FEHRM

Interoperability Progress Quarterly Report

THIRD QUARTER, FISCAL YEAR 2025

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FEDERAL ELECTRONIC HEALTH RECORD MODERNIZATION

Federal Electronic Health Record

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Table of Contents

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 third quarter of fiscal year 2025 (Q3 FY2025), the FEHRM prioritized a strategy of operationalization and convergence in its mission to implement a single, common Federal Electronic Health Record (EHR) to enhance patient care and provider effectiveness, wherever care is provided. This operationalization and convergence strategy unified efforts across the Federal EHR ecosystem and delivered common capabilities. The common capabilities the FEHRM delivers include:

- Governing and overseeing the Federal Enclave, a shared environment containing the Federal EHR and supporting systems.
- Governing and overseeing the joint health information exchange (HIE), a data-sharing capability.
- Overseeing configuration and content changes to the EHR agreed on by the Departments through a joint decision-making process facilitated by the FEHRM.
- Tracking and facilitating software upgrades and solutions to optimize EHR performance.
- Tracking joint risks, issues, and opportunities as well as lessons learned regarding EHR implementation to inform continuous improvement.
- Maintaining the Federal EHR enterprise integrated master schedule to help coordinate 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 Heath Record Modernization (EHRM) activities at joint sharing sites (JSS), locations that share resources between the Department of Defense (DOD) and Department of Veterans Affairs (VA).

Federal Electronic Health Record Strategy

Joint Configuration Management

The FEHRM manages and optimizes the Joint Sustainment and Adoption Board (JSaAB). This joint governance body approves all Federal EHR content and configuration changes. The JSaAB directly informs the Federal Change Control Board and is essential to operating the Federal EHR, providing DOD, VA, Department of Homeland Security's U.S. Coast Guard (USCG), and Department of Commerce's National Oceanic and Atmospheric Administration (NOAA) the functional oversight of all configuration decisions impacting the production baseline. By managing this process, the FEHRM ensures that key elements of interoperability are maintained and improved upon.

In Q3 FY2025, the JSaAB approved 286 content and configuration changes. Additionally, the JSaAB reviewed and concurred with 480 content and configuration changes approved at a lower level by DOD and VA Solution Teams. The FEHRM coordinated an Emergency Joint Sustainment and Adoption Board four times during Q3 FY2025 to resolve time-sensitive issues.

Collectively, federal working groups directly support the JSaAB process. In the federal working group meetings, DOD Solution Owners (SO) and VA Solution Experts (SE) interact on issues affecting the configuration of the common Federal EHR. Working with solutions teams that include vendor solution architects, the DOD SO and VA SE address Federal EHR issues identified through the ticketing process and agree on joint strategies and work plans to enhance a common DOD and VA user experience.

Additionally, there are currently 16 federal working groups representing clinical and solution domains (e.g., Ambulatory Medicine and PowerPlans) respectively. A new Federal Population Health Working Group was added this quarter to work across both Departments to address preventive medicine and population health issues as reflected in common registries for reporting and quality health care improvements.

Joint Data Management

The FEHRM leads the harmonization of data sharing and health care reporting while driving efficiencies that contribute to enhanced cost avoidance and 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 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 Q3 FY2025, the DGB made the decision to prevent Vx130 Veterans Health Information Systems and Technology Architecture (VistA) data of deceased patients from 2009 and earlier from being processed into the Health Data Intelligence Federal Unfiltered Population to accommodate the contracted system limits of Health Data Intelligence. This decision provided an interim solution and allowed VA to remain within the current contracted system limit and implement a strategy to manage the population growth to prevent cost overruns. A long-term solution is under development. The DGB also authorized the use of the Health Data Intelligence Application Programming Interface (API), now amended with agency filtering, to syndicate DOD's and USCG's information from several additional federal data models to the Military Health System Information Platform (MIP). The current process—which requires the requested information to be moved to the MIP via manual query; downloaded to MIP; and extracted, transformed, and loaded into Structured Query Language—is onerous. The decision to use the API mitigates several factors by reducing human labor and costs, reducing certain human factor risks related to human error that leads to breach of VA or other agency data, and improves data latency to the MIP while reducing existing processing burdens on Health Data Intelligence during the duty day.

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 Q3 FY2025, the AGB achieved a quarterly month-over-month convergence rate of 68%, resulting in 1,774 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 (SAML) 2.0 solutions.

In Q3 FY2025, the FEHRM continued to analyze the implementation and impacts of DOD Network Enterprise Alternative Token System (NEATS) cards. After collaboration and testing, the intention is for the NEATS cards to serve as the identity source utilized by all non-DOD users for accessing applications, such as DOD's storefront.

Unified Architecture Dashboard

The Unified Architecture Dashboard (UAD) assists in unifying the federal partners' integration with the Federal EHR, which supports the efforts to reduce interface complexity throughout the Federal EHR ecosystem. In the second quarter of FY2025, regular UAD meetings resulted in the development of three courses of action for a possible shared Computer-Aided Management of Emergency Operations (CAMEO) environment. The course of action selected and approved in Q3 FY2025 will allow 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.

During Q3 FY2025, the DOD Healthcare Management System Modernization (DHMSM) Program Management Office (PMO) received approval from Defense Healthcare Management Systems Security to purchase a separate instance of Atlassian Teamwork Collection (TWC) and CAMEO for DHMSM architectural items that should remain internal to DHMSM. DHMSM has started the process of determining procurement options, costs, and ways to expedite the authorization process. In the interim, VA has provided DHMSM architects with access to VA's CAMEO and TWC to become better acclimated with both tools while they await the procurement of their own license. The FEHRM will facilitate the changes to the VA CAMEO environment in the fourth quarter (Q4) of FY2025 to begin the process toward a Unified Architecture view.

Implementation Support to JSS

In support of the upcoming VA Federal EHR deployments, the FEHRM participated in multiple functional and technical Current State Review sessions for the Michigan and Southern Ohio markets. The FEHRM documented the nuances of shared site operations to ensure key functionality is accounted for in later stages of the deployment life cycle.

Further, the FEHRM conducted assessments to account for joint sharing agreements and the number of dual users within the Michigan and Southern Ohio markets. This information will better inform JSS-specific deployment activities.

The activities performed in support of the Michigan and Southern Ohio markets' JSS ensured dual-user requirements were captured to better inform the deployment activities. Beyond the Michigan and Southern Ohio markets, the FEHRM is providing the same kind of joint services support to Indiana, Cleveland, and Alaska markets, including onsite support in Alaska during the clinical and technical walkthroughs.

Finally, the FEHRM continues to identify and address issues impacting JSS during the interim state (legacy to modern Federal EHR), such as image-sharing challenges resulting from the Defense Health Agency (DHA) picture archiving and communication system (PACS) "hub and spoke" migration.

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

During Q3 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 continued to lead the effort 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. Specifically, the FEHRM continued progressing topics in flight in support of addressing the remaining barriers to convergence and meeting the integration goal set forth for Lovell FHCC.

The FEHRM provided continued support for multiple ERCO topics, including:

- **Training Reciprocity:** The FEHRM continued to collaborate with Electronic Health Record Modernization Integration Office (EHRM-IO) PMOs to establish training reciprocity between DOD and VA at Lovell FHCC. During Q3 FY2025, the FEHRM completed a training-reciprocity pilot for the role pairs of DOD Emergency Department (ED) Licensed Practical Nurse (LPN) and VA ED LPN. 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.

  This training-reciprocity pilot realized a savings of 15 hours by eliminating duplicative Department training requirements. 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 completion of the DOD ED LPN to VA ED LPN pilot fulfilled the Memorandum of Agreement (MOA) for Lovell FHCC Training Reciprocity and Provisioning.

  The results of the pilot were queued for Functional Decision Group (FDG) review and recommendation on the way forward for Lovell FHCC. A Lovell FHCC-specific waiver proposal was presented to the FDG after it was not approved at the enterprise level. While VA expressed agreement with the site-specific waiver, Defense Health Agency-Health Informatics (DHA-HI) requested additional information before considering a decision. At the request of DHA-HI, the FEHRM conducted a comparative analysis of privileging across 58 role pairs between DOD and VA to inform consideration of a training-reciprocity waiver for Lovell FHCC. The finalized analysis was presented to DHA-HI; however, concerns related to 10 role pairs demonstrating less than 80% alignment in privileging criteria prompted a request for further clarification and analysis. Consequently, finalization of the MOA for Lovell FHCC Training Reciprocity is deferred temporarily as interagency discussions remain ongoing.

- **Subsystem Consolidation:** The FEHRM collaborated with DHA-J6, EHRM-IO PMO, and Lovell FHCC to review and finalize PACS integration requirements. The FEHRM continued to advance the Enterprise Clinical Imaging Archive and the Lovell FHCC PACS Interconnection Security Agreement (ISA) efforts, documenting requirements in a memorandum for record signed by the Veterans Health Administration (VHA), DHA, Lovell FHCC, and the FEHRM, which enabled EHRM-IO to continue to work through requirements approval and funding processes. This initiative will move Lovell FHCC from independent radiology PACS systems for DOD (East Campus) and VA (West Campus) devices to a single, shared PACS.
- **Cross Patient Care Location (PCL) Orders:** The FEHRM continued to address cross PCL orders for Prosthetics and Sensory Aids Service (PSAS) during the reporting period. 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 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 calendar year (CY) 2025. Further, the FEHRM hosted the Lovell FHCC Joint Task Force Cross PCL Referral Management Workgroup. The workgroup, comprised of stakeholders from Lovell FHCC, DHA, VHA, EHRM-IO, DHMSM, and FEHRM entities, is focused on developing and documenting process maps for referrals that cross between PCLs, including DOD beneficiaries seeking VA specialty care at Lovell FHCC. This effort resulted in the development of six detailed process maps that address primary referral pathways, with the goal of improving continuity of care, reducing processing delays, and enhancing operational alignment between the Departments.

Technical Systems Integration

Federal Interfaces Team

In Q3 FY2025, the FEHRM continued to track the development of a supply-chain workflow improvement project at Lovell FHCC. The project is managed by DHMSM as an enhancement and optimization effort. To support this effort, the FEHRM developed a 101 brief for the VA PSAS catalog and underlying VistA package. The brief also details a user work-around to assist end users at Lovell FHCC with placing supply orders against the VA PSAS catalog. Since the 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. Once complete, this enhancement project will remove the need for a double-entry process by Lovell FHCC end users working out of DOD.

In Q3 FY2025, in collaboration with DOD's and VA's 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 conducted an exercise to

update redundant information on capability maps and system block diagrams. This will support the DOD/VA UAD practices when the UAD is accepted by the DOD DHMSM PMO and implemented jointly.

The FEHRM continued efforts to track and assist in all technical aspects of the Lovell FHCC Joint Radiology PACS integration project. The FEHRM documented DOD workload capture requirements from the DOD business office. Additionally, the FEHRM developed a COA brief to support a series of technical discussions with DHA Integrated Clinical Systems PMO and Lovell FHCC dental engineering. These discussions were geared toward determining a connectivity path forward for the East Campus Dental Cone Beam Computed Tomographs.

Infrastructure Test and Onsite Device Team

In Q3 FY2025, the FEHRM shifted the focus of EHRM-IO User Experience support toward technical risk management for upcoming VA Market deployments of the Federal EHR.

With EHRM-IO planning to deploy the Federal EHR to 13 additional VA medical centers in CY2026, the FEHRM continues to align with VA deployment teams across four VA markets to provide guidance and hands-on support, where appropriate. One major focus for the FEHRM is JSS support; the FEHRM recently participated in an Endpoint Assessment event for the embedded VA Patient Aligned Care Team clinic at Wright-Patterson Air Force Base's DOD facility. The overall goal for VA market deployment support is to ensure shared DOD/VA resources are appropriately configured within the shared Federal EHR platform prior to deployment. The FEHRM monitors VA deployment activities to identify and mitigate technical risks related to non-standard interfaces, hardware, and end-user access requirements.

Also, in Q3 FY2025, the FEHRM is working with DOD and VA to ensure products are standardized and solutions are integrated adequately across the Federal EHR. For example, the FEHRM is tracking the Federal EHR migration to Oracle Cloud Infrastructure (OCI) to ensure the system architecture and underlying infrastructure are appropriately tested for interagency use cases. Another example of product standardization is the 724Access Downtime Viewer (DTV) solution, which is an application used to access and view patients' medical records during downtime. While both Departments currently use this solution, they are configured and managed differently, thereby leading to operational inconsistencies. The FEHRM is leading the effort to ensure that the most effective practices are implemented and utilized for the Departments and their operations.

Operations Support

In Q3 FY2025, following additional enhancements to the Ticket Trend Analysis Power Business Intelligence (BI) application driven by the FEHRM, customers can now use the enhanced dashboard to quickly find specific incident tickets based on additional criteria, such as date, category, facility, and severity level. Once specific tickets are identified, users

can drill down into detailed ticket information, including the steps taken for resolution, responsible personnel, and current status. This drill-down capability assists users in understanding context and facilitating quicker resolutions.

Additionally, the FEHRM began efforts to map and align DOD's and VA's ServiceNow tickets categorization nomenclature to drive toward a converged common language model. This initiative, referred to as ticket taxonomy analysis, is now approximately 80% complete. Once complete, customers will be able to use a unified dataset that maps between DOD's and VA's ServiceNow values and terminologies. This will help bridge communication gaps and facilitate enterprise-level aggregated data reporting for Federal EHR incident tickets by utilizing common ticket categories.

Finally, in Q3 FY2025, the FEHRM enhanced the parent-child mapping table for Federal EHR facilities, as logically defined in the Oracle Health LightsOn platform. Enhancements were made to improve mapping relationships for facilities utilizing the Federal EHR, including latitude and longitude geocoding for geographic information systems' spatial-analysis visualizations. This application is positioned to inform multiple audiences, including local informatics steering committees and the VA Office of the Deputy Chief Information Officer. The Improvements and Performance Excellence Working Group addressed troubleshooting issues when providing root-cause analysis for performance and latency issues.

Federal Electronic Health Record Operations

Federal Enclave Management

During Q3 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.

The FEHRM developed a FEHRM Major Incident Management (MIM) "One Stop Shop" repository that aggregates all major incident source data from Leidos Partnership for Defense Health (LPDH), DHA, VA, and the Oracle Health Status Dashboard into an internal tool used for incident monitoring. In Q4 FY2025, the FEHRM will assist in formulating requirements for the development of a PowerBI dashboard using the MIM repository, with automation to assist in incident reporting.

Enterprise Technical Activities

During Q3 FY2025, the FEHRM facilitated an Enterprise Technical Session on 724Access DTV with a focus on current operational status of 724Access DTV, configuration alignment

between DOD and VA, and current issues such as memory consumption and resource utilization. From this session, both DOD and VA introduced configuration details for 724Access DTV and began planning future discussions to identify opportunities for improvement and potential synchronization.

The FEHRM continues driving enterprise-level technical coordination across the Federal EHR ecosystem and is drafting an updated schedule of potential subject areas for upcoming technical sessions in Q4 FY2025.

Federal Release and Domain Management

In Q3 FY2025, the FEHRM continued to strengthen its integration with the joint federal release and domain management process. With increased engagement with DHMSM Release Management teams in the weekly preparations for Domain Status meetings and Capability Block 13 planning sessions, the FEHRM broadened its competencies of Release Management metrics for inclusion in EHRM Coordination meetings. The FEHRM continued to support and co-lead biweekly Federal Release Working Group (FRWG) meetings, providing release sequencing coordination, domain readiness insights, tracking of change requests, capability deployments, and environmental upgrades.

A major milestone this quarter was the completion and signature of the FRWG Charter, developed in coordination with the FEHRM, Office of General Counsel, and stakeholder agencies. The charter formalizes governance structures, decision workflows, and role clarity across DOD, VA, and federal partners, serving as a foundation for consistent and scalable joint-release execution.

Federal Electronic Health Record Cybersecurity

In Q3 FY2025, the FEHRM continued to lead efforts in advancing and refining strategic cyber initiatives in accordance with its statutory and charter responsibilities and the 2024–2030 Office of the National Coordinator for Health Information Technology Federal Health IT Strategic Plan. These critical directives serve as the foundation for the cybersecurity mission, ensuring the success of the Federal EHR.

Collaborative Engagements

The FEHRM continued its active collaboration with key federal and private-sector stakeholders, such as the DHA Cyber Operations Center, Program Executive Office Defense Healthcare Management Systems, DHMSM, EHRM-IO, Veterans Affairs Cyber Security Operations Center, USCG, and vendor partners.

During Q3 FY2025, the FEHRM hosted six Joint Cybersecurity Team Meetings, covering such essential topics as the Cyber Tabletop (CTT) After-Action Report, Joint Incident Management Framework (JIMF), and FEHRM Risks, Issues, and Opportunities Overview.

Key Engagements

- **Joint Longitudinal Viewer (JLV) Onsite:** On April 9, 2025, the FEHRM played an instrumental role in addressing cybersecurity concerns associated with the potential convergence of DOD's and VA's JLV systems into a single baseline. The FEHRM ensured that both Departments remain aligned on cybersecurity postures by supporting discussions around Authority to Operate (ATO) reciprocity, streamlining governance models, and facilitating a unified approach to safeguarding system availability, integrity, and operational performance. Cybersecurity stakeholders engaged in technical discussions to highlight potential cybersecurity complexities in the consolidation effort. They also worked to ensure that long-term cyber implications, such as system reliability and data governance, were fully understood by both DOD and VA. Additionally, the FEHRM will continue to serve as a deconfliction agent between DOD and VA by helping to resolve separate security concerns and align cybersecurity measures across both Departments.
- **Microsoft Entra and Business-to-Business (B2B):** The FEHRM continued supporting the advancement of Microsoft Entra and B2B External ID as the federated trust bridge for business functions (e.g., Microsoft Outlook, Microsoft Teams, Calendar Sharing) between Federal EHR tenants and DOD and VA stakeholders during Q3 FY2025, leveraging the success of B2B at Lovell FHCC. This included drafting the initial ISA, then leading a collaborative process between key DHMSM, J6, and VA stakeholders to finalize the document. It is expected that this document will be signed by both agencies within Q4 FY2025, and the pilot will deploy to the FEHRM in early July 2026.

Trusted Exchange Framework Common Agreement/Qualified Health Information Network

The FEHRM continued engagement on Trusted Exchange Framework Common Agreement (TEFCA)-related agreements and established the TEFCA Qualified Health Information Network (QHIN) Analysis Workgroup, comprised of subject matter experts (SME) from federal agencies using the Federal EHR to determine a joint approach to TEFCA and QHIN selection. Additionally, the FEHRM continues to engage with Oracle Health to understand their planned Oracle QHIN efforts.

The FEHRM continued engagement with the Department of Health and Human Services Assistant Secretary for Technology Policy (ASTP) for the TEFCA Recognized Coordinating Entity (RCE) to represent and provide federal perspectives on security requirements and risks associated with national HIE. This collaboration will improve and evolve TEFCA and

enhance elements of interoperability data sharing, including elements such as providence and pedigree, moving for more normalized and complete data sharing across the United States.

During Q3 FY2025, the FEHRM reviewed the privacy and security standard operating procedures published by the ASTP TEFCA RCE and provided an overview of the TEFCA security requirements to the cyber stakeholders across DOD and VA. The FEHRM scheduled working sessions to occur in Q4 FY2025 to achieve a coordinated approach in evaluating whether the published TEFCA requirements and security controls align to DOD and VA security postures for the Federal EHR and exchange of its data across vendor and community partners.

OCI and Zero Trust

During Q3 FY2025, the FEHRM continued supporting ongoing cyber discussions to evaluate the OCI ATO efforts, focusing on architecture and organizational network security requirements for all stakeholders. The FEHRM ensured relevant tranches and associated ATO dates presented during weekly meetings were aligned before impacting the go-live and production environment.

This effort required an assessment of cybersecurity impacts and associated security risks posed by the OCI migration, which affects existing ATOs and Authority to Connect (ATC) information systems. It directly aligns with the FEHRM's goals to ensure the OCI migration aligns with Zero-Trust Architecture, secure cloud integration, and Zero-Trust Strategies of all tenant agencies across federal systems.

By integrating Zero-Trust principles, the FEHRM identified and mitigated risks associated with the transition, ensuring that legacy ATOs and ATC processes are intact, and the Federal Enclave remains secure, interoperable, and resilient against cyber threats. The FEHRM's Q3 FY2025 support to OCI included ongoing cyber discussions to evaluate the OCI Tranche Zero, Tranche 0.5, and one ATO effort 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 Outpatient Clinic Staff 3 Infrastructure and Security meeting to identify gaps and dependencies.

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 with Federal EHR stakeholders to update the JIMF based on the results of the CTT, performing component updates to policies and procedures,

gathering feedback from stakeholders, and socializing it across the Federal EHR community. 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 Q3 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. The FEHRM created a tracking matrix for prospective Citrix account users and initiated account creation for three new users from USCG and NOAA.

Interoperability Modernization

Joint HIE

The FEHRM continues to sustain the joint HIE to maintain access to multiple private-sector networks and frameworks. During Q3 FY2025, the joint HIE has successfully exchanged more than 865 million documents with private-sector partners. As part of sustainment efforts with our connected networks, the FEHRM is engaged in CommonWell 2.0 migration discussions to understand and determine how this platform change impacts the joint HIE and the Federal EHR.

Immunization Exchange with State Immunization Information Systems

Immunization Exchange is the capability that utilizes the Centers for Disease Control and Prevention (CDC) Immunization Gateway to allow DOD and VA clinicians to report administered vaccines to and query from state and jurisdictional Immunization Information Systems (IIS) and import immunization records into the Federal EHR database. In Q3 FY2025, the Immunization Exchange successfully exchanged more than 271,000 immunization records between medical treatment facilities and connected IIS. The FEHRM is committed to increasing access to this capability across the enterprise.

The FEHRM worked with LPDH and Virginia IIS to make critical updates to support the exchange between DOD and Virginia IIS that was deployed in June 2025.

Seamless Exchange

Seamless Exchange is an advanced interoperability tool that aggregates, deduplicates, and normalizes data from various sources into a comprehensive view of a patient's information

within the clinician's workflow. Next steps include deployment to all remaining VA sites utilizing the Federal EHR by the end of the fiscal year. DOD has listed Seamless Exchange as a top priority, and DHMSM continues to review the DHA-HI requirements in anticipation of initiating the DOD project for enterprise-wide deployment.

Health Data Intelligence

The FEHRM enabled four new measures to the Registries Program group, in addition to modifying multiple other Registries measures. Today, the total number of provider-facing registries is 28 with 314 measures.

The FEHRM successfully deployed enhancements for the Health Data Intelligence Data Syndication API to support combined row and column filtering for data tables, allowing for the syndication (extraction) of only relevant data subsets from a table instead of entire tables. These enhancements also enable agency-specific data filtering, eliminating the need to create separate agency-specific tables from federal datasets purely for extraction purposes. Engagement is underway for the development of a custom DOD Behavioral Health At-Risk Tracking Report within Health Analytics to track patients with clinically significant suicide risk to facilitate coordination of care and allow for close monitoring. Further, the FEHRM continued to support efforts related to ingesting legacy DOD lab results, diagnoses, and procedures data into Health Data Intelligence.

Throughout the reporting period, the FEHRM engaged with LPDH and Oracle Health to plan future software and hardware upgrades and to continue implementation of alerts for system performance monitoring and performance monitoring dashboards for client use. Collectively, these efforts support improved incident management and monitoring, a better user experience, and scaling of the Health Data Intelligence platform. The FEHRM has conducted several detailed technical and functional discussions on Health Data Intelligence OCI transition (scheduled for Tranche 0.5) with the PMOs and continued to engage in joint DOD and VA testing and validation discussions.

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 hundreds of data sources in real time, including DOD and VA legacy applications, joint HIE/private-sector, and the Federal EHR.

The FEHRM supported JLV sustainment activities with 51,682 active unique users and 1,093,467 patient selects in May 2025. The FEHRM successfully deployed JLV release 3.0.5.2 to production in April 2025 to address VA SAML Token improvements and updates to support milSuite deactivation. The FEHRM also delivered DOD and VA single JLV technical

gap analysis and led a single JLV functional side-by-side analysis onsite in Lovell FHCC in June 2025. Additionally, the FEHRM planned for future enhancements, in particular, Enterprise Blood Management System-Transfusion integration requirements and Air Force Service Treatment record process automation improvements.

Longitudinal Natural Language Processing

Longitudinal Natural Language Processing (LNLP) is an artificial-intelligence-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. Additionally, LNLP automates key aspects of the documentation review process, freeing up provider time and optimizing workflow efficiency.

The FEHRM supported LNLP sustainment activities with 3,108 active unique users, 70,409 unique patients accessed, and 4,381,808 documents accessed and processed in May 2025. The FEHRM successfully deployed LNLP release 1.0.7.0 to production in May 2025, providing the ability to create a clinically relevant, patient-level summary with links to the source documents. The FEHRM also successfully deployed LNLP prefetch improvements, Graphics Processing Units infrastructure upgrades, and implemented AppDynamics integration for performance monitoring. Additionally, the FEHRM planned for further automation enhancements to the Military Entrance Processing Command medical prescreen workflow.

Military Service Exposures and the Electronic Health Record

Several provisions of the Honoring our Promise to Address Comprehensive Toxics Act (PACT 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 internet technology 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, receiving input from DOD and VA SME 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 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 their inclusion. SNOMED-CT terms were submitted to the National Library of Medicine and ICD-10-CM terms to the National Center for Health Statistics (NCHS) for its 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 two additional ICD-10-CM terms to NCHS for consideration. The primary areas of focus for these new terms were burn pits and Agent Orange exposures.

The FEHRM continued to collaborate with DOD and VA experts to advance these efforts for all federal and commercial 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

Throughout the Q3 FY2025 reporting period, the FEHRM engaged with Standards Developing Organizations (SDOs) to shape the development of interoperability standards. The FEHRM Digital Health Standards Group works with selected working groups to contribute expertise in standards development. These endeavors involved daily analysis and collaboration with leaders across federal agencies, health care providers, software developers, and other interoperability experts to improve the quality of the data that the Federal EHR captures. The FEHRM influenced the standards development process by keeping joint interoperability and Federal EHR requirements at the forefront of the discussion.

In addition to SDO working group participation, the FEHRM engaged with other federal agencies, such as ASTP, to influence interoperability regulation and policy development. The FEHRM not only reviewed and provided SME feedback but 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, providing guidance, as needed. Specifically, the FEHRM hosts VA Interoperability Leadership Standards Working Group (SWG) meetings, FEHRM Chief Data Interoperability Officer's (CDIO) Stakeholder meetings, and Health Level

Seven (HL7) Government Birds of a Feather meetings. These forums provide platforms to collaborate and influence health care standards and interoperability at the Department level, across federal partner organizations, and internationally.

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 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.

During Q3 FY2025, the FEHRM Standards Group engaged in standards development and advancement efforts with HL7, ASTP, and the American Dental Association to influence interoperability and health data exchange in various subject areas, or domains. Focus areas were identified based on their alignment with White House and Congressional policy drivers in addition to established stakeholder priorities.

Health Level Seven

In Q3 FY2025, the FEHRM engaged HL7, an international SDO dedicated to providing a comprehensive framework and related standards for exchanging, integrating, sharing, and retrieving electronic health information. SDOs are member-supported organizations, often accredited by the American National Standards Institute, that develop and maintain standards to meet government and industry needs. The FEHRM's engagement with HL7 benefits DOD and VA by improving interoperability with external health care organizations and within the Federal EHR's partners through improved data sharing standards. During Q3 FY2025, the FEHRM engaged with HL7 through numerous mechanisms and forums:

HL7 Ballot Cycle

HL7 Ballot Cycles and the associated working group meetings provide valuable opportunities for the FEHRM to lead the direction of interoperability initiatives and standards development through coordination with DOD and VA. The ballot on emerging standards occurs three times per year, each January, May, and September.

The FEHRM reviewed nine proposed HL7 ballot issues during the May 2025 ballot cycle. The FEHRM, DOD, and VA coordinated planned ballot votes closely. The FEHRM voted "Affirmative" on six ballots and "Abstain" on two ballots. The FEHRM voted negative on the ballot for the HL7 Fast Healthcare Interoperability Resources Implementation Guide: Standard Personal Health Record, Edition 1; it included gender as a demographic data category distinct from birth sex and, therefore, did not conform with agency policy as

described in Executive Order 14168, "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government." The FEHRM's negative ballot was reflected in a change request to the HL7 Patient Empowerment Working Group to update the Implementation Guide to conform to executive order guidance.

HL7 Working Groups

During Q3 FY2025, the FEHRM participated in and contributed to several HL7 working groups, which allows federal agencies, stakeholders, and the HL7 community to work on standards and network with global industry leaders. The FEHRM engaged with, co-chaired, or led the National Policy and Standards Development, U.S. Core Data for Interoperability Plus (USCDI+), where it led to the inclusion of dental data into USCDI+ and promoted standards that will improve interoperability.

FEHRM Monthly Stakeholder Collaboration

The FEHRM hosts monthly Standards Stakeholder Group meetings that provide a forum to update stakeholders on standards development organizations (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 information technology consumers across the standards stakeholder community to promote trends and cutting-edge digital interoperability standardization for adoption. Current stakeholder organizations include DOD, VA, USCG, NOAA, Indian Health Service, CDC, CMS, and ASTP.

VA Interoperability Leadership Standards Working Group

The FEHRM has concluded its support for the SWG in support of VA Interoperability Leadership (VAIL). The FEHRM partnered with VAIL in chartering, standing up, and co-chairing the VAIL SWG to advance interoperability within VA and with community partners. The VAIL SWG provided a venue for standards collaboration, coordination, and promotion across the many programs and projects in VA. During Q3 FY2025, the FEHRM:

- Managed the SWG operations, communications, and reporting of 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.

While the SWG work has been discontinued, the FEHRM will continue to work with VA partners to collaborate on standards development, alignment, and organizational priorities to improve joint interoperability.

Federal and Industry Stakeholder Engagements

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

Through various events, the FEHRM collaborated with both federal and industry organizations to learn and elevate new ideas in health care interoperability and information technology modernization. During Q3 FY2025, the FEHRM expanded engagement initiatives that implemented and demonstrated 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 information technology landscape.
- **Enhanced Collaboration:** Facilitates more informed discussions and decision making, leading to 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 information technology 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.

Armed Forces Retirement Home

The FEHRM CDIO's Federal Partner Team continues to coordinate the project management of Armed Forces Retirement Home (AFRH) moving to the Federal EHR through multiple sites visits at Lovell FHCC to share expertise on the joint DOD/VA experience of using the Federal EHR. The FEHRM CDIO also coordinates with FEHRM Chief Technology Officer, DHA J-6, and Defense Manpower Data Center (DMDC) in supporting Identity and Access Management, Cyber, and interface integration for the AFRH.

Additionally, the FEHRM and its federal partners continue to use Identity, Credentialing, and Access Management to support onboarding efforts for the AFRH. Its unique implementation required access support from Personal Identity Verification cards based on Homeland Security Presidential Directive 12 as well as consideration of the design implications on access to the Federal EHR. Support for the AFRH is ongoing, including design, implementation, validation, and testing through the DMDC for implementation, testing, deployment, and operationalization.

In Q3 FY2025, the FEHRM continued engaging with AFRH leadership and DHA-J6 as part of AFRH efforts to join the Federal EHR. The FEHRM deconflicted requirements and control

responses from the Department of Interior Risk Management Framework package with current DHA authorization packages and control responses to provide a more granular set of AFRH requirements in support of engineering efforts and proposed courses of action for integration.

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 Q3 FY2025 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 Q3 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 Q3 FY2025 HDI Metrics Dashboard.

Figure 1 –Q3 FY2025 HDI Metrics Dashboard

AFRH: Armed Forces Retirement Home
CBP: U.S. Customs and Border Protection

Q3 FY2025 Highlights: Metric highlights are captured in Table 1 below.

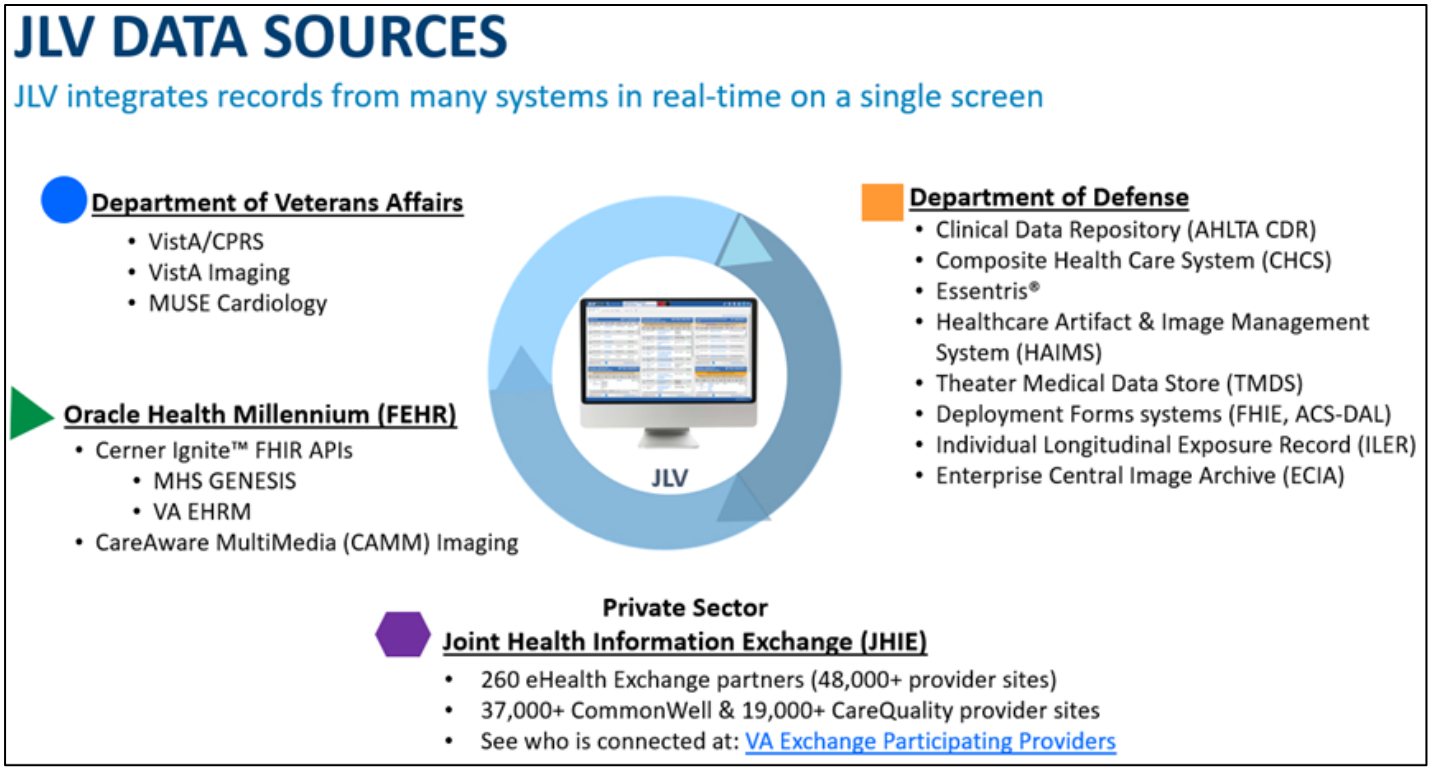
Table 1 – Quarter Highlights

Metrics	Highlights
VA Blue Button	Activity from Blue Button declined following the transition of My HealtheVet to the new VA health experience platform on VA.gov (My HealtheVet on VA.gov). As part of the transition, key features in My HealtheVet were decommissioned and users were shifted to the new MyHealtheVet platform on VA.gov for accessing health records.
Federal Partner Onboarding	The FEHRM supports federal agencies exploring Federal EHR implementation by first guiding them through the initial deployment phase. This phase includes building a foundational understanding of the Federal EHR, assessing system compatibility with agency needs, and completing the Functional Requirements Document. The FEHRM then monitors agencies' progress as they implement the Federal EHR and transition to sustainment. The primary focus has been coordinating key deployment activities for the AFRH, which serves more than 1,000 Veterans across two campuses. A critical next step is conducting a vendor-led assessment to align current operations with the future-state Federal EHR system, ensuring workforce readiness and continuity of care for AFRH residents.

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 network that shares Federal EHR health care information electronically with participating provider organizations who join the eHealth Exchange[1], CommonWell[2], and/or Carequality. Provider organizations who join undergo stringent security requirements to access patient records and health information securely, regardless of whether the facility is a civilian provider, military hospital, outpatient clinic, or VA medical center.

3. **Blue Button:** Blue Button enables patients from 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 MHS GENESIS 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 8.5 million patient records[3] currently shared monthly between the two Departments, as defined by the total number of JLV records viewed by the Departments reported as of June 30, 2025.

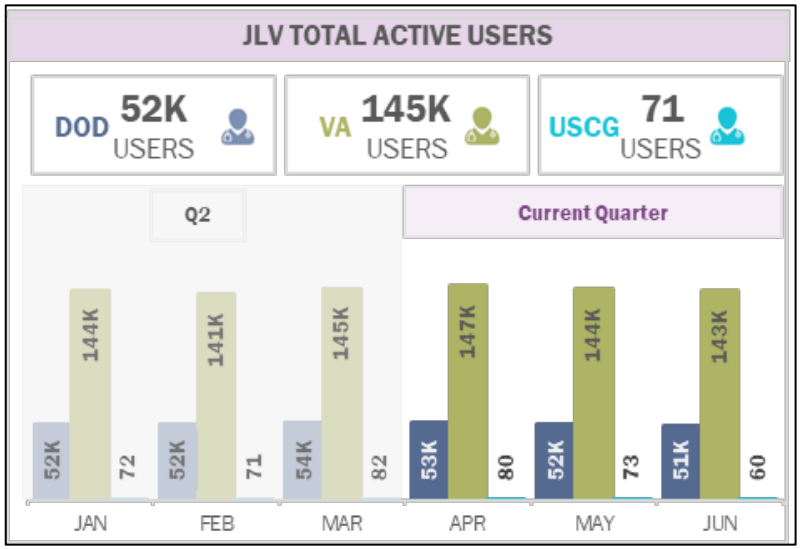
[1] eHealth Exchange – Network of Networks connecting federal agencies and non-federal health care organizations so medical data can be exchanged nationwide. eHealth Exchange online, October 14, 2022, https://ehealthexchange.org/.

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

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

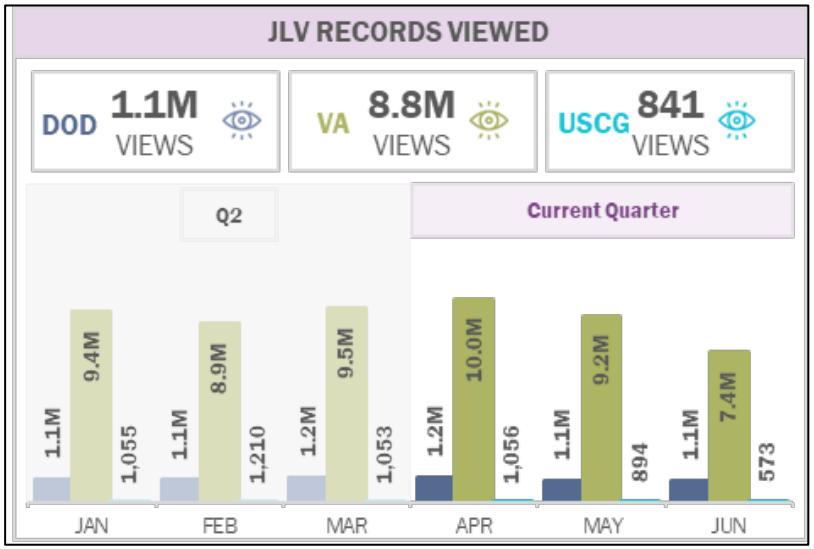
Department Integration

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.



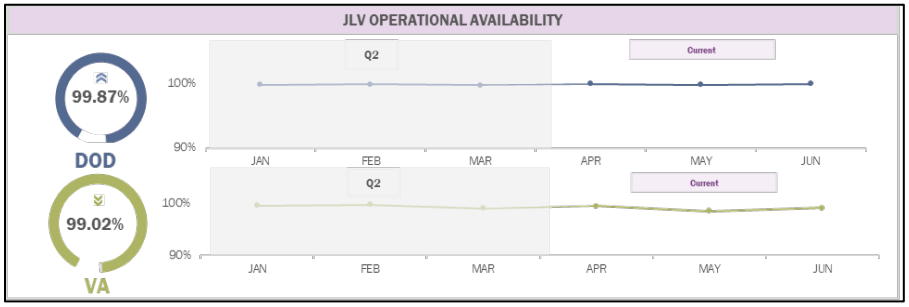
JLV Total Active Users

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

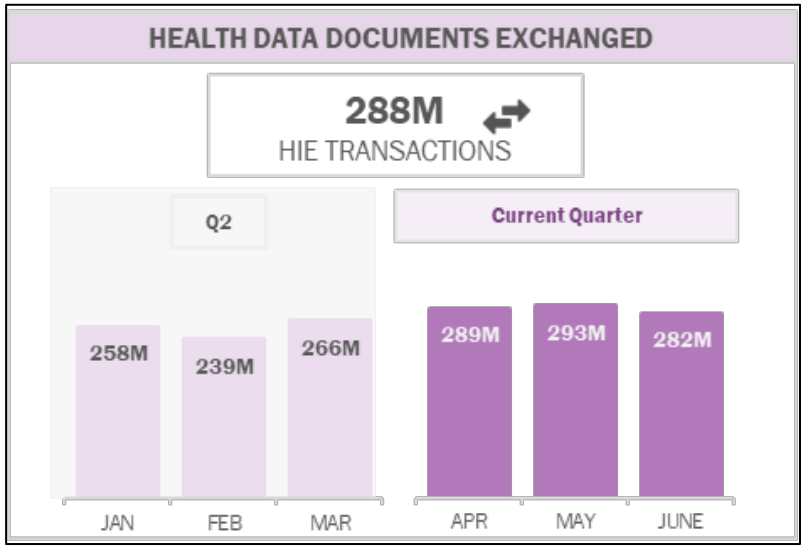
Definition

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

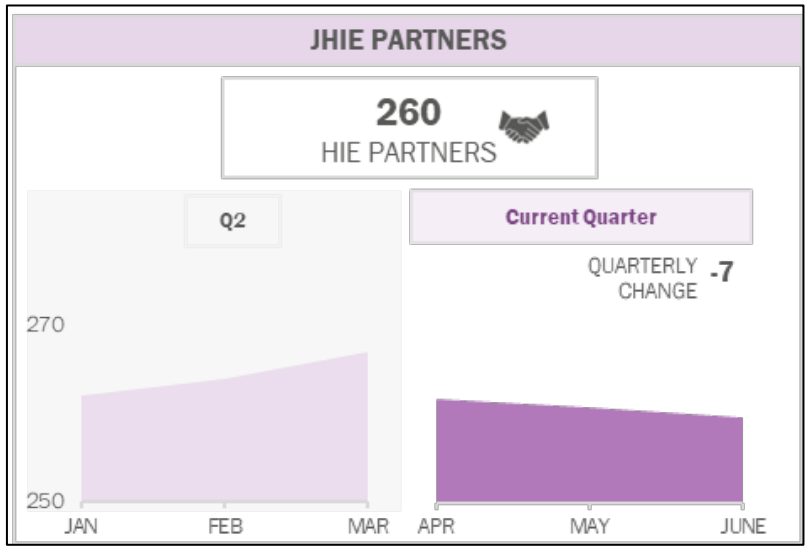
Community Partnerships

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 Consolidated Clinical Document Architecture, C32, or C62 (document architecture that facilitates interoperability of health data between EHR systems) documents exchanged between the Departments and private partners.

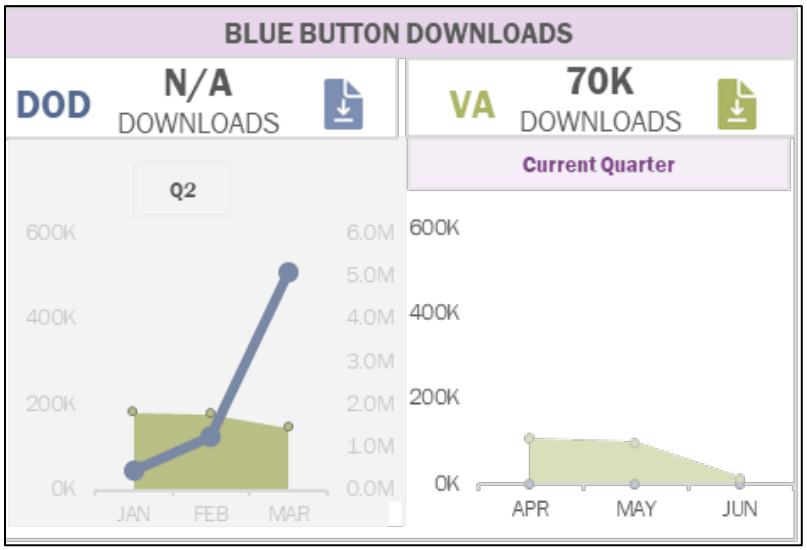


Joint HIE Partners Onboarded

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 agreements with DOD or VA).

Patient Engagement

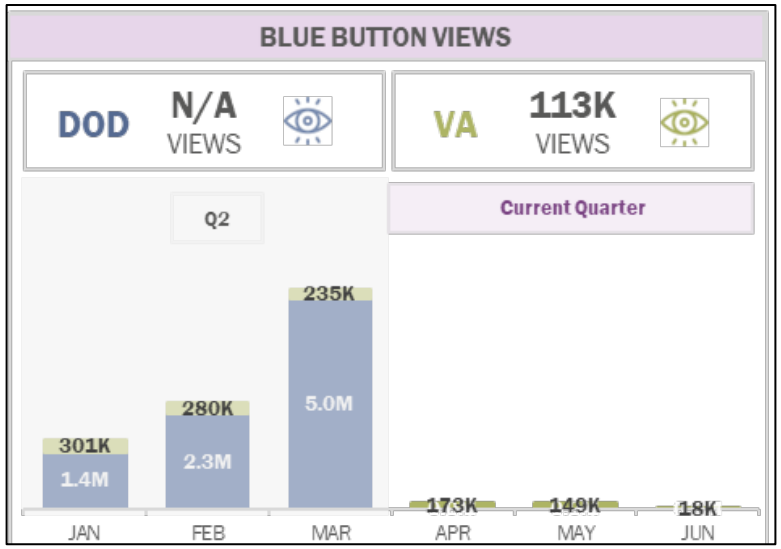
Value Statement: Blue Button serves as the foundation for broader patient engagement activities within the Departments, enabling patients to have easy access to their own health information in a usable format. The FEHRM monitors several metrics associated with Blue Button that show patient engagement with their integrated and consolidated health records from VA legacy systems' patient portals over time. [4]



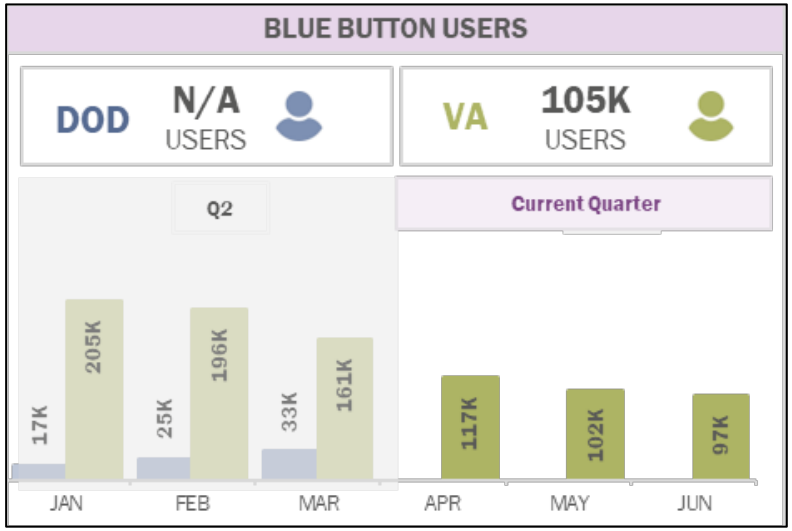
Blue Button Downloads

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

[4] As previously reported, DOD Blue Button download data is no longer available, following the transition to the Federal EHR.



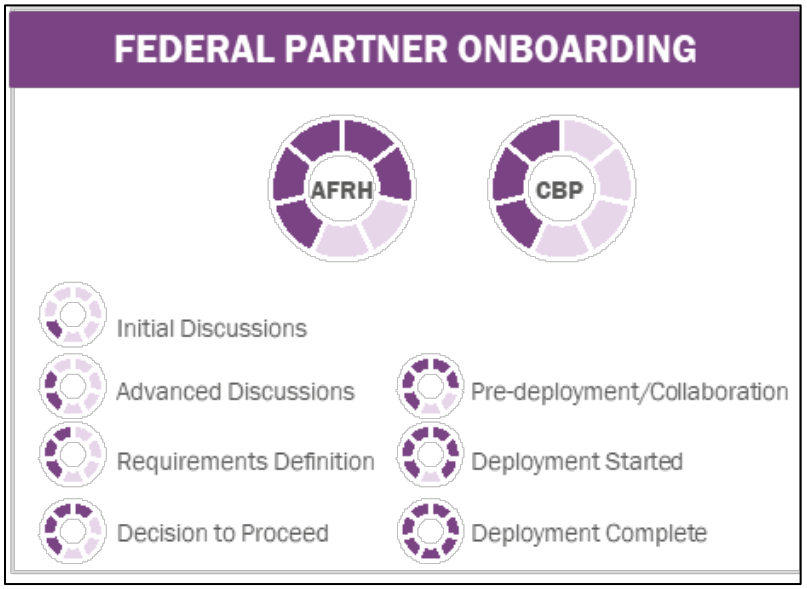
Blue Button Views
Definition
Average number of views generated by end users per month.



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 who are interested in joining the Federal EHR enterprise.