2 FY2025, in collaboration with DOD and VA system architect experts, the FEHRM continued to iterate on the Federal EHR System of System Entity Relationship Model, initially developed in the first quarter of FY2025. 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 support the DOD/VA unified architecture dashboard (UAB) practices when the UAB is PMO-accepted and implemented jointly.

Infrastructure Test and On-Site Device Team

In Q2 FY2025, Pharmacy 3B Testing and the Pharmacy Notes feature testing efforts were completed. Two testing events that directly impacted DOD and VA were successfully executed and integrated into active builds.

In support of the VA EHRM Office of the Deputy Chief Information Officer (ODCIO), the FEHRM participated in the user-experience site-reset event at Lovell FHCC. Following this event, the FEHRM worked with the VA ODCIO Improvement and Performance Excellence Workgroup (IPEWG) to review and close out "functionally identified issues or technical findings" from the event. Upon completion, an SOP was created and refined to include best practices for addressing DOD/VA dual-user concerns. This SOP can be utilized in support of future VA deployments.

Operations Support

In Q2 FY2025, the FEHRM made significant progress in enhancing the capabilities of the Ticket Trend Analysis Power Business Intelligence (BI) application. Building on the successful launch of the dashboard, new data pipelines were set up to collect and incorporate data from NOAA and USCG. These efforts have significantly expanded the breadth and depth of the data, providing more comprehensive and actionable insights for stakeholders.

In addition, the FEHRM began efforts to map and align DOD's and VA's ServiceNow platforms and drive toward a unified incident ticket categorization nomenclature. This initiative, referred to as ticket taxonomy analysis, is expected to bridge communication gaps and facilitate more cohesive and efficient ticket management once it is fully implemented.

Finally, in Q2 FY2025, the FEHRM developed a parent-child mapping table for Federal EHR facilities as logically defined in the Oracle Health LightsOn platform. This mapping table leverages DOD Defense Medical Information System Identifier Table IDs and VA Station IDs to aggregate all facility-level activities, to include operations at outpatient clinics, under a single operational entity. This mapping was utilized to perform facility-wide metrics reporting as part of the Federal EHR System Performance Scorecard Power BI application. This application is positioned to inform multiple audiences, including local Informatics Steering Committees and VA ODCIO IPEWG, as a troubleshooting tool when performing root-cause analysis for performance and latency issues. The tool can also be used to validate incident ticket trends identified via the Ticket Trend Analysis Power BI application, providing line-item detail for devices needing attention and empowering local IT with the appropriate insights to perform corrective actions where needed.

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 Q2 FY2025, in addition to monitoring planned activities that could impact FEHRM partners, the EOC monitored and reported 49 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 Q2 FY2025, the FEHRM continued to monitor high-priority incidents and outages affecting the Federal Enclave. The Oracle Health SEV1 (critical incident)/SEV2 (major incident) Situation Report reporting, Oracle Health LightsOn Network availability, DHMSM Weekly Problem Investigation, DHMSM Downtime Reporting, and Oracle Health Key Performance Indicator metrics continue to be key metrics in assessing the overall health of the Federal Enclave.

Enterprise Technical Activities

The FEHRM remained committed to advancing enterprise technical initiatives throughout Q2 FY2025. Proposed Oracle-led Environment Management Operations Center sessions for the Oracle Cloud Infrastructure (OCI) migration were paused due to the related complexities and the need for deeper integration through newly formed Integrated Product Teams and working forums.

The FEHRM leveraged this opportunity to realign efforts, ensuring that future sessions address the most pressing and impactful technical priorities for DOD and VA. The FEHRM continues to identify topics that will facilitate meaningful and cross-collaborative discussions on high-priority enterprise technical initiatives.

Federal Release and Domain Management

In Q2 FY2025, the FEHRM continued its involvement in federalizing the joint release management process through active contributions to the Federal Release Working Group (FRWG). Key efforts include finalizing the FRWG charter with input from release management stakeholders and the Office of General Counsel. The document, now set for final signature by Q3 FY2025, establishes clear roles, responsibilities, and workflows across VA, DOD, and partner agencies for governing joint platform releases and environmental activities. The charter will help institutionalize repeatable, scalable collaboration across the federal EHR ecosystem.

The FEHRM continues delivering detailed Release and Domain Management updates during bimonthly EHRM Coordination meetings leveraging details shared in weekly Domain Status and Block/Cube release meetings, ensuring seamless coordination of environment refreshes with go-live and training events. Emphasis has been placed on addressing critical upgrades and environmental refreshes scheduled throughout the quarter.

Federal Electronic Health Record Cybersecurity

In Q2 FY2025, the FEHRM continued to lead efforts in advancing and refining strategic cyber initiatives in accordance with the 2024–2030 Federal Health IT Strategic Plan and the FEHRM's statutory and charter responsibilities. 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 DHA; DHA Cyber Operations Center; Program Executive Office, Defense Healthcare Management Systems (PEO DHMS); DHMSM; EHRM-IO; Veterans Affairs Cyber Security Operations Center; USCG; and vendor partners during Q2 FY2025. By leveraging the Joint Cybersecurity Team Meetings (JCTMs) and the FEHRM's initiatives, the FEHRM provided critical cybersecurity expertise to address evolving threats and compliance requirements. Seven JCTMs were hosted covering essential topics, such as Cyber Tabletop (CTT) exercises, Joint Incident Management Framework (JIMF), EHR Major Incident Management Process Workflow, and OCI.

Key engagements included:

- Joint Cyber Operations Integration Center Information Security Risk Management/DHA Joint Cyber Risk Summit (January 14–17): The purpose of the summit was to review and discuss existing interagency processes and policies to better understand, align, and where possible, improve and streamline reciprocity efforts and authorization and connectivity requirements for connections to the Federal Enclave. Topics of discussion at the summit included cross-agency authority to connect (ATC) categorization rules, risk assessments criteria, network engineering, and convergence of "Terms of Reference" between DOD and VA.
- FEHRM CTT Exercise (March 12–13): The CTT, executed with a strong focus on resiliency and readiness, brought together cross-agency stakeholders to identify weaknesses, validate communication protocols, evaluate response capabilities, and enhance decision making under pressure to respond to cyber threats swiftly and effectively. Federal EHR stakeholders who participated in the CTT included representatives from PEO DHMS, DHA, VA, USCG, NOAA, and associated vendors to enhance the collective cybersecurity posture and inform design components (people, processes, and tools) across the entire Federal EHR ecosystem. The exercise focused on three key scenarios—Ransomware Attack on EHR System, Zero Day on Scheduling Module, and Insider Threat. Key observations from the CTT were as follows:
  - Strengths: Quick response by technical teams and strong collaboration across Departments

- Gaps Identified: Decision-making delays, escalation process clarity, and coordination challenges

Trusted Exchange Framework and Common Agreement/Qualified Health Information Network

The FEHRM continued engaging with the Assistant Secretary for Technology Policy (ASTP) for the Trusted Exchange Framework Common Agreement (TEFCA) Recognized Coordinating Entity (RCE) to represent and provide federal perspectives on security requirements and risks associated with national HIE.

During Q2 FY2025, the FEHRM received designation as Federal Partner Representative for TEFCA Cybersecurity Council under TEFCA RCE. As part of FEHRM's TEFCA Qualified Health Information Network (QHIN) Working Group, the FEHRM reviewed ASTP's published Privacy and Security Requirements SOPs to contribute cybersecurity insights in consideration of Federal EHR stakeholders' selection of TEFCA QHIN.

Oracle Cloud Infrastructure

During Q2 FY2025, the FEHRM continued supporting ongoing cyber discussions to evaluate the OCI Tranche Zero Authority to Operate (ATO) efforts focusing on architecture and organizational network security requirements for all stakeholders. This effort required assessment of cybersecurity impacts and associated security risks posed by the OCI migration, which affects existing ATOs and ATC information systems. It directly aligns with the FEHRM's goals to ensure the OCI migration aligns with zero-trust architecture and secure cloud integration across federal systems.

By integrating zero-trust principles and adhering to 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. As part of the FEHRM's Q2 FY2025 support to OCI, the FEHRM supported ongoing cyber discussions to evaluate the OCI Tranche 0.5 ATO efforts in relation to the architecture and network to assess the cybersecurity impact and associated risks; additionally, the FEHRM actively engaged in the focused MHS GENESIS OC3 Infrastructure and Security Meeting to identify gaps and dependencies.

The FEHRM initiated a multi-agency OCI communications sub-workgroup to develop communications processes and materials for stakeholders (e.g., Congress, federal agencies, clinicians) focused on the OCI transition, including clarifying and validating the benefits of the different transitions occurring sequentially; reviewing communications materials to streamline and integrate across federal agencies; and discussing level-setting expectations of executive leadership to ensure success.

Zero Trust

In Q2 FY2025, the FEHRM continued to be a key contributor of interagency zero-trust efforts. The FEHRM finalized a zero-trust white paper that examined how to support its business partners, DOD and VA, in adopting and implementing zero-trust principles through establishment of enhanced communication and collaboration between stakeholders for early threat identification and streamlining of efforts. The paper also identified future opportunities for cross-agency collaboration on integrating zero trust with OCI and cloud security design to better protect workloads, secure access to resources, and reduce risk of breaches in today's digital age.

Joint Incident Management Framework

The JIMF serves to deconflict 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 FEHRM took the lead in collaborating and updating the JIMF to its current state and socializing it across Federal EHR stakeholders. This permitted consolidation of the feedback and adjudication into a revised version. Additionally, the FEHRM collaborated with stakeholders to continue to refine the Incident Management Process Workflow from identification of event to declaration of incident within the JIMF.

Information Assurance

In Q2 FY2025, the FEHRM continued to proactively facilitate the creation and maintenance of dual-use Citrix accounts to securely connect DOD account holders with VA networks thus enhancing secure access protocols.

Ancillary Support

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

JSS Integration

In Q2 FY2025, the FEHRM continued providing cyber expertise regarding ATC approvals for current and future JSS. The FEHRM remains a primary liaison with DHA-J6 and VA representatives, ensuring mutual understanding and collaboration 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.

In addition, the FEHRM actively supported a change request call (Change-Request Development Call) for Oracle Health's Virtual Print Solution capability for the future San Diego site by providing cyber-related insights to the internal Functional Requirements Review Board.

Microsoft Entra

The FEHRM engaged in the advancement of Microsoft Entra business-to-business External ID as the federated trust bridge for business functions (e.g., Microsoft Outlook, Microsoft Teams, calendar sharing) between Federal EHR tenants and stakeholders in Q2 FY2025. The FEHRM deconflicted and addressed the technical details regarding Risk Management Framework concerns between each of the four tenants (user groups) within the Interagency Security Agreement.

Interoperability Modernization

Joint Health Information Exchange

The FEHRM continues to sustain the joint HIE to maintain access to multiple private-sector networks and frameworks. During Q2 FY2025, the joint HIE successfully exchanged more than 763,344,733 documents with private-sector partners. Additionally, 11 partners were onboarded, increasing data exchange with the private sector for Federal EHR clinicians.

The FEHRM continued engagement on TEFCA-related agreements and established the TEFCA QHIN Analysis Work Group comprised of subject matter experts (SMEs) from federal agencies using the Federal EHR to determine a joint approach to TEFCA and QHIN selection. In addition, the FEHRM continues to engage with Oracle Health to understand its planned Oracle QHIN efforts.

Immunization Exchange with State Immunization Information Systems

Immunization Exchange is the capability that utilizes the Centers for Disease Control (CDC) and Prevention 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 Q2 FY2025, the Immunization Exchange successfully exchanged more than 274,190 immunization records between MTFs 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 patient's information within the clinician's workflow. In Q2 FY2025, VA successfully deployed Seamless Exchange at the remaining sites at Walla Walla. Next steps include kickoff plans for all remaining VA sites utilizing the Federal EHR by the end of the fiscal year. DOD listed Seamless Exchange as a top priority, and DHMSM is reviewing DHA Health Informatics requirements in anticipation of initiating DOD's project for enterprise-wide deployment.

Health Data Intelligence

The FEHRM successfully enabled one new Registry (Hospice Registry) and five new measures to the Registries Program Group in Q2 FY2025, concurrent to modifying multiple other Registries measures and thereby bringing the total number of provider-facing registries to 28 with 310 measures. In addition, the FEHRM continued to support efforts related to ingesting legacy DOD lab results, diagnoses, and procedures data into Health Data Intelligence.

With goals of improving incident management and monitoring, providing a more consistent and reliable end-user experience, and continuing to scale the Health Data Intelligence platform, the FEHRM engaged with LPDH and Oracle Health to begin planning future software and hardware upgrades and to continue implementation of additional alerts for system performance monitoring and performance monitoring dashboards for client use. The FEHRM has conducted several detailed technical and functional discussions on the Health Data Intelligence OCI transition (scheduled for Tranche 0.5) with the PMOs and started to engage in joint DOD/VA testing and validation discussions.

Joint Longitudinal Viewer

The 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 beneficiaries. The JLV brings numerous data sources together providing 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/private-sector, and Federal EHR.

The FEHRM supported JLV sustainment activities with 53,523 active unique users, 1,133,269 logins, and 1,225,621 patient-selects in March. The FEHRM successfully deployed JLV release 3.0.5.1 to production in January to address defect fixes. The FEHRM continued planning for future enhancements and led a joint VA/DOD On-Site Assessment to

re-align DOD and VA JLV software baselines for enhanced interoperability, efficiency, and cost savings.

Single JLV Baseline

The FEHRM actively supported the DOD and VA single JLV baseline onsite discussion to provide applicable inputs that support and guide functional and technical decision making.

Longitudinal Natural Language Processing

Longitudinal Natural Language Processing (LNLP) is an AI-based capability that utilizes natural language processing and machine learning to streamline medical documentation review at the point of care, improving both accuracy and speed. LNLP makes structured and unstructured medical documentation searchable and codified in a way to better understand medical concepts and context in patient records. In addition, LNLP automates key aspects of the documentation review process, freeing up provider time and optimizing workflow efficiency.

The FEHRM supported LNLP sustainment activities with 3,135 active unique users, 95,052 unique patients accessed, and 6,050,473 documents accessed and processed in March 2025. The FEHRM successfully deployed LNLP release 1.0.6.0 to production in January 2025, providing the ability to highlight critical diagnosis conditions. The FEHRM also successfully developed and tested LNLP 1.0.7.0 functionality to provide narrative summary functionality and key enhancements to automate the United States Military Entrance Processing Command medical prescreen 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 of 2022 impact the Federal EHR and its Individual Longitudinal Exposure Record 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 terms 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) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) to understand how both may be expanded to encode additional terms related to exposures. The FEHRM focused on those exposure terms (i.e., substances, events, and locations) cited in the PACT Act, National Defense Authorization Acts, and other legislation but unavailable in SNOMED-CT or ICD-10-CM.

To submit these missing terms, the FEHRM researched their application and identified academic citations to justify the inclusion. SNOMED-CT terms were submitted to the National Library of Medicine (NLM) and ICD-10-CM terms to the National Center for Health Statistics (NHCS) for their consideration and approval. The FEHRM has received approval for the addition of 27 new SNOMED-CT terms since the commencement of this initiative in September 2023. These newly approved terms are now available in the Federal EHR for clinicians and coders to use in their documentation. This quarter, the FEHRM submitted an additional 18 new SNOMED-CT terms to NLM and three new ICD-10-CM terms to NHCS for consideration. The primary areas of focus for these new terms were in per- and polyfluoroalkyl substances, chemicals related to open burn pits, dioxins, and toxic exposure for Service members and dependents stationed at Marine Corps Base Camp Lejeune.

The FEHRM continued to collaborate with experts from the Departments to advance these efforts for all federal and industry partners involved in exposure-related clinical care and research. Building on the successful submissions to date, the FEHRM continues to develop SNOMED-CT and ICD-10-CM terms for future submission to include additional exposure substances, locations, and events.

Standards Development and Adoption

Interoperability regulations, policies, standards, and technologies are vital to the exchanging and interpreting of 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 community partner systems, and the FEHRM's Digital Health Standards Group developed a strategy to influence development and promote 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 work 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 Work Group participation, the FEHRM engaged with other federal agencies, such as ASTP, for health IT to influence interoperability regulation and policy development. The FEHRM not only reviewed and provided SMEs' feedback, but it also coordinated reviews across multiple federal agencies and consolidated feedback representing one voice to accelerate the policy development process.

Furthermore, to promote awareness and adoption of health interoperability, the FEHRM hosts and participates in multiple forums to share knowledge of interoperability standards, policies, and trends with stakeholders and provided guidance, as needed. Specifically, the FEHRM hosts VA Interoperability Leadership Standards Work Group meetings, FEHRM Standards Stakeholder meetings, and Health Level Seven International (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 holds a sustained engagement posture in its partnerships with national and international standards organizations, including HL7, the International Organization for Standardization (ISO), 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 Q2 FY2025, the FEHRM engaged in standards development and advancement efforts with HL7, ASTP, and the American Dental Association (ADA) 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 International

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 office's engagement with HL7 benefits the Departments by improving interoperability with external health care organizations. During Q2 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 the 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 2025 ballot cycle. The FEHRM, along with DOD and VA experts, initiated review and analysis of priority ballot issues based on an assessment of impact on Federal EHR stakeholders. The FEHRM advanced favorable balloting on issues that would enhance the use of the Fast Healthcare Interoperability Resources (FHIR) standard to share patient information, improve medical device connectivity, optimize data format translation, and create and structure better clinical notes.

HL7 Dental Summary Exchange Project

The Dental Summary Exchange Project (DSEP) is a consortium of dental professionals from government agencies and industry partners focused on the development and promotion of dental standards, data exchange, and EHR interoperability. Experts and practitioners consider dental data standards and interoperable data exchange a game-changer for enabling care coordination and continuity of care to improve medical and dental outcomes. According to Care Quest Institute, the benefits of integrating oral and overall health care are well documented. The Institute cited that 85% of dental providers report that other health care organizations do not receive patient records when sent by secure email or fax to different providers[1]. The FEHRM co-led monthly DSEP meetings and a biweekly Tech Workgroup (a subset of software developers that are testing data exchange), coordinating and facilitating meetings with participation from ADA, Indian Health Service (IHS), and DOD. The FEHRM led the Tech Workgroup in developing several comprehensive use cases for

[1] CareQuest Institute for Oral Health. (2023). Medical and Dental Integration: A Need for Improved Electronic Health Records. ttps://www.carequest.org/system/files/CareQuest_Institute_Medical-Dental-Intergration_8.15.23.pdf.

dental-medical interoperability mapping and testing during Q2 FY2025, including in the following areas:

- Obstructive Sleep Apnea
- Head and Neck Cancer Patients
- CMS-Covered Dental Services Data Exchange

Promoting Standards for Awareness and Adoption

The FEHRM regularly collaborates with numerous stakeholder organizations in its pursuit of the advancement and implementation of standards that will improve interoperability. This includes engagement with federal partners, national and international SDOs, and industry.

HL7 Government Birds of a Feather

The FEHRM holds the HL7 Government Birds of a Feather (BoF) Forum three times annually during the HL7 Working Group Meetings. This is the only open forum that brings together government and industry members to discuss standards, exchange ideas on interoperability, and enhance collaboration across government Departments and agencies. This event is considered the voice of the public sector at HL7, connecting interoperability experts and health IT consumers from DOD, VA, Department of Health and Human Services, Department of Homeland Security, and Department of Commerce to promote trends and cutting-edge digital interoperability standardization for adoption. It provides the opportunity to promote and influence interoperability policies and best practices among the standards community, electronic health care vendors, and health care providers.

The FEHRM planned and executed the virtual January 2025 Government BoF event through scheduling and logistics coordination with HL7, promotion of the event via communication to more than 150 invited stakeholders, and close collaboration with federal partners to identify speakers and develop presentation materials. Focus areas for the meeting included such topics as:

- The artificial intelligence capabilities that are envisioned by the Federal EHR's software vendor for the future of the Federal EHR.
- An overview of the HL7 EHR Working Group's Behavioral Health Project, including the HL7 Functional Profile for Behavioral Health and management and outcomes of the HL7 Connectathon Test Track for Behavioral Health.
- The HL7 Dental Summary Exchange Project, including use cases developed by the FEHRM for dental-medical interoperability (e.g., obstructive sleep apnea, head and neck cancer).

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, IHS, CDC, CMS, and ASTP.

The FEHRM continued to lead collaborative events with the broader standards stakeholder community during Q2 FY2025, targeting sessions that promoted awareness of advancements in common data models and secure data exchange, such as mCODE, a FHIR-based core set of common data elements for cancer specialists; and IEEE P2795, a standard identifying requirements for trusted high-assurance analytic exchange services over secured and unsecured networks.

VA Interoperability Leadership Standards Work Group

The FEHRM partnered with VA Interoperability Leadership (VAIL) in chartering, standing up, and co-chairing the VAIL Standards Work Group (SWG) to advance interoperability within VA and with community partners. The VAIL SWG provides a venue for standards collaboration, coordination, and promotion across many VA programs and projects. 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 to meeting the goal set in the VA Interoperability Leadership Roadmap 2024–2028, which is the Department's strategy for advancing joint interoperability. During Q2 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 United States Core Data for Interoperability, Version 6, data-element revisions.

Federal and Industry Stakeholder Engagements

In keeping with the FEHRM's charter 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.

During Q2 FY2025, the FEHRM specifically expanded engagement initiatives to include weekly brief-outs and tracker updates related to current executive orders, legislation, news stories, stakeholder studies, and initiatives affecting our partners in both civil and federal sectors to enhance engagement and keep well-informed of current landscapes.

The expanded engagement initiatives implemented during Q2 FY2025 demonstrate the FEHRM's commitment to proactive communication and collaboration by focusing on several key benefits:

- Improved Awareness: Keeps the FEHRM and its partners well-informed about the latest developments affecting the health IT landscape.
- Enhanced Collaboration: Facilitates more informed discussions and decision making, leading to more effective collaboration with federal and private-sector partners.
- Proactive Adaptation: Enables the FEHRM to anticipate and adapt to changes in the regulatory environment, technological advancements, and stakeholder priorities.
- Strategic Alignment: Ensures that the Federal EHR modernization efforts remain aligned with broader national health IT goals and priorities.
- Risk Mitigation: By closely monitoring potential impacts, the FEHRM can identify and mitigate risks associated with changes in policy, technology, or market conditions.

The FEHRM's commitment to interoperability and its proactive engagement with federal and private-sector partners is critical for the successful modernization of the Federal EHR. The expanded engagement initiatives in Q2 FY2025 demonstrate the FEHRM's dedication to staying informed by fostering increased collaboration.

User Engagement and Assessments

2024 Federal EHR Annual Summit

The Federal EHR Annual 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 beneficiaries.

The 2024 Federal EHR Annual Summit resulted in 83 action items, defined as questions or topics raised by end users but not fully addressed during the sessions. During Q2 FY2025, the FEHRM addressed all action items. The answers were published in a Frequently Asked Questions document readily available to end users.

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:

- Federal Aviation Administration (FAA): The FEHRM collaborated with the FAA to draft the initial FRD and is coordinating a demonstration 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.
- Armed Forces Retirement Home (AFRH): Successful site visits were organized for AFRH providers to observe the Federal EHR in action at deployed sites, including Lovell FHCC.

In Q2 FY2025, the FEHRM engaged with AFRH leadership and DHA-J6 as part of AFRH efforts to join the Federal EHR. The FEHRM deconflicted security requirements between Department of Interior (currently providing network and endpoint IT Service Management Software to AFRH) and DHA leadership.

To support AFRH's specific requirement to extend the Medical Community of Interest, the FEHRM distilled the unmet security requirements into Risk Management Framework controls and reported risk to DHA and FEHRM leadership.

Regarding Identity, Credential, and Access Management supported efforts for onboarding the AFRH, its unique implementation required access support from Homeland Security

Presidential Directive 12-Based Personal Identity Verification cards, as well as the design implications on access to the Federal EHR. Support for the AFRH will be ongoing, including design, implementation, validation, and test through the DMDC, and finally implementation.

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 Q2 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 Q2 FY2025 HDI Metrics Dashboard.

Figure 1 – Q2 FY2025 HDI Metrics Dashboard

Q2 FY2025 Highlights: Metric highlights are captured in Table 1 below.

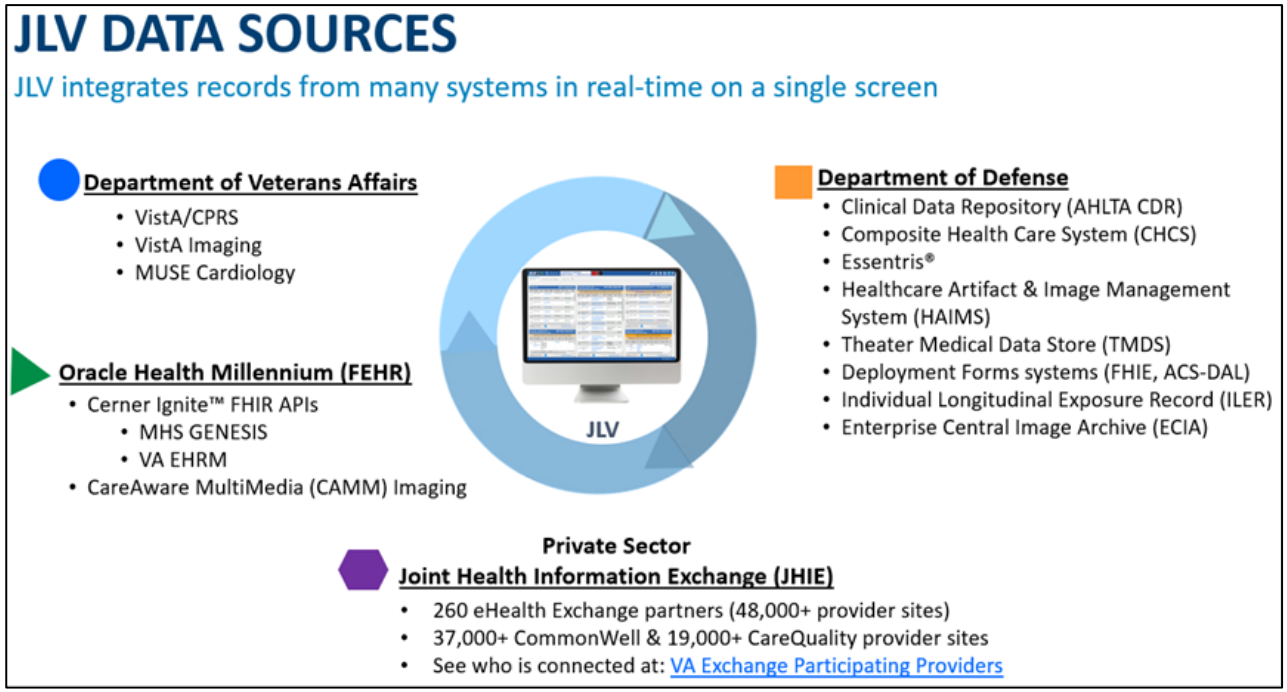
Table 1 – Quarter Highlights

Metrics	Highlights
Blue Button Downloads and Views (DOD)	Blue Button Views and Downloads increased significantly due to a surge in record downloads prompted by the decommissioning of TRICARE Online.
Federal Partners Onboarding	The FEHRM continues its support of federal agencies by offering tailored engagement based on mission needs and readiness. This quarter, the AFRH—which serves more than 1,000 Veterans across two campuses, exemplifies potential benefits—particularly improved interoperability and continuity of care. Progress includes a comprehensive site survey to address key contractual and technical implementation questions.

DOD and VA use the software applications and tools described below 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 gateway used to connect participating provider organizations across the United States who agree to securely share information with DOD, VA, NOAA, and participating provider organizations who join the eHealth Exchange[2] and CommonWell.[3] Community partners 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 Federal EHR 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 10.8 million patient records[4] currently shared monthly between the two Departments, as defined by the total number of JLV records viewed by the Departments reported as of March 31.

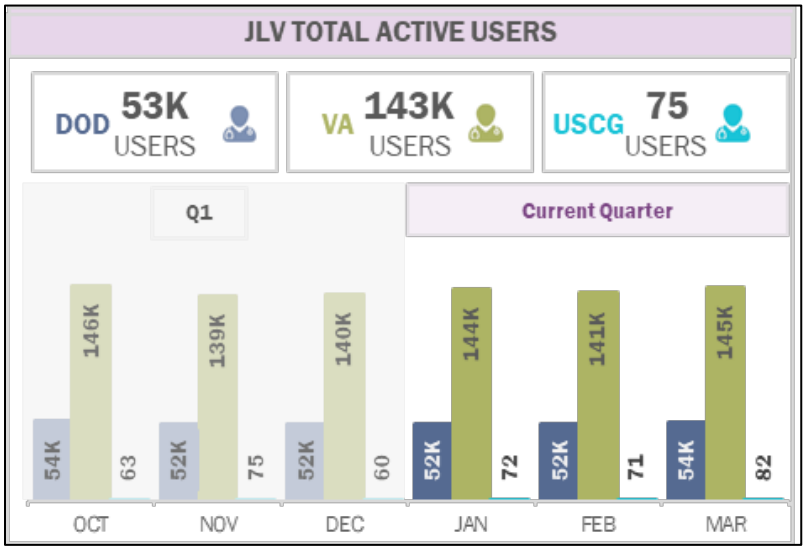
[2] eHealth Exchange – Network of Networks connecting federal agencies and non-federal health care organizations so medical data can be exchanged nationwide. eHealth Exchange online, October 14, 2022, https://ehealthexchange.org/.

[3] 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/.

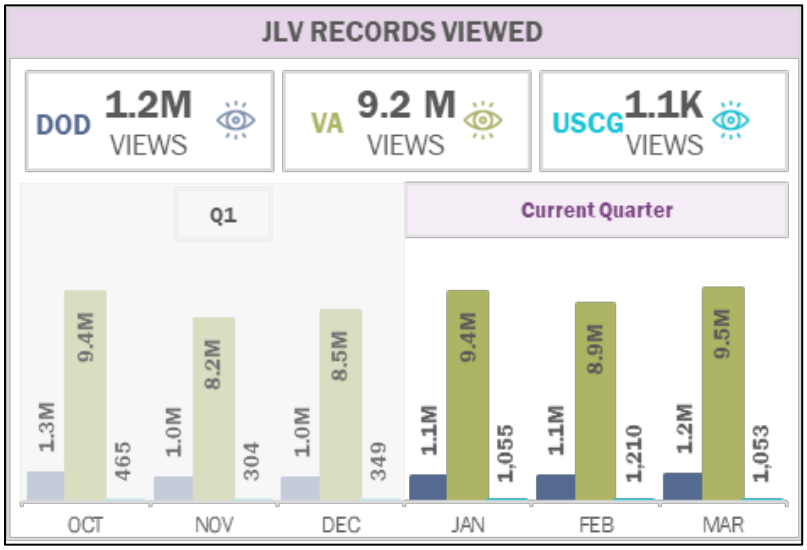
[4] As proxied by the total number of patient records viewed using the JLV for DOD and VA during the last month of the quarter.

Department Integration

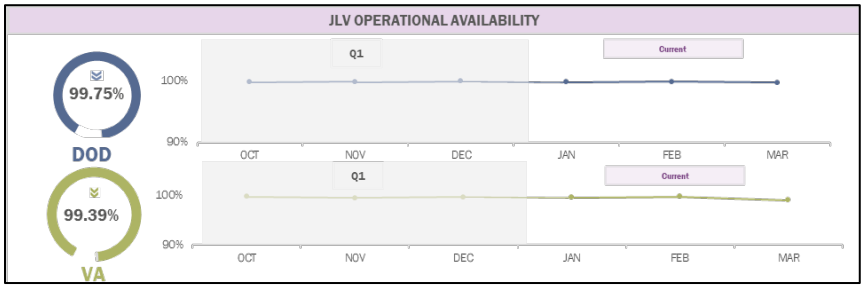
Value Statement: The FEHRM tracks utilization of legacy and modern EHRs, which enables departmental leadership and Congress to assess the reliability of legacy systems and evaluate the Departments' progress in transitioning from legacy systems to the single, common Federal EHR.



JLV Total Active Users
Definition
Active User: a unique user who has 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

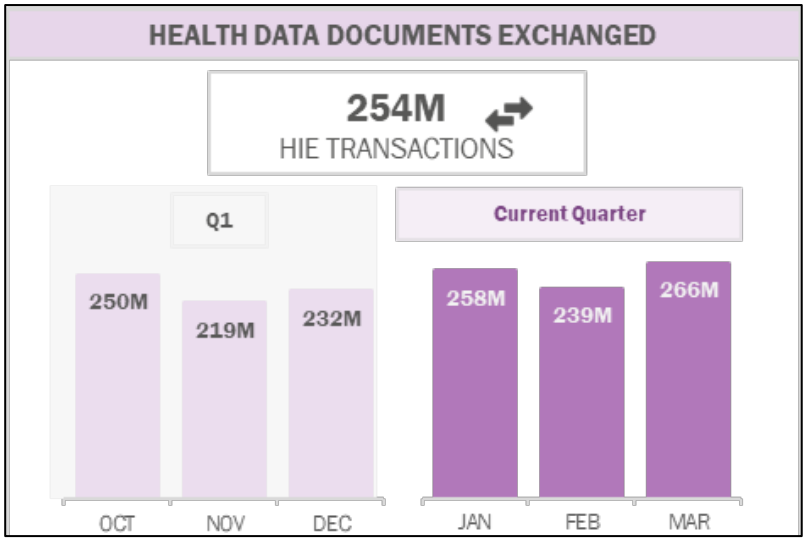
Definition

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 (i.e., users able to conduct patient searches/lookup and retrieve DOD, VA, and Federal EHR data in production environments).

Community Partnerships

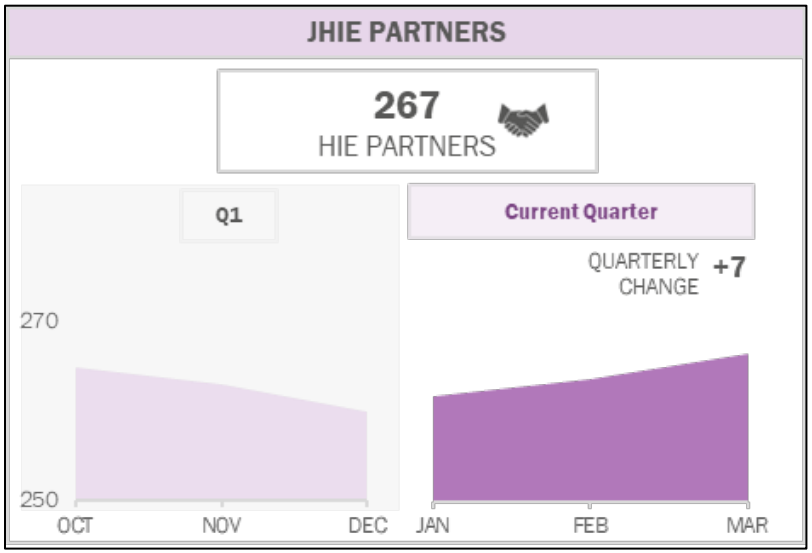
Value Statement: The FEHRM monitors the Departments' progress toward consistent, secure, and reliable health data exchange by tracking joint HIE partner onboarding, as well as joint HIE transactions between the Departments and private-care partners as best practices and improvements are implemented.



Joint HIE Transactions

Definition

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



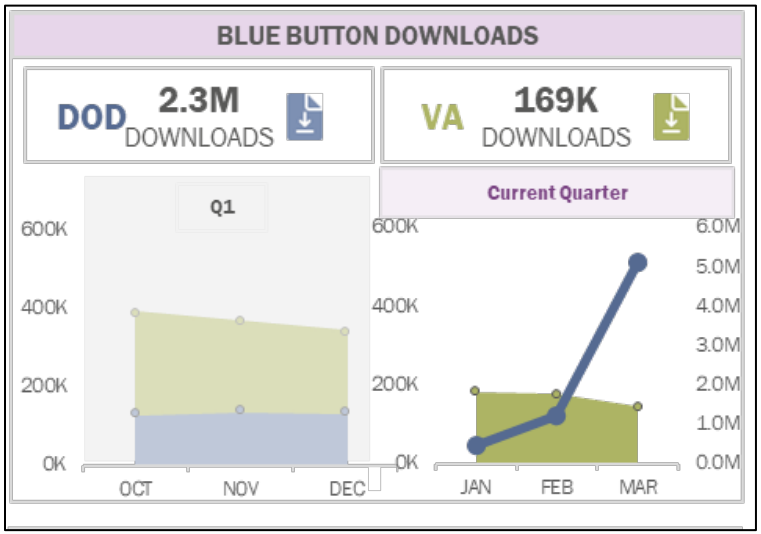
Joint HIE Partners Onboarded

Definition

Monthly and cumulative count of participating provider organizations who are partners in the joint HIE (a provider organization is counted as one partner if the provider has one or more data-sharing agreement with DOD or VA).

Patient Engagement

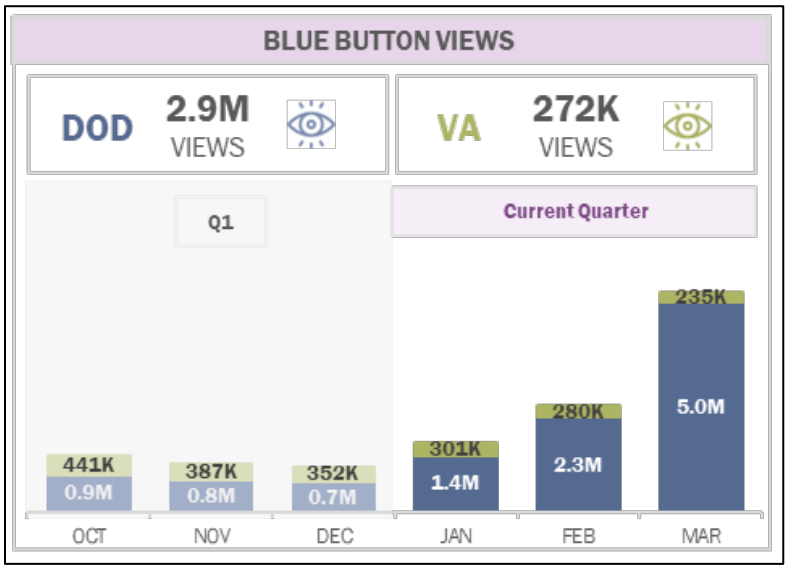
Value Statement: Blue Button serves as the foundation for broader patient engagement activities within the Departments, enabling patients to have easy access to their own health information in a usable format. The FEHRM monitors several metrics associated with Blue Button that show patient engagement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



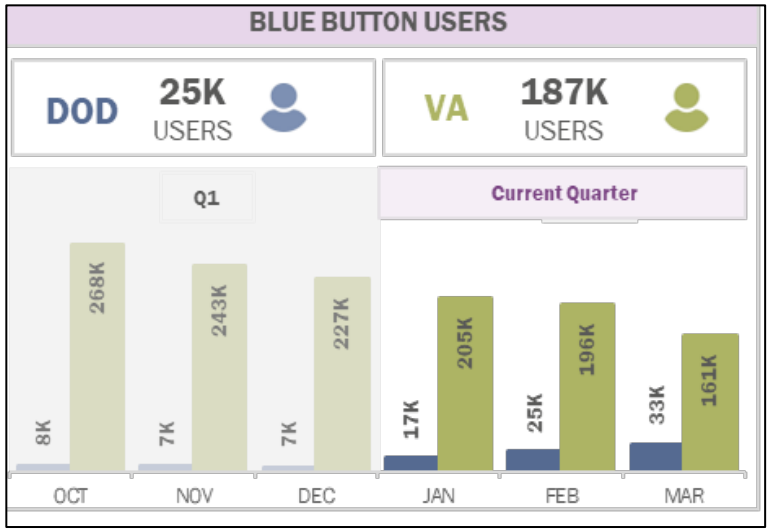
Blue Button Downloads

Definition
Total number of data downloads (e.g., PDF, text) generated by end users per month.[5]

[5] DOD blue button downloads for the current quarter are shown as a line graph to highlight the significant spike in DOD downloads (see ***Table 1*** for explanation).



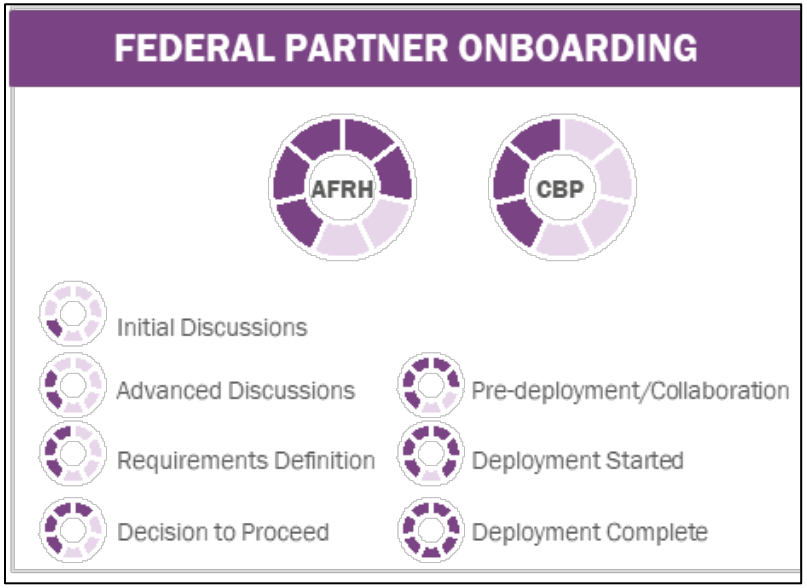
Blue Button Views
Definition
Average number of views generated by end users per month.



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 overall support of their interest in joining the Federal EHR enterprise.



Federal Partner Onboarding
Definition
Progress of collaborations with new federal partners[6] who are interested in joining the Federal EHR enterprise.

[6] Armed Forces Retirement Home (AFRH); U.S. Customs and Border Protection (CBP).