



Daniel McGrath  
American Oversight  
1030 5<sup>th</sup> Street, NW  
Suite B255  
Washington, DC 20005

JUN 26 2019

Re: Freedom of Information Act Tracking Number **18-07440-F**

Dear Mr. McGrath,

This is an interim response to your Freedom of Information Act (FOIA) request to the Department of Veterans Affairs (VA) dated May 8, 2018, in which you requested all records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar entries/invitations, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between 1) the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer, or the Electronic Health Records Modernization (EHRM) Program Executive Office and 2) Isaac "Ike" Perlmutter, Bruce Moskowitz, or Jared Kushner".

On May 8, 2018 you amended your request to read as follows:

All records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar entries/invitations, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between 1) political appointees and Senior Executive Service (SES) employees within the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer and, the Electronic Health Records Modernization (EHRM) Program Executive Office and 2) Isaac "Ike" Perlmutter, Bruce Moskowitz, or Jared Kushner.

On May 17, 2018, you agreed to aggregate two of your request as follows:

All emails, text messages and messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp) of political appointees<sup>3</sup> and Senior Executive Service (SES) employees within 1) the Office of the Secretary, 2) the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer and, 3) the Electronic Health Records Modernization (EHRM) Program Executive Office that contain any of the following terms:



- a. Moskowitz;
  - b. Perlmutter;
  - c. Ike;
  - d. "Trump's friend";
  - e. "Trump's Doctor";
  - f. "POTUS friend";
  - g. "POTUS's friend";
  - h. "POTUS' friend";
  - i. "POTUS doctor";
  - j. "POTUS's doctor";
  - k. "POTUS' doctor";
  - l. "President's friend";
  - m. "friend of POTUS";
  - n. "friend of President"; or
  - o. "friend of the President".
- All records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar entries/invitations, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between 1) political appointees and Senior Executive Service (SES) employees within the Office of the Secretary, the Office of the Assistant Secretary for Information and Technology and the Chief Information Officer and, the Electronic Health Records Modernization (EHRM) Program Executive Office and 2) Isaac "Ike" Perlmutter, Bruce Moskowitz, or Jared Kushner.

Please provide all responsive records from May 15, 2017, to the date of the search. The FOIA Service received your request on May 7, 2018, and assigned it FOIA tracking number **18-07440-F**. Please refer to this number when communicating with the VA about this request.

On March 25, 2019, we released two hundred and twenty (220) pages that specifically addressed your request for information.

On May 28, 2019, we released 5 pages of an amended interim response.

On June 4, 2019, we released six hundred and seventy-nine (679) pages of responsive documents.

We are releasing fourteen hundred and one (1401) pages of responsive documents on CD at no cost to you.

We are withholding information pursuant to FOIA exemption 5, [5 U.S.C. § 552 (b)(5)], which protects from disclosure all inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency. We are withholding thirty-seven pages (37) pages under the above exemption.

FOIA exemption 6 permits an Agency to withhold from disclosure personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. The information withheld, such as names, are of a type that the privacy interest of the individual(s) to whom this information belongs outweighs any public interest in disclosure of this information. We are withholding eight hundred and eighteen (818) pages under the above exemption.

We are still reviewing documents and will continue to make releases on a rolling basis until all responsive documents have been reviewed and released.

We appreciate your interest in the Department of Veterans Affairs. If you have any questions concerning this letter, you may contact Ms. Jacqueline Short of my staff at (202) 632-7426.

Sincerely,



Ms. Doloras Johnson  
Director, VACO FOIA Service  
Quality, Performance, and Risk (QPR)  
Office of Information and Technology (OIT)

Enclosed



From: Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>  
To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc: Ullyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyoj>; Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>  
Bcc:  
Subject: FW: Ike Perlmutter, Bruce Moskowitz and Marc Sherman  
Date: Tue Jul 24 2018 09:47:58 EDT  
Attachments:

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Fyi below...

From: Cashour, Curtis  
Sent: Tuesday, July 24, 2018 9:48 AM  
To: Isaac Arnsdorf <Isaac.Arnsdorf@propublica.org>  
Subject: RE: Ike Perlmutter, Bruce Moskowitz and Marc Sherman

Hi, Isaac. Please see below for VA's comment. We refer you to the Trump campaign regarding the lawsuit. Thanks.

We appreciate hearing from experts both inside and outside VA as we look for better ways to serve our nation's heroes. This broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half – a period that hands-down has been VA's most productive in decades.

Under President Trump's leadership, VA has made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department while enjoying an unprecedented series of legislative successes.

We look forward to building on these improvements as we continue to reform VA under President Trump.

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Isaac Arnsdorf <Isaac.Arnsdorf@propublica.org>  
Date: Friday, July 20, 2018 at 12:44 PM  
To: "Camilo.Sandoval@va.gov" <Camilo.Sandoval@va.gov>  
Subject: Ike Perlmutter, Bruce Moskowitz and Marc Sherman

Hi Camilo,

I'm a reporter at ProPublica, and I'm interested in talking with you about your relationship with Ike Perlmutter, Bruce Moskowitz and Marc Sherman.

My questions are:

- 1.How do you know Ike Perlmutter?
- 2.Why did you move to VA from Treasury?
- 3.Why did you describe yourself as Perlmutter's spy and compare yourself to Mr. Fox from Pulp Fiction?
- 4.Why did Jake Leinenkugel send you the Dec. 4 memo? Who did you share it with?
- 5.In a March 7 email to Moskowitz and Sherman, you wrote, "Apparently I was supposed to share this Attachment with you last month per John's note below." The attachments were "EHRM Cerner Apple Compare\_final.pptx" and "Apple App Background and Questions\_final.docx." Why were you supposed to share these documents with them?
- 6.How do you respond to the sexual harassment allegations against you in Jessica Denson's lawsuit?

Could you please give me a call to discuss at 203-464-1409?

Thanks,

Isaac



Isaac Arnsdorf

ProPublica

203.464.1409

isaac@propublica.org

From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>  
Cc: Wagner, John (Wolf) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacowagnej>; Ulyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyoj>  
Bcc:  
Subject: FW: Ike Perlmutter, Bruce Moskowitz and Marc Sherman  
Date: Mon Jul 23 2018 23:01:35 EDT  
Attachments:

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FYSA... I have no comment.

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Camilo Sandoval

202-461-6910

From: Isaac Arnsdorf [mailto:Isaac.Arnsdorf@propublica.org]  
Sent: Monday, July 23, 2018 10:07 AM  
To: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: [EXTERNAL] Re: Ike Perlmutter, Bruce Moskowitz and Marc Sherman

Hi Cam, just making sure you saw this. Looking forward to hearing from you. Thanks!

From: Isaac Arnsdorf <Isaac.Arnsdorf@propublica.org>  
Date: Friday, July 20, 2018 at 12:44 PM  
To: "Camilo.Sandoval@va.gov" <Camilo.Sandoval@va.gov>  
Subject: Ike Perlmutter, Bruce Moskowitz and Marc Sherman

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administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: [EXTERNAL] Re: Ike Perlmutter, Bruce Moskowitz and Marc Sherman  
Date: Mon Jul 23 2018 10:07:07 EDT  
Attachments:

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Hi Cam, just making sure you saw this. Looking forward to hearing from you. Thanks!

From: Isaac Arnsdorf <Isaac.Arnisdorf@propublica.org>  
Date: Friday, July 20, 2018 at 12:44 PM  
To: "Camilo.Sandoval@va.gov" <Camilo.Sandoval@va.gov>  
Subject: Ike Perlmutter, Bruce Moskowitz and Marc Sherman

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To: Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>  
Cc: Wagner, John (Wolf) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacowagnej>; Ulliot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyoj>  
Bcc:  
Subject: FW: Ike Perlmutter, Bruce Moskowitz and Marc Sherman  
Date: Fri Jul 20 2018 19:05:14 EDT  
Attachments:

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FYSA... as usual, no comment.

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Camilo Sandoval

202-461-6910

From: Isaac Arnsdorf [mailto:Isaac.Arnsdorf@propublica.org]  
Sent: Friday, July 20, 2018 12:45 PM  
To: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: [EXTERNAL] Ike Perlmutter, Bruce Moskowitz and Marc Sherman

Hi Camilo,

I'm a reporter at ProPublica, and I'm interested in talking with you about your relationship with Ike Perlmutter, Bruce Moskowitz and Marc Sherman.

My questions are:

- 1.How do you know Ike Perlmutter?
- 2.Why did you move to VA from Treasury?
- 3.Why did you describe yourself as Perlmutter's spy and compare yourself to Mr. Fox from Pulp Fiction?

4. Why did Jake Leinenkugel send you the Dec. 4 memo? Who did you share it with?
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Thanks,

Isaac

Isaac Arnsdorf

ProPublica

203.464.1409

isaac@propublica.org

Document ID: 0.7.1705.576981

From: Wagner, John (Wolf) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacowagnej>  
To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: Automatic reply: Ike Perlmutter, Bruce Moskowitz and Marc Sherman  
Date: Fri Jul 20 2018 19:05:14 EDT  
Attachments:

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I am out of the office until 23 July 2018, checking emails irregularly. If it's an urgent matter please contact my office at 202-461-7500.

From: Isaac Arnsdorf  
<isaac.arnsdorf@propublica.org>  
To: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: [EXTERNAL] Ike Perlmutter, Bruce Moskowitz and Marc Sherman  
Date: Fri Jul 20 2018 12:44:47 EDT  
Attachments:

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Hi Camilo,

I'm a reporter at ProPublica, and I'm interested in talking with you about your relationship with Ike Perlmutter, Bruce Moskowitz and Marc Sherman.

My questions are:

- 1.How do you know Ike Perlmutter?
- 2.Why did you move to VA from Treasury?
- 3.Why did you describe yourself as Perlmutter's spy and compare yourself to Mr. Fox from Pulp Fiction?
- 4.Why did Jake Leinenkugel send you the Dec. 4 memo? Who did you share it with?
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Cc:  
Bcc:  
Subject: RE: Ike Perlmutter, Marc Sherman and Bruce Moskowitz  
Date: Tue Jul 17 2018 10:27:19 EDT  
Attachments:

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Thank you

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Camilo Sandoval

202-461-6910

From: Cashour, Curtis  
Sent: Tuesday, July 17, 2018 10:25 AM  
To: Ullyot, John; Hutton, James; Sandoval, Camilo J.  
Subject: FW: Ike Perlmutter, Marc Sherman and Bruce Moskowitz

Fyi below...

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Isaac Arnsdorf [mailto:Isaac.Arnsdorf@propublica.org]  
Sent: Tuesday, July 17, 2018 9:31 AM  
To: Cashour, Curtis <Curt.Cashour@va.gov>  
Subject: [EXTERNAL] Ike Perlmutter, Marc Sherman and Bruce Moskowitz

Hi Curt,

I'm writing an article about the influence of Ike Perlmutter, Marc Sherman and Bruce Moskowitz over the Department of Veterans Affairs. The story will describe how, despite having no official role and no relevant expertise, these three men have unprecedented authority over the VA.

Here are my specific questions:

1. Why do Perlmutter, Sherman and Moskowitz advise VA officials?
2. What is their relevant experience or expertise?
3. Why doesn't the agency use the advisory mechanism provided under FACA?
4. Why don't these advisers abide by the same oversight and ethical standards as government employees?
5. What is the total cost in taxpayer dollars of officials' travel to Mar-a-Lago to meet with Perlmutter, Sherman and Moskowitz?
6. Were these trips approved by counsel? Please provide documentation.
7. Why did Robert Wilkie meet with Marc Sherman on April 2? What did they discuss?
8. Why did Robert Wilkie and Peter O'Rourke travel to Mar-a-Lago on April 20? What ethics counsel approved this trip? What did they discuss with Perlmutter, Moskowitz and Sherman?
9. On or about March 4, 2017, Shulkin called Perlmutter and Moskowitz to review an agenda before presenting it to the President. What was on this agenda and why did he need to review it with Perlmutter and Moskowitz first?
10. On Feb. 28, March 31, and April 17, 2017, Perlmutter convened conference calls with senior officials from Johnson & Johnson. I understand these discussions were related to the #BeThere campaign, leading to Dr. Shulkin's ringing the closing bell at the New York Stock Exchange with Marvel, Disney and Johnson & Johnson on Nov. 7, 2017. Why were Marvel and Disney included even though the campaign involved only Johnson & Johnson?
11. On Nov. 7, 2017, Secretary Shulkin stood on the platform at the New York Stock Exchange next to Captain America. How does this comply with 5 CFR 2635.702(c)?
12. In an Oct. 20, 2017, a VA official asked ethics counsel about the NYSE event, raising Shulkin's relationship with Perlmutter as a possible concern. Did the ethics counsel approve the event, and what explanation did he or she provide?
13. What will be the role of Bruce Moskowitz, Aaron Moskowitz, and/or the Biomedical Research and Education Foundation in the implementation of the VA's new medical device registry?
14. What was the cost of the Medical Device Registry Summit?
15. Why does Camilo Sandoval describe himself as Perlmutter's spy and compare himself with Mr. Fox from "Pulp Fiction"? What is his relationship with Perlmutter and Jared Kushner?
16. Why did Sandoval move to VA from Treasury?
17. What is Sandoval's response to the sexual harassment allegations against him?
18. Who asked Jake Leinenkugel to prepare the Dec. 4 memo to Sandoval? Who did Sandoval share the memo with?
19. On Sept. 18, 2017, in an email to VA officials, Perlmutter wrote: "We have been talking to Dr. Shulkin for many months about identifying the existence of healthcare delivery issues at VA medical centers... [W]e think that some of the VA hospitals are delivering some specialty healthcare when they

- shouldn't and when referrals to private facilities or other VA centers would be a better option... Our solution is to make use of academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help this effort." What became of this proposal?
20. I understand the VA was planning to engage the American College of Surgeons to analyze the quality of VA's surgical programs, at the suggestion of Dr. Moskowitz. How much would this cost the VA? Why wasn't the collaboration finalized?
21. Why did the VA consider working with Apple to develop an app by Dr. Moskowitz's son? Why didn't the project proceed?
22. In a March 7 email to Dr. Moskowitz and Mr. Sherman, Mr. Sandoval wrote, "Apparently I was supposed to share this Attachment with you last month per John's note below." The attachments were "EHRM Cerner Apple Compare \_final.pptx" and "Apple App Background and Questions \_final.docx." Why was Sandoval supposed to share these documents with Moskowitz and Sherman?
23. How did VA officials address the concerns about the Cerner contract raised by Perlmutter, Moskowitz and Sherman?
24. After Cerner accepted all the recommendations from the Mitre report, why did it still take months to sign the Cerner contract?
25. What changed about the Cerner contract between when Perlmutter, Moskowitz and Sherman didn't want Shulkin to sign it in March, and when Wilkie signed it in May?
26. In a Feb. 28 email, why did O'Rourke give Perlmutter, Moskowitz and Sherman his personal contact information? Has he been conducting official business on his personal email? How is VA ensuring his compliance with the Federal Records Act?
27. What was the mental health "emergency 'committee'" that Moskowitz wrote about in a Feb. 28 email to O'Rourke and Shulkin? Why did O'Rourke reply, "I will begin a project plan and develop a timeline for action"?
28. Once confirmed, will Wilkie assert his own authority over the VA or take direction from Perlmutter, Sherman and Moskowitz?

Thanks,

Isaac

Isaac Arnsdorf

ProPublica

203.464.1409

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Cc:  
Bcc:  
Subject: FW: Ike Perlmutter, Marc Sherman and Bruce Moskowitz  
Date: Tue Jul 17 2018 10:24:51 EDT  
Attachments:

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Fyi below...

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

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Isaac

Isaac Arnsdorf

ProPublica

203.464.1409

isaac@propublica.org

From: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohaverc>; Morris, Genevieve (OS/ONC/IO)(b)(6)@hhs.gov>; Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: RE: OEHRM  
Date: Thu Jun 28 2018 10:18:56 EDT  
Attachments: image001.png

---

Sounds great. I can on you folks to massage as appropriate.

Vr

John

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

811 Vermont Avenue NW (5th Floor Suite 5080)

Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: (b)(6)

Sent: Thursday, June 28, 2018 9:41 AM  
To: Windom, John H.; Morris, Genevieve (OS/ONC/IO); Sandoval, Camilo J.  
Subject: RE: OEHRM

John, we will go with something more akin to what USD Wilkie would have said in the hearing (this group of QFRs is different as it would have been actually asked in the hearing): (pretty close to what you wrote, just less detail)

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Kindly, (b)(6)

(b)(6) / Special Assistant / OCLA / Department of Veterans Affairs

Email: (b)(6)@va.gov / Phone: 202-461-6434 / Mobile: (b)(6)

810 Vermont Ave / Washington, D.C , NW 20420

From: Windom, John H.  
Sent: Thursday, June 28, 2018 8:34 AM  
To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov; (b)(6)  
(b)(6)@va.gov; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: RE: OEHRM

Do you want to hold or offer the entire list?

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From: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov]

Sent: Thursday, June 28, 2018 8:32 AM

To: Windom, John H.; (b)(6)

Cc: Sandoval, Camilo J.

Subject: [EXTERNAL] Re: OEHRM

I'm good with the below.

On: 28 June 2018 08:28,

"Windom, John H." <John.Windom@va.gov> wrote:

(b)(6)

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Sent: Wednesday, June 27, 2018 6:59 PM

To: Ulyot, John; Cashour, Curtis; Hutton, James; Nicholas, Kirk; Jensen, Jon M.; Clancy, Carolyn;



Fiotes, Stella S. (CFM); Shelby, Peter J.; Morris, Genevieve (OS/ONC/IO); Windom, John H.; Scott, Traci A CIV OSD OUSD P-R (US)  
Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)  
Subject:

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- B, C-VHA/CFM
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- E-HR&A
- F-Traci/OPIA

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Bcc:  
Subject: RE: OEHRM  
Date: Thu Jun 28 2018 10:17:42 EDT  
Attachments: image001.png  
image002.png

---

OK here.

Thx

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Sent: Thursday, June 28, 2018 9:11 AM  
To: (b)(6) Windom, John H.  
Cc: Sandoval, Camilo J.  
Subject: [EXTERNAL] RE: OEHRM

That's fine. There's no need to give a specific number really.

Genevieve Morris

Detailed to the Veterans Affairs Office of the Secretary

Principal Deputy National Coordinator

Office of the National Coordinator for Health IT

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(b)(6) (m)

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Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

Subject:



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Cc:  
Bcc:  
Subject: RE: OEHRM  
Date: Thu Jun 28 2018 09:40:50 EDT  
Attachments: image001.png

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Subject: RE: OEHRM

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(b)(6)@va.gov Office: 202-382-3792

From: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov]

Sent: Thursday, June 28, 2018 8:32 AM

To: Windom, John H.; Haverstock, Cathleen

Cc: Sandoval, Camilo J.

Subject: [EXTERNAL] Re: OEHRM

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Sent: Wednesday, June 27, 2018 6:59 PM

To: Ulliot, John; Cashour, Curtis; Hutton, James; Nicholas, Kirk; Jensen, Jon M.; Clancy, Carolyn; Fiotes, Stella S. (CFM); Shelby, Peter J.; Morris, Genevieve (OS/ONC/IO); Windom, John H.; Scott, Traci A CIV OSD OUSD P-R (US)

Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

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F-Traci/OPIA

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(b)(6) </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacohaverc>  
Cc: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Bcc:  
Subject: [EXTERNAL] RE: OEHRM  
Date: Thu Jun 28 2018 09:36:27 EDT  
Attachments: image002.png  
image003.png

---

Correct, we don't need to say 50 and shouldn't offer the list right now.

Genevieve Morris

Detailed to the Veterans Affairs Office of the Secretary

Principal Deputy National Coordinator

Office of the National Coordinator for Health IT

U.S. Department of Health and Human Services

(202) 774-3080 (o)

(b)(6) (m)

[www.healthit.gov](http://www.healthit.gov) | Health IT Buzz Blog | @ONC\_HealthIT

From: (b)(6)@va.gov  
Sent: Thursday, June 28, 2018 9:12 AM  
To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov  
Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: RE: OEHRM

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Kindly, (b)(6)

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From: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov]

Sent: Thursday, June 28, 2018 9:10 AM

To: (b)(6)@va.gov>

Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>

Subject: [EXTERNAL] RE: OEHRM

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From: (b)(6)@va.gov>  
Sent: Thursday, June 28, 2018 9:04 AM  
To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>  
Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: RE: OEHRM

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810 Vermont Ave / Washington, D.C , NW 20420

From: Windom, John H.  
Sent: Thursday, June 28, 2018 8:26 AM  
To: (b)(6)@va.gov>  
Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>; 'Morris, Genevieve (OS/ONC/IO)' (b)(6)@hhs.gov>  
Subject: FW: OEHRM



Importance: High

(b)(6)

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Bcc:  
Subject: RE: OEHRM  
Date: Thu Jun 28 2018 09:12:03 EDT  
Attachments: image001.png  
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Subject: FW: OEHRM

Importance: High

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administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacohaverc>; Windom, John H.  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>  
Cc: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Bcc:  
Subject: [EXTERNAL] RE: OEHRM  
Date: Thu Jun 28 2018 09:10:51 EDT  
Attachments: image002.png  
image003.png

---

That's fine. There's no need to give a specific number really.

Genevieve Morris

Detailed to the Veterans Affairs Office of the Secretary

Principal Deputy National Coordinator

Office of the National Coordinator for Health IT

U.S. Department of Health and Human Services

(202) 774-3080 (o)

(b)(6) (m)

[www.healthit.gov](http://www.healthit.gov) | Health IT Buzz Blog | @ONC\_HealthIT

From: (b)(6)@va.gov>  
Sent: Thursday, June 28, 2018 9:10 AM  
To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>; Windom, John H. <John.Windom@va.gov>  
Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: RE: OEHRM

Can we say:

As part of VA's overall due-diligence in assessing various aspects of the Electronic Health Record (EHR) Request for Proposal (RFP) and related requirements documents, the EHRM Team utilized dozens of external executives and technical/clinical subject matter experts throughout the health care industry and had them sign VA Non-Disclosure Agreements . Dr. Moskowitz was one of those experts.

Kindly, (b)(6)

(b)(6) / Special Assistant / OCLA / Department of Veterans Affairs

Email: (b)(6)@va.gov / Phone: 202-461-6434 / Mobile: (b)(6)

810 Vermont Ave / Washington, D.C , NW 20420

From: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov  
Sent: Thursday, June 28, 2018 8:32 AM  
To: Windom, John H. <John.Windom@va.gov>; (b)(6)@va.gov  
Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: [EXTERNAL] Re: OEHRM

I'm good with the below.

On: 28 June 2018 08:28,  
"Windom, John H." <John.Windom@va.gov> wrote:

Cathleen,

Subject to review by Genevieve and Camilo, here are my thoughts. I defer to them as to whether we



provide the entire list of external reviewers. However, it is attached for easy reference.

Vr

John

A) Electronic Health Record Modernization

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John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

811 Vermont Avenue NW (5th Floor Suite 5080)

Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: (b)(6)

Sent: Wednesday, June 27, 2018 6:59 PM

To: Ulyot, John; Cashour, Curtis; Hutton, James; Nicholas, Kirk; Jensen, Jon M.; Clancy, Carolyn; Fiotes, Stella S. (CFM); Shelby, Peter J.; Morris, Genevieve (OS/ONC/IO); Windom, John H.; Scott, Traci A CIV OSD OUSD P-R (US)

Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

Subject:

Leaders, please task these out ASAP. We must have them back to the Committee by COB on Friday and first to SecVA Nominee and then WH. Need them NLT COB tomorrow, sooner if possible.

A-OPIA/Traci

B, C-VHA/CFM

D-OEHRM

E-HR&A

F-Traci/OPIA

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From: Morris, Genevieve (OS/ONC/IO)  
(b)(6)@hhs.gov>  
To: (b)(6) </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacohaverc>  
Cc: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Bcc:  
Subject: [EXTERNAL] RE: OEHRM  
Date: Thu Jun 28 2018 09:09:53 EDT  
Attachments: image002.png  
image003.png

---

It might have gotten buried, but here's what we have. Is it not sufficient?

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[www.healthit.gov](http://www.healthit.gov) | Health IT Buzz Blog | @ONC\_HealthIT

From: (b)(6)@va.gov>  
Sent: Thursday, June 28, 2018 9:04 AM

To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>  
Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: RE: OEHRM

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Kindly, (b)(6)

(b)(6) / Special Assistant / OCLA / Department of Veterans Affairs

Email: (b)(6)@va.gov / Phone: 202-461-6434 / Mobile: (b)(6)

810 Vermont Ave / Washington, D.C , NW 20420

From: Windom, John H.

Sent: Thursday, June 28, 2018 8:26 AM

To: (b)(6)@va.gov>

Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>; 'Morris, Genevieve (OS/ONC/IO)' (b)(6)

(b)(6)@hhs.gov>

Subject: FW: OEHRM

Importance: High

(b)(6)

Subject to review by Genevieve and Camilo, here are my thoughts. I defer to them as to whether we provide the entire list of external reviewers. However, it is attached for easy reference.

Vr

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Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From (b)(6)

Sent: Wednesday, June 27, 2018 6:59 PM

To: Ulyot, John; Cashour, Curtis; Hutton, James; Nicholas, Kirk; Jensen, Jon M.; Clancy, Carolyn; Fiotes, Stella S. (CFM); Shelby, Peter J.; Morris, Genevieve (OS/ONC/IO); Windom, John H.; Scott,



Traci A CIV OSD OUSD P-R (US)

Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

Subject:

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A-OPIA/Traci

B, C-VHA/CFM

D-OEHRM

E-HR&A

F-Traci/OPIA

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To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>  
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Bcc:  
Subject: RE: OEHRM  
Date: Thu Jun 28 2018 09:09:31 EDT  
Attachments: image001.png

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To: Windom, John H. <John.Windom@va.gov> (b)(6)@va.gov  
Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: [EXTERNAL] Re: OEHRM

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On: 28 June 2018 08:28,  
"Windom, John H." <John.Windom@va.gov> wrote:

(b)(6)

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(b)(6)@va.gov Office: 202-382-3792

From: (b)(6)

Sent: Wednesday, June 27, 2018 6:59 PM

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Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

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B, C-VHA/CFM  
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Bcc:  
Subject: RE: OEHRM  
Date: Thu Jun 28 2018 09:04:02 EDT  
Attachments: image001.png

---

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Kindly, (b)(6)

(b)(6) / Special Assistant / OCLA / Department of Veterans Affairs

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810 Vermont Ave / Washington, D.C , NW 20420

From: Windom, John H.  
Sent: Thursday, June 28, 2018 8:26 AM  
To: (b)(6)@va.gov>  
Cc: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>; 'Morris, Genevieve (OS/ONC/IO)' (b)(6) (b)(6)@hhs.gov>  
Subject: FW: OEHRM  
Importance: High



(b)(6)

Subject to review by Genevieve and Camilo, here are my thoughts. I defer to them as to whether we provide the entire list of external reviewers. However, it is attached for easy reference.

Vr

John

#### A. Electronic Health Record Modernization

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Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820

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Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: (b)(6)

Sent: Wednesday, June 27, 2018 6:59 PM

To: Ulyot, John; Cashour, Curtis; Hutton, James; Nicholas, Kirk; Jensen, Jon M.; Clancy, Carolyn; Fiotes, Stella S. (CFM); Shelby, Peter J.; Morris, Genevieve (OS/ONC/IO); Windom, John H.; Scott, Traci A CIV OSD OUSD P-R (US)

Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

Subject:

Leaders, please task these out ASAP. We must have them back to the Committee by COB on Friday and first to SecVA Nominee and then WH. Need them NLT COB tomorrow, sooner if possible.

A-OPIA/Traci

B, C-VHA/CFM

D-OEHRM

E-HR&A

F-Traci/OPIA

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From: Morris, Genevieve (OS/ONC/IO)  
(b)(6)@hhs.gov>  
To: Windom, John H. </o=va/ou=exchange  
administrative\_group (fydibohf23spdlt)/cn=recipients/cn=windom,  
john.h.e16>(b)(6) </o=va/ou=exchange  
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Camilo J. </o=va/ou=exchange administrative\_group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: [EXTERNAL] RE: OEHRM  
Date: Thu Jun 28 2018 09:00:26 EDT  
Attachments: image001.png

---

I think we should hold unless asked for the list.

Genevieve Morris

Detailed to the Veterans Affairs Office of the Secretary

Principal Deputy National Coordinator

Office of the National Coordinator for Health IT

U.S. Department of Health and Human Services

(202) 774-3080 (o)

(b)(6) (m)

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Sent: Thursday, June 28, 2018 8:34 AM  
To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>(b)(6)  
(b)(6)@va.gov>; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Subject: RE: OEHRM

Do you want to hold or offer the entire list?

JW

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

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(b)(6)@va.gov Office: 202-382-3792

From: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov]

Sent: Thursday, June 28, 2018 8:32 AM

To: Windom, John H.; (b)(6)

Cc: Sandoval, Camilo J.

Subject: [EXTERNAL] Re: OEHRM

I'm good with the below.

On: 28 June 2018 08:28,

"Windom, John H." <John.Windom@va.gov> wrote:

(b)(6)

Subject to review by Genevieve and Camilo, here are my thoughts. I defer to them as to whether we provide the entire list of external reviewers. However, it is attached for easy reference.

Vr

John

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Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: (b)(6)



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Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

Subject:

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A-OPIA/Traci

B, C-VHA/CFM

D-OEHRM

E-HR&A

F-Traci/OPIA

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To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>; Haverstock, Cathleen </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohaverc>; Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: RE: OEHRM  
Date: Thu Jun 28 2018 08:34:00 EDT  
Attachments:

---

Do you want to hold or offer the entire list?

JW

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

811 Vermont Avenue NW (5th Floor Suite 5080)

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John.Windom@va.gov

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To: Windom, John H.; (b)(6)

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To: Windom, John H. </o=va/ou=exchange administrative\_group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohaverc>  
Cc: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>  
Bcc:  
Subject: RE: OEHRM  
Date: Thu Jun 28 2018 08:32:33 EDT  
Attachments:

---

Looks good to me

-----  
Camilo Sandoval

202-461-6910

From: Windom, John H.  
Sent: Thursday, June 28, 2018 8:26 AM  
To: (b)(6)  
Cc: Sandoval, Camilo J.; 'Morris, Genevieve (OS/ONC/IO)'  
Subject: FW: OEHRM  
Importance: High

(b)(6)

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Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: (b)(6)

Sent: Wednesday, June 27, 2018 6:59 PM

To: Ulyot, John; Cashour, Curtis; Hutton, James; Nicholas, Kirk; Jensen, Jon M.; Clancy, Carolyn; Fiotes, Stella S. (CFM); Shelby, Peter J.; Morris, Genevieve (OS/ONC/IO); Windom, John H.; Scott, Traci A CIV OSD OUSD P-R (US)

Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

Subject:

Leaders, please task these out ASAP. We must have them back to the Committee by COB on Friday and first to SecVA Nominee and then WH. Need them NLT COB tomorrow, sooner if possible.

- A-OPIA/Traci
- B, C-VHA/CFM
- D-OEHRM
- E-HR&A
- F-Traci/OPIA

Sent with Good ([www.good.com](http://www.good.com))

From: Morris, Genevieve (OS/ONC/IO)  
(b)(6)@hhs.gov>  
To: Windom, John H. </o=va/ou=exchange  
administrative\_group (fydibohf23spdlt)/cn=recipients/cn=windom,  
john.h.e16>; (b)(6) </o=va/ou=exchange  
administrative\_group  
(fydibohf23spdlt)/cn=recipients/cn=vacohaverc>  
Cc: Sandoval, Camilo J. </o=va/ou=exchange  
administrative\_group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Bcc:  
Subject: [EXTERNAL] Re: OEHRM  
Date: Thu Jun 28 2018 08:32:29 EDT  
Attachments:

---

I'm good with the below.

On: 28 June 2018 08:28,  
"Windom, John H." <John.Windom@va.gov> wrote:

(b)(6)

Subject to review by Genevieve and Camilo, here are my thoughts. I defer to them as to whether we provide the entire list of external reviewers. However, it is attached for easy reference.

Vr

John

#### A) Electronic Health Record Modernization

EHR modernization—a historic, multi-billion dollar overhaul of the system used to track veterans' health records—requires input from specialized professionals to align the VA and U.S. Department of Defense with an interoperable system. During our meeting, you mentioned that you consulted with experts and appropriate parties prior to moving forward with the VA's contract with Cerner.

Who specifically did you seek input from on this contract? Did Dr. Bruce Moskowitz or any other individual outside of VA provide input on EHR modernization?

As part of VA's overall due-diligence in assessing various aspects of the Electronic Health Record

(EHR) Request for Proposal (RFP) and related requirements documents, the EHRM Team utilized 50 external executives and technical/clinical subject matter experts throughout the health care industry. Dr. Moskowitz was one of those 50 experts and was required to sign the requisite VA Non-Disclosure Agreement as did each of the other participants.

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

811 Vermont Avenue NW (5th Floor Suite 5080)

Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: (b)(6)

Sent: Wednesday, June 27, 2018 6:59 PM

To: Ulliyot, John; Cashour, Curtis; Hutton, James; Nicholas, Kirk; Jensen, Jon M.; Clancy, Carolyn; Fiotes, Stella S. (CFM); Shelby, Peter J.; Morris, Genevieve (OS/ONC/IO); Windom, John H.; Scott, Traci A CIV OSD OUSD P-R (US)

Cc: O'Connor, Christopher; Anderson, Christopher; Powers, Pamela J SES OSD OUSD P-R (US)

Subject:

Leaders, please task these out ASAP. We must have them back to the Committee by COB on Friday and first to SecVA Nominee and then WH. Need them NLT COB tomorrow, sooner if possible.

A-OPIA/Traci

B, C-VHA/CFM

D-OEHRM

E-HR&A

F-Traci/OPIA

Sent with Good (www.good.com)



From: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>  
To: Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; Ashkenaz, Peter (OS/ONC) (b)(6)@hhs.gov>; Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc: Ulliyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyoj>; Spero, Casin D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=spero, casin d.f32>  
Bcc:  
Subject: [EXTERNAL] RE: this accurate?  
Date: Mon Jun 25 2018 17:39:35 EDT  
Attachments: image001.png  
RE: so i hear you are new CHIO of EHRM? (2).msg

---

Also, I got the attached from Arthur. So not sure which he's running with.

Genevieve Morris

Detailed to the Veterans Affairs Office of the Secretary

Principal Deputy National Coordinator

Office of the National Coordinator for Health IT

U.S. Department of Health and Human Services

(202) 774-3080 (o)

(b)(6) (m)

[www.healthit.gov](http://www.healthit.gov) | Health IT Buzz Blog | @ONC\_HealthIT

From: Cashour, Curtis <Curt.Cashour@va.gov>  
Sent: Monday, June 25, 2018 5:27 PM  
To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov>; Ashkenaz, Peter (OS/ONC) (b)(6)@hhs.gov>; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Cc: Ulliyot, John <John.Ulliyot@va.gov>; Spero, Casin D. <Casin.Spero@va.gov>  
Subject: RE: this accurate?

Folks – is everyone OK with the following response:

We have no personnel announcements at this time.

ON BACKGROUND:

John Windom is not leaving VA and will remain in his current position.

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Cashour, Curtis

Sent: Monday, June 25, 2018 5:17 PM

To: Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov; Ashkenaz, Peter (OS/ONC) (b)(6)

(b)(6)@hhs.gov; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>

Cc: Ulyot, John <John.Ulyot@va.gov>; Spero, Casin D. <Casin.Spero@va.gov>

Subject: FW: this accurate?

Please See below...Let me know if you have concerns or anything to add. Thanks.

From: Arthur Allen [mailto:aallen@politico.com]

Sent: Monday, June 25, 2018 5:12 PM

To: Cashour, Curtis <Curt.Cashour@va.gov>

Subject: [EXTERNAL] this accurate?

The Department of Veterans Affairs today reorganized the office responsible for implementing the modernization of its EHR and named an ONC official to lead it.

Genevieve Morris, the principal deputy national coordinator for health IT, will become chief health information officer of the Office of the Electronic Health Record Modernization, which is responsible for moving the VA from its VistA EHR system to a Cerner system.

The EHRM had been led by John Windom, who oversaw the acquisition of the Cerner system by the Pentagon and was appointed by former VA Secretary David Shulkin to lead the Cerner implementation as well after Shulkin announced it in June 2017.

Windom, a military captain, has been rumored to be departing the VA position for several weeks.

Arthur Allen

Editor, eHealth, POLITICO

Author, The Fantastic Laboratory of Dr. Weigl (WW Norton)

202-365-6116

From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; Fleck, Robert R. (OGC) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacofleckr>  
Cc: Ullyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyoj>; Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov; (b)(6) (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Duerinck, Lea E. (OGC) </o=va/ou=va martinsburg/cn=recipients/cn=vacodueril>  
Bcc:  
Subject: RE: [EXTERNAL] MITRE report on EHR  
Date: Thu May 31 2018 13:00:00 EDT  
Attachments: VA EHRM Interoperability Review Report Executive Summary Jan 2018 FINAL.PDF  
VA EHRM Interoperability Review Report Jan 2018 FINAL.PDF

---

attached

-----  
Camilo Sandoval

202-461-6910

From: Cashour, Curtis  
Sent: Thursday, May 31, 2018 12:37 PM  
To: Fleck, Robert R. (OGC); Sandoval, Camilo J.  
Cc: Ullyot, John; Hutton, James; Windom, John H.; Morris, Genevieve (OS/ONC/IO); (b)(6)  
Duerinck, Lea E. (OGC)  
Subject: RE: [EXTERNAL] MITRE report on EHR

Can someone share the reports with me and I will work with OGC to see if they are releasable?

Thanks,

Curt Cashour  
Press Secretary  
Department of Veterans Affairs  
202-461-7388  
Curt.Cashour@va.gov  
@curtcashour

From: Fleck, Robert R. (OGC)  
Sent: Thursday, May 31, 2018 12:27 PM  
To: Cashour, Curtis <Curt.Cashour@va.gov>; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Cc: Ulliyot, John <John.Ulliyot@va.gov>; Hutton, James <James.Hutton@va.gov>; Windom, John H. <John.Windom@va.gov>; Morris, Genevieve (OS/ONC/IO) <Genevieve.Morris@hhs.gov>; (b)(6) <(b)(6)@va.gov>; Duerinck, Lea E. (OGC) <Lea.Duerinck@va.gov>  
Subject: RE: [EXTERNAL] MITRE report on EHR

Most likely the last two.

Bob  
Robert R. Fleck  
Chief Counsel, Procurement Law Group  
Office of the General Counsel  
Room 1050  
810 Vermont Avenue, NW  
Washington, DC, 20420  
Office 202-461-4954

ATTENTION: This electronic transmission may contain attorney work-product or information protected under the attorney-client privilege. Portions of this transmission may contain information also protected from disclosure under the Freedom of Information Act, 5 USC §552. Do not release this information without prior authorization from the sender. If this has inadvertently reached the wrong party, please delete this information immediately and notify the sender. Any security screening of this email by information officers or server administrators is not intended to be consent to any party to review the content of the email or a waiver of the attorney-client privilege and/or work product privilege.



From: Cashour, Curtis  
Sent: Thursday, May 31, 2018 12:22 PM  
To: Fleck, Robert R. (OGC); Sandoval, Camilo J.  
Cc: Ulyot, John; Hutton, James; Windom, John H.; Morris, Genevieve (OS/ONC/IO); (b)(6)  
Duerinck, Lea E. (OGC)  
Subject: RE: [EXTERNAL] MITRE report on EHR

What is the main report that the public is aware of?

Curt Cashour  
Press Secretary  
Department of Veterans Affairs  
202-461-7388  
Curt.Cashour@va.gov  
@curtcashour

From: Fleck, Robert R. (OGC)  
Sent: Thursday, May 31, 2018 12:12 PM  
To: Sandoval, Camilo J. <Camilo.Sandoval@va.gov>  
Cc: Ulyot, John <John.Ulyot@va.gov>; Hutton, James <James.Hutton@va.gov>; Windom, John H. <John.Windom@va.gov>; Morris, Genevieve (OS/ONC/IO) (b)(6) @hhs.gov; Cashour, Curtis <Curt.Cashour@va.gov>; (b)(6) @va.gov; Duerinck, Lea E. (OGC) <Lea.Duerinck@va.gov>  
Subject: RE: [EXTERNAL] MITRE report on EHR

Mr. Sandoval,

There are several MITRE reports prepared for the EHR acquisition. The reports are:

Red Team Review (VA EHRM Listening Forum): Best Practice Insights - September 7, 2017

Blue Team Review: Independent Assessment – September 29, 2017

Interoperability Review Report –MITRE/law firm report

The MITRE Interoperability Review and Report - February 1, 2018, was requested by a private equities firm on February 28, 2018. The report has not been released and is currently in the queue for FOIA review.

Once we understand which report(s) the reporter has requested, the request for the report(s) could be treated as a FOIA request. An answer to a FOIA request would take some time. If we would like to provide the report(s) more responsively, the report(s) could be reviewed in accordance with FOIA principles, i.e., redacted for proprietary material, personally identifiable information and other protected information, and then released. However, a rationale supporting a different process for the prior request now in the queue would be needed..

As you may be aware, CliniComp currently has an appeal to the Federal Circuit on a ruling by the Court of Federal Claims denying a protest of the award to Cerner. As a result, In addition to the FOIA analysis, any release will need to be coordinated with DOJ.

Bob

Robert R. Fleck

Chief Counsel, Procurement Law Group

Office of the General Counsel

Room 1050

810 Vermont Avenue, NW

Washington, DC, 20420

Office 202-461-4954

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From: Sandoval, Camilo J.  
Sent: Thursday, May 31, 2018 10:14 AM  
To: Cashour, Curtis; Fleck, Robert R. (OGC)  
Cc: Ulliyot, John; Hutton, James; Windom, John H.; Morris, Genevieve (OS/ONC/IO)  
Subject: RE: [EXTERNAL] MITRE report on EHR

Bob,

Is the Mitre report still considered classified at this point in time? A reporter from the Wall Street Journal is inquiring below.

Thank you,  
Camilo

---

From: Cashour, Curtis  
Sent: Thursday, May 31, 2018 6:10:42 AM  
To: Sandoval, Camilo J.  
Cc: Ulliyot, John; Hutton, James  
Subject: RE: [EXTERNAL] MITRE report on EHR

Do you have time to discuss the below this morning?

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Benjamin Kesling [mailto:ben.kesling@wsj.com]  
Sent: Thursday, May 31, 2018 7:32 AM  
To: Cashour, Curtis <Curt.Cashour@va.gov>  
Subject: Re: [EXTERNAL] MITRE report on EHR

The decision was made weeks ago, but it will have enduring effects and I am trying to piece together what those will be and what went into the thought process. This seems to be a report that has a

repository of relevant data and since a decision has been made, ought to be publicly available by this time. I'd also very much like to speak with the top information officer at VA about the way forward with the Cerner contract and open-architecture issues.

Thanks very much

Ben

Ben Kesling

Staff Reporter

The Wall Street Journal

+1 312-273-2152

Iraq mobile +964 751 236 8527

@bkesling

On May 30, 2018, at 14:47, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

Thanks, Ben. That decision was made weeks ago. Can you walk me through the angle your piece a bit?

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Ben Kesling [mailto:ben.kesling@wsj.com]

Sent: Tuesday, May 29, 2018 5:34 PM

To: Cashour, Curtis <Curt.Cashour@va.gov>

Subject: Re: [EXTERNAL] MITRE report on EHR

I'm writing about the EHR decision and would like to have the report that helped inform the decision. I'm putting together something initially by the end of the week. If the report is not going to be widely distributed or available it could affect timeline.

Thanks,

Ben

On Tue, May 29, 2018 at 5:05 PM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

I will check. What is the specific angle of your story and deadline?

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Ben Kesling [mailto:ben.kesling@wsj.com]

Sent: Tuesday, May 29, 2018 4:44 PM

To: Cashour, Curtis <Curt.Cashour@va.gov>

Subject: [EXTERNAL] MITRE report on EHR

Curt,

Could I get a copy of the Mitre report on EHR implementation from earlier this year and which I don't think has been publicly released?

Thank you,

Ben

--

Ben Kesling



Staff Reporter

The Wall Street Journal

+1 312-273-2152

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@bkesling

--

Ben Kesling

Staff Reporter

The Wall Street Journal

+1 312-273-2152

Iraq mobile +964 751 236 8527

@bkesling

From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohaverc>  
Cc:  
Bcc:  
Subject: RE: Talking Points for EHRM Signing Day  
Date: Mon May 14 2018 21:15:10 EDT  
Attachments: image002.png  
image003.jpg

---

Thank you (b)(6) .. finally catching up with email.

From: (b)(6)  
Sent: Monday, May 14, 2018 10:08 AM  
To: Sandoval, Camilo J.  
Subject: FW: Talking Points for EHRM Signing Day

Cam, FYI...I noted that you are not on this trail.

Kindly, (b)(6)

(b)(6) / Special Assistant / OCLA / Department of Veterans Affairs

Email: (b)(6)@va.gov / Phone: 202-461-6434 / Mobile: (b)(6)

810 Vermont Ave / Washington, D.C , NW 20420

From: Hutton, James  
Sent: Monday, May 14, 2018 9:56 AM  
To: Duke, Laura <Laura.Duke@va.gov>; Ulyyot, John <John.Ulyyot@va.gov>; (b)(6) <(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>;

Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>; Zenooz, Ashwini <Ashwini.Zenooz@va.gov>

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

Adding Dr. Zenooz

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

Email: james.hutton@va.gov

Twitter: @jehutton

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James

Sent: Monday, May 14, 2018 9:54 AM

To: Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov>; Haverstock, Cathleen <Cathleen.Haverstock@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

Laura,

Please develop a questions/answers based on the points raised in the article below. This is certain to be a focus of reporters in upcoming media engagements by the acting Secretary (and others).

Will the points raised in the article have an impact on our decision/implementation?

-----  
<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets 'devastating' review

The Pentagon report could delay the VA's plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 report expands upon the findings of a March POLITICO story in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 "critical" or "severe" incident reports with the potential to result in patient deaths — characterized it as "devastating."

"Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues," a member of the testing team told POLITICO.

The project's price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is "just another 'too big to fail' program," the tester said. "The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess."

The unclassified findings could further delay a related VA contract with Cerner Corp., the digital health records company that began installing the military's system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

"MHS Genesis is extremely important and it is important to get MHS Genesis right," said Vice Adm.



Raquel Bono, chief of the Defense Health Agency. "Feedback from the test community and dedicated professionals at the sites has been invaluable."

A White House spokesman noted Friday afternoon that Kushner had no involvement with DOD's contract with Cerner. He did advise VA officials last year to contract with Cerner because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow records to be shared between military and VA treatment centers.

"He still believes that the decision to move the VA to Cerner was the right one," the spokesman said, but noted that Kushner has advocated for "moving slowly, methodically and properly" with the VA contract to avoid the problems experienced by the military hospitals.

POLITICO reported last month that the VA contract has been delayed by concerns expressed by close friends of the president, including Marvel Entertainment chairman Ike Perlmutter, who has advised the president on veterans' issues, and West Palm Beach doctor Dr. Bruce Moskowitz, who got White House approval to participate in the discussions.

VA officials on Wednesday said they will decide whether to go ahead with their deal by Memorial Day. To date, indications are they plan to sign it.

Doctors and IT specialists working at the pilot sites break into two groups, according to another well-placed source: those who think there is a path to make the system work — although it will take at least a year — and those who think there is no hope for it.

Two Cerner employees who spoke to POLITICO said the Pentagon and the lead partner on the military contract, Leidos Health, were to blame for many of the early problems. Cerner, not Leidos, would be the lead contractor for the VA contract.

The Pentagon report concluded that the new software system, called MHS Genesis, is "neither operationally effective, nor operationally suitable" -- and recommended freezing the rollout indefinitely until it can be fixed.

In another alarming finding, it disclosed "two indications that MHS Genesis may not be scalable," meaning it may be impossible to build it out through the entire military health system, which encompasses 650 hospitals and clinics serving 9.6 million troops and their beneficiaries around the world.

Testers noticed that each time a new hospital went live, the earlier sites suffered software slowdowns.

In addition, the "drop-down" selection lists in the computer program contained options from all four treatment facilities where it was rolled out. For example, users need to search through a list of every provider in the entire system to schedule a patient appointment. "Without narrowing the lists or providing a standardized structure, these lists will become unmanageable as more sites use MHS Genesis," the report says.

Doctors and IT officials involved in the project complained to POLITICO of dangerous errors and a reduction in the number of patients they can treat because of the clumsy system. Four physicians at Naval Station Bremerton, in the Puget Sound, the first hospital to go online, described a stressful atmosphere in which prescription requests came out wrong at the pharmacy, referrals failed to go through to specialists, and tasks as basic as requesting lab work were impossible.

The Pentagon evaluation, mostly done last fall, went so badly that the testing team stopped after visiting three of the four sites so the military could fix the problems, the report says. The fourth and largest site, at Madigan Army Medical Center near Tacoma, Wash., was to be examined later this year.

Officials from Cerner and Leidos Health on Friday's call dismissed suggestions that the project could



not work on a military-wide scale. They said the implementation problems were nothing they had not encountered in major commercial IT projects, and that they were being fixed. They and defense officials said the rollout is still on track to be finished in 2022.

As evidence that conditions have improved since the inspection report, patient visits increased by 20 percent from November to March, and 78 percent more prescriptions were filled on an average day, said Col. Michael Place, commander of Madigan Army Medical Center, the largest of the four installations.

"As [an initial MHS Genesis site], one of our roles is to find all those things that need to be fixed," Place said. "We take perverse pride in reporting all those things."

But former VA and military IT officials, and two investigators who saw the report, were skeptical.

"The language they use in this report is blunt," said a source with experience examining military contracts. "And I think it was written with the purpose of being damning -- to convey the extent of the problems and to caution about moving forward."

"You'll continue to hear that they just made significant updates to the system, and that no one is saying to pull the plug on the program," said the tester, who said he would be fired if his identity were released. "If DoD members, including all the healthcare professionals at those sites were actually able to freely speak, you would hear most of them calling for something else."

Defense officials have said privately that they intend to strengthen the hardware infrastructure at their West Coast bases before moving further with the contract. The VA, meanwhile, is tentatively planning to deploy its new Cerner record system in Washington and Oregon next year, linking it to the military's pilot implementation.

That effort could be imperiled if the military fails to improve its system beforehand, a congressional source said. "For now, there's nothing to build on."

---

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

Email: [james.hutton@va.gov](mailto:james.hutton@va.gov)

Twitter: [@jehutton](https://twitter.com/jehutton)

VA on Facebook . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: Duke, Laura

Sent: Friday, May 11, 2018 3:27 PM

To: Ulyot, John <John.Ulyot@va.gov>; (b)(6)@va.gov;  
Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>  
Subject: FW: Talking Points for EHRM Signing Day

All, please see the attached edits from OMB on our rollout materials, and note their comments below. Please let me know if you have any questions or would like me to arrange a discussion with OMB to discuss. The bulk of their substantive comments appear to focus on playing up the coordination with DOD.

Laura Duke

202-461-7790

From: Hayden, Nichole M. EOP/OMB (b)(6)@omb.eop.gov]

Sent: Friday, May 11, 2018 2:16 PM

To: Duke, Laura

Cc: Goldstein, Jeff D. EOP/OMB; Rychalski, Jon J.; Schmitt, Tricia; Byrd, Dylan W. EOP/OMB  
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

Laura,

Attached are the combined OMB and DPC edits to the documents for your review. In addition to our line edits provided in the attachments, we have three overarching comments.

1. POTUS event and coordination on need to be added to the "tick-tock" schedule prior to release of the documents.
2. We recommend VA check for consistency on the interchangeable use of EHR, EHRM, EHR solution throughout the documents.
3. The coordination effort with HHS and the support to national interoperability are not mentioned in

any of the documents.

Thanks,

OMB

From: Duke, Laura <Laura.Duke@va.gov>  
Sent: Thursday, May 10, 2018 5:53 PM  
To: Goldstein, Jeff D. EOP/OMB (b)(6) @omb.eop.gov>; Hayden, Nichole M. EOP/OMB (b)(6) @omb.eop.gov>; Byrd, Dylan W. EOP/OMB (b)(6) @omb.eop.gov>  
Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; Schmitt, Tricia <Tricia.Schmitt@va.gov>  
Subject: FW: Talking Points for EHRM Signing Day  
Importance: High

Jeff and team, for your review, drafts of the following documents are attached:

1. Press Release – we'll be inserting a quote from A/SecVA sometime tomorrow
2. Media/Phone statement for A/SecVA - left as bullet points
3. Draft email verbiage for A/SecVA to send the VA staff
4. FAQs
5. EHRM Fact Sheet
6. Tick-tock on rollout activities

I understand you've been in contact with OPIA on these documents, so you won't be surprised that we have a HARD deadline of noon tomorrow for any OMB edits. Please feel free to reach out if you have any questions or comments, and thanks so much!

Laura Duke

202-461-7790

<FAQs\_050718\_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet\_050918\_REVIEWED.DOCX>

<EHRM Award Statement\_050918v2.docx>

<Press\_Release\_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>



From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacotuckeb1>  
Cc:  
Bcc:  
Subject: RE: Talking Points for EHRM Signing Day  
Date: Mon May 14 2018 21:13:16 EDT  
Attachments:

---

Thank you sir. Just catching up with emails.

From: Tucker, Brooks  
Sent: Monday, May 14, 2018 10:27 AM  
To: Sandoval, Camilo J.  
Subject: FW: Talking Points for EHRM Signing Day

From: Powers, Pamela  
Sent: Monday, May 14, 2018 10:24 AM  
To: Hutton, James; Duke, Laura; Ulliyot, John; Haverstock, Cathleen; Windom, John H.; Tucker, Brooks; Cashour, Curtis; O'Rourke, Peter M.; Rychalski, Jon J.; Murray, Edward; Jones, LaKeesha D.; Shea, Kristina; Cosmas, Laura M. (BAH); Gabbert, Jeffrey A. (Mission); Yow, Mark W.; Chandler, Richard C.  
Cc: (b)(6)

(b)(6)  
Subject: RE: Talking Points for EHRM Signing Day

Please see attached. This was the DoD TPs in response.

Pam

Sent with Good (www.good.com)

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From: Hutton, James  
Sent: Monday, May 14, 2018 6:53:57 AM



To: Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; Cashour, Curtis; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; Jones, LaKeesha D.; Shea, Kristina; Cosmas, Laura M. (BAH); Gabbert, Jeffrey A. (Mission); Yow, Mark W.; Chandler, Richard C.

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

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Will the points raised in the article have an impact on our decision/implementation?

-----  
<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets 'devastating' review

The Pentagon report could delay the VA's plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 report expands upon the findings of a March POLITICO story in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 "critical" or "severe" incident reports with the potential to result in patient deaths — characterized it as "devastating."

"Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues," a member of the testing team told POLITICO.

The project's price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is "just another 'too big to fail' program," the tester said. "The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess."

The unclassified findings could further delay a related VA contract with Cerner Corp., the digital health records company that began installing the military's system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

"MHS Genesis is extremely important and it is important to get MHS Genesis right," said Vice Adm. Raquel Bono, chief of the Defense Health Agency. "Feedback from the test community and dedicated professionals at the sites has been invaluable."

A White House spokesman noted Friday afternoon that Kushner had no involvement with DOD's contract with Cerner. He did advise VA officials last year to contract with Cerner because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow records to be shared between military and VA treatment centers.

"He still believes that the decision to move the VA to Cerner was the right one," the spokesman said, but noted that Kushner has advocated for "moving slowly, methodically and properly" with the VA contract to avoid the problems experienced by the military hospitals.

POLITICO reported last month that the VA contract has been delayed by concerns expressed by close friends of the president, including Marvel Entertainment chairman Ike Perlmutter, who has advised the president on veterans' issues, and West Palm Beach doctor Dr. Bruce Moskowitz, who got White House approval to participate in the discussions.

VA officials on Wednesday said they will decide whether to go ahead with their deal by Memorial Day. To date, indications are they plan to sign it.

Doctors and IT specialists working at the pilot sites break into two groups, according to another well-placed source: those who think there is a path to make the system work — although it will take at least a year — and those who think there is no hope for it.

Two Cerner employees who spoke to POLITICO said the Pentagon and the lead partner on the military contract, Leidos Health, were to blame for many of the early problems. Cerner, not Leidos, would be the lead contractor for the VA contract.

The Pentagon report concluded that the new software system, called MHS Genesis, is "neither operationally effective, nor operationally suitable" -- and recommended freezing the rollout indefinitely until it can be fixed.

In another alarming finding, it disclosed "two indications that MHS Genesis may not be scalable," meaning it may be impossible to build it out through the entire military health system, which encompasses 650 hospitals and clinics serving 9.6 million troops and their beneficiaries around the world.

Testers noticed that each time a new hospital went live, the earlier sites suffered software slowdowns.

In addition, the "drop-down" selection lists in the computer program contained options from all four treatment facilities where it was rolled out. For example, users need to search through a list of every provider in the entire system to schedule a patient appointment. "Without narrowing the lists or providing a standardized structure, these lists will become unmanageable as more sites use MHS Genesis," the report says.

Doctors and IT officials involved in the project complained to POLITICO of dangerous errors and a reduction in the number of patients they can treat because of the clumsy system. Four physicians at Naval Station Bremerton, in the Puget Sound, the first hospital to go online, described a stressful atmosphere in which prescription requests came out wrong at the pharmacy, referrals failed to go through to specialists, and tasks as basic as requesting lab work were impossible.

The Pentagon evaluation, mostly done last fall, went so badly that the testing team stopped after



visiting three of the four sites so the military could fix the problems, the report says. The fourth and largest site, at Madigan Army Medical Center near Tacoma, Wash., was to be examined later this year.

Officials from Cerner and Leidos Health on Friday's call dismissed suggestions that the project could not work on a military-wide scale. They said the implementation problems were nothing they had not encountered in major commercial IT projects, and that they were being fixed. They and defense officials said the rollout is still on track to be finished in 2022.

As evidence that conditions have improved since the inspection report, patient visits increased by 20 percent from November to March, and 78 percent more prescriptions were filled on an average day, said Col. Michael Place, commander of Madigan Army Medical Center, the largest of the four installations.

"As [an initial MHS Genesis site], one of our roles is to find all those things that need to be fixed," Place said. "We take perverse pride in reporting all those things."

But former VA and military IT officials, and two investigators who saw the report, were skeptical.

"The language they use in this report is blunt," said a source with experience examining military contracts. "And I think it was written with the purpose of being damning -- to convey the extent of the problems and to caution about moving forward."

"You'll continue to hear that they just made significant updates to the system, and that no one is saying to pull the plug on the program," said the tester, who said he would be fired if his identity were released. "If DoD members, including all the healthcare professionals at those sites were actually able to freely speak, you would hear most of them calling for something else."

Defense officials have said privately that they intend to strengthen the hardware infrastructure at their West Coast bases before moving further with the contract. The VA, meanwhile, is tentatively planning to deploy its new Cerner record system in Washington and Oregon next year, linking it to the military's pilot implementation.

That effort could be imperiled if the military fails to improve its system beforehand, a congressional source said. "For now, there's nothing to build on."

---

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

Email: james.hutton@va.gov

Twitter: @jehutton

From: Duke, Laura  
Sent: Friday, May 11, 2018 3:27 PM  
To: Ulliyot, John <John.Ulliyot@va.gov> (b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>  
Subject: FW: Talking Points for EHRM Signing Day

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Laura Duke  
202-461-7790

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Sent: Friday, May 11, 2018 2:16 PM  
To: Duke, Laura  
Cc: Goldstein, Jeff D. EOP/OMB; Rychalski, Jon J.; Schmitt, Tricia; Byrd, Dylan W. EOP/OMB  
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

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Thanks,

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From: Duke, Laura <Laura.Duke@va.gov>  
Sent: Thursday, May 10, 2018 5:53 PM  
To: Goldstein, Jeff D. EOP/OMB (b)(6)@omb.eop.gov>; Hayden, Nichole M. EOP/OMB (b)(6)@omb.eop.gov>; Byrd, Dylan W. EOP/OMB (b)(6)@omb.eop.gov>  
Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; Schmitt, Tricia <Tricia.Schmitt@va.gov>  
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Importance: High

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202-461-7790

<FAQs\_050718\_REVIEWED.DOCX>



<SecVA Message 050918 (2).docx>

<FactSheet\_050918\_REVIEWED.DOCX>

<EHRM Award Statement\_050918v2.docx>

<Press\_Release\_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>

To: Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; Shea, Kristina </o=va/ou=va martinsburg/cn=recipients/cn=vacosheak>; Cosmas, Laura M. (BAH) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vhaisacosmal>; Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>; Duke, Laura </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=duke, laura1ff>; Ullyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyoj>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohaverc>; Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacotuckeb1>; O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoorourp>; Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=powers, pamela80c>; Rychalski, Jon J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=rychalski, jon.j.d8c>; Murray, Edward </o=va/ou=va martinsburg/cn=recipients/cn=vacomurrae1>; Jones, LaKeesha D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lakeesha.jones>; Gabbert, Jeffrey A. (Mission) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=gabbert, jeffrey.a.c35>; Yow, Mark W. </o=va/ou=va martinsburg/cn=recipients/cn=vhacoyowm>; Chandler, Richard C. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacochandr2>; Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>; Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>

Cc: (b)(6)

Bcc:  
Subject: RE: Talking Points for EHRM Signing Day  
Date: Mon May 14 2018 18:10:29 EDT  
Attachments: image001.jpg

Concur Sir. Thank you for the reaffirmation.

Vr

John

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

811 Vermont Avenue NW (5th Floor Suite 5080)

Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: Cashour, Curtis

Sent: Monday, May 14, 2018 5:09 PM

To: Shea, Kristina; Cosmas, Laura M. (BAH); Hutton, James; Duke, Laura; Ulyot, John; (b)(6)

(b)(6) Windom, John H.; Tucker, Brooks; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; Jones, LaKeesha D.; Gabbert, Jeffrey A. (Mission); Yow, Mark W.; Chandler, Richard C.; Sandoval, Camilo J.; Zenooz, Ashwini

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

No. DoD should be the only agency responding to questions about the Genesis report/Politico article. If the Hill staff are asking questions on the Genesis report/Politico article, they should be referred to DoD.

Here is VA's only statement on electronic health records modernization:

Finalizing a decision on the Department's electronic health record modernization (EHRM) effort is one

of Acting Secretary Wilkie's top three short-term priorities for VA, given the importance, magnitude and financial investment that this decision represents for Veterans and the department.

While VA doesn't typically comment on ongoing contract negotiations, proper due diligence is required to ensure the best interests of Veterans and taxpayers are served before the department enters into any agreement of this size and importance. We are doing that now, and expect to make a final decision and corresponding announcement on EHRM by Memorial Day.

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Shea, Kristina

Sent: Monday, May 14, 2018 5:00 PM

To: Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Hutton, James <James.Hutton@va.gov>;

Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov> (b)(6)

(b)(6)@va.gov; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.

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Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Gabbert,

Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler,

Richard C. <Richard.Chandler2@va.gov>; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>; Zenooz,

Ashwini <Ashwini.Zenooz@va.gov>

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

James and team: are these Q&As cleared to share with the hill in response to questions about the Politico article. Our appropriations committees are requesting any information available to refute the claims made in the article.

Thanks,

Kristy



From: Cosmas, Laura M. (BAH)  
Sent: Monday, May 14, 2018 12:05 PM  
To: Hutton, James; Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks;  
Cashour, Curtis; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; Jones,  
LaKeesha D.; Shea, Kristina; Gabbert, Jeffrey A. (Mission); Yow, Mark W.; Chandler, Richard C.;  
Sandoval, Camilo J.; Zenooz, Ashwini  
Cc: (b)(6)  
(b)(6)  
Subject: RE: Talking Points for EHRM Signing Day

Mr. Hutton – The below are recommended VA Q&As regarding the Politico article. For specific DoD or White House questions, we defer to the DoD and/or WH press office.

Please let us know if you have any additional questions,

Laura

Q1. The report says there are two indications that MHS GENESIS “may not be scalable”, is this a concern for VA?

A1. Ensuring seamless care for Servicemembers and Veterans is a central goal for the EHR effort. In early 2017, Cerner rigorously tested the scalability of Cerner Millennium to ensure a single VA, DoD and US Coast Guard domain could be maintained, using real-world similar conditions representing up to 100,000 concurrent users. There was no issue with the volume of transactions the system could process during this test, and there was around 40% remaining processor overhead available.

Q2. How has VA incorporated DoD's lessons learned in VA's deployment plans?

A2. VA and DoD are working closely together to ensure lessons learned at DoD sites will enhance future deployments at DoD as well as VA. DoD's biggest challenges have centered on Change Management and User Adoption processes. VA appreciates the candid feedback received from DoD and have incorporated many lessons learned into our planned deployment approach with a greater emphasis on training and user adoption.

Q3. Does VA have any concerns that this report will affect your ongoing negotiations with Cerner?

A3. During contract negotiations, Cerner has been transparent and working closely with VA about the challenges outlined in this report. By learning from DoD, VA will be able to proactively address these challenges to further reduce potential risks at VA's first deployment sites.

Laura Cosmas

PMO Support

EHRM PEO

202-494-2702 (Mobile)

From: Hutton, James

Sent: Monday, May 14, 2018 9:54 AM

To: Duke, Laura <Laura.Duke@va.gov>; Ulliyot, John <John.Ulliyot@va.gov>; Haverstock, Cathleen <Cathleen.Haverstock@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>

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(b)(6)

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<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

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“He still believes that the decision to move the VA to Cerner was the right one,” the spokesman said, but noted that Kushner has advocated for “moving slowly, methodically and properly” with the VA contract to avoid the problems experienced by the military hospitals.

POLITICO reported last month that the VA contract has been delayed by concerns expressed by close friends of the president, including Marvel Entertainment chairman Ike Perlmutter, who has advised the president on veterans’ issues, and West Palm Beach doctor Dr. Bruce Moskowitz, who got White House approval to participate in the discussions.

VA officials on Wednesday said they will decide whether to go ahead with their deal by Memorial Day. To date, indications are they plan to sign it.

Doctors and IT specialists working at the pilot sites break into two groups, according to another well-placed source: those who think there is a path to make the system work — although it will take at least a year — and those who think there is no hope for it.

Two Cerner employees who spoke to POLITICO said the Pentagon and the lead partner on the military contract, Leidos Health, were to blame for many of the early problems. Cerner, not Leidos, would be the lead contractor for the VA contract.

The Pentagon report concluded that the new software system, called MHS Genesis, is “neither



operationally effective, nor operationally suitable" -- and recommended freezing the rollout indefinitely until it can be fixed.

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Testers noticed that each time a new hospital went live, the earlier sites suffered software slowdowns.

In addition, the "drop-down" selection lists in the computer program contained options from all four treatment facilities where it was rolled out. For example, users need to search through a list of every provider in the entire system to schedule a patient appointment. "Without narrowing the lists or providing a standardized structure, these lists will become unmanageable as more sites use MHS Genesis," the report says.

Doctors and IT officials involved in the project complained to POLITICO of dangerous errors and a reduction in the number of patients they can treat because of the clumsy system. Four physicians at Naval Station Bremerton, in the Puget Sound, the first hospital to go online, described a stressful atmosphere in which prescription requests came out wrong at the pharmacy, referrals failed to go through to specialists, and tasks as basic as requesting lab work were impossible.

The Pentagon evaluation, mostly done last fall, went so badly that the testing team stopped after visiting three of the four sites so the military could fix the problems, the report says. The fourth and largest site, at Madigan Army Medical Center near Tacoma, Wash., was to be examined later this year.

Officials from Cerner and Leidos Health on Friday's call dismissed suggestions that the project could not work on a military-wide scale. They said the implementation problems were nothing they had not encountered in major commercial IT projects, and that they were being fixed. They and defense officials said the rollout is still on track to be finished in 2022.

As evidence that conditions have improved since the inspection report, patient visits increased by 20 percent from November to March, and 78 percent more prescriptions were filled on an average day, said Col. Michael Place, commander of Madigan Army Medical Center, the largest of the four installations.

"As [an initial MHS Genesis site], one of our roles is to find all those things that need to be fixed," Place said. "We take perverse pride in reporting all those things."

But former VA and military IT officials, and two investigators who saw the report, were skeptical.

"The language they use in this report is blunt," said a source with experience examining military contracts. "And I think it was written with the purpose of being damning -- to convey the extent of the problems and to caution about moving forward."

"You'll continue to hear that they just made significant updates to the system, and that no one is saying to pull the plug on the program," said the tester, who said he would be fired if his identity were released. "If DoD members, including all the healthcare professionals at those sites were actually able to freely speak, you would hear most of them calling for something else."

Defense officials have said privately that they intend to strengthen the hardware infrastructure at their West Coast bases before moving further with the contract. The VA, meanwhile, is tentatively planning to deploy its new Cerner record system in Washington and Oregon next year, linking it to the military's pilot implementation.

That effort could be imperiled if the military fails to improve its system beforehand, a congressional



source said. "For now, there's nothing to build on."

---

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

Email: james.hutton@va.gov

Twitter: @jehutton

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Duke, Laura

Sent: Friday, May 11, 2018 3:27 PM

To: Ulyot, John <John.Ulyot@va.gov>; (b)(6)@va.gov;  
Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>

Subject: FW: Talking Points for EHRM Signing Day

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Laura Duke

202-461-7790

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Sent: Friday, May 11, 2018 2:16 PM  
To: Duke, Laura  
Cc: Goldstein, Jeff D. EOP/OMB; Rychalski, Jon J.; Schmitt, Tricia; Byrd, Dylan W. EOP/OMB  
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

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<FAQs\_050718\_REVIEWED.DOCX>

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From: Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>

To: Shea, Kristina </o=va/ou=va martinsburg/cn=recipients/cn=vacosheak>; Cosmas, Laura M. (BAH) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vhaisacosmal>; Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>; Duke, Laura </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=duke, laura1ff>; Ulyyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyoj>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohaverc>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacotuckeb1>; O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoorourp>; Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=powers, pamela80c>; Rychalski, Jon J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=rychalski, jon.j.d8c>; Murray, Edward </o=va/ou=va martinsburg/cn=recipients/cn=vacomurrae1>; Jones, LaKeesha D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lakeesha.jones>; Gabbert, Jeffrey A. (Mission) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=gabbert, jeffrey.a.c35>; Yow, Mark W. </o=va/ou=va martinsburg/cn=recipients/cn=vhacoyowm>; Chandler, Richard C. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacochandr2>; Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>; Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>

Cc: (b)(6)

Bcc:  
Subject: RE: Talking Points for EHRM Signing Day  
Date: Mon May 14 2018 17:08:55 EDT  
Attachments: image001.jpg

No. DoD should be the only agency responding to questions about the Genesis report/Politico article. If the Hill staff are asking questions on the Genesis report/Politico article, they should be referred to DoD.



Here is VA's only statement on electronic health records modernization:

Finalizing a decision on the Department's electronic health record modernization (EHRM) effort is one of Acting Secretary Wilkie's top three short-term priorities for VA, given the importance, magnitude and financial investment that this decision represents for Veterans and the department.

While VA doesn't typically comment on ongoing contract negotiations, proper due diligence is required to ensure the best interests of Veterans and taxpayers are served before the department enters into any agreement of this size and importance. We are doing that now, and expect to make a final decision and corresponding announcement on EHRM by Memorial Day.

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Shea, Kristina

Sent: Monday, May 14, 2018 5:00 PM

To: Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Hutton, James <James.Hutton@va.gov>;

Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov>; (b)(6)

(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.

Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.

gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>;

Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Gabbert,

Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler,

Richard C. <Richard.Chandler2@va.gov>; Sandoval, Camilo J. <Camilo.Sandoval@va.gov>; Zenooz,

Ashwini <Ashwini.Zenooz@va.gov>

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

James and team: are these Q&As cleared to share with the hill in response to questions about the Politico article. Our appropriations committees are requesting any information available to refute the claims made in the article.

Thanks,

Kristy

From: Cosmas, Laura M. (BAH)

Sent: Monday, May 14, 2018 12:05 PM

To: Hutton, James; Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; Cashour, Curtis; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; Jones, LaKeesha D.; Shea, Kristina; Gabbert, Jeffrey A. (Mission); Yow, Mark W.; Chandler, Richard C.; Sandoval, Camilo J.; Zenooz, Ashwini

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

Mr. Hutton – The below are recommended VA Q&As regarding the Politico article. For specific DoD or White House questions, we defer to the DoD and/or WH press office.

Please let us know if you have any additional questions,

Laura

Q1. The report says there are two indications that MHS GENESIS “may not be scalable”, is this a concern for VA?

A1. Ensuring seamless care for Servicemembers and Veterans is a central goal for the EHR effort. In early 2017, Cerner rigorously tested the scalability of Cerner Millennium to ensure a single VA, DoD and US Coast Guard domain could be maintained, using real-world similar conditions representing up to 100,000 concurrent users. There was no issue with the volume of transactions the system could process during this test, and there was around 40% remaining processor overhead available.

Q2. How has VA incorporated DoD's lessons learned in VA's deployment plans?

A2. VA and DoD are working closely together to ensure lessons learned at DoD sites will enhance future deployments at DoD as well as VA. DoD's biggest challenges have centered on Change Management and User Adoption processes. VA appreciates the candid feedback received from DoD and have incorporated many lessons learned into our planned deployment approach with a greater emphasis on training and user adoption.

Q3. Does VA have any concerns that this report will affect your ongoing negotiations with Cerner?

A3. During contract negotiations, Cerner has been transparent and working closely with VA about the challenges outlined in this report. By learning from DoD, VA will be able to proactively address these challenges to further reduce potential risks at VA's first deployment sites.

Laura Cosmas

PMO Support

EHRM PEO

(b)(6) (Mobile)

From: Hutton, James

Sent: Monday, May 14, 2018 9:54 AM

To: Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov>; (b)(6)

(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

Laura,

Please develop a questions/answers based on the points raised in the article below. This is certain to be a focus of reporters in upcoming media engagements by the acting Secretary (and others).

Will the points raised in the article have an impact on our decision/implementation?

-----

<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets 'devastating' review

The Pentagon report could delay the VA's plans to install the multibillion-dollar software project begun



under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 report expands upon the findings of a March POLITICO story in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 “critical” or “severe” incident reports with the potential to result in patient deaths — characterized it as “devastating.”

“Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues,” a member of the testing team told POLITICO.

The project’s price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is “just another ‘too big to fail’ program,” the tester said. “The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess.”

The unclassified findings could further delay a related VA contract with Cerner Corp., the digital health records company that began installing the military’s system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

“MHS Genesis is extremely important and it is important to get MHS Genesis right,” said Vice Adm. Raquel Bono, chief of the Defense Health Agency. “Feedback from the test community and dedicated professionals at the sites has been invaluable.”

A White House spokesman noted Friday afternoon that Kushner had no involvement with DOD’s contract with Cerner. He did advise VA officials last year to contract with Cerner because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow records to be shared between military and VA treatment centers.

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Deputy Assistant Secretary

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Department of Veterans Affairs

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(fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; O'Rourke, Peter  
M. </o=va/ou=exchange administrative group  
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Murray, Edward </o=va/ou=va  
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(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>; Zenooz, Ashwini  
</o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>

Cc: (b)(6)

Bcc:  
Subject: RE: Talking Points for EHRM Signing Day  
Date: Mon May 14 2018 16:59:32 EDT  
Attachments: image001.jpg

James and team: are these Q&As cleared to share with the hill in response to questions about the Politico article. Our appropriations committees are requesting any information available to refute the

claims made in the article.

Thanks,

Kristy

From: Cosmas, Laura M. (BAH)  
Sent: Monday, May 14, 2018 12:05 PM  
To: Hutton, James; Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; Cashour, Curtis; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; Jones, LaKeesha D.; Shea, Kristina; Gabbert, Jeffrey A. (Mission); Yow, Mark W.; Chandler, Richard C.; Sandoval, Camilo J.; Zenooz, Ashwini  
Cc: (b)(6)  
(b)(6)  
Subject: RE: Talking Points for EHRM Signing Day

Mr. Hutton – The below are recommended VA Q&As regarding the Politico article. For specific DoD or White House questions, we defer to the DoD and/or WH press office.

Please let us know if you have any additional questions,

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Laura Cosmas

PMO Support

EHRM PEO

(b)(6) (Mobile)

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Sent: Monday, May 14, 2018 9:54 AM

To: Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov>; (b)(6) <(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>

Cc: (b)(6)

(b)(6)

Subject: RE: Talking Points for EHRM Signing Day

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<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

Kushner-backed health care project gets 'devastating' review



The Pentagon report could delay the VA's plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

The April 30 report expands upon the findings of a March POLITICO story in which doctors and IT specialists expressed alarm about the software system, describing how clinicians at one of four pilot centers, Naval Station Bremerton, quit because they were terrified they might hurt patients, or even kill them.

Experts who saw the Pentagon evaluation — it lists 156 “critical” or “severe” incident reports with the potential to result in patient deaths — characterized it as “devastating.”

“Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues,” a member of the testing team told POLITICO.

The project's price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is “just another ‘too big to fail’ program,” the tester said. “The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess.”

The unclassified findings could further delay a related VA contract with Cerner Corp., the digital health records company that began installing the military's system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

“MHS Genesis is extremely important and it is important to get MHS Genesis right,” said Vice Adm. Raquel Bono, chief of the Defense Health Agency. “Feedback from the test community and dedicated professionals at the sites has been invaluable.”

A White House spokesman noted Friday afternoon that Kushner had no involvement with DOD's contract with Cerner. He did advise VA officials last year to contract with Cerner because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow records to be shared between military and VA treatment centers.

“He still believes that the decision to move the VA to Cerner was the right one,” the spokesman said, but noted that Kushner has advocated for “moving slowly, methodically and properly” with the VA contract to avoid the problems experienced by the military hospitals.

POLITICO reported last month that the VA contract has been delayed by concerns expressed by close friends of the president, including Marvel Entertainment chairman Ike Perlmutter, who has advised the president on veterans' issues, and West Palm Beach doctor Dr. Bruce Moskowitz, who got White House approval to participate in the discussions.

VA officials on Wednesday said they will decide whether to go ahead with their deal by Memorial Day. To date, indications are they plan to sign it.



Doctors and IT specialists working at the pilot sites break into two groups, according to another well-placed source: those who think there is a path to make the system work — although it will take at least a year — and those who think there is no hope for it.

Two Cerner employees who spoke to POLITICO said the Pentagon and the lead partner on the military contract, Leidos Health, were to blame for many of the early problems. Cerner, not Leidos, would be the lead contractor for the VA contract.

The Pentagon report concluded that the new software system, called MHS Genesis, is “neither operationally effective, nor operationally suitable” -- and recommended freezing the rollout indefinitely until it can be fixed.

In another alarming finding, it disclosed “two indications that MHS Genesis may not be scalable,” meaning it may be impossible to build it out through the entire military health system, which encompasses 650 hospitals and clinics serving 9.6 million troops and their beneficiaries around the world.

Testers noticed that each time a new hospital went live, the earlier sites suffered software slowdowns.

In addition, the “drop-down” selection lists in the computer program contained options from all four treatment facilities where it was rolled out. For example, users need to search through a list of every provider in the entire system to schedule a patient appointment. “Without narrowing the lists or providing a standardized structure, these lists will become unmanageable as more sites use MHS Genesis,” the report says.

Doctors and IT officials involved in the project complained to POLITICO of dangerous errors and a reduction in the number of patients they can treat because of the clumsy system. Four physicians at Naval Station Bremerton, in the Puget Sound, the first hospital to go online, described a stressful atmosphere in which prescription requests came out wrong at the pharmacy, referrals failed to go through to specialists, and tasks as basic as requesting lab work were impossible.

The Pentagon evaluation, mostly done last fall, went so badly that the testing team stopped after visiting three of the four sites so the military could fix the problems, the report says. The fourth and largest site, at Madigan Army Medical Center near Tacoma, Wash., was to be examined later this year.

Officials from Cerner and Leidos Health on Friday's call dismissed suggestions that the project could not work on a military-wide scale. They said the implementation problems were nothing they had not encountered in major commercial IT projects, and that they were being fixed. They and defense officials said the rollout is still on track to be finished in 2022.

As evidence that conditions have improved since the inspection report, patient visits increased by 20 percent from November to March, and 78 percent more prescriptions were filled on an average day, said Col. Michael Place, commander of Madigan Army Medical Center, the largest of the four installations.

“As [an initial MHS Genesis site], one of our roles is to find all those things that need to be fixed,” Place said. “We take perverse pride in reporting all those things.”

But former VA and military IT officials, and two investigators who saw the report, were skeptical.

“The language they use in this report is blunt,” said a source with experience examining military contracts. “And I think it was written with the purpose of being damning -- to convey the extent of the problems and to caution about moving forward.”

“You’ll continue to hear that they just made significant updates to the system, and that no one is saying

to pull the plug on the program,” said the tester, who said he would be fired if his identity were released. “If DoD members, including all the healthcare professionals at those sites were actually able to freely speak, you would hear most of them calling for something else.”

Defense officials have said privately that they intend to strengthen the hardware infrastructure at their West Coast bases before moving further with the contract. The VA, meanwhile, is tentatively planning to deploy its new Cerner record system in Washington and Oregon next year, linking it to the military’s pilot implementation.

That effort could be imperiled if the military fails to improve its system beforehand, a congressional source said. “For now, there’s nothing to build on.”

---

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

Email: james.hutton@va.gov

Twitter: @jehutton

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Duke, Laura

Sent: Friday, May 11, 2018 3:27 PM

To: Ulyot, John <John.Ulyot@va.gov>; (b)(6)@va.gov;  
Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>  
Subject: FW: Talking Points for EHRM Signing Day



All, please see the attached edits from OMB on our rollout materials, and note their comments below. Please let me know if you have any questions or would like me to arrange a discussion with OMB to discuss. The bulk of their substantive comments appear to focus on playing up the coordination with DOD.

Laura Duke

202-461-7790

From: Hayden, Nichole M. EOP/OMB (b)(6)@omb.eop.gov]  
Sent: Friday, May 11, 2018 2:16 PM  
To: Duke, Laura  
Cc: Goldstein, Jeff D. EOP/OMB; Rychalski, Jon J.; Schmitt, Tricia; Byrd, Dylan W. EOP/OMB  
Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

Laura,

Attached are the combined OMB and DPC edits to the documents for your review. In addition to our line edits provided in the attachments, we have three overarching comments.

1. POTUS event and coordination on need to be added to the "tick-tock" schedule prior to release of the documents.
2. We recommend VA check for consistency on the interchangeable use of EHR, EHRM, EHR solution throughout the documents.
3. The coordination effort with HHS and the support to national interoperability are not mentioned in any of the documents.

Thanks,

OMB

From: Duke, Laura <Laura.Duke@va.gov>  
Sent: Thursday, May 10, 2018 5:53 PM  
To: Goldstein, Jeff D. EOP/OMB (b)(6)@omb.eop.gov>; Hayden, Nichole M. EOP/OMB (b)(6)@omb.eop.gov>; Byrd, Dylan W. EOP/OMB (b)(6)@omb.eop.gov>  
Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; Schmitt, Tricia <Tricia.Schmitt@va.gov>  
Subject: FW: Talking Points for EHRM Signing Day

Importance: High

Jeff and team, for your review, drafts of the following documents are attached:

1. Press Release – we'll be inserting a quote from A/SecVA sometime tomorrow
2. Media/Phone statement for A/SecVA - left as bullet points
3. Draft email verbiage for A/SecVA to send the VA staff
4. FAQs
5. EHRM Fact Sheet
6. Tick-tock on rollout activities

I understand you've been in contact with OPIA on these documents, so you won't be surprised that we have a HARD deadline of noon tomorrow for any OMB edits. Please feel free to reach out if you have any questions or comments, and thanks so much!

Laura Duke

202-461-7790

<FAQs\_050718\_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet\_050918\_REVIEWED.DOCX>

<EHRM Award Statement\_050918v2.docx>

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From: Cosmas, Laura M. (BAH) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vhaisacosmal>  
To: Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>; Duke, Laura </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=duke, laura1ff>; Ulylot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyloj>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohaverc>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacotuckeb1>; Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoorourp>; Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=powers, pamela80c>; Rychalski, Jon J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=rychalski, jon.j.d8c>; Murray, Edward </o=va/ou=va martinsburg/cn=recipients/cn=vacomurrae1>; Jones, LaKeesha D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lakeesha.jones>; Shea, Kristina </o=va/ou=va martinsburg/cn=recipients/cn=vacosheak>; Gabbert, Jeffrey A. (Mission) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=gabbert, jeffrey a.c35>; Yow, Mark W. </o=va/ou=va martinsburg/cn=recipients/cn=vhacoyowm>; Chandler, Richard C. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacochandr2>; Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>; Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>

Cc: (b)(6)

Bcc:  
Subject: RE: Talking Points for EHRM Signing Day  
Date: Mon May 14 2018 12:05:05 EDT  
Attachments: image001.jpg

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Please let us know if you have any additional questions,

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PMO Support

EHRM PEO

(b)(6) (Mobile)

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Sent: Monday, May 14, 2018 9:54 AM

To: Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov> (b)(6)  
(b)(6)@va.gov; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>

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ARTHUR ALLEN 05/11/2018 04:54 PM EDT

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---

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

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Email: james.hutton@va.gov

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Sent: Friday, May 11, 2018 3:27 PM

To: Ulliyot, John <John.Ulliyot@va.gov> (b)(6)@va.gov; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>  
Subject: FW: Talking Points for EHRM Signing Day

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Laura Duke

202-461-7790

From: Hayden, Nichole M. EOP/OMB (b)(6)@omb.eop.gov]

Sent: Friday, May 11, 2018 2:16 PM

To: Duke, Laura

Cc: Goldstein, Jeff D. EOP/OMB; Rychalski, Jon J.; Schmitt, Tricia; Byrd, Dylan W. EOP/OMB

Subject: [EXTERNAL] RE: Talking Points for EHRM Signing Day

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Sent: Thursday, May 10, 2018 5:53 PM  
To: Goldstein, Jeff D. EOP/OMB (b)(6)@omb.eop.gov; Hayden, Nichole M. EOP/OMB (b)(6)@omb.eop.gov; Byrd, Dylan W. EOP/OMB (b)(6)@omb.eop.gov  
Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; Schmitt, Tricia <Tricia.Schmitt@va.gov>  
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Importance: High

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<FAQs\_050718\_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet\_050918\_REVIEWED.DOCX>

<EHRM Award Statement\_050918v2.docx>

<Press\_Release\_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>



From: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacotuckeb1>  
To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: FW: Talking Points for EHRM Signing Day  
Date: Mon May 14 2018 10:27:23 EDT  
Attachments: DOT&E\_MHS\_GENESIS\_Statement\_May2018.pdf  
IOT&E\_MHS\_GENESIS\_Senior\_Talking\_Points\_May2018.pdf

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From: Powers, Pamela  
Sent: Monday, May 14, 2018 10:24 AM  
To: Hutton, James; Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; Cashour, Curtis; O'Rourke, Peter M.; Rychalski, Jon J.; Murray, Edward; Jones, LaKeesha D.; Shea, Kristina; Cosmas, Laura M. (BAH); Gabbert, Jeffrey A. (Mission); Yow, Mark W.; Chandler, Richard C.  
Cc: (b)(6)  
(b)(6)  
Subject: RE: Talking Points for EHRM Signing Day

Please see attached. This was the DoD TPs in response.

Pam

Sent with Good (www.good.com)

From: Hutton, James  
Sent: Monday, May 14, 2018 6:53:57 AM  
To: Duke, Laura; Ulyot, John; (b)(6) Windom, John H.; Tucker, Brooks; Cashour, Curtis; O'Rourke, Peter M.; Powers, Pamela; Rychalski, Jon J.; Murray, Edward; Jones, LaKeesha D.; Shea, Kristina; Cosmas, Laura M. (BAH); Gabbert, Jeffrey A. (Mission); Yow, Mark W.; Chandler, Richard C.  
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<https://www.politico.com/story/2018/05/11/kushner-backed-health-care-project-gets-devastating-review-535847?cid=apn>

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The Pentagon report could delay the VA's plans to install the multibillion-dollar software project begun under Obama.

ARTHUR ALLEN 05/11/2018 04:54 PM EDT

The first stage of a multibillion-dollar military-VA digital health program championed by Jared Kushner has been riddled with problems so severe they could have led to patient deaths, according to a report obtained by POLITICO.

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Experts who saw the Pentagon evaluation — it lists 156 "critical" or "severe" incident reports with the potential to result in patient deaths — characterized it as "devastating."

"Traditionally, if you have more than five [incident reports] at that high a level, the program has significant issues," a member of the testing team told POLITICO.

The project's price tag and political sensitivity — it was designed to address nagging problems with military and veteran health care at a cost of about \$20 billion over the next decade — means it is "just another 'too big to fail' program," the tester said. "The end result everyone is familiar with — years and years of delays and many billions spent trying to fix the mess."

The unclassified findings could further delay a related VA contract with Cerner Corp., the digital health records company that began installing the military's system in February 2017. The VA last year chose Cerner as its vendor, with the belief that sharing the same system would facilitate the exchange of health records when troops left the service. The military program, called MHS Genesis, was approved in 2015 under President Barack Obama.

In a briefing with reporters late Friday, Pentagon officials said they had made many improvements to the pilot at four bases in the Pacific Northwest since the study team ended its review in November.

"MHS Genesis is extremely important and it is important to get MHS Genesis right," said Vice Adm. Raquel Bono, chief of the Defense Health Agency. "Feedback from the test community and dedicated professionals at the sites has been invaluable."

A White House spokesman noted Friday afternoon that Kushner had no involvement with DOD's contract with Cerner. He did advise VA officials last year to contract with Cerner because the military was already using the vendor, and he argued the creation of a seamless, unified system would allow



records to be shared between military and VA treatment centers.

"He still believes that the decision to move the VA to Cerner was the right one," the spokesman said, but noted that Kushner has advocated for "moving slowly, methodically and properly" with the VA contract to avoid the problems experienced by the military hospitals.

POLITICO reported last month that the VA contract has been delayed by concerns expressed by close friends of the president, including Marvel Entertainment chairman Ike Perlmutter, who has advised the president on veterans' issues, and West Palm Beach doctor Dr. Bruce Moskowitz, who got White House approval to participate in the discussions.

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Department of Veterans Affairs

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Washington, D.C. 20420

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Email: [james.hutton@va.gov](mailto:james.hutton@va.gov)

Twitter: [@jehutton](https://twitter.com/jehutton)

[VA on Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: Duke, Laura



Sent: Friday, May 11, 2018 3:27 PM

To: Ulliyot, John <John.Ulliyot@va.gov>; (b)(6)@va.gov;  
Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Hutton, James <James.Hutton@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>  
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<SecVA Message 050918 (2).docx>

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<Press\_Release\_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohaverc>  
To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: FW: Talking Points for EHRM Signing Day  
Date: Mon May 14 2018 10:08:03 EDT  
Attachments: image001.jpg  
image002.png

---

Cam, FYI...I noted that you are not on this trail.

Kindly, (b)(6)

(b)(6) / Special Assistant / OCLA / Department of Veterans Affairs

Email: (b)(6)@va.gov / Phone: 202-461-6434 / Mobile: (b)(6)

810 Vermont Ave / Washington, D.C , NW 20420

From: Hutton, James

Sent: Monday, May 14, 2018 9:56 AM

To: Duke, Laura <Laura.Duke@va.gov>; Ulyot, John <John.Ulyot@va.gov>; (b)(6)

(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; O'Rourke, Peter M. <Peter.ORourke@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>; Jones, LaKeesha D. <Lakeesha.Jones@va.gov>; Shea, Kristina <Kristina.Shea@va.gov>; Cosmas, Laura M. (BAH) <Laura.Cosmas@va.gov>; Gabbert, Jeffrey A. (Mission) <Jeffrey.Gabbert@va.gov>; Yow, Mark W. <Mark.Yow@va.gov>; Chandler, Richard C. <Richard.Chandler2@va.gov>; Zenooz, Ashwini <Ashwini.Zenooz@va.gov>

Cc: (b)(6)

(b)(6)

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Adding Dr. Zenooz

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From: Duke, Laura <Laura.Duke@va.gov>



Sent: Thursday, May 10, 2018 5:53 PM

To: Goldstein, Jeff D. EOP/OMB (b)(6) @omb.eop.gov>; Hayden, Nichole M. EOP/OMB (b)(6) @omb.eop.gov>; Byrd, Dylan W. EOP/OMB (b)(6) @omb.eop.gov>

Cc: Rychalski, Jon J. <Jon.Rychalski@va.gov>; Schmitt, Tricia <Tricia.Schmitt@va.gov>

Subject: FW: Talking Points for EHRM Signing Day

Importance: High

Jeff and team, for your review, drafts of the following documents are attached:

1. Press Release – we'll be inserting a quote from A/SecVA sometime tomorrow
2. Media/Phone statement for A/SecVA - left as bullet points
3. Draft email verbiage for A/SecVA to send the VA staff
4. FAQs
5. EHRM Fact Sheet
6. Tick-tock on rollout activities

I understand you've been in contact with OPIA on these documents, so you won't be surprised that we have a HARD deadline of noon tomorrow for any OMB edits. Please feel free to reach out if you have any questions or comments, and thanks so much!

Laura Duke

202-461-7790

<FAQs\_050718\_REVIEWED.DOCX>

<SecVA Message 050918 (2).docx>

<FactSheet\_050918\_REVIEWED.DOCX>

<EHRM Award Statement\_050918v2.docx>

<Press\_Release\_050918-with dollars added-v2.docx>

<Communications Award Schedule (Tick-Tock) 050918 OB edit.docx>

From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Spero, Casin D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=spero, casin d.f32>; Hayes-Byrd, Jacquelyn </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohayesj1>; O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoorourp>  
Cc:  
Bcc:  
Subject: RE: Please Review Tonight  
Date: Fri May 04 2018 02:15:40 EDT  
Attachments: [EXTERNAL] NDA.pdf (1).msg  
NDA.pdf  
[EXTERNAL] RE: VA EHR NDA (2).msg  
Perlmutter.EHR NDA v2 mbs.pdf  
[EXTERNAL] Re: VA EHR NDA (3).msg  
EHR NDA v2 mbs.pdf  
EHR NDA v2 RL.pdf  
EHR NDA v2.pdf

---

And in case anyone ask, here are the signed NDA's of Ike, Bruce, and Marc.

From: Sandoval, Camilo J.  
Sent: Friday, May 04, 2018 2:12 AM  
To: Spero, Casin D.; Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.  
Subject: RE: Please Review Tonight

Pete—

This request from members of congress is based on inaccurate reporting by Arthur Allen from Politico, which was fueled by David Shulkin and Scott Blackburn. In fact, the real outside interference and conflict of interest came from Peter Levin, who was attempting to shape the direction of ongoing contract negotiations between the VA and Cerner. According to John Windom and Ash Zenooz, on several occasions Secretary Shulkin suggested to the EHRM team that Peter Levin be hired as a direct contractor. When those efforts failed, Peter Levin then acquired VA contracts through MITRE with Secretary Shulkin's influence. Please note that Peter Levin, Scott Gould, Stephen Ondra and Michele Flournoy (married to Scott Gould) all work for or are associated with AMIDA and MITRE. Ironically, they were all senior VA or DOD employees under the Obama administration with access to insider information.

A key question Arthur Allen and interested members of congress should investigate and write about is,

why did Shulkin and Blackburn continue to communicate with Peter Levin, and put undue pressure on John Windom to hire Peter Levin's firm—AMIDA—as a contractor. Also, why was Shulkin in such a rush to sign the Cerner contract last year (Oct/Nov) when there was over 51 major findings and recommendations added to the contract over the past several months? And for the record, it was a team of top medical CIOs and practitioners—put together by Ike Perlmutter and Bruce Moskowitz—who identified the flaws in the contract and made the recommendations, not MITRE. MITRE had advised against a strategic pause, and then took credit for the work done after.

Please read attachments.

From: Spero, Casin D.  
Sent: Thursday, May 03, 2018 7:31 PM  
To: Sandoval, Camilo J.; Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.  
Subject: RE: Please Review Tonight

Good info Cam, we may want to remind the interested parties of that.

From: Sandoval, Camilo J.  
Sent: Thursday, May 03, 2018 4:13:22 PM  
To: Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.; Spero, Casin D.  
Subject: RE: Please Review Tonight

Thank you Jacquie. If we go back to Shulkin's EHRM hearing testimony, he mentions under oath that he and Scott Blackburn requested outside, non-governmental help from the top 5 Medical CIO's. These experts are who alerted him to the many interoperability issues previously unknown to Cerner or VA staff.

From: Hayes-Byrd, Jacquelyn  
Sent: Thursday, May 03, 2018 5:42 PM  
To: O'Rourke, Peter M.; Sandoval, Camilo J.; Spero, Casin D.  
Subject: Please Review Tonight

Please see these two documents tonight as the Dep Sec provided this to Colonel Gainey late this afternoon

And Andy will be giving it to the Secretary first in the a.m. don't want you to be blindsided and I would like for you to be prepared to discuss.

Jacquie

From: Washington, Conrad  
Sent: Thursday, May 03, 2018 5:32 PM  
To: Hayes-Byrd, Jacquelyn  
Subject: REQUESTED SCAN

Conrad Washington

Special Assistant

Office of the Secretary

810 Vermont Ave, NW

Washington, DC 20420

202-461-7865 (O)

Conrad.washington@va.gov

VA Core Values: Integrity, Commitment, Advocacy, Respect, and Excellence—I CARE



Document ID: 0.7.1705.452743-000001

Owner: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>

Filename: [EXTERNAL] NDA.pdf (1).msg <extracted>

Last Modified: Fri May 04 01:15:40 CDT 2018

---

[EXTERNAL] NDA.pdf (1).msg - extracted for Printed Item: 171 - Attachment 1 of 8

**Cc:** DJS[vacodjs1@va.gov]; IP[ip@irenhange159.com]; mbsherman@gmail.com[mbsherman@gmail.com]  
**To:** Blackburn, Scott R. (DISABLED ACCT)[Scott.Blackburn@va.gov]; (b)(6)@va.gov; Windom, John H.[John.Windom@va.gov]  
**From:** Bruce Moskowitz  
**Sent:** Tue 3/13/2018 6:59:21 PM  
**Subject:** [EXTERNAL] NDA.pdf  
[NDA.pdf](#)

Sent from my iPad  
Bruce Moskowitz M.D.

Document ID: 0.7.1705.452743-000003

Owner: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>

Filename: [EXTERNAL] RE: VA EHR NDA (2).msg <extracted>

Last Modified: Fri May 04 01:15:40 CDT 2018

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[EXTERNAL] RE: VA EHR NDA (b)(6) [redacted] for Printed Item: 171 ( Attachment 3 of 8)  
To: Marc Sherman (b)(6) [redacted]@gmail.com], Blackburn, Scott R. (DISABLED ACCT)[Scott.Blackburn@va.gov]  
Cc: (b)(6) [redacted]@gmail.com (b)(6) [redacted]@gmail.com]; Bruce Moskowitz (b)(6) [redacted]@mac.com]; (b)(6) [redacted]@va.gov]; Windom, John H. [John.Windom@va.gov]; DJS [vacodjs1@va.gov]

From: IP  
Sent: Tue 3/13/2018 6:07:06 PM  
Subject: [EXTERNAL] RE: VA EHR NDA  
Perlmutter.EHR NDA v2 mbs.pdf

Attached is my signed NDA. Thank you.

From: Marc Sherman (b)(6) [redacted]@gmail.com]  
Sent: Tuesday, March 13, 2018 1:40 PM  
To: Blackburn, Scott R.  
Cc: IP; (b)(6) [redacted]@gmail.com; Bruce Moskowitz; (b)(6) [redacted]; Windom, John H.; DJS  
Subject: Re: VA EHR NDA

Scott, (b)(6) [redacted] and John

Thank you for the NDA draft that you sent along and the organized approach. I have attached the following to close the loop:

1. a marked up version of the NDA with a few necessary adjustments in red-line so you can see the changes that were made,
2. a blank copy of the amended NDA for Bruce and Ike to sign, and
3. a signed version by me of the amended NDA.

Thanks and happy to help as requested.

Marc

On Tue, Mar 13, 2018 at 10:31 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:  
Ike, Bruce, Marc:

Thank each of you for agreeing to lend an extra set of outside eyes on the EHR contract. We appreciate your support and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) [redacted] (cc'd).
- 2) Matt will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) [redacted] (who is the government contracting officer) and John Windom (who is our EHR leader) will lead this from our side. I will ask (b)(6) [redacted] (cc'd) here to help set up a time. We can either do this all together, if calendars match up, or separately if need be.

We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!  
Scott

Scott Blackburn  
Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

VA-18-0298-I-000148





Document ID: 0.7.1705.452743-000005

Owner: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>

Filename: [EXTERNAL] Re: VA EHR NDA (3).msg <extracted>

Last Modified: Fri May 04 01:15:40 CDT 2018

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To: Blackburn, Scott R. (DISABLED ACC F)[Scott.Blackburn@va.gov]  
Cc: IF [b)(6)@frenchangel59.com]; [b)(6)@gmail.com]; [b)(6)@gmail.com]; Bruce Moskowitz [b)(6)@mac.com]; [b)(6)@va.gov]; Windom, John H.[John.Windom@va.gov]; DJS[vacadjs1@va.gov]

From: Marc Sherman  
Sent: Tue 3/13/2018 5:39:36 PM  
Subject: [EXTERNAL] Re: VA EHR NDA  
EHR NDA v2.pdf  
EHR NDA v2 mbs.pdf  
EHR NDA v2 RL.pdf

Scott, [b)(6)] and John

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We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!



VA-18-0298-I-000151

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs



From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Spero, Casin D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=spero, casin.d.f32>; Hayes-Byrd, Jacquelyn </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohayesj1>; O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoorourp>  
Cc:  
Bcc:  
Subject: RE: Please Review Tonight  
Date: Fri May 04 2018 02:12:35 EDT  
Attachments: [EXTERNAL] call today? (1).msg  
[EXTERNAL] dod data sharing (2).msg  
Levin slide on DoD data sharing -october 2017.pptx  
[EXTERNAL] extremely confidential - eyes only - please do not forward or share -  
secva message this morning (3).msg  
[EXTERNAL] Fwd: amida weekly ehrm data migration update (4).msg  
Amida VA EHRM Weekly Report -sept 14 -final.docx  
[EXTERNAL] Re: call today? (5).msg  
EsaEmbeddedMsg (6).msg  
EsaEmbeddedMsg (7).msg  
FW: [External] connecting scott to charlie (8).msg  
FW: [EXTERNAL] dod data sharing (9).msg  
ATT00001.htm  
Levin slide on DoD data sharing -october 2017.pptx  
FW: [EXTERNAL] roger baker (10).msg  
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RE: [EXTERNAL] check in (12).msg  
RE: [External] connecting scott to charlie (13).msg  
RE: [EXTERNAL] extremely confidential - eyes only - please do not forward or share -  
secva message this morning (14).msg  
RE: [EXTERNAL] follow-up from our last meeting (15).msg  
RE: [EXTERNAL] Fwd: meeting with rob on wednesday (16).msg  
RE: [EXTERNAL] stakeholder enterprise portal (sep) and ebenefits (17).msg  
RE: [EXTERNAL] susan perez (18).msg  
RE: RE: [EXTERNAL] thursday check in (19).msg  
RE: Schedule important: Jack Bates' Availability - Peter needs to re-schedule (20).msg  
RE: Schedule important: Jack Bates' Availability - Peter needs to re-schedule (21).msg  
Windom (22).msg

Pete—

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contractor. When those efforts failed, Peter Levin then acquired VA contracts through MITRE with Secretary Shulkin's influence. Please note that Peter Levin, Scott Gould, Stephen Ondra and Michele Flournoy (married to Scott Gould) all work for or are associated with AMIDA and MITRE. Ironically, they were all senior VA or DOD employees under the Obama administration with access to insider information.

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From: Spero, Casin D.  
Sent: Thursday, May 03, 2018 7:31 PM  
To: Sandoval, Camilo J.; Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.  
Subject: RE: Please Review Tonight

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---

From: Sandoval, Camilo J.  
Sent: Thursday, May 03, 2018 4:13:22 PM  
To: Hayes-Byrd, Jacquelyn; O'Rourke, Peter M.; Spero, Casin D.  
Subject: RE: Please Review Tonight

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From: Hayes-Byrd, Jacquelyn  
Sent: Thursday, May 03, 2018 5:42 PM  
To: O'Rourke, Peter M.; Sandoval, Camilo J.; Spero, Casin D.  
Subject: Please Review Tonight

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And Andy will be giving it to the Secretary first in the a.m. don't want you to be blindsided and I would like for you to be prepared to discuss.

Jacque

From: Washington, Conrad  
Sent: Thursday, May 03, 2018 5:32 PM  
To: Hayes-Byrd, Jacquelyn  
Subject: REQUESTED SCAN

Conrad Washington

Special Assistant

Office of the Secretary

810 Vermont Ave, NW

Washington, DC 20420

202-461-7865 (O)

Conrad.washington@va.gov

VA Core Values: Integrity, Commitment, Advocacy, Respect, and Excellence—I CARE



From: Morris, Genevieve (OS/ONC/IO)  
(b)(6)@hhs.gov>  
To: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: [EXTERNAL] Fwd: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA  
project  
Date: Sun Apr 29 2018 17:28:38 EDT  
Attachments:

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From: "POLITICO Pro" <politicoemail@politicopro.com>  
Subject: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project  
Date: 29 April 2018 13:22  
To: "Morris, Genevieve (OS/ONC/IO)"(b)(6)@hhs.gov>

'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

By Arthur Allen

04/29/2018 01:15 PM EDT

A West Palm Beach doctor's ties to Donald Trump's Mar-a-Lago social circle have enabled him to hold up the biggest health information technology project in history — the transformation of the VA's digital records system.

Dr. Bruce Moskowitz, an internist and friend of Trump confidante Ike Perlmutter, who advises the president informally on vet issues, objected to the \$16 billion VA project because he doesn't like the Cerner Corp. software he uses at two Florida hospitals, according to four former and current senior VA officials. Cerner technology is a cornerstone of the VA project.

With the White House's approval, Moskowitz has been on two or three monthly calls since November with the contracting team responsible for implementing the 10-year project, according to two former senior VA officials. Perlmutter, the Marvel Entertainment chairman, has also been on some of the calls, they said.

Many doctors and health IT experts are skeptical of the VA deal — especially after the problem-ridden implementation of a similar system at military hospitals. However, the involvement of Moskowitz and Perlmutter, which has not previously been reported, infuriated clinicians involved in the VA project, including former Secretary David Shulkin, according to one of the sources, a former senior VA official. Several officials said they thought contract negotiations had been wrapped up earlier this year and had no idea why the project was being held up.

"Shulkin would say, "Who the hell is this person who practices medicine in Florida and has never run a health care system?" said the source. He said Moskowitz's involvement was one of the irritants in



Shulkin's dealings with other White House-appointed officials, which contributed to his being fired March 28.

The behind-the-scenes talks, where Moskowitz questioned various aspects of the program, illustrate the degree to which members of Trump's circle have been able to influence government decisions, even about extraordinarily specialized subjects.

That involvement has stupified policymakers, especially since members of Trump's family had pushed the opposite agenda: Trump's son-in-law, Jared Kushner, was instrumental in Shulkin's June 2017 decision to choose the Cerner Corp. system with a no-bid contract. Shulkin announced the Cerner deal after several White House meetings with Kushner and aides from his Office of American Innovation.

But Moskowitz's concerns effectively delayed the agreement for months, the sources said. VA spokesman Curt Cashour said Wednesday that finalizing a decision on the modernization of the VA's health record system was a priority for acting Secretary Robert Wilkie.

Cashour didn't respond specifically to questions about Moskowitz's role. "Proper due diligence is required to ensure the best interests of veterans and taxpayers are served before the department enters into any agreement of this size and importance," he said. "We are doing that now, and expect to make a final decision and corresponding announcement ... in the coming weeks."

Shulkin declined to comment for this story, as did Cerner Corp. Moskowitz and the White House did not respond to requests for comment.

Moskowitz, trained in medicine at the University of Miami, is a beloved West Palm Beach physician who sits on medical nonprofit boards with billionaires. He has invested in projects like an iPhone app to help patients find emergency care and a registry to track medical-device safety issues. Moskowitz also has "a great Rolodex," in the words of one VA official, with many contacts at top-rank facilities such as the Mayo Clinic — where he sends his patients for specialty care.

In December 2016, he and Perlmutter helped broker a Mar-a-Lago meeting between Trump and leading health care executives from Mayo, the Johns Hopkins University Hospital, the Cleveland Clinic and other big systems.

Perlmutter, meanwhile, has been advising Trump on veterans affairs since before the inauguration. Some news reports say the Israeli-born businessman's interest in veterans stems from serving in the Six-Day War of 1967.

While Moskowitz' complaints about the software he's used in Florida are not unusual, IT specialists at the VA felt that he was out of his league in evaluating the Cerner deal. After listening to his complaints, a team of investigators from VA's Office of Information and Technology looked into the Cerner system that Moskowitz uses at two Tenet Corp. hospitals in Florida and found that it was out of date, two sources said.

Yet Moskowitz assumed that if his hospitals lacked a feature, it meant that Cerner could not produce it for the VA, they said.

"He'd be, like, 'It doesn't have voice-recognition software.' Yes, Cerner does have voice-recognition software. But it isn't installed in all Cerner hospitals."

"This was part of the rub between Shulkin and the Trump people," the first source said. "This guy's whispering in Trump's ear, 'I know because I have to use it!'"

Shulkin's June 2017 decision to jettison its home-grown digital records systems was controversial from the start. Many VA physicians rate the VA system highly, but Shulkin decided it would be best to use the same Cerner software system the military had chosen in 2015 so that records could be more easily

shared.

The military has experienced numerous glitches since implementing the Cerner software at four Washington state clinics and hospitals last year, however. At a hearing Thursday, Sen. Patty Murray said these problems have had a "significant morale impact on the practitioners in my state, not to mention serious concerns about putting patients' lives at risk."

Stacy Cummings, who runs the project for the military, testified that despite the challenges, the implementation is on track to finish nationwide in 2022. The VA is moving forward with its plan to use the same Cerner system "as far as I know," she added.

Many health care and technology leaders view the combined VA-DoD Cerner project as a crucible for the future of computerized health care in the United States. Kushner hosted at least four White House meetings from December through February at which the project was central to discussions.

VA officials were aware of the potential pitfalls. Last fall, Shulkin postponed signing the final agreement while seeking assurance that the Cerner software could enable health data exchange with private sector doctors who see veterans. But the contract appeared to be back on track in January after delivery of an independent report Shulkin commissioned to review the issue.

"I thought it was going to be done in a few days after that," said a congressional source who tracks the deal. "Now it looks like there isn't any tangible path forward."

In a related move, an individual with ties to Trump-appointed VA officials said this week that an inspector-general's report had been opened into the Cerner sole-source purchase.

Several IT experts consulted on this story said they thought the Cerner deal eventually would go through. Most said it would not be realistic to expect officials to renegotiate the contract or ditch it to stay with the VA's internal software system.

"We just had to make the Mar-a-Lago guys comfortable with the deal," said a current VA official. "They have someone's ear. Power and influence are power and influence."

To view online:

<https://www.politicopro.com/defense/article/2018/04/doctor-with-mar-a-lago-connections-delays-giant-va-project-508297>

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Somewhat

Neutral

Not really

Not at all

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This email was sent to [genevieve.morris@hhs.gov](mailto:genevieve.morris@hhs.gov) by: POLITICO, LLC 1000 Wilson Blvd. Arlington, VA, 22209, USA

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From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc: Stephanie Reel (b)(6)@jhu.edu>  
Bcc:  
Subject: [EXTERNAL] Re: OIT Leadership  
Date: Sun Apr 29 2018 13:37:48 EDT  
Attachments:

---

I have copied the smartest CIO I have met. Perhaps she can find time for you to meet her at Hopkins.

Sent from my iPad  
Bruce Moskowitz M.D.

On Apr 28, 2018, at 11:56 PM, Sandoval, Camilo J. <Camilo.Sandoval@va.gov> wrote:

Bruce—

Last week I officially began leading the Office of Information & Technology as the Executive-in-Charge (CIO) for the VA until a permanent CIO is nominated and confirmed through the Senate process, which could take 3-6 months or longer. As I familiarize myself with the complex IT operations and large distributed teams (16,000 employees), I am also surrounding myself with a small group of Federal CIO's that can advise me on interagency cross-over issues and policies. I would love to find a private sector CIO (1-or-2) with healthcare IT experience that could advise me on enterprise-wide IT infrastructure and operation services. I am very interested in identifying areas where best practices from the private sector can be applied to enhance the customer experience, and improve support to veterans. As a Veteran myself, this mission is very personal (see note to my team below), especially during this pivotal stage of EHRM modernization. I know you are well connected to the brightest in the field, and I would welcome an introduction to anyone you think might be open to this idea.

Here's a link to my VA bio. Feel free to share with anyone. Thanks again for everything you do, I greatly appreciate it!

[https://www.va.gov/opa/bios/bio\\_sandoval.asp](https://www.va.gov/opa/bios/bio_sandoval.asp)

-----



Camilo Sandoval

M: (b)(6)

From: Sandoval, Camilo J.  
Sent: Monday, April 23, 2018 10:52 AM  
Subject: OIT Leadership

Good morning,

I don't think I've had an opportunity to meet everyone on the OIT Leadership team, but I hope to meet all of you very soon. I am sending a brief note to share where I stand right now. My first priority is to meet and spend more time with all of you, as I view this as an opportunity for honest, earnest, two-way communication. I will do a great deal of listening so I can understand historical perspectives about OIT and our priorities. You were here before me. You have viewpoints and personal experiences that I don't. Please share them. I want to learn everything I can about the current culture and what inspires your teams as quickly as possible.

I also want to peel back the onion and dive into the details. You can help me with the background on our performance, plans/strategy and decision-making processes. I want to understand what works, what doesn't and where we might have opportunities to improve. Over the weekend I reviewed the Comprehensive IT Plan and 2017 Year in Review transformation/modernization documents. I have to say, there's a lot of good work and progress that I hope you are all very proud of. I love to see this kind of optimism and innovation. It's healthy. It's contagious. It inspires pride.

I am humbled and proud to lead a team that impacts our Veterans in every way imaginable. For me, technology does not respect tradition—it respects innovation; and we are in a pivotal time. Make no mistake, we are headed for greater places—as technology evolves and we at the VA evolve with or ahead of it. I am here for the same reason I think most people join OIT—to change the way we serve our Veterans by harnessing the power of technology. We live in a software & data powered world, and we have an unparalleled capability to make an impact.

In some cases, we'll apply the brakes. In other instances, we may hit the accelerator. In every case, we must provide clarity to our customers, to our workforce, and most importantly to our cherished Veterans.

Let's build on this foundation together. I'm ready to get started.

Thank you,

<image002.png>

---

Camilo Sandoval

Executive-In-Charge

Office of Information & Technology

U.S. Department of Veterans Affairs

Washington, D.C.

M: (b)(6)

From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Bruce Moskowitz  
(b)(6)@mac.com>  
Cc:  
Bcc: (b)(6)@gmail.com (b)(6)@gmail.com>  
Subject: FW: OIT Leadership  
Date: Sat Apr 28 2018 23:56:05 EDT  
Attachments: image002.png

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Bruce—

Last week I officially began leading the Office of Information & Technology as the Executive-in-Charge (CIO) for the VA until a permanent CIO is nominated and confirmed through the Senate process, which could take 3-6 months or longer. As I familiarize myself with the complex IT operations and large distributed teams (16,000 employees), I am also surrounding myself with a small group of Federal CIO's that can advise me on interagency cross-over issues and policies. I would love to find a private sector CIO (1-or-2) with healthcare IT experience that could advise me on enterprise-wide IT infrastructure and operation services. I am very interested in identifying areas where best practices from the private sector can be applied to enhance the customer experience, and improve support to veterans. As a Veteran myself, this mission is very personal (see note to my team below), especially during this pivotal stage of EHRM modernization. I know you are well connected to the brightest in the field, and I would welcome an introduction to anyone you think might be open to this idea.

Here's a link to my VA bio. Feel free to share with anyone. Thanks again for everything you do, I greatly appreciate it!

[https://www.va.gov/opa/bios/bio\\_sandoval.asp](https://www.va.gov/opa/bios/bio_sandoval.asp)

-----  
Camilo Sandoval

M: (b)(6)

From: Sandoval, Camilo J.  
Sent: Monday, April 23, 2018 10:52 AM

Subject: OIT Leadership

Good morning,

I don't think I've had an opportunity to meet everyone on the OIT Leadership team, but I hope to meet all of you very soon. I am sending a brief note to share where I stand right now. My first priority is to meet and spend more time with all of you, as I view this as an opportunity for honest, earnest, two-way communication. I will do a great deal of listening so I can understand historical perspectives about OIT and our priorities. You were here before me. You have viewpoints and personal experiences that I don't. Please share them. I want to learn everything I can about the current culture and what inspires your teams as quickly as possible.

I also want to peel back the onion and dive into the details. You can help me with the background on our performance, plans/strategy and decision-making processes. I want to understand what works, what doesn't and where we might have opportunities to improve. Over the weekend I reviewed the Comprehensive IT Plan and 2017 Year in Review transformation/modernization documents. I have to say, there's a lot of good work and progress that I hope you are all very proud of. I love to see this kind of optimism and innovation. It's healthy. It's contagious. It inspires pride.

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Let's build on this foundation together. I'm ready to get started.

Thank you,

-----



Camilo Sandoval

Executive-In-Charge

Office of Information & Technology

U.S. Department of Veterans Affairs

Washington, D.C.

M:

Document ID: 0.7.1705.535223-000002

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: [EXTERNAL] Fwd: Contact review (2).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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[EXTERNAL] Fwd: Contact review (2) .msg -extracted- for Printed Item: 215 ( Attachment 2 of 27)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]  
**From:** David Shulkin  
**Sent:** Sun 3/11/2018 4:31:54 PM  
**Subject:** [EXTERNAL] Fwd: Contact review

Scott lets discuss tommorow

Sent from my iPhone

Begin forwarded message:

**From:** David Shulkin (b)(6)@gmail.com>  
**Date:** March 11, 2018 at 12:31:22 PM EDT  
**To:** Bruce Moskowitz (b)(6)@mac.com>  
**Cc:** IP (b)(6)@frenchangel59.com>, (b)(6)@gmail.com, (b)(6)@gmail.com  
**Subject:** Re: Contact review

Great list

Is leslie cooper from mayo- i could not find him or her

Sent from my iPhone

On Mar 11, 2018, at 11:02 AM, Bruce Moskowitz (b)(6)@mac.com> wrote:

These are the individuals to review the contract;

Stephanie Reel CIO- hopkins

Stan Huff CIO- intermiuntain

Jonathan ManisCIO- suttrr

Andrew Karson MD.- partners

Leslie Cooper M.D.

Clifford Ko M.D.- american college surgeons

Sent from my iPad

Bruce Moskowitz M.D.

Document ID: 0.7.1705.535223-000004

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: [EXTERNAL] RE: VA EHR (4).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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[EXTERNAL] RE: VA EHR (4) msg extracted for [redacted] part 4 of 27  
**To:** Liddell, Christopher P. EOP/WHO [redacted] @who.eop.gov; Blackburn, Scott R. [Scott.Blackburn@va.gov]  
**Cc:** [redacted]  
**From:** [redacted]  
**Sent:** Mon 2/12/2018 7:54:08 PM  
**Subject:** [EXTERNAL] RE: VA EHR

Scott,

[redacted]

Please let me know if you have additional questions.

Thanks!  
Jane

[redacted]  
Office of the White House Counsel  
(202) 456-6980

[redacted]

---

**From:** Liddell, Christopher P. EOP/WHO  
**Sent:** Monday, February 12, 2018 2:37 PM  
**To:** Blackburn, Scott R. <Scott.Blackburn@va.gov>  
**Cc:** [redacted]  
**Subject:** RE: VA EHR

Scott

I discussed this with Jane ( copied here)

[redacted]

Thanks  
Chris

---

**From:** Liddell, Christopher P. EOP/WHO  
**Sent:** Monday, February 12, 2018 9:31 AM  
**To:** 'Blackburn, Scott R.' <Scott.Blackburn@va.gov>  
**Cc:** [redacted]  
**Subject:** RE: VA EHR

Scott

Sorry for slow reply – happy to catch up at some stage this week

Chris

VA-18-0298-I-000169

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Thursday, February 8, 2018 9:41 PM  
**To:** Liddell, Christopher P. EOP/WHO (b)(6)@who.eop.gov>  
**Subject:** VA EHR

Chris –

If you have time possibly early next week, I would love to get your advice related to our EHR. The next few weeks will be critical (with budget hearings, discussions with appropriators, Veteran Service Organizations, etc) and we want to make sure we handle everything appropriately. If you are open to it, I can work with (b)(6) to find time.

Also, I have attached the Executive Summary of MITRE's VA interoperability report. Overall very consistent with everything else we seem to be hearing.

Scott

Scott Blackburn  
Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

Document ID: 0.7.1705.535223-000007

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: Follow up (7).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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Follow up (7).msg - extracted - Attachment 7 of 27  
**To:** Bruce Moskowitz (b)(6) [redacted]@mac.com]; (b)(6) [redacted]@gmail.com; (b)(6) [redacted]@gmail.com]  
**From:** Blackburn, Scott R.  
**Sent:** Wed 11/22/2017 11:49:19 PM  
**Subject:** Follow up

Bruce / Marc – thanks again for all your support. We really appreciate what you are doing to bring the best of the healthcare industry to help Veterans/VA.

I spoke with David and he gave the green light to move forward. We absolutely want to get this feedback and greatly appreciate the help. The only caveat is that we move as aggressively/quickly as possible. There are still a few things we need to figure out with respect to timing on signing the contract with Congress/budget/funding/etc (e.g., one of the reasons for starting soon is to get in sync with DoD's rollout to leverage synergies; another variable is the Continuing Resolution and timing of when the government budget is finalized which could possibly push out to Jan/Feb rather than December as currently projected). But we will figure that out. The point being is that we love the idea, do want the feedback, and agree with the logic we discussed on the phone. We will delay the signing as long as we can to make sure we get this right (the concern is making sure we don't miss the window).

If you could reach out to the 5 CEOs/CIOs, it would be greatly appreciated. I will commit to making sure the VA turns around the gap analysis as fast as possible. Do you think it could then be possible to shoot for a full day session in mid-December (week of 11<sup>th</sup> or 18<sup>th</sup>)? David had the idea of possibly doing it at the Cerner Innovation Laboratory in Kansas City so we can test/challenge somethings on the spot.

Thanks again for all your support! I hope you and your families have a great Thanksgiving.

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs



RE: [EXTERNAL] Follow up meeting / (b) (6) - [REDACTED] - for Printed Item: 215 ( Attachment 12 of 27)  
**To:** Bruce Moskowitz (b)(6) [REDACTED]@mac.com]  
**Cc:** (b)(6) - [REDACTED]@gmail.com (b)(6) [REDACTED]@gmail.com]  
**From:** Blackburn, Scott R.  
**Sent:** Mon 11/27/2017 3:42:51 PM  
**Subject:** RE: [EXTERNAL] Follow up meeting

Thank you Bruce. Very helpful.

---

**From:** Bruce Moskowitz (b)(6) [REDACTED]@mac.com]  
**Sent:** Monday, November 27, 2017 10:18 AM  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6) [REDACTED]@gmail.com  
**Subject:** Fwd: [EXTERNAL] Follow up meeting

I should point out this would be ideal functionality requirements of any EMR contract if not part of what has been reviewed by the VA we need to discuss these points further since they are derived from the previous meeting points made by the CIO's and we can again cover them in the agenda

Sent from my iPad  
Bruce Moskowitz M.D.  
Begin forwarded message:

**From:** Bruce Moskowitz (b)(6) [REDACTED]@mac.com>  
**Date:** November 27, 2017 at 8:41:19 AM EST  
**To:** "Blackburn, Scott R." <Scott.Blackburn@va.gov>  
**Cc:** (b)(6) [REDACTED]@gmail.com" (b)(6) [REDACTED]@gmail.com>  
**Subject:** Re: [EXTERNAL] Follow up meeting

Prior to any meeting we need to know what is not in the contract so we can make progress:

Cerner Contract has to have the responsibility of 100% connectivity to all EMR platforms for Choice to work

Cerner has to have telemedicine built into the system

Cerner needs to tract duplicate diagnostic testing

Cerner needs to have medication error, tracking of controlled substances and duplicate prescription monitoring

Cerner needs to tract appointment times between the VA and the Choice Program.

Cerner needs to have voice recognition built in

These are the basics we need to know prior to writing an agenda and meeting.

Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

On Nov 26, 2017, at 9:23 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce - thanks for the note. I hope you and Marc both had a great Thanksgiving.

Sounds good on all below. Let's shoot for the week of December 11th or December 18th in 000173 Washington. If the CIOs can get us the list of issues by December 5th, we will turn around the gap analysis quickly. Happy to work with Stephanie, Andrew and Marc on the agenda

Scott

-----Original Message-----

From: Bruce Moskowitz (b)(6)@mac.com]

Sent: Friday, November 24, 2017 7:08 PM

To: Blackburn, Scott R.

Cc: (b)(6)@gmail.com

Subject: [EXTERNAL] Follow up meeting

I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel, Andrew Karson and Marc Sherman to assist in the agenda development.

Sent from my iPad

Bruce Moskowitz M.D.

Document ID: 0.7.1705.535223-000013

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: Re: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu (11).msg  
<extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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Re: [EXTERNAL] Re: Open API - it is CLOUD + language + [redacted] extracted for Printed Item: 215 ( Attachment: 13 of 27)  
**Cc:** DJS[vacodjs1@va.gov]; Marc Sherman[(b)(6)]@gmail.com; O'Rourke, Peter M.[Peter.O'Rourke@va.gov]; IP[(b)(6)]@frenchangel59.com]; [(b)(6)]@gmail.com [(b)(6)]@gmail.com  
**To:** Blackburn, Scott R.[Scott.Blackburn@va.gov]  
**From:** Bruce Moskowitz  
**Sent:** Wed 2/28/2018 9:53:27 PM  
**Subject:** Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you progress is being made but as my group keeps saying devil is in the details

Sent from my iPhone

On Feb 28, 2018, at 4:36 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – as promised here is more information on what we will have to address the other 4 issues you mentioned. I still owe you device registry. Let me know if this makes sense or not. Also happy to get you on the phone directly with my experts. - Scott

**Voice Recognition.**

Our new Cerner EHR platform includes Enterprise Dragon Nuance. VHA currently deploys the enterprise version which maintains people voice print and the Clinical Staff say it works very well (my primary care provider at the Washington VA Medical Center uses it). Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

**How will all entered lab data, from any source, be available on a graph**

Graphs will be available in 2 spots. 1. Workflow MPage lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.

**Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact**

All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.

**Streamlined SOAP notes.**

Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, February 28, 2018 2:30 PM  
**To:** 'Bruce Moskowitz'  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP; [(b)(6)]@gmail.com  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the



VA-18-0298-I-000176



Scott

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**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]

**Sent:** Wednesday, February 28, 2018 1:13 PM

**To:** Blackburn, Scott R.

**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6) [redacted]@gmail.com

**Subject:** Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you my five CIO's had looked forward to tar and feathering me if the cloud is not done correctly!

The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad

Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this more this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning...

The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.

Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and VirtuStream/Dell. At VA, we use both AWS and Azure right now. Again, the goal here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).

Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open could environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.

DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.

Thanks again for the feedback and support. We are going to make sure this is crystal clear.

Scott

---

**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]

**Sent:** Tuesday, February 27, 2018 9:29 PM

**To:** Blackburn, Scott R.

**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6) [redacted]@gmail.com

**Subject:** [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

VA-18-0298-I-000177

Document ID: 0.7.1705.535223-000014

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: [EXTERNAL] Re: VA EHR (12).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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RE: [EXTERNAL] Re: VA EHR (12) mso, <extracted> for Printed Item: 215 ( Attachment 14 of 27)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]; Bowman, Thomas [Thomas.Bowman@va.gov]  
**Cc:** Zenooz, Ashwini [Ashwini.Zenooz@va.gov]; Short, John (VACO) [John.Short@va.gov]  
**From:** Windom, John H.  
**Sent:** Fri 3/23/2018 5:54:36 PM  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

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**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:47 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements of our Clinicians, various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,  
John  
AMERICAN  
OVERSIGHT

VA-18-0298-I-000179



j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
  - o Labs
  - General
  - Pathology and Microbiology
  - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

**IDIQ PWS Section 5.10.4:** Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

**IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway** also includes detail on the creation of strategic open APIs.

**VA NF-177: Interoperability - Data Standards:** The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

**VA-NF-T23: Informatics - Care Integration:** VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

**VA NF-Z11: Health Information Exchange:** The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

#### **5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software component and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework th and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to enc high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experie information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care b



RE: [EXTERNAL] Re: VA EHR (12).msg <extracted> for Printed Item: 215 ( Attachment 14 of 27)  
systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contracts. The Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare providers, and other Government healthcare providers. The Contractor shall support the VA designated standards, such as HL7, ICD, and other published standards, and shall support the VA designated standards, such as HL7, ICD, and other published standards, and shall support the VA designated standards, such as HL7, ICD, and other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations, vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that meet the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability solutions shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers to create and manage interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and patients.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers to manage management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's electronic health record (EHR) to VA, DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health Information Technology Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-to-Patient record sharing, including appropriate consent management. The bi-directional health information exchange shall maximize use of data for clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable providers to be notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support integration with health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exchange of Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health analysis, support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable standards such as CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and data exchange network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Telemedicine Interoperability Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future protocols in the Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling integration of FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 1.1.1.1 within 12 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as HL7, ICD, and other published standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacity), standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminology, vocabularies, and other clinical content.

RE: [EXTERNAL] Re: VA EHR (12).msg <extracted> for Printed Item: 215 ( Attachment 14 of 27)  
etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extensions provided to both international and national standards designating organizations as described and set forth in an applicable Task Order shall be made available to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies. This shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner users.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
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Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

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**From:** Blackburn, Scott R.  
**Sent:** Friday, March 23, 2018 12:15 PM  
**To:** Windom, John H.; Bowman, Thomas  
**Subject:** FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Marc Sherman  
**Sent:** Friday, March 23, 2018 9:47:39 AM  
**To:** Blackburn, Scott R.  
**Cc:** Bruce Moskowitz; DJS  
**Subject:** [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.



I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.

- Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
- We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.



RE: [EXTERNAL] Re: VA EHR (12).msg <extracted> for Printed Item: 215 ( Attachment 14 of 27)  
we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".

Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA's access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's duration.



Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.  
Scott

**From:** Marc Sherman (b)(6) [redacted]@gmail.com]

**Sent:** Wednesday, March 21, 2018 9:31 AM

**To:** Blackburn, Scott R.

**Cc:** DJS

**Subject:** Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

AMERICAN  
Marc  
OVERSIGHT

VA-18-0298-I-000185

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:  
No problem Marc. Thanks for all your help. Very helpful call last night.

**From:** Marc Sherman [\[b\)\(6\)@gmail.com\]](mailto:(b)(6)@gmail.com)

**Sent:** Wednesday, March 21, 2018 12:12 AM

**To:** Blackburn, Scott R.

**Subject:** [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-8700

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-

[\[b\)\(6\)](mailto:(b)(6)@va.gov)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

Document ID: 0.7.1705.535223-000015

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)  
/cn=recipients/cn=vacoblacks1>  
Filename: RE: [EXTERNAL] VA-CIO CALL (13).msg <extracted>  
Last Modified: Mon Apr 16 22:22:50 CDT 2018

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**To:** RE: [EXTERNAL] VA-CIO CALL (b)(6) [redacted]@mac.com  
**From:** Blackburn, Scott R.  
**Sent:** Mon 11/20/2017 10:33:01 PM  
**Subject:** RE: [EXTERNAL] VA-CIO CALL

Dr. Moskowitz,

Thank you so much for the note and for all the help/support. I would love to meet you in person. Do you have any plans to be in Washington anytime soon?

I thought the call last week was extremely valuable. The experience and wisdom of the participants is such a great asset – we would be fools to not take full advantage of it. I do agree fully that there was a lot to cover in only two hours. I think the moderator was doing the best he could to get as much out of it as possible, while trying to be respectful of the time that so many important people were volunteering. If the 5 CIOs were willing to follow up, perhaps we schedule another session(s) on various deep dive topics? We would absolutely love that.

Just by way of introduction – I jumped into the CIO role less than 2 months ago when our previous CIO (Rob Thomas) abruptly retired to deal with some personal issues. I am a disabled Army Veteran (MIT ROTC). After getting out of service I went to business school and then to McKinsey where I made partner and spent 9+ years there leading large business transformations in industrial clients. Bob McDonald (the former P&G CEO and former Secretary) convinced me to join VA to lead the turnaround after the 2014 Phoenix scandal. From Feb-Sept, I served as Secretary Shulkin's Deputy until a political appointee was put in place. Then jumped into the CIO role to work with the team and make sure this gets done. We are still awaiting a permanent CIO.

I would be happy to jump on the phone this week to if you would like.

Thanks again for your support!

Scott

Scott Blackburn

Acting CIO and Executive in Charge, Office of Information & Technology  
 US Department of Veterans Affairs

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**From:** Bruce Moskowitz [mailto:brucemoskowitzmd@mac.com]  
**Sent:** Monday, November 20, 2017 6:02 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] VA-CIO CALL

Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about



the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for implementation or the readiness of the Cerner RFP contract for execution. Based on some of the offshoot discussions, the participants felt that many non-DOD interoperability solutions have not yet been fully addressed or solved, leading to incomplete system planning and contracting protections, greatly risking an unsuccessful implementation and large additional cost and time overruns. The interoperability with community provider partners did not seem to be defined completely. Some additional areas that were identified by the VA and its contractor's participants and moderator as incomplete in the call are: seamless sharing of Choice partner records, duplicate procedure and medical error prevention, flagging mechanisms and implantable device identification, among others. Until the design of the system and all functional requirements are identified and completed, the participants fear that these as yet undeveloped processes and solutions will result in a significant increase in the cost of the implementation and operation of the Choice program and impact quality care delivery to our veterans who choose to take advantage of the Choice program.

Lastly, at the beginning of yesterday's call your moderator identified the comfort that Congress expressed at recent hearings from the participation of the CIOs in the process. However, yesterday's relatively short discussion on a massive topic was limited and not set up to have a platform for full discussion in a two hour phone call with a few questions. Also, as mentioned in the call at various times, the participants' did not have access to the RFP contract document, its scope and the contractual provisions and protections, a critical part they feel of evaluating the completeness of a successful design and implementation. As such, the participants want to make sure that yesterday's discussion is understood by everyone - the VA and Congress alike - to be a limited dialogue to provide their valuable experiences on the topics put on the table by the moderator, but not as a confirmation of the project's completeness or readiness for contract execution or implementation, which they believe likely has shortfalls. In general, we liked what we heard, we are honored that you felt our advice would be of value, but have had discussion about a very limited part of the project and have questions about the system design, whether it is ready for implementation and whether the contract (from the limited discussion) has adequate safeguards to proceed without risk to the cost and success of the effort.

While this was the first time you have spoken to any of these participants on the topic of EMR, and maybe on any topic, the participants would be pleased to provide further feedback and advice should you desire on the remaining issues that are still incomplete and to help you work toward a successful RFP contract, design and implementation.

Sent from my iPad  
Bruce Moskowitz M.D.

Document ID: 0.7.1705.535223-000017

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: Contract Language (15).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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**To:** Sandoval, Camilo J. [Camilo.Sandoval@va.gov]  
**Cc:** Windom, John H. [John.Windom@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Mon 4/2/2018 1:40:53 PM  
**Subject:** RE: Contract Language

Morris, Genevieve (OS/ONC/IO) (b)(6) @hhs.gov

I don't think I have a phone number for her, but will let you know if I can find it.

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**From:** Sandoval, Camilo J.  
**Sent:** Monday, April 02, 2018 9:03 AM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Scott, Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

Thank you,  
Camilo

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**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 6:28:05 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

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**From:** Sandoval, Camilo J.  
**Sent:** Sunday, April 01, 2018 8:39 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

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**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 4:38:47 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Not sure we did, John?

VA-18-0298-I-000191

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John and team have created a thorough matrix to reconcile that feedback (and Ash did follow ups with each to make sure we understood their feedback and then understood how we were reconciling that feedback). There was also the language that we received via OGC.

I'll leave it to John to weigh in.

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**From:** Sandoval, Camilo J.  
**Sent:** Sunday, April 01, 2018 7:35 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** Re: Contract Language

Scott,

I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.  
Camilo



RE: Follow-up (17).msg <extracted> for Printed Item: 215 ( Attachment 20 of 27)  
**To:** Sandoval, Camilo J.[Camilo.Sandoval@va.gov]  
**Cc:** Huweart, Eric D.[Eric.Huweart@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Sat 4/7/2018 3:55:43 PM  
**Subject:** RE: Follow-up

Ccing Eric here. Eric - can you help coordinate these for next week? To include format/templates if necessary (see Camilo's note below). I would have each give the same briefings they gave me when I came on board a few months ago (just dust them off and update them accordingly).

Rick and Dom are highest priority.  
I would then say Martha, Lloyd, Alan and Jackie and Luwanda.  
I also added Helga and Marcy.

I'd have them block an hour for each.

Sent with Good (www.good.com)

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**From:** Sandoval, Camilo J.  
**Sent:** Saturday, April 07, 2018 11:33:24 AM  
**To:** Blackburn, Scott R.  
**Subject:** RE: Follow-up

Scott,

My calendar for next week is still empty. Please, I need you to help push harder. For example, I have not heard back from Dom or Rich. You have the list of people I requested to meet below and I'm not going to chase anyone down. Please have someone coordinate this as Bill suggested and let's get this done ASAP. Also, please remind everyone this is a briefing request so i can better understand their area of responsibility and portfolio.

Thank you  
Camilo  
917-680-2011

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**From:** Sandoval, Camilo J.  
**Sent:** Thursday, April 05, 2018 9:23:26 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: Re: Follow-up

Would be super helpful to connect with your CoS and CFO next. I'm not feeling the love, but I might be misreading the vibes.

Bill suggested (per my email last night) that the CoS should take the lead in requesting 1:1 briefings. The format is simple, they can brief me using their preferred method/format. The main goal for me is to listen and learn and build relationships. If Eric could help me coordinate with everyone's calendar, that would be greatly appreciated (including Dom). My preference is to have these briefings completed by end of next week if possible.

**Briefing Request**

Eric Huweart  
Rick Chandler  
Dominic Cussatt  
Martha Orr  
Luwanda Jones  
Lloyd Thrower

VA-18-0298-I-000193

Document ID: 0.7.1705.535223-000021

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: Interoperabilty listening sessions (18).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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**To:** Fleck, Robert R. (OGC)[Robert.Fleck@va.gov]

**Cc:** Byrne, Jim (OGC)[Jim.Byrne@va.gov]

**From:** Blackburn, Scott R.

**Sent:** Thur 2/1/2018 11:23:21 PM

**Subject:** RE: Interoperability listening sessions

Thanks Bob. I did attend today's listening session, 10am-11:30am. I did not attend the session at 1pm.

For the sake of documenting. Here are a few notes.

I sat in the backrow in the Roosevelt Room and was in listen only mode. I did not say a word during the meeting.

The meeting consisted of execs from AARP, Genetic Alliance, National Partnership for Women and Families, Pacific Business Group on Health, PhRMA, Amazon, Business Roundtable, CVS, 23andme, Comcast, Biden Cancer Institute, and Landmark Health

There were several government representatives (from White House, CMS, ONC). Jane Lucas was present in the meeting.

The meeting was a classic "listening session" structured around the following 3 questions:

- o How important is interoperability to you and why?
- o What have been the main barriers to interoperability an how can we overcome them together? Are there any regulatory burdens we should examine to expedite efforts?
- o What approach(s) do you recommend to provide maximum benefit to the patient? What other factors should we be considering?

---

**From:** Fleck, Robert R. (OGC)

**Sent:** Wednesday, January 31, 2018 8:28 AM

**To:** Blackburn, Scott R.

**Subject:** RE: Interoperability listening sessions

Scott,

(b)(5)

Bob  
Robert R. Fleck  
Chief Counsel, Procurement Law Group  
Office of the General Counsel  
Room 1050  
810 Vermont Avenue, NW  
Washington, DC, 20420  
Office 202-461-4954

ATTENTION: This electronic transmission may contain attorney work-product or information protected under the attorney-client privilege. Portions of this transmission may contain information also protected from disclosure under the Freedom of Information Act, 5 USC §552. Do not release this information without prior authorization from the sender. If this has inadvertently reached the wrong party, please delete this information immediately and notify the sender. Any security screening of this email by information officers or server administrators is not intended to be consent to any party to review the content of the email or a waiver of the attorney-client privilege and/or work product privilege.

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**From:** Blackburn, Scott R.

**Sent:** Tuesday, January 30, 2018 2:53 PM

**To:** Fleck, Robert R. (OGC)

**Cc:** (b)(5)

**Subject:** RE: Interoperability listening sessions

VA-18-0298-I-000195

---

**From:** Fleck, Robert R. (OGC)  
**Sent:** Tuesday, January 30, 2018 2:33 PM  
**To:** Blackburn, Scott R.  
**Cc:** Byrne, Jim (OGC)  
**Subject:** RE: Interoperability listening sessions

I can see you now.

Bob  
Robert R. Fleck  
Chief Counsel, Procurement Law Group  
Office of the General Counsel  
Room 1050  
810 Vermont Avenue, NW  
Washington, DC, 20420  
Office 202-461-4954

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, January 30, 2018 2:32 PM  
**To:** Fleck, Robert R. (OGC)  
**Cc:** Byrne, Jim (OGC)  
**Subject:** RE: Interoperability listening sessions

(b)(5)

---

**From:** Fleck, Robert R. (OGC)  
**Sent:** Tuesday, January 30, 2018 10:27 AM  
**To:** Blackburn, Scott R.  
**Cc:** Byrne, Jim (OGC)  
**Subject:** RE: Interoperability listening sessions

Scott,

(b)(5)

If you have any questions, please let me know.

Bob  
Robert R. Fleck  
Chief Counsel, Procurement Law Group  
Office of the General Counsel

VA-18-0298-I-000196



Room 1050

810 Vermont Avenue, NW  
Washington, DC, 20420  
Office 202-461-4954

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**From:** Blackburn, Scott R.

**Sent:** Monday, January 29, 2018 11:04 AM

**To:** (b)(6)

**Cc:** Fleck, Robert R. (OGC); Byrne, Jim (OGC); (b)(6)

**Subject:** Interoperability listening sessions

Jane,

It was a pleasure meeting you today. I am cc'ing Jim Byrne and Bob Fleck.

Jim/Bob – Chris Liddell asked me (or someone from VA – perhaps Windom or Ash) to attend a few interoperability listening sessions at the White House (there is one or two of them this Thursday). Jane wanted to loop in with you guys to make sure that makes sense given where we are with the Cerner contract. It would be just listening mode (from the second row).

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

Document ID: 0.7.1705.535223-000022

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: SecVA (19).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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RE: SecVA (19).msg <extracted> for Printed Item: 215 / Attachment (b)(6)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]; (b)(6)@va.gov]  
**Cc:** Colli, Jacqueline [Jacqueline.Colli@va.gov]; (b)(6)@va.gov]; Rinchack, Diane [Diane.Rinchack@va.gov]; Llamas, Jose [jose.llamas@va.gov]; Turner, Tanya T. [Tanya.Turner3@va.gov]  
**From:** (b)(6)  
**Sent:** Fri 3/9/2018 9:10:18 PM  
**Subject:** RE: SecVA

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 4:09 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Awesome! Thanks so much.

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:50 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 2:19 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:18:28 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** SecVA

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.

Document ID: 0.7.1705.535223-000024

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: VA CIO advisory support for Cerner contract (21).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**From:** Blackburn, Scott R.  
**Sent:** Fri 11/3/2017 10:23:29 PM  
**Subject:** RE: VA CIO advisory support for Cerner contract

Thanks Avi. I managed to find the other 4. I will shoot them all an email over the weekend. I'll cc you guys too in case you want to be included. Thanks for all the support.

Have a great weekend,  
Scott

---

**From:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**Sent:** Wednesday, November 01, 2017 9:33 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] RE: VA CIO advisory support for Cerner contract

Richard D. Daniels (b)(6)@kp.org

Here is the first he can help likely with the others – let me know if you need help tracking them down – I don't have them at the moment

---

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Tuesday, October 31, 2017 4:31 PM  
**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**Subject:** FW: VA CIO advisory support for Cerner contract

Hi Avi,

Happy Halloween! I just want to follow up on this exchange with Jared. Can you help connect us with the 5 CIOs so we can bounce our EHR plan off of them before we go final?

Thanks again for all the support!  
Scott

---

**From:** Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov  
**Sent:** Friday, October 27, 2017 5:36 AM  
**To:** Blackburn, Scott R.  
**Cc:** Liddell, Christopher P. EOP/WHO; Windom, John H.; DJS; Berkowitz, Avrahm J. EOP/WHO; Dumbauld, Cassidy M. EOP/WHO  
**Subject:** [EXTERNAL] Re: VA CIO advisory support for Cerner contract

(b)(5)

Avi will connect you and schedule next meeting

Sent from my iPhone  
On Oct 27, 2017, at 1:56 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Jared / Chris –

(b)(5)

(b)(5)

Scott

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment, and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

Scott Blackburn

Scott Blackburn  
Acting CIO & Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

Document ID: 0.7.1705.535223-000025

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: VA MEETING (22).msg <extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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**To:** DJS[vacodjst@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Tue 11/14/2017 7:15:28 PM  
**Subject:** RE: VA MEETING

thanks

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 2:15 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

Yes and yes

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:46:39 AM  
**To:** DJS  
**Subject:** RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 1:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:38:25 AM  
**To:** DJS  
**Subject:** FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

---

**From:** Schnitzer, Jay J [REDACTED]@mitre.org  
**Sent:** Tuesday, November 14, 2017 12:47 PM  
**To:** Blackburn, Scott R.  
**Cc:** Wynn, Jackie

VA-18-0298-I-000204



**Subject:** [EXTERNAL] FW: VA MEETING

Hi Scott,  
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.  
Thanks,  
Best,  
Jay

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

---

**From:** Noga, James (b)(6) @PARTNERS.ORG>  
**Date:** Tuesday, Nov 14, 2017, 11:43 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6) @mgh.harvard.edu>  
**Cc:** Schnitzer, Jay J (b)(6) @mitre.org>  
**Subject:** RE: VA MEETING

But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. Jim

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:31 AM  
**To:** Noga, James (b)(6) @PARTNERS.ORG>  
**Subject:** RE: VA MEETING

Dear Jim,  
Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskowitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).  
Many thanks,  
Andy

---

**From:** Noga, James  
**Sent:** Tuesday, November 14, 2017 11:16 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6) @mgh.harvard.edu>  
**Subject:** RE: VA MEETING

I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:11 AM  
**To:** Noga, James (b)(6) @PARTNERS.ORG>  
**Subject:** FW: VA MEETING

Dear Jim,  
Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.  
Many thanks,  
Andy

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:06 AM  
**To:** 'Bruce Moskowitz' (b)(6) @mac.com>  
**Subject:** RE: VA MEETING

VA-18-0298-I-000205

Dear Bruce,

Many thanks for the note. I'll review the below a little later today and I'll be back in touch.

Many thanks and best,

Andy

---

**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]

**Sent:** Tuesday, November 14, 2017 10:45 AM

**To:** Karson, Andrew Scott, M.D. (b)(6) [redacted]@mgh.harvard.edu>

**Subject:** VA MEETING

The call will take place this Wednesday, November 15<sup>th</sup> between 3:00 PM and 5:00 PM

Dial In Number: (b)(6) [redacted]

Passcode: (b)(6) [redacted]

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to track what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad

Bruce Moskowitz M.D.

VA-18-0298-I-000206

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addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Document ID: 0.7.1705.535223-000026

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RFP review matrix draft\_v8.xlsx

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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Item #	Author	Comment	Response	Modifications to RFP
JM1	Jon Manis	<p>In this contract (and I may have missed it), I could find no clear definition of expectations regarding Cerner's ability to "interoperate" with other EMR vendors (Epic, Meditech, Eclipsys, Allscripts, etc.). Though there is reference to interoperability, my suspicion is that it is defined as "the passing of certain clinical data elements" or "the exchange of certain relevant clinical data elements" between disparate EMR vendors. This may be defined as data exchange or interface, but it is not the true, seamless interoperability or integration that was suggested in conversations I have participated in with VA stakeholders.</p>	<p><b>IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach</b> includes significant detail on the topic. The interoperability section is copied below this table for reference.</p> <p><b>IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway</b> also includes detail on the creation of strategic open APIs.</p> <p><b>VA NF-177: Interoperability - Data Standards:</b> The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.</p> <p><b>VA NF-T23: Informatics - Care Integration:</b> VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]</p> <p><b>VA NF-Z11: Health Information Exchange:</b> The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications</p>	<p><i>No change required.</i></p>
JM2	Jon Manis	<p>I bring this issue to the fore only because my conversations have led me to believe that the VA was pursuing a contractual obligation for "true interoperability" with this Cerner contract. Any such interest would require contractual terms and a clause developed, agreed to, and executed by Cerner as well as the other primary EMR vendors (Epic, Eclipsys, Meditech, Allscripts, and others). Failing such a contractual obligation, the Cerner contract represents an exceptional current-state software agreement, but no significant progress or advancement toward true EMR interoperability.</p>	<p>See response to JM1.</p> <p>Also, the RFP represents a contractual agreement with Cerner. Cerner has agreed to open APIs, VA data rights, and adherence to data standards to support interoperability. Outside of the Cerner contract, VA is actively pursuing partnerships with other health system providers to meet Cerner's commitment to data sharing.</p>	<p><i>No change required.</i></p>

JM3	Jon Manis	I could not find specific reference to existing data and the migration of existing data from the current VistA databases to the Cerner database. Is this multiple data migrations? From how many existing databases to how many instances of the Cerner database?	<p><b>IDIQ PWS section 5.1.8: Data Migration Planning:</b> - details on data migration planning including: The Contractor shall support data migration planning to support seamless care and to ensure operational integrity.</p> <p><b>The Contractor shall:</b></p> <p>a) Develop a Data Migration Plan (DMP) that provides an understanding of the EHRM Solution implementation sequence and priorities, data quality, data volumes, and data extract, transformation and load strategy for both the EHRM and Population Health Management solutions.</p> <p><b>IDIQ PWS 5.9: 5.9 Analysis And Migration Of Legacy Data</b></p> <p>The Contractor shall execute the following data migrations in alignment with the EHRM wave deployment schedule. Data migrations include:</p> <p>a) VA clinical data migrated to HealtheIntent – initially 15 domains</p> <p>b) Non-DICOM Images</p> <p>c) DICOM images</p> <p>i. Reference</p> <p>ii. Diagnostic quality</p> <p><b>Additional migrations shall occur following the overall EHRM schedule:</b></p> <p>a) Bulk VA data from HealtheIntent to Millennium – initially 5 domains</p> <p>i. Initially PAMPI: Problems, Allergies, Medications, Procedures, Immunization</p> <p>ii. Moving to PAMPI+</p> <p>iii. DICOM imaging and imaged documents and other multi-media will not be included in the initial phases of migration.</p> <p>b) Iterative migration of remaining VistA clinical, dental, administrative and financial data that is relevant for clinical care, registries, reporting, or analytics to additional domains in HealtheIntent and/or Millennium. Priorities will be determined by the Data Governance Board.</p> <p>c) Migration or archiving of remaining VistA data per direction of the Data Governance Board to enable retirement of VistA instances.</p> <p>The Contractor shall develop the data processing scripts including terminology mapping to standards and information model transformation.</p> <p>The Contractor shall migrate VistA legacy data into HealtheIntent utilizing a historical bulk load and an ongoing update stream during the deployment time period based upon the following process:</p> <p>a) VA will physically transport the historical load to the Cerner Data Center and restore onto an environment established for hosting VA data;</p> <p>b) VA will manage the ongoing update stream;</p> <p>c) The Contractor will ingest, aggregate, normalize and standardize the VA data into HealtheIntent and/or Millennium by a predetermined method.</p>	No change required.
JM4	Jon Manis	VistA and (ancillary systems displacements) should have a data migration schedule with data integrity assurances.	The details of data migration scheduling for VA enterprise data, VA IOC deployment data and imaging will be included in the data migration task order and Cerner proposal in response to that task order.	No change required.
JM5	Jon Manis	I could not find specific reference to EMPI and identity management. I would be concerned about duplicate records, record resolution. The expectation should be defined with a timeline and acceptable error rate. What is the process and accountability for duplicate resolution?	<p><b>IDIQ PWS Section 5.5.2: Identity and Access Management</b> includes significant detail.</p> <p><b>VA NF-15:</b> The system shall be able to synchronize all patient identities to the enterprise Identity Management System (i.e., DEERS, MVI)</p> <p><b>VA - NF 24:</b> When communications allow, the system shall enforce a search to the enterprise Identity Management System (i.e., DEERS, MVI) prior to adding a new patient</p> <p><b>VA-NF52:</b> The system shall support the matching of External Patient IDs coming in through eHealth Exchange/CommonWell and other community partner systems.</p>	No change required.
JM6	Jon Manis	Is there a specific listing of ancillary systems that will be displaced by the Cerner EMR? If so, I did not see that listing.	Yes, VA has compiled a mapping of Cerner to VistA modules to identify what VistA components will or will not be replaced by Cerner modules. That list is used internally by VA to determine next steps for remaining VistA components. As these components will not be replaced or managed by Cerner, they are no listed as part of the Cerner RFP. The Cerner solution replaces all clinical modules of VistA and does away for the need of many non-clinical modules.	No change required.
JM7	Jon Manis	Is there a specific listing of ancillary systems that will be retained post Cerner EMR implementation?	Yes, VA is maintaining a list of ancillary systems that will be retained. As these systems will not be managed by Cerner, they are not listed as part of the Cerner RFP.	No change required.

JM8	Jon Manis	I did not see a specific reference to system performance commitments. Such a reference should include defined response times (user defined performance, not machine defined performance), uptime commitments and resolution accountabilities. These should be defined by the VA, not by Cerner.	<p><b>VA NF-86: User Operational Availability</b> - System availability exclusive of planned downtime shall be 99.9% for the Tier I production systems as defined in the Hosting Scope document. System availability exclusive of planned downtime shall be 99.9% for the HA-CAS production systems as defined in the Hosting Scope document. HealthIntent components required for data migration and continuity of care shall have the same SLA and penalties as Tier I production systems as defined in the Hosting Scope document.</p>	No change required.
JM9	Jon Manis	Contractually, I would strongly recommend all system performance be the responsibility of Cerner. In other words, all ancillary systems and interfaces, data exchanges should be assigned to Cerner for performance accountability. In my experience, an EMR vendor often places accountability on a sub-system or ancillary system for poor performance. It is best to have one vendor responsible for assuring everything works together as expected. This is often accomplished by ancillary systems sub-contracting through the prime vendor (Cerner).	<p>Cerner is responsible for all performance for the new EHR and ancillary systems they are providing, as well as the interface design and implementation. See SLA responses to JM12&amp;13.</p> <p><b>IDIQ 5.5.3 EHRM and VA System Integration</b>  <b>The Contractor shall identify common VistA interfaces required for all EHRM deployment sites with input from VA. This shall include currently deployed interfaces identified in Section D, Attachment 004 as well as those which VA develops or procures during the performance of this contract. The Contractor shall support all development, documentation including interface control documents, compliance reviews and test activities required by VA to integrate these internal and external systems as required. Integration activities may include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>a) Existing VistA integrations to external or internal support systems</li> <li>b) Community Care Clinics – including medical documentation required for provider payment if provided in electronic format.</li> <li>c) Medical Devices – Internal and External</li> <li>d) Mobile Apps / Mobile Devices – Internal and External</li> <li>e) CMOPs</li> </ul> <p>The Contractor shall modify VA legacy systems as required to support integration with EHRM provided that VA will collaborate with the Contractor to share knowledge of the VA legacy systems to support the integration with EHRM. In addition, the Contractor shall provide technical expertise to VA and its Contractors to support integration with EHRM of Commercial software as required. Note that site-specific system interface and legacy system modification may be required as site requirements are identified during deployment. VA will provide access to VA's enterprise InterSystems HealthShare licenses for development of EHRM/Vista interfaces.</p> <p>The Contractor shall provide interface testing. Tests include steps for nominal and off-nominal interface conditions, minimum and maximum data content, and error handling as outlined in the respective ICD. Data will be verified on each end of the interface to confirm that the correct data is transmitted from EHRM and the data received by EHRM is stored and displayed correctly. Data verification will be automated wherever possible. Finally, [the Contractor shall] provide VA the ability to audit all interface traffic that occurs during testing.</p> <p>For any new code or code modifications to VA systems by the Contractor, the Contractor shall provide the software build/package including source code and required documentation for release within VA and use the VA approved tool/software code repository which is the Rational tool suite. The Contractor shall change to the new VA code repository if VA transitions from Rational to an internal VA GitHub repository.</p> <p>For such modifications to VA legacy systems, the Contractor shall create, maintain, and provide the architecture/system diagrams with input from VA for the EHRM and VA systems integration using the DOD Architecture Framework (DoDAF).</p> <p>To the extent applicable, provide non-commercial and Open Source Software (OSS) source code to support the configuration, integration, custom development, test, software management, training, deployment, and end-user usage of custom developed components of EHRM.</p>	No change required
JM10	Jon Manis	I have many questions about medical imaging. Cerner is not known to have the best imaging solutions. Given the VA patient population, this area should be reviewed with a particular interest to protect VA interest. I would include specific performance clauses related to image capture, storage, retrieval, resolution and exchange for both medical and diagnostic imaging.	<p>VA has not included the Cerner PACS module in this acquisition due to similar concerns. Also see response to JM17.</p>	No change required.
JM11	Jon Manis	I did not see specific reference to Population Health Management tools or predictive analytical modules to support specific patient populations (i.e.; chronic disease such as diabetes).	<p><b>IDIQ PWS Section 5.8: BUSINESS INTELLIGENCE, DATA ANALYTICS, AND POINT OF CARE DECISION SUPPORT.</b> This section covers a lot of related topics including: g) Provide the ability to provision and maintain data marts around specific clinical or administrative subject areas and utilize provided reporting and analytic tools to report and analyze the data</p>	No change required.



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M12	Jon Manis	Some contingency should be made for hardware performance measurement (processing and response times) with regard to assigned accountability. If the system is underperforming, who is accountable to remediate? How quickly?	<p>Cerner is providing a managed hosting service and their LightsOn Monitoring to VA.</p> <p><b>NOTE:</b> There is a separate Cerner Hosting Scope of Work document that is not a part of the RFP but will be incorporated in the final contract language. Specific hardware performance and remediation procedures are described in that document including the provision of near-real time views into system capacity, performance, and user device latency on both a snapshot and trend view. System availability, performance and functional capability issues are handled as an incident with resolution time frames specified by the criticality of each incident. Detailed metrics will be included in task orders describing hosting and help desk requirements.</p>	No change required.
M13	Jon Manis	I did not see and could not find specific mention of service level agreements regarding response times.	<p>VA and DoD will be sharing an instance of the commercial Cerner product based in the Cerner data center conforming to Cerner commercial service level agreements. Note that specific service level agreements will be determined for each task order.</p> <p><b>IDIQ PWS section 5.3.3 System Quality and Performance Measures and Monitoring</b></p> <p>The Contractor shall provide its commercial performance measurement system for system acceptance for discussion and review with VA. The Contractor shall conduct analysis and design activities for system quality and performance. The Contractor shall provide performance and availability trend analysis and supporting data in the Monthly Progress Report to show prediction, trending, and monitoring of system's performance trends. The Contractor is responsible for reporting all issues or errors associated with the EHR solution, and acknowledges and agrees that software errors creating patient safety risks shall not be considered confidential, proprietary or trade secrets, and accordingly, shall be releasable to VA or its agents. The VA retains the right to share any issue, error or resolution approach related to software errors creating patient safety risks.</p> <p><b>Quality Assurance Surveillance Plan Appendix A-1: EHRM Functional Key Performance Indicators</b> includes over 120 areas of clinical measurement along with specific detail on VA priorities and Cerner Lights On measurement capabilities. These metrics will be included as appropriate in each task order with VA surveillance on Cerner performance against these metrics.</p> <p><b>Quality Assurance Surveillance Plan Appendix A-2: EHRM Non-Functional Key Performance Indicators</b> includes 20 areas of technical measurement along with critical success factors and suggested numerical measures. These metrics will be included as appropriate in each task order with VA surveillance on Cerner performance against these metrics.</p>	No change required.
M14	Jon Manis	I did not see and could not find specific mention of service level agreements regarding disaster recovery, backup, contingency or business/service continuity.	<p><b>IDIQ PWS section 5.3.2 Continuity of Operations (COOP), Disaster Recovery (DR), and Business Continuity Planning Services.</b> IDIQ PWS section 5.3 Hosting requires: c) Provide a primary and alternate data center to support continuity of operations and disaster recovery requirements.</p> <p><b>VA -FR-19: Manage Clinical Documentation:</b> Includes the ability to create, modify, authenticate and ensure continuity of record with fail over and disaster recovery.</p> <p><b>NOTE:</b> There is a separate Cerner Hosting Scope of Work document that is not a part of the RFP but will be incorporated in the final contract language. Specific service level agreements related to disaster recovery, backup, contingency and business/service continuity have been negotiated with Cerner to ensure VA requirements are met.</p>	No change required.



JM15	Jon Manis	I did not see sufficient detail related to the incorporation of emerging technologies such as self-service, remote monitoring and telehealth solutions. I would include artificial intelligence (AI) as a clause as well.	<p><b>VA-FR-23 Manage Remote Care:</b> Provides the ability to interact with patients and providers, provide care, treatment, and education to the patient population unable to physically present at a VA medical facility. Includes the ability to support coordinated, bi-directional patient /provider and provider/provider communications electronically in a secure manner. Includes connected care modalities of telehealth, remote home monitoring, point of service kiosks, mobile applications/tools.</p> <p>Includes the ability to customize the patient portal and associated mobile applications with VA-specific content, branding and transactional services such as healthcare enrollment application, Veteran profile update, claim status and other VA services.</p> <p><b>VA-FR-23: Remote access:</b> Provides the ability to interact with patients and providers, provide care, treatment, and education to the patient population unable to physically present at a VA medical facility. Includes the ability to support coordinated, bi-directional patient /provider and provider/provider communications electronically in a secure manner. Includes connected care modalities of telehealth, remote home monitoring, point of service kiosks, &amp; mobile applications/tools.</p> <p><b>IDIQ PWS Section 5.10.2: Innovation Categories:</b> includes significant detail covering future-facing development. Specifically:</p> <p>d) An extension of the EHRM using either Contractor-dependent or independent technology. An example of an extension includes a new application such as a growth chart application or medication adherence application. An independent application may use Fast Healthcare Interoperability Resources (FHIR) and a SMART container to visualize the application in the EHRM. An example of a Contractor-dependent innovation is a similar application that leverages Contractor proprietary objects-oriented technologies and APIs to connect the application to the EHRM. The Task Order will describe the specific requirements of Contractor to sustain the extension. An extension will typically be owned by Contractor and licensed to the VA with unlimited rights and subsequently made available under an open source license such as APACHE, Version 2.</p> <p>e) An open innovation is a foundational, platform independent technology that may be utilized with Contractor solutions but has independent value outside of Contractor's platforms. Examples include Cerner terminologies, ontologies, methods of developing healthcare IT content, standards processes and rules, for example, such as those employed to program Cerner's population health solutions. Open innovation Intellectual Property (IP) will be committed to an open source community or public domain, as appropriate and mutually agreed to in a Task Order, by Contractor and the VA when such open innovation IP is necessary to realize a standardized implementation of platform-independent healthcare IT content.</p> <p>f) A joint contribution is an innovation created and developed by Contractor and the VA. If the VA is not contributing funds, then a CRADA may be negotiated to facilitate the Joint Contribution in coordination with the VA Technology Transfer Program (TTP). The VA may receive consideration in the form of software allowances, future licensing discounts, or other remuneration, according to parameters and amounts previously agreed by the Innovations Governance Board as documented in a written agreement subsequently incorporated into this contract or one of its Task orders, and joint inventors of patented inventions may receive royalties in these arrangements in accordance with patent license agreements to be established that are consistent with Contract Clause LXXX, Patent Rights – Ownership by the Contractor, FAR 52.227-12, (DEC 2007). If the VA is also contributing funds, then an alternative cooperative development agreement may be required for Joint Contributions. Joint Innovations made in concert with the DoD may be developed under an Other Transaction Authority (OTA) agreement.</p> <p>g) A knowledge sharing innovation is a contribution to a standards organization or consortium to advance the knowledge set of the industry at large. Examples include contributions made to the ONC as part of the Direct Project or the CommonWell Health Alliance.</p>	No change required.
JM16	Jon Manis	Ideally, the Cerner instance should be "cloud first, mobile always." Is this the technical configuration? Has that been defined in the contract? Is there an upgrade or migration path in the contract?	<p>VA will be sharing a hosting with DoD which is currently hosted in the Cerner data center. Mobile and eventual cloud migration are both addressed in the IDIQ PWS.</p> <p><b>IDIQ PWS 5.2.1.1: Software Requirements j):</b> The EHRM solution shall support broad access via tablet or mobile devices and pursue technology to reduce the burden to the clinicians (e.g., providing third-party provider access to information using light-weight portals and support for future generation mobile devices). Platform specifics shall be adjudicated by joint governance and incorporated by VA at a TO level.</p> <p><b>IDIQ PWS 5.3 EHRM Hosting and Managed Services</b> The Contractor shall provide enterprise datacenter hosting and services consistent with the hosting requirements set forth in Contractor's Hosting Agreement. If a cloud hosting environment becomes a more viable solution over the Period of Performance, Cerner may migrate the joint DoD/VA hosting environment to a Cerner private cloud or external third party cloud upon concurrence and security validation from the joint DoD/VA governance authority.</p>	No change required.
JM17	Jon Manis	A Vendor Neutral Archive (VNA) should be defined for all image types (DICOM/NON-DICOM) as well as all other media content (digital images, video, 3D images, waveforms, etc.	<p><b>PWS IDIQ 5.3.6.1: 5.3.6.1 Image Hosting</b> To support the transition to the EHRM Vendor Neutral Archive (VNA) for imaging, the Contractor shall migrate all DICOM and non-DICOM images from each VISN or site into the EHRM VNA at the time of deployment to each VISN or site.</p>	No change required.

**5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

**5.10.4.1 Data Design and Information Sharing**

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

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**5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration**

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

Item #	Author	Comment	Response	Modifications to RFP
RS1	Rasu Shrestha	<p>Enterprise Imaging</p> <ul style="list-style-type: none"> <li>• It's important to protect the VA's clinical, IT and operational needs around imaging. Cerner's imaging suite is not the best in class, and there are several key components that need to be called out, to make sure that if the current stack does not meet clinical, operational or IT requirements, the VA is protected.</li> <li>• As an example, if in user testing and clinical validation, it is found that the solutions offered are sub-par, then perhaps there should be an option to bring in the best in class solution/s contracted through Cerner.</li> <li>• Current and future functionality for enterprise imaging should be broken down into these core components:                             <ul style="list-style-type: none"> <li>o Capture</li> <li>o Storage</li> <li>o Viewing</li> <li>o Interoperability/Image Exchange</li> <li>o Analytics</li> </ul> </li> <li>• Furthermore, imaging should sufficiently address needs across:                             <ul style="list-style-type: none"> <li>o radiology</li> <li>o cardiology</li> <li>o pathology</li> <li>o others: wound care, dermatology, ophthalmology, endoscopy, point of care ultrasound.</li> </ul> </li> <li>• I had helped pull together a brief white paper that outlines key enterprise imaging measurement, functionality and 'keys to success' working with several other key imaging informatics experts and KLAS Research. I have attached this document here for your reference.</li> <li>o It details out specific requirements for each of the core verticals above in 2 stacks: current functionality and future functionality.</li> </ul>	<p><b>VA-FR-14: Provide Radiology and Nuclear Medicine Services:</b> VA is not purchasing the Cerner PACS module due to concerns similar to those expressed by Rasu. VA is requiring Cerner to provide imaging storage in a Vendor Neutral Archive. Therefore, these issues are addressed through reliance on the existing VA imaging capabilities.</p>	<p><i>No change required.</i></p>
RS2	Rasu Shrestha	<ul style="list-style-type: none"> <li>• Additional comments</li> <li>o For storage, it will be important to make sure that the Vendor Neutral Archive (VNA) is defined for both DICOM and non-DICOM image types (these seem to be mentioned already), as well as other multimedia content, such as movies, waveforms, and "omics" data (e.g. genomics, proteomics etc.).</li> <li>o A desirable feature is to have the VNA grow into an enterprise clinical content management system, that has three basic layers:                             <ul style="list-style-type: none"> <li>a storage layer that is standards based and cloud deployable</li> <li>an intelligent middle-ware layer atop of the storage layer that has the core meta-data components enabling full interoperability (PIX, PDQ, IHE)</li> <li>a workflow layer atop the middle-ware layer that allows for an ecosystem of various viewers and applications</li> </ul> </li> <li>o The objective would then be a "capture once, store once, access infinite times" with defined SLAs and performance metrics</li> <li>o Also, please make sure that there is mention of a functional "zero-foot print viewing" (ZFP) capabilities.</li> <li>o I also did not see direct mention of image post processing tools and functionalities (e.g. 3D imaging, computer added detection/CAD, etc.)</li> </ul>	<p><b>PWS IDIQ 5.3.6.1: 5.3.6.1 Image Hosting</b></p> <p>To support the transition to the EHRM Vendor Neutral Archive (VNA) for imaging, the Contractor shall migrate all DICOM and non-DICOM images from each VISN or site into the EHRM VNA at the time of deployment to each VISN or site.</p> <p><b>Cerner response to follow-up on VNA architecture:</b> <i>Cerner's Archive for MultiMedia is a single, enterprise-wide archive that aligns with Millennium. This is a single instance that is considered a part of the EHR architecture, (e.g. every Cerner Millennium client has a CAMM archive). Cerner also includes on-site iCache services that store the most recent or needed multimedia to ensure workflow performance is optimized.</i></p> <p>Cerner also provided an architecture description of the VNA which was reviewed by the VA architecture team and determined to be sufficient to address Rasu's comments.</p> <p><b>Zero Footprint Viewing:</b> Discussions with CMO imaging representatives clarified that zero footprint viewing if VA imaging and VA monitor display capabilities and therefore not a part of the Cerner contract.</p> <p><b>Image post-processing tools and functionalities:</b> Discussions with CMO imaging representatives clarified that image post processing is not within scope of the Cerner contract since VA is not purchasing the Cerner PACS module.</p>	<p><i>No change required.</i></p>



RS3	Rasu Shrestha	<p>It will be important to make sure that there is robust data integration and performance across all sites</p>	<p><b>IDIQ PWS section 5.1.8</b> - details on data migration planning including: The Contractor shall support data migration planning to support seamless care and to ensure operational integrity.</p> <p><b>The Contractor shall:</b></p> <p>a) Develop a Data Migration Plan (DMP) that provides an understanding of the EHRM Solution implementation sequence and priorities, data quality, data volumes, and data extract, transformation and load strategy for both the EHRM and Population Health Management solutions.</p> <p><b>IDIQ PWS 5.9: 5.9 Analysis And Migration Of Legacy Data</b></p> <p>The Contractor shall execute the following data migrations in alignment with the EHRM wave deployment schedule. Data migrations include:</p> <p>a) VA clinical data migrated to HealthIntent – initially 15 domains</p> <p>b) Non-DICOM Images</p> <p>c) DICOM images</p> <p>i. Reference</p> <p>ii. Diagnostic quality</p> <p><b>Additional migrations shall occur following the overall EHRM schedule:</b></p> <p>a) Bulk VA data from HealthIntent to Millennium – initially 5 domains</p> <p>i. Initially PAMPI: Problems, Allergies, Medications, Procedures, Immunization</p> <p>ii. Moving to PAMPI+</p> <p>iii. DICOM imaging and imaged documents and other multi-media will not be included in the initial phases of migration.</p> <p>b) Iterative migration of remaining VistA clinical, dental, administrative and financial data that is relevant for clinical care, registries, reporting, or analytics to additional domains in HealthIntent and/or Millennium. Priorities will be determined by the Data Governance Board.</p> <p>c) Migration or archiving of remaining VistA data per direction of the Data Governance Board to enable retirement of VistA instances.</p> <p>The Contractor shall develop the data processing scripts including terminology mapping to standards and information model transformation.</p> <p>The Contractor shall migrate VistA legacy data into HealthIntent utilizing a historical bulk load and an ongoing update stream during the deployment time period based upon the following process:</p> <p>a) VA will physically transport the historical load to the Cerner Data Center and restore onto an environment established for hosting VA data;</p> <p>b) VA will manage the ongoing update stream;</p> <p>c) The Contractor will ingest, aggregate, normalize and standardize the VA data into HealthIntent and/or Millennium by a predetermined method.</p>	<p><i>No change required.</i></p>
RS4	Rasu Shrestha	<p>Are there specific clauses for SLAs around performance</p>	<p>VA and DoD will be sharing an instance of the commercial Cerner product based in the Cerner data center conforming to Cerner commercial service level agreements. Note that specific SLAs will be determined for each task order.</p> <p><b>IDIQ PWS Section 5.3.3 System Quality and Performance Measures and Monitoring</b></p> <p>The Contractor shall provide its commercial performance measurement system for system acceptance for discussion and review with VA. The Contractor shall conduct analysis and design activities for system quality and performance. The Contractor shall provide performance and availability trend analysis and supporting data in the Monthly Progress Report to show prediction, trending, and monitoring of system’s performance trends. The Contractor is responsible for reporting all issues or errors associated with the EHR solution, and acknowledges and agrees that software errors creating patient safety risks shall not be considered confidential, proprietary or trade secrets, and accordingly, shall be releasable to VA or its agents. The VA retains the right to share any issue, error or resolution approach related to software errors creating patient safety risks.</p> <p><b>Quality Assurance Surveillance Plan Appendix A-1: EHRM Functional Key Performance Indicators</b> includes over 120 areas of clinical measurement along with specific detail on VA priorities and Cerner Lights On measurement capabilities. These metrics will be included as appropriate in each task order with VA surveillance on Cerner performance against these metrics.</p> <p><b>Quality Assurance Surveillance Plan Appendix A-2: EHRM Non-Functional Key Performance Indicators</b> includes 20 areas of technical measurement along with specific detail on critical success factors and suggested numerical measures. These metrics will be included as appropriate in each task order with VA surveillance on Cerner performance against these metrics.</p>	<p><i>No change required.</i></p>
RS5	Rasu Shrestha	<p>Backup and disaster recovery clauses?</p>	<p><b>IDIQ PWS section 5.3.2 Continuity of Operations (COOP), Disaster Recovery (DR), and Business Continuity Planning Services.</b></p> <p><b>IDIQ PWS section 5.3 Hosting requires:</b> c) Provide a primary and alternate data center to support continuity of operations and disaster recovery requirements.</p> <p><b>VA -FR-19:</b> Includes the ability to create, modify, authenticate and ensure continuity of record with fail over and disaster recovery.</p> <p><b>NOTE:</b> There is a separate Cerner Hosting Scope of Work document that is not a part of the RFP but will be incorporated in the final contract language. Specific service level agreements related to disaster recovery, backup, contingency and business/service continuity have been negotiated with Cerner to ensure VA requirements are met.</p>	<p><i>No change required.</i></p>

JM13

JM14

RS6	Rasu Shrestha	<p>• Cerner should essentially function as the primary workflow enablement layer, and would ideally be able to allow for data to flow freely across other clinical systems creating a robust 'healthcare operating system'</p>	<p><b>IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach</b> includes significant detail on the topic. The interoperability section is copied below this table for reference.</p> <p><b>IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway</b> also includes detail on the creation of strategic open APIs.</p> <p><b>VA NF-177: Interoperability - Data Standards:</b> The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.</p> <p><b>VA-NF-T23: Informatics - Care Integrations:</b> VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]</p> <p><b>VA NF-Z11: Health Information Exchange:</b> The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications</p>	No change required
RS7	Rasu Shrestha	<p>• There needs to be a robust data abstraction layer that is FHIR enabled - much of this is already mentioned in section 5.5</p>	<p><b>IDIQ PWS Section 5.5.4: Data Exchange - Application Program Interface (API) Gateway includes significant detail including:</b></p> <p>a) Deliver and maintain fully tested contractor API Endpoints that return data defined by Cerner or by the latest Cerner supported open standards such as FHIR</p> <p><b>VANF-Z02: FHIR:</b> System shall support the generation of FHIR resources in multiple versions in parallel (e.g.: DTSU 1.0, DTSU V2.0)</p>	No change required.
RS8	Rasu Shrestha	<p>• We should account for all elements of data flow and workflow, including the following:</p> <ul style="list-style-type: none"> <li>o Patient engagement</li> <li>o patient entered data</li> <li>o data from remote devices and sensors</li> <li>o claims data/ payor data</li> <li>o data flow from existing solutions such as VistA</li> <li>o data flow across other EMRs including Epic, Allscripts etc. - to meet and exceed needs around the Veterans Access, Choice and Accountability act</li> </ul>	<p><b>IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach</b> includes significant detail on the topic. The interoperability section is copied below this table for reference.</p>	No change required.
RS8	Rasu Shrestha	<p>• I would also like to dig deeper with you around advanced analytics, enterprise data warehousing, and enablement of artificial intelligence and machine learning type capabilities</p>	<p><b>IDIQ PWS Section 5.10.2: Innovation Categories</b> includes significant detail covering future-facing development. Specifically:</p> <p>d) An extension of the EHRM using either Contractor-dependent or independent technology. An example of an extension includes a new application such as a growth chart application or medication adherence application. An independent application may use Fast Healthcare Interoperability Resources (FHIR) and a SMART container to visualize the application in the EHRM. An example of a Contractor-dependent innovation is a similar application that leverages Contractor proprietary objects-oriented technologies and APIs to connect the application to the EHRM. The Task Order will describe the specific requirements of Contractor to sustain the extension. An extension will typically be owned by Contractor and licensed to the VA with unlimited rights and subsequently made available under an open source license such as APACHE, Version 2.</p> <p>e) An open innovation is a foundational, platform independent technology that may be utilized with Contractor solutions but has independent value outside of Contractor's platforms. Examples include Cerner terminologies, ontologies, methods of developing healthcare IT content, standards processes and rules, for example, such as those employed to program Cerner's population health solutions. Open innovation Intellectual Property (IP) will be committed to an open source community or public domain, as appropriate and mutually agreed to in a Task Order, by Contractor and the VA when such open innovation IP is necessary to realize a standardized implementation of platform-independent healthcare IT content.</p> <p>f) A joint contribution is an innovation created and developed by Contractor and the VA. If the VA is not contributing funds, then a CRADA may be negotiated to facilitate the Joint Contribution in coordination with the VA Technology Transfer Program (TTP). The VA may receive consideration in the form of software allowances, future licensing discounts, or other remuneration, according to parameters and amounts previously agreed by the Innovations Governance Board as documented in a written agreement subsequently incorporated into this contract or one of its Task orders, and joint inventors of patented inventions may receive royalties in these arrangements in accordance with patent license agreements to be established that are consistent with Contract Clause LXXX, Patent Rights – Ownership by the Contractor, FAR 52.227-12, (DEC 2007). If the VA is also contributing funds, then an alternative cooperative development agreement may be required for Joint Contributions. Joint Innovations made in concert with the DoD may be developed under an Other Transaction Authority (OTA) agreement.</p> <p>g) A knowledge sharing innovation is a contribution to a standards organization or consortium to advance the knowledge set of the industry at large. Examples include contributions made to the ONC as part of the Direct Project or the CommonWell Health Alliance.</p>	No change required





RS9	Rasu Shrestha	Does the contract specify that this is a single instance shared by VA and DoD?	<p>While the words 'single instance' do not appear in the contract, there are multiple references to 'single joint system', 'common system', etc. throughout the RFP as illustrated below.</p> <p><b>IDIQ PWS Background Section:</b> EHRM is based on the electronic health record acquired by the Department of Defense known as the MHS GENESIS system, which is at its core, Cerner Millennium. The adoption of a single joint system between VA and DoD will allow all patient data to reside in a common system to have a seamless link between the DoD and VA. The DoD authorized system will be augmented to include additional functionality to meet VA requirements. Over time, the goal is the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data, common user interface, common workflows, common business rules, and common security framework that supports end-to-end healthcare related clinical and business operations.</p>	<i>No change required.</i>
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#### 5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

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**5.10.4.1 Data Design and Information Sharing**

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

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**5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration**

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

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Item #	Author	Comment	Response	Modifications to RFP
LC1	Leslie Cooper	<p>I reviewed the material you sent regarding the proposed VA EMR contract and statement of work. I have one area of concern regarding the interoperability of the system with community care providers. For the new VA EMR to efficiently serve patients, maximize safety and lower medical costs, medical records from the military, VA and community care providers under contract must be viewable in a seamless electronic format. The language of the contract and statement of work do not require this of the Cerner system. I reviewed the material you sent regarding the proposed VA EMR contract and statement of work. I have one area of concern regarding the interoperability of the system with community care providers. For the new VA EMR to efficiently serve patients, maximize safety and lower medical costs, medical records from the military, VA and community care providers under contract must be viewable in a seamless electronic format. The language of the contract and statement of work do not require this of the Cerner system.</p> <p>In my experience using 3 versions of the Cerner EMR, the records from outside providers are imported as a CCD or CCA file and labeled as "Outside Material" with no way to identify file content or correlate internal study results with similar outside studies. For example a fax with a coronary angiogram report and a colonoscopy report will be included in the same "Outside Material" file. The date on the Outside Material file is the date of entry into the Cerner EMR, with no relation to the date of the file contents. These results are neither indexed nor searchable. The effort required of providers to open and read all pages of each file is infeasible and therefore tests are needlessly repeated at substantial cost and risk to patients.</p> <p>I recommend that the VA EMR contract and statement of work be amended to require that a core interoperability strategy be operational at the time of initial EMR implementation. The amended contract and statement of work should specify that that all community care provider materials be indexed and searchable by specific diagnosis and test result, and that these results be linked to relevant parts of the internal VA records by date and medical discipline. For example, a coronary angiogram report at an outside facility performed in January 2018 should appear in the VA EMR under Cardiology Testing (nomenclature from Cerner Mayo installations) on the date of the study. Current operational examples of successful EMR interoperability at the level required include EPIC to EPIC data exchange or a proprietary intra-organization system used at Mayo Clinic called Synthesis. We would recommend that you utilize standards for this as promulgated by the Federal government (e.g., Meaningful Use 2015 edition, and the Trusted Exchange Framework and Common Agreement initiated by the Department of Health and Human Services) and by industry (e.g., the HL7 Fast Healthcare Interoperability Resource standards and industry-led Argonaut and SMART projects). This recommendation has been reviewed by Mayo Clinic leadership and we believe is consistent with other feedback you have received from Mayo Clinic experts.</p>	<p><b>IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach:</b> includes significant detail and timeframes on the topic. The entire interoperability section is copied below this table for reference. <b>The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:</b></p> <p><b>VA-NF-T46 Legal Discovery</b> The system shall support provenance (chain of custody or ownership) and pedigree (processing history how the data was produced or incorporated) and enable identification, collection, and production of data according to source, custody and ownership and display of data in business, logical, legal or physical models.</p> <p><b>VA-FR-19: Manage Clinical Documents.</b> k. Includes the ability to upload graphs, color images, and drawings that are viewable in the EHR and integrated with applications to support comparison of examination findings over time.  l. Include the ability to link scanned or other electronic documents to a specific document in the health record.  m. Includes capturing VA and Non VA Community Based Services.</p> <p><b>IDIQ PWS Section 5.5.1: Workflow Development and Normalization</b></p> <p>j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:</p> <ul style="list-style-type: none"> <li>• Problems</li> <li>• Allergies</li> <li>• Home Medications</li> <li>• Procedures - including associated reports and with appropriately filtered CPT codes</li> <li>• Immunizations</li> <li>• Discharge Summaries</li> <li>• Progress Notes</li> <li>• Consult Notes</li> <li>• History &amp; Physicals</li> <li>• Operative Notes</li> <li>• Radiology and Diagnostic Reports (Into "Documentation" component)</li> </ul> <p>By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:</p> <ul style="list-style-type: none"> <li>• Results</li> <li>o Labs</li> <li>- General- Pathology and Microbiology</li> <li>o Vitals</li> <li>• Radiology and Diagnostic Reports (Into "Diagnostic Report" component)</li> <li>• Images</li> </ul> <p>k) Provide the VA with an understanding of how all workflows will impact VA care coordination and management processes (e.g., incorporating community information) to improve Veteran-centric delivery.  l) Within 36 months of the IDIQ award, provider workflows will be optimized to leverage discreet data domains listed in Section 5.5.1 j) using Clinical Decision Support hooks (CDS hooks) or other techniques to reduce clinician burden.</p> <p><b>VA-NF-T18: Informatics - Data Reuse</b> VHA must be able to use clinical data collected at the point of care (e.g., exam rooms, patient's home) for clinical decision support and research regardless of the care site, clinic type, provider type (including patients) or data entry form employed. Clinical data elements must be collected in a standardized and consistent way across venues to facilitate reuse. (Data exchange, CDS, quality) SHB1 [NOW]</p> <p><b>Note:</b> To clarify capabilities on faxing, Cerner has committed to providing Remote Report Distribution (RRD) which is the Cerner automated fax solution. In the cases of manual faxed documents Cerner ProVision Document Imaging (CPDI) supports a scanned document workflow. With these solutions, the VA will be able to attach documents to a patient's record at the person or encounter level with an associated document type, which will provide indexing to that content.</p>	<p>No change required.</p>



**5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
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- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.

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- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
  
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
  
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
  
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
  - l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
  - m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

**5.10.4.1 Data Design and Information Sharing**

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

**5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration**

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.



Item #	Author	Comment	Response	Modifications to RFP
SR1	Stephanie Reel	<p>So far, I have no real concerns. However.... might you be able to help me find the place in the documents, if any, where we might be 'informing' Cerner of our expectations related to staff engagement in the assessment phase? Please allow me to share my only real concern (related to mistakes we made, and mistakes I hope The VA can avoid).</p> <p>Once our projects were launched for our deployment of Epic, we began to meet routinely with groups of users. As an example, we would meet with a group of our Oncology faculty, to define functional requirements that were specific to complex chemotherapeutic order sets and pathways. It would take hours, and hours, to 'get it right'. We would discuss areas of agreement, and areas of disagreement. We would describe the approach to resolving differences. Most folks would appreciate the need for compromise, but some specific requirements were assumed to be absolute. And folks were truly engaged, and optimistic. However, when the ultimate product was implemented, the 'absolute' items were sometimes missing. And although there were great explanations for the choices that had to be made, the end-users were sometimes stunned by what they perceived to be blatant disregard for their requirements, and often very disappointed. IN some cases, it took weeks (months?) to find a rational and reasonable solution – to a problem that no one anticipated.</p> <p>Is there a place where the VA (or the DoD) was able to document how this type of an assessment will likely work? Or other such components of the site assessment process?</p>	<p>Some of the responsibility for your concerns on staff engagement fall on VA's management of the project, and some falls on Cerner's change management and deployment process. That said, the RFP only addresses the Cerner side of the responsibility for this. Here are some of the sections in the IDIQ PWS where Cerner responsibility for workflows/change management/training are discussed.</p> <p><b>Section 5.1 Project Management</b> (note this section is very high level, but includes requirements for Cerner to participate/plan/support many aspects of the project related to your question)<b>Section 5.1.1: provide project management support of: communications, project change, organization change, and value</b>  <b>Section 5.1.3: provide strategy and planning support of: workflows, training, change management, synchronization with DoD (which may have a big impact on VA and DoD user processes)</b>  <b>Section 5.1.5: provide requirements and analysis support on : use cases, change management, business process modeling, workflow management, site-specific requirements</b>  <b>Section 5.1.9: provide an implementation plan including discussion of deployment, training, and change management; emphasis on user role definitions; recommend change management activities; participate in business process re-engineering discussions; analyze Cerner workflows vs. VA workflows and provide recommendations on process re-engineering, change management and product configuration</b>  <b>Section 5.1.11: Value reporting including reporting on clinical staff experience</b></p> <p><b>Section 5.5: VA Enterprise EHRM Baseline Preparation</b> (this section has more details and is concerned with the enterprise level work that must be completed before the first deployment site can go live)  Section 5.5.1: Workflow development and normalization : some language on configuration of workflows to meet VA-specific requirements; emphasis on configuration to improve clinician access to external data.  Section 5.5.6: Training Plans and Materials: training plans and materials tailored to VA environment; includes tailoring to the localized business process and standard operating procedures by user role  Section 5.5.7: Organizational Change Management: Lots of information here – probably the most pertinent to your comment.</p> <p><b>Section 5.6: Wave Planning and Deployment:</b> (this section has some detail on the aspects of the deployment process focused on user understanding and input to the workflows being implemented)  Section 5.6.2: VA Current Site Assessment: Identify site-specific risks/unique areas; fine-tune the user adoption strategy/categorize the level of clinical process change  Section 5.6.3: Future State Review/Workflow Adoption: review of workflows/processes/clinical content with site personnel  Section 5.6.4: Future state validation: Identify and implement workflow configurations required for the site.  Section 5.6.9: Training; site specific training; focus on super user training  Section 5.6.10: Go-Live Readiness Assessment: Mock go-live testing; simulate patient flow using patient scenarios; identify areas needing additional training or workflow practice before go-live  Section 5.6.12: Pre-deployment Training: Role-based training 60 days prior to go-live with additional over-the-shoulder training 90 days after go-live.  Section 5.6.13: Post-deployment support: includes assisting users with workflow support.</p>	<i>No change required.</i>



SR2	Stephanie Reel	<p>I have identified no significant issues. As you appropriately indicated, the document is the summary of thousands of hours of hard work and the contributions of many. And, more importantly, you are purchasing a product, not building a city. You have captured much of what I would expect to be included.</p> <p>To some degree, my concerns are related to the ability to ensure success or measure success, or identify success - or failure. I worry NOT that you haven't included the appropriate level of requirements, but that, in fact you have included them, but may not be able to ascertain the delivery of the requirements, or the satisfaction of the goals, or the realization of the deliverables. I am concerned that you may not have the appropriate governance processes in place, in partnership with the contractor, to accurately or comprehensively realize that you have, or have not, received what has been identified, or what is required, or what is expected. I see evidence of great expectations, but I can't seem to locate the methodology by which you will be able to ensure that your vendor has delivered what has been identified and the degree of quality that exists within the deliverable.</p> <p>Examples are throughout.... change management, workflow changes, enhancement to processes, culture change, safety, efficiencies, etc.</p> <p>Do you have crystal clear metrics today, to which you will be able to compare what the contractor is delivering? Do you have a way to reach an agreement with the contractor (arbitration) when the VA, the DoD, and the contractor disagree on the quality of the product or the deliverable?</p> <p>I would like to suggest that we explicitly document the process by which we will all agree that the deliverables have been met, or the goals have been achieved, etc. Perhaps you would consider the creation of an external/internal executive committee that will review progress each month? Someway to ensure that the contractor isn't the one deciding unilaterally if the deliverables meet the requirements as stated in the work orders? Just thinking out loud??</p>	<p>We have not defined many crystal clear metrics at the IDIQ level – primarily because the IDIQ covers so many different topics that would have different metrics attached to each: hosting, deployment, training, change management. Each of these will have metrics spelled out along with a Quality Assurance Surveillance Plan (describing how VA will monitor the metrics) tailored to each individual task order as they are issued. We do have high level metrics for system availability: 99.9%, and for Cerner to provide no less than the commercial service level agreement that is provided to all other customers. We also anticipate that metrics will change over the 10 year course of the contract as we become smarter about what to measure and how to declare success. So, as you stated, there are not many detailed metrics stated at the IDIQ level.</p> <p>However, there are a lot of work well underway at VA to address your concerns – this work is not documented in the RFP since it is VA responsibility, and therefore not a Cerner contract item: (note that I don't have much detail for you on these activities since my focus is mostly on the contract with Cerner, and not on how VA will manage that contract)</p> <ul style="list-style-type: none"> <li>o Set up joint governance boards with the DoD</li> <li>o Set up enterprise VA governance over clinical workflows/configurations/and issue resolution</li> <li>o Set up VA local governance for each site deployment</li> <li>o Set up VA communication, site logistic and pre-deployment infrastructure upgrade teams</li> <li>o Document current Vista performance levels as a baseline</li> <li>o Develop value measurement processes</li> <li>o Create specific performance metrics for each task order: (e.g. 'definition of done' for deployment – what benchmarks have to be achieved before Cerner can leave the deployment site, user adoption rates? Clinician satisfaction? Successful independent testing? etc. – all this is underway and incorporating lessons learned from the initial DoD implementation)</li> </ul> <p>VA and DoD will be sharing an instance of the commercial Cerner product based in the Cerner data center conforming to Cerner commercial service level agreements. Note that specific service level agreements will be determined for each task order.</p> <p><b>IDIQ PWS section 5.3.3 System Quality and Performance Measures and Monitoring</b></p> <p>The Contractor shall provide its commercial performance measurement system for system acceptance for discussion and review with VA. The Contractor shall conduct analysis and design activities for system quality and performance. The Contractor shall provide performance and availability trend analysis and supporting data in the Monthly Progress Report to show prediction, trending, and monitoring of system's performance trends. The Contractor is responsible for reporting all issues or errors associated with the EHR solution, and acknowledges and agrees that software errors creating patient safety risks shall not be considered confidential, proprietary or trade secrets, and accordingly, shall be releasable to VA or its agents. The VA retains the right to share any issue, error or resolution approach related to software errors creating patient safety risks.</p> <p><b>Quality Assurance Surveillance Plan Appendix A-1: EHRM Functional Key Performance Indicators</b> includes over 120 areas of clinical measurement along with specific detail on VA priorities and Cerner Lights On measurement capabilities. These metrics will be included as appropriate in each task order with VA surveillance on Cerner performance against these metrics.</p> <p><b>Quality Assurance Surveillance Plan Appendix A-2: EHRM Non-Functional Key Performance Indicators</b> includes 20 areas of technical measurement along with critical success factors and suggested numerical measures. These metrics will be included as appropriate in each task order with VA surveillance on Cerner performance against these metrics.</p>	No change required.
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5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

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Item #	Author	Comment	Response	Modifications to RFP
MS1	Marc Sherman	<p>I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.</p>	<p><b>IDIQ PWS 5.5.1: Workflow Development and Normalization:</b></p> <p>j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:</p> <ul style="list-style-type: none"> <li>• Problems</li> <li>• Allergies</li> <li>• Home Medications</li> <li>• Procedures - including associated reports and with appropriately filtered CPT codes</li> <li>• Immunizations</li> <li>• Discharge Summaries</li> <li>• Progress Notes</li> <li>• Consult Notes</li> <li>• History &amp; Physicals</li> <li>• Operative Notes</li> <li>• Radiology and Diagnostic Reports (Into "Documentation" component)</li> </ul> <p>By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:</p> <ul style="list-style-type: none"> <li>• Results             <ul style="list-style-type: none"> <li>o Labs</li> <li>- General</li> <li>- Pathology and Microbiology</li> </ul> </li> <li>o Vitals</li> <li>• Radiology and Diagnostic Reports (Into "Diagnostic Report" component)• <b>Images</b></li> </ul> <p><b>IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach</b> includes significant detail on the topic. The interoperability section is copied below this table for reference.</p> <p><b>IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway</b> also includes detail on the creation of strategic open APIs.</p> <p><b>VA NF-177: Interoperability - Data Standards:</b> The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.</p> <p><b>VA-NF-T23: Informatics - Care Integration:</b> VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]</p> <p><b>VA NF-Z11: Health Information Exchange:</b> The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications</p>	<i>No change required.</i>

MS2	Marc Sherman	<p>I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.</p>	<p>VA has had frequent communication with DoD on lessons learned and incorporated that information throughout the contract. Topics incorporated include:</p> <ul style="list-style-type: none"> <li>- Management, tracking and reporting of trouble tickets</li> <li>- Emphasis on change management and training</li> <li>- Emphasis on in-person help desk support until 90 days after go-live</li> <li>- Language for additional training and on-site support in assignment of user roles</li> <li>- Tailoring of Cerner training to the workflows being implemented at each site</li> <li>- Require tailored training materials and tip sheets by user role</li> <li>- Ensure that training focuses on clinical workflows as well as technical aspects of the implementation</li> <li>- Language requiring a single Cerner POC for VA with authority over all activities supporting the VA solution regardless of the legal entity responsible for the support.</li> </ul> <p>Additionally, VA has incorporated DoD lessons learned in VA activities outside the Cerner contract. These include:</p> <ul style="list-style-type: none"> <li>- Set up joint governance boards with the DoD</li> <li>- Set up enterprise VA governance over clinical workflows/configurations/and issue resolution</li> <li>- Set up VA local governance for each site deployment</li> <li>- Set up VA communication, site logistic and pre-deployment infrastructure upgrade teams</li> <li>- Plans for a contracting 101 course to educate Cerner on staying within scope of each task order requirements.</li> </ul>	<p><i>No change required.</i></p>
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**5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

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The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

Item #	Author	Comment	Response	Modifications to RFP
SH1	Stan Huff	<p>Read and write of all patient specific data through FHIR APIs and services by [specific date] post signing</p> <p>a. Cerner progress on comprehensive support of FHIR has been slow. Only a few development resources are working on FHIR services. There should be timelines or at least a resource commitment of some kind to make sure continued development of FHIR resources is a priority.</p>	<p><b>IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach</b> includes significant detail and timeframes on the topic. The entire interoperability section is copied below this table for reference.</p> <p><b>IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway</b> also includes detail on the creation of strategic open APIs.</p> <p><b>VA-NF-177: Interoperability - Data Standards:</b> The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.</p> <p><b>VA-NF-123: Informatics - Care Integration:</b> VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]</p> <p><b>VA-NF-Z11: Health Information Exchange:</b> The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications</p>	<i>No change required.</i>
SH2	Stan Huff	<p>Support for CDS hooks.</p>	<p><b>IDIQ PWS 5.5.1: Workflow Development and Normalization:</b> Within 36 months of the IDIQ award, provider workflows will be optimized to leverage discrete data domains listed in Section 5.5.1 j) using Clinical Decision Support hooks (CDS hooks) or other techniques to reduce clinician burden.</p> <p>Discrete data domains referenced above:</p> <p>j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:</p> <ul style="list-style-type: none"> <li>• Problems</li> <li>• Allergies</li> <li>• Home Medications</li> <li>• Procedures - including associated reports and with appropriately filtered CPT codes</li> <li>• Immunizations</li> <li>• Discharge Summaries</li> <li>• Progress Notes</li> <li>• Consult Notes</li> <li>• History &amp; Physicals</li> <li>• Operative Notes</li> <li>• Radiology and Diagnostic Reports (Into "Documentation" component)</li> </ul> <p>By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:</p> <ul style="list-style-type: none"> <li>• Results             <ul style="list-style-type: none"> <li>o Labs</li> <li>- General</li> <li>- Pathology and Microbiology</li> </ul> </li> <li>o Vitals</li> <li>• Radiology and Diagnostic Reports (Into "Diagnostic Report" component)</li> <li>• Images</li> </ul>	<i>No change required.</i>



SH3	Stan Huff	Support for an HL7 approved publish and subscribe (pub/sub) infrastructure and services.	<p><b>IDIQ PWS Section 5.5.4: Data Exchange - Application Program Interface (API) Gateway:</b>                  f) As it relates to FHIR, the Contractor shall provide an opportunity for joint collaboration in prioritization of the API roadmap. This support shall occur where VA data required maps to a FHIR (HL7 Fast Healthcare Interoperability Resources) resource that is currently in the FHIR Roadmap and not part of the software's out-of-the-box FHIR resource offerings</p> <p><b>VA NF-177: Interoperability - Data Standards:</b> The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.</p>	<i>No change required.</i>
SH4	Stan Huff	Support model driven application development tools that use FHIR resources and profiles	<p><b>IDIQ PWS Section 5.5.4: Data Exchange - Application Program Interface (API) Gateway:</b>                  f) As it relates to FHIR, the Contractor shall provide an opportunity for joint collaboration in prioritization of the API roadmap. This support shall occur where VA data required maps to a FHIR (HL7 Fast Healthcare Interoperability Resources) resource that is currently in the FHIR Roadmap and not part of the software's out-of-the-box FHIR resource offerings                  i) Ensure Substitutable Medical Applications and Reusable Technologies (SMART) compliance to support SMART on FHIR applications.                  j) Provide standards-based API access (e.g. FHIR) to all patient data from the VA-designated authoritative data sources for the patient's record within the Contractors' product suite.</p> <p><b>IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach</b>                  j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.</p>	<i>No change required.</i>
SH5	Stan Huff	Support a "time drive" infrastructure and services.	<p><b>IDIQ PWS Section 5.1.1: Project Management Support:</b> includes project planning, schedule management, site deployment tracking, quality, risk, performance and value management.</p> <p><b>IDIQ PWS Section 5.1.11: Value and Performance Management Reporting:</b> includes proposal and monitoring of value objectives for improved outcomes and continuous performance improvement throughout the PoP.</p> <p><b>Quality Assurance Surveillance Plan Appendix A-2: EHRM Non-Functional Key Performance Indicators</b> includes 20 areas of technical measurement along with critical success factors and suggested numerical measures. These metrics will be included as appropriate in each task order with VA surveillance on Cerner performance against these metrics.</p>	<i>No change required.</i>
SH6	Stan Huff	Provide a terminology server that is compliant with the FHIR Terminology Module	<p><b>Note:</b> Cerner notes that it has the capability to return terminology in a FHIR resource request, but do not have a FHIR server for terminology lookup from outside today, since that is something that should be hosted by an outside group. Cerner proposes to work with Argonauts or the driving standards group to set up an additional server for lookup if needed.</p> <p><b>IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach:</b>                  l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.                  m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to <u>curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.</u></p>	<i>No change required.</i>
SH7	Stan	Support a knowledge repository for all kinds of knowledge artifacts: CDS logic, FHIR profiles, order sets, workflows, etc.	<p><b>Note:</b> Cerner will provide a VA-facing repository containing baseline and customized workflows as well as other artifacts in use for the EHRM solution. Access to these artifacts will be driven by the appropriate security sensitivities assigned to each artifact.</p>	<i>No change required.</i>
SH8	Stan Huff	Provide the ability for the VA to quickly change workflows. Currently, workflows are hard coded into the applications. It makes it nearly impossible to change workflows to accommodate changes in clinical practice.	<p>VA is committed to setting an enterprise-level set of commonly shared workflows across VA and DoD wherever feasible. Joint VA/DoD governance boards as well as VA enterprise and local VAMC boards are being created to ensure that workflows are standardized as much as feasible and not customized to each implementation. That said, considerable configuration capabilities are included in the commercial product which can be used to adjust workflows without deviating from the commercial baseline.</p>	<i>No change required.</i>
SH9	Stan Huff	Specify the time frame after a new version of FHIR is approved that Cerner will upgrade its services – one year?	<p><b>Note:</b> Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. There is no specified timeframe for Cerner upgrades in response to new FHIR versions.</p>	<i>No change required.</i>

SH10	Stan Huff	<p>10. Support VA or other 3rd party defined FHIR profiles</p> <p>a. Use of FHIR profiles in model driven application development</p> <p>b. Ability to test conformance of an application to a specific set of FHIR profiles</p> <p>c. Services automatically test conformance to profiles in the Cerner FHIR services</p>	<p><b>IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway:</b> includes detail on the creation of strategic open APIs.</p> <p>f) As it relates to FHIR, the Contractor shall provide an opportunity for joint collaboration in prioritization of the API roadmap. This support shall occur where VA data required maps to a FHIR (HL7 Fast Healthcare Interoperability Resources) resource that is currently in the FHIR Roadmap and not part of the software 's out-of-the-box FHIR resource offerings</p> <p><b>VA NF-177: Interoperability - Data Standards:</b> The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.</p>	<i>No change required.</i>
SH11	Stan Huff	<p>It is difficult to discern an overall architecture for the desired system. I think there is a danger that Cerner will just add more unmaintainable code ("bolt-on functionality") to the existing spaghetti bowl to meet VA requirements, rather than creating a thoughtful new next-generation system. Would it be possible to add a diagram that would show a high level view of the future system with the relationship to external systems, etc.?</p>	<p>VA is committed to the acquisition of a commercial product - per the Secretary's testimony, VA does not want to be in the software development business. Therefore, VA does not want to dictate Cerner's future architecture, but rather rely on market forces to drive Cerner to create a competitive and efficient architecture.</p>	<i>No change required.</i>
SH12	Stan Huff	<p>I think several of the requirements listed in "003 – VA EHRM Non-Functional RTM (Amended 2.16.2018)" are unreasonable and/or infeasible.</p>	<p>All RTM requirements, both functional and non-functional have been negotiated with Cerner with the final language approved by both VA and Cerner.</p>	<i>No change required.</i>

**5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research and workflow integration.

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- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### **5.10.4.1 Data Design and Information Sharing**

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

#### **5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration**

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.



Item #	Author	Comment	Response	Modifications to RFP
AK1	Andrew Karson	Need a medical device registry	<p><b>VA-FR-05: Patient Tracking:</b> Includes the ability to track medical devices and instruments</p> <p><b>VA-FR-10: Patient Treatment:</b> Includes the use of medical devices while treating the patient, Vital Signs (VS) machines, Intravenous (IV) pumps, electronic patient education, unit tracking boards, bed management systems; physiological devices, sitter monitoring, remote telemetry.</p> <p><b>VA-FR-31: Manage Data:</b> Includes capture of right data, right format, and right time for automated data collection from medical devices.                      a. Includes ordering and managing chemotherapy                      b. Includes the ability to manage data elements from various entry points (e.g., internal/external/medical devices/patient generated) as appropriate for continuity of care, workload capture.</p> <p><b>VA-FR40: Inventory Management/Supply chain operations:</b> Includes the ability to assign medical devices from all medical specialties to an electronic health record</p> <p><b>VA-NF-T78: Critical Care:</b> Includes Critical Care - automated workflows and documentation supporting critical care multi-disciplinary teams; Device Connectivity - automated collection of medical data from medical devices to ensure right data, right format, right time.</p>	<i>No change required.</i>

**5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

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- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.



- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
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- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### **5.10.4.1 Data Design and Information Sharing**

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

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VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.



Item #	Author	Comment	Response	Modifications to RFP
All	All	Need an interoperability sandbox/testbed	<p><b>5.10.4 Seamless Interoperability / Joint Industry Outreach</b>                      The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.</p> <p><b>Note:</b> Specifics on creation of an interoperability sandbox/testbed will be incorporated in the Technical Dependencies Task Order which is currently being drafted.</p>	<p><i>No change to RFP required.</i></p> <p><i>Will be included in Technical Dependencies Task Order</i></p>

**5.10.4 Seamless Interoperability / Joint Industry Outreach**

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VA-18-0298-1-000237



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#### 5.10.4.1 Data Design and Information Sharing

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Document ID: 0.7.1705.535223-000027

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Filename: Special Government Employee - would Marc Sherman consider this? (24).msg  
<extracted>

Last Modified: Mon Apr 16 22:22:50 CDT 2018

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Special Government Employee - would Marc Sherman consider this? (24).msg <extracted> for Printed Item: 215 ( Attachment 27 of 27)

**To:** Sandoval, Camilo J. [Camilo.Sandoval@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Thur 4/5/2018 7:01:16 PM  
**Subject:** Special Government Employee - would Marc Sherman consider this?

During the 2014 scandal (after Secretary Shinseki was fired and before McDonald came in), Dr. Jonathan Perlin did this for 60 days. Would Marc be willing to do something similar?

<http://www.modernhealthcare.com/article/20140626/NEWS/306269942>

<http://www.modernhealthcare.com/article/20140628/MAGAZINE/306289971>

<https://www.tennessean.com/story/news/health/2014/06/26/veterans-affairs-turns-hca-exec-help/11399441/>

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs



Document ID: 0.7.1705.534733-000002

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: [EXTERNAL] Fwd: Contact review (2).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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[EXTERNAL] Fwd: Contact review (2).msg -extracted- for Printed Item: 243 ( Attachment 2 of 17)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]  
**From:** David Shulkin  
**Sent:** Sun 3/11/2018 4:31:54 PM  
**Subject:** [EXTERNAL] Fwd: Contact review

Scott lets discuss tommorow

Sent from my iPhone

Begin forwarded message:

**From:** David Shulkin (b)(6)@gmail.com>  
**Date:** March 11, 2018 at 12:31:22 PM EDT  
**To:** Bruce Moskowitz (b)(6)@mac.com>  
**Cc:** IP (b)(6)@frenchangel59.com> (b)(6)@gmail.com, (b)(6)@gmail.com  
**Subject:** Re: Contact review

Great list

Is leslie cooper from mayo- i could not find him or her

Sent from my iPhone

On Mar 11, 2018, at 11:02 AM, Bruce Moskowitz (b)(6)@mac.com> wrote:

These are the individuals to review the contract;

Stephanie Reel CIO- hopkins

Stan Huff CIO- intermiuntain

Jonathan Manis CIO- suttrr

Andrew Karson MD.- partners

Leslie Cooper M.D.

Clifford Ko M.D.- american college surgeons

Sent from my iPad

Bruce Moskowitz M.D.

Document ID: 0.7.1705.534733-000003

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: [EXTERNAL] RE: VA EHR (3).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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**To:** Liddell, Christopher P. EOP/WHO [redacted]@who.eop.gov; Blackburn, Scott R.[Scott.Blackburn@va.gov]  
**Cc:** Moorhead, Quellie U. EOP/WHO [redacted]@who.eop.gov  
**From:** Lucas, Jane B. EOP/WHO  
**Sent:** Mon 2/12/2018 7:54:08 PM  
**Subject:** [EXTERNAL] RE: VA EHR

Scott,

[redacted]

Please let me know if you have additional questions.

Thanks!  
Jane

Jane B. Lucas  
Office of the White House Counsel  
(202) 456-6980  
jane.b.lucas@who.eop.gov

---

**From:** Liddell, Christopher P. EOP/WHO  
**Sent:** Monday, February 12, 2018 2:37 PM  
**To:** Blackburn, Scott R. <Scott.Blackburn@va.gov>  
**Cc:** [redacted]  
**Subject:** RE: VA EHR

Scott

I discussed this with Jane ( copied here)

[redacted]

Thanks  
Chris

---

**From:** Liddell, Christopher P. EOP/WHO  
**Sent:** Monday, February 12, 2018 9:31 AM  
**To:** 'Blackburn, Scott R.' <Scott.Blackburn@va.gov>  
**Cc:** [redacted]  
**Subject:** RE: VA EHR

Scott

Sorry for slow reply – happy to catch up at some stage this week

VA-18-0298-I-000244

Chris



**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Thursday, February 8, 2018 9:41 PM  
**To:** Liddell, Christopher P. EOP/WHO (b)(6) @who.eop.gov>  
**Subject:** VA EHR

Chris –

If you have time possibly early next week, I would love to get your advice related to our EHR. The next few weeks will be critical (with budget hearings, discussions with appropriators, Veteran Service Organizations, etc) and we want to make sure we handle everything appropriately. If you are open to it, I can work with Quellie to find time.

Also, I have attached the Executive Summary of MITRE's VA interoperability report. Overall very consistent with everything else we seem to be hearing.

Scott

Scott Blackburn  
Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

Document ID: 0.7.1705.534733-000004

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: Follow up (4).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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Follow up (4).msg - extracted - Attachment 4 of 17  
**To:** Bruce Moskowitz (b)(6) [redacted]@mac.com]; (b)(6) [redacted]@gmail.com; (b)(6) [redacted]@gmail.com]  
**From:** Blackburn, Scott R.  
**Sent:** Wed 11/22/2017 11:49:19 PM  
**Subject:** Follow up

Bruce / Marc – thanks again for all your support. We really appreciate what you are doing to bring the best of the healthcare industry to help Veterans/VA.

I spoke with David and he gave the green light to move forward. We absolutely want to get this feedback and greatly appreciate the help. The only caveat is that we move as aggressively/quickly as possible. There are still a few things we need to figure out with respect to timing on signing the contract with Congress/budget/funding/etc (e.g., one of the reasons for starting soon is to get in sync with DoD's rollout to leverage synergies; another variable is the Continuing Resolution and timing of when the government budget is finalized which could possibly push out to Jan/Feb rather than December as currently projected). But we will figure that out. The point being is that we love the idea, do want the feedback, and agree with the logic we discussed on the phone. We will delay the signing as long as we can to make sure we get this right (the concern is making sure we don't miss the window).

If you could reach out to the 5 CEOs/CIOs, it would be greatly appreciated. I will commit to making sure the VA turns around the gap analysis as fast as possible. Do you think it could then be possible to shoot for a full day session in mid-December (week of 11<sup>th</sup> or 18<sup>th</sup>)? David had the idea of possibly doing it at the Cerner Innovation Laboratory in Kansas City so we can test/challenge somethings on the spot.

Thanks again for all your support! I hope you and your families have a great Thanksgiving.

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

Document ID: 0.7.1705.534733-000005

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: FW: Getting it right (5).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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FW: Getting it right (5).msg - extracted - for Printed Item: 243 ( Attachment 5 of 17)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]  
**From:** Windom, John H.  
**Sent:** Tue 3/27/2018 1:42:46 PM  
**Subject:** FW: Getting it right

Sir,

I think this recent language request (see below) for inclusion will close the door.

Be advised that all comments/questions have been captured in a matrix and properly reconciled. I do not intend to send these out unless requested because I think this recent PWS language is what was being pursued all along. Just keeping you in the loop. I have requested an office call with Mr. Byrne.

Please get back to vacationing and thanks for your concern for my Mom. That meant a lot to me.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) - Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

---

**From:** Windom, John H.  
**Sent:** Tuesday, March 27, 2018 9:29 AM  
**To:** DJS  
**Cc:** Byrne, Jim (OGC); Blackburn, Scott R.  
**Subject:** RE: Getting it right

Mr. Secretary:

I am seeking a 30 minute audience with Mr. Byrne to discuss the recently proposed language for insertion in the PWS (section 1.0) so that when I sit at the negotiation table with Cerner, I can articulate that insertion of stated language "closes the deal." This is an important bartering chip to have since I believe the language will spawn Cerner corporate concerns. I have discussed the language with the TAC in detail and will defend the language-insertion request vigorously, but simply wanted to close my thought processes/understanding with Mr. Byrne.

V/r,  
John

Proposed Language:

*Please consider this recommended change to PWS Section 1.0 between what is currently the first paragraph and the second paragraph --*

*The project has been awarded via the public interest exception in FAR 6.302-7. The goal of this accelerated award is to deliver a modernized system in the best interests of Veterans, their healthcare, and the providers that care for them both inside the VA and in commercial care settings.*

*This award contemplates the provision of services by Cerner Corporation, and accordingly these documents reference Cerner Corporation and its software and services. However, the Government may determine that in some cases a different source of software and/or services will best support the public's interest in areas such as quality of care, patient*

FW: Getting it right (5).msg <extracted> for Printed.Item: 243 ( Attachment 5 of 17)  
*engagement, operational efficiency, or interoperability to fulfill the goals of Electronic Health Record Modernization, the Veterans' Choice program, or other reason as the Government may decide. The Government may require performance of part of this award by an alternative source in any such case, in accordance with procurement laws and regulations. This may include, for example, delivery of software or services by another contractor within the Government's competitive range for the Department of Defense's DHMSM as provided in the Government's February 19, 2015 notice.*

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

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**From:** DJS

**Sent:** Tuesday, March 27, 2018 7:50 AM

**To:** Windom, John H.

**Cc:** Byrne, Jim (OGC)

**Subject:** FW: Getting it right

John- can you help craft a response to this

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.

**Sent:** Sunday, March 25, 2018 9:37:38 AM

**To:** DJS

**Subject:** RE: Getting it right

I'm not sure if you read Marc's response to mine yet. Or if so, what your thoughts are on it. I fear we are still talking past each other. If he/others were to come back with specific counter language to the language in the contract then we would certainly consider that (that is the level we are working at right now). But we aren't getting that nor do I see us getting that without Marc or anything else really digging into the details of our contract. We are way beyond the high level philosophy.

Let me know and I'll direct the team. In Bahamas now and only have connectivity sporadically, but back in US (Florida/Disney) tomorrow morning. Back in the office on Thursday.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** DJS

**Sent:** Sunday, March 25, 2018 12:08:17 PM

**To:** Byrne, Jim (OGC)

VA-18-0298-I-000250

**Cc:** Blackburn, Scott R.

**Subject:** Getting it right

Jim- did you get any further clarity on White House counsel's plans to review the contract? I do think if they want to do this we should ask for a deadline of. Mid week or Thursday at latest so Scott has time to discuss and make changes if needed

Also I know Bob Fleck and Scott are both looking at the recent feedback we have received to see if these issues have been adequately addressed or if further work is needed.

Scott I assume your best to orchestrate all of this is moving in the right direction

Thanks

Sent with Good ([www.good.com](http://www.good.com))

Document ID: 0.7.1705.534733-000006

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: [EXTERNAL] Follow up meeting (6).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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**To:** Bruce Moskowitz (b)(6)@mac.com  
**Cc:** (b)(6)@gmail.com (b)(6)@gmail.com  
**From:** Blackburn, Scott R.  
**Sent:** Mon 11/27/2017 3:42:51 PM  
**Subject:** RE: [EXTERNAL] Follow up meeting

Thank you Bruce. Very helpful.

---

**From:** Bruce Moskowitz (b)(6)@mac.com  
**Sent:** Monday, November 27, 2017 10:18 AM  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)@gmail.com  
**Subject:** Fwd: [EXTERNAL] Follow up meeting

I should point out this would be ideal functionality requirements of any EMR contract if not part of what has been reviewed by the VA we need to discuss these points further since they are derived from the previous meeting points made by the CIO's and we can again cover them in the agenda

Sent from my iPad  
Bruce Moskowitz M.D.  
Begin forwarded message:

**From:** Bruce Moskowitz (b)(6)@mac.com>  
**Date:** November 27, 2017 at 8:41:19 AM EST  
**To:** "Blackburn, Scott R." <Scott.Blackburn@va.gov>  
**Cc:** (b)(6)@gmail.com (b)(6)@gmail.com>  
**Subject:** Re: [EXTERNAL] Follow up meeting

Prior to any meeting we need to know what is not in the contract so we can make progress:

Cerner Contract has to have the responsibility of 100% connectivity to all EMR platforms for Choice to work

Cerner has to have telemedicine built into the system

Cerner needs to tract duplicate diagnostic testing

Cerner needs to have medication error, tracking of controlled substances and duplicate prescription monitoring

Cerner needs to tract appointment times between the VA and the Choice Program.

Cerner needs to have voice recognition built in

These are the basics we need to know prior to writing an agenda and meeting.

Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

On Nov 26, 2017, at 9:23 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce - thanks for the note. I hope you and Marc both had a great Thanksgiving.

Sounds good on all below. Let's shoot for the week of December 11th or December 18th in Washington. If the CIOs can get us the list of issues by December 5th, we will turn around the gap analysis quickly. Happy to work with Stephanie, Andrew and Marc on the agenda



Scott

-----Original Message-----

From: Bruce Moskowitz (b)(6) [redacted]@mac.com]

Sent: Friday, November 24, 2017 7:08 PM

To: Blackburn, Scott R.

Cc: (b)(6) [redacted]@gmail.com

Subject: [EXTERNAL] Follow up meeting

I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel, Andrew Karson and Marc Sherman to assist in the agenda development.

Sent from my iPad

Bruce Moskowitz M.D.

Document ID: 0.7.1705.534733-000007

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: Re: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu (7).msg  
<extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu (7) mca - extracted> for Printed Item: 243 / Attachment 7 of 17  
**Cc:** DJS[vacodjs1@va.gov]; Marc Sherman[(b)(6)]@gmail.com; O'Rourke, Peter M.[Peter.O'Rourke@va.gov];  
IP[(b)(6)]@frenchangel59.com]; [(b)(6)]@gmail.com[(b)(6)]@gmail.com  
**To:** Blackburn, Scott R.[Scott.Blackburn@va.gov]  
**From:** Bruce Moskowitz  
**Sent:** Wed 2/28/2018 9:53:27 PM  
**Subject:** Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you progress is being made but as my group keeps saying devil is in the details

Sent from my iPhone

On Feb 28, 2018, at 4:36 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – as promised here is more information on what we will have to address the other 4 issues you mentioned. I still owe you device registry. Let me know if this makes sense or not. Also happy to get you on the phone directly with my experts. - Scott

#### Voice Recognition.

Our new Cerner EHR platform includes Enterprise Dragon Nuance. VHA currently deploys the enterprise version which maintains people voice print and the Clinical Staff say it works very well (my primary care provider at the Washington VA Medical Center uses it). Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

#### How will all entered lab data, from any source, be available on a graph

Graphs will be available in 2 spots. 1. Workflow MPage lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.

#### Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact

All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.

#### Streamlined SOAP notes.

Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

---

**From:** Blackburn, Scott R.

**Sent:** Wednesday, February 28, 2018 2:30 PM

**To:** 'Bruce Moskowitz'

**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: [(b)(6)]@gmail.com

**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the

VA-18-0298-I-000256



Scott

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**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]

**Sent:** Wednesday, February 28, 2018 1:13 PM

**To:** Blackburn, Scott R.

**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6) [redacted]@gmail.com

**Subject:** Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you my five CIO's had looked forward to tar and feathering me if the cloud is not done correctly!

The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad

Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this more this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning...

The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.

Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and VirtuStream/Dell. At VA, we use both AWS and Azure right now. Again, the goal here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).

Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open could environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.

DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.

Thanks again for the feedback and support. We are going to make sure this is crystal clear.

Scott

---

**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]

**Sent:** Tuesday, February 27, 2018 9:29 PM

**To:** Blackburn, Scott R.

**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6) [redacted]@gmail.com

**Subject:** [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

VA-18-0298-I-000257

Apologize for the wording instead of their commercial cloud a cloud based system open  
To all entities and instead of Amazon it should be all platforms working to accelerate health care  
initiatives

Sent from my iPad

Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz (b)(6)@mac.com wrote:

To clarify further it states their commercial cloud instead a commercial cloud  
Open to all entities and of equal importance an open platform to all not just amazon  
but to all

Working on

Sent from my iPad

Bruce Moskowitz M.D.

On Feb 27, 2018, at 8:20 PM, Bruce Moskowitz (b)(6)@mac.com wrote:

This is a problem it should say open cloud to all entities not commercial cloud  
Second it should be open platform and not just Amazon to all entries working on  
health care platforms.

Sent from my iPhone

On Feb 27, 2018, at 6:09 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov>  
wrote:

David/Bruce/Marc – here are a few updates:

#1) **Rasu is all** in as far as starting to help right away. I just got off the phone  
with him. He has UPMC commitments rest of this week and is Chairman of  
HiMSS Innovation committee (so we will all be at HiMSS together next  
week). However if he needs to come to Washington this week for something,  
he will find a way to do it (and we will use invitation travel to pay for it). He is  
willing to start engaging right away to help us. He said he doesn't have to  
wait for the IPA paperwork to come through for him to help. I've attached  
Rasu's CV in case you need it.

#2) **The APIs are cloud based.** Here is the response from our Technical lead...

The Open APIs that VA has access to from Cerner reside in their  
Commercial Cloud environment. This environment is designed  
to scale to accommodate Cerner's entire remote hosted  
customer base.

In a recent press release Cerner and Amazon announced that  
they would be working together in cooperation to accelerate  
HealthCare Innovations.

#3) **Below is the IP language** that we negotiated. (b)(5)

(b)(5)

[Redacted content]

VA-18-0298-I-000258



(b)(5)

Of importance: Third party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative Contractor IP ownership when third parties consume Cerner terminology through open APIs.

Regarding the question on sharing development with others, see PWS Section 5.5.4 opening paragraph: To accelerate better and more responsive service to the Veteran, VA is making a deliberate shift towards becoming a standards-based API driven digital enterprise. A cornerstone of this effort is the setup of a strategic Open API Program, The Digital Veteran Platform API Gateway, that is adopting an outside-in, value-to-business driven approach to create API's that are managed as products to be consumed by developers within and outside of VA.

Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

<p>49</p>	<p>Understand how Cerner will provide the VA with access to the data model, share data for analytics freely to 3<sup>rd</sup> parties, increase the amount of computable data exchanged with 3<sup>rd</sup> parties.</p> <p>Panelists acknowledged this recommendation is a stretch goal.</p>	<p>RFP Section 5.8 address the support to business intelligence and data analytics.</p> <p>Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations.</p> <p>However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.</p>	<p>Suggest adding to RFP Section 5.8: “h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable.”</p> <p>Suggest adding to Section 5.10.4.1: “n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.”</p> <p>Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model including providing an example data file, and demonstrating how much of the</p>	<p><b>Cerner C requested</b></p> <p>Suggest a 5.10.4.1: Contractor Knowledge by support of clinical such as te clinical d rules, ord <b>extent su</b> <b>consisten</b> <b>and best</b> <b>controllin</b> <b>standard</b> ability to and share with clini fosters rap industry b clinical p societies.</p>
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			data is computable; provide cost estimates for outside parties to access the data via this mechanism.	
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-Scott

<EHRM \_ National Interoperability Cooperative Commitment (NIC2) - DRAFT\_2....pptx>

<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>



Document ID: 0.7.1705.534733-000008

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: [EXTERNAL] Re: VA EHR (8).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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RE: [EXTERNAL] Re: VA EHR (8) msg extracted for Printed Item 243 ( Attachment 8 of 17)  
**To:** Blackburn, Scott R.[Scott.Blackburn@va.gov]; Bowman, Thomas[Thomas.Bowman@va.gov]  
**Cc:** Zenooz, Ashwini[Ashwini.Zenooz@va.gov]; Short, John (VACO)[John.Short@va.gov]  
**From:** Windom, John H.  
**Sent:** Fri 3/23/2018 5:54:36 PM  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

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**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:47 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

**Mr. Blackburn,**

**Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.**

V/r,  
John  
AMERICAN  
OVERSIGHT

VA-18-0298-I-000262



j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
  - o Labs
  - General
  - Pathology and Microbiology
  - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

**IDIQ PWS Section 5.10.4:** Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

**IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway** also includes detail on the creation of strategic open APIs.

**VA NF-177: Interoperability - Data Standards:** The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

**VA-NF-T23: Informatics - Care Integration:** VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

**VA NF-Z11: Health Information Exchange:** The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

#### **5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software component and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework th and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to enc high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experie information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care b



RE: [EXTERNAL] Re: VA EHR (8).msg <extracted> for Printed Item: 243 ( Attachment 8 of 17)  
systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contracts. The Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare providers, and other healthcare providers. The Contractor shall support the VA designated standards, such as HL7, ICD, and other published standards, and shall support the VA designated standards, such as HL7, ICD, and other published standards, and shall support the VA designated standards, such as HL7, ICD, and other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations, vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that meet the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability solutions shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers to create and manage interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and patients.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers to manage management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's electronic health record (EHR) to VA, DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health Information Technology Standards Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-to-Patient record sharing, including appropriate consent management. The bi-directional health information exchange shall maximize use of data for clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable providers to be notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support integration with health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exchange of Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health analysis, support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable standards such as CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and data exchange network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Privacy Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future protocols in the Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling integration of FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 1.1.1.1 within 12 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacity), standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminology and other clinical content to support interoperability.



RE: [EXTERNAL] Re: VA EHR (8).msg <extracted> for Printed Item: 243 ( Attachment 8 of 17)  
etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extensions provided to both international and national standards designating organizations as described and set forth in an applicable Task Order shall be made available to the extent possible. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner users. The Contractor shall not transfer any rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational data into a single platform. The Contractor shall develop EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)  
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(b)(6)@va.gov Office: 202-382-3792

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**From:** Blackburn, Scott R.

**Sent:** Friday, March 23, 2018 12:15 PM

**To:** Windom, John H.; Bowman, Thomas

**Subject:** FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Marc Sherman

**Sent:** Friday, March 23, 2018 9:47:39 AM

**To:** Blackburn, Scott R.

**Cc:** Bruce Moskowitz; DJS

**Subject:** [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

VA-18-0298-I-000265

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.

- Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
- We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.



we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".

Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA's access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's



Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.  
Scott

**From:** Marc Sherman (b)(6) [redacted]@gmail.com]

**Sent:** Wednesday, March 21, 2018 9:31 AM

**To:** Blackburn, Scott R.

**Cc:** DJS

**Subject:** Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

AMERICAN  
Marc  
OVERSIGHT

VA-18-0298-I-000268



On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:  
No problem Marc. Thanks for all your help. Very helpful call last night.

**From:** Marc Sherman <[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)>

**Sent:** Wednesday, March 21, 2018 12:12 AM

**To:** Blackburn, Scott R.

**Subject:** [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-8700

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-

(b)(6)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

Document ID: 0.7.1705.534733-000009

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)  
/cn=recipients/cn=vacoblacks1>  
Filename: RE: [EXTERNAL] VA-CIO CALL (9).msg <extracted>  
Last Modified: Mon Apr 16 10:52:44 CDT 2018

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RE: [EXTERNAL] VA-CIO CALL (b)(6)  
**To:** Bruce Moskowitz (b)(6) [redacted]@mac.com]  
**From:** Blackburn, Scott R.  
**Sent:** Mon 11/20/2017 10:33:01 PM  
**Subject:** RE: [EXTERNAL] VA-CIO CALL

Dr. Moskowitz,

Thank you so much for the note and for all the help/support. I would love to meet you in person. Do you have any plans to be in Washington anytime soon?

I thought the call last week was extremely valuable. The experience and wisdom of the participants is such a great asset – we would be fools to not take full advantage of it. I do agree fully that there was a lot to cover in only two hours. I think the moderator was doing the best he could to get as much out of it as possible, while trying to be respectful of the time that so many important people were volunteering. If the 5 CIOs were willing to follow up, perhaps we schedule another session(s) on various deep dive topics? We would absolutely love that.

Just by way of introduction – I jumped into the CIO role less than 2 months ago when our previous CIO (Rob Thomas) abruptly retired to deal with some personal issues. I am a disabled Army Veteran (MIT ROTC). After getting out of service I went to business school and then to McKinsey where I made partner and spent 9+ years there leading large business transformations in industrial clients. Bob McDonald (the former P&G CEO and former Secretary) convinced me to join VA to lead the turnaround after the 2014 Phoenix scandal. From Feb-Sept, I served as Secretary Shulkin's Deputy until a political appointee was put in place. Then jumped into the CIO role to work with the team and make sure this gets done. We are still awaiting a permanent CIO.

I would be happy to jump on the phone this week to if you would like.

Thanks again for your support!  
 Scott

Scott Blackburn  
 Acting CIO and Executive in Charge, Office of Information & Technology  
 US Department of Veterans Affairs

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**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]  
**Sent:** Monday, November 20, 2017 6:02 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] VA-CIO CALL

Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about



the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for implementation or the readiness of the Cerner RFP contract for execution. Based on some of the offshoot discussions, the participants felt that many non-DOD interoperability solutions have not yet been fully addressed or solved, leading to incomplete system planning and contracting protections, greatly risking an unsuccessful implementation and large additional cost and time overruns. The interoperability with community provider partners did not seem to be defined completely. Some additional areas that were identified by the VA and its contractor's participants and moderator as incomplete in the call are: seamless sharing of Choice partner records, duplicate procedure and medical error prevention, flagging mechanisms and implantable device identification, among others. Until the design of the system and all functional requirements are identified and completed, the participants fear that these as yet undeveloped processes and solutions will result in a significant increase in the cost of the implementation and operation of the Choice program and impact quality care delivery to our veterans who choose to take advantage of the Choice program.

Lastly, at the beginning of yesterday's call your moderator identified the comfort that Congress expressed at recent hearings from the participation of the CIOs in the process. However, yesterday's relatively short discussion on a massive topic was limited and not set up to have a platform for full discussion in a two hour phone call with a few questions. Also, as mentioned in the call at various times, the participants' did not have access to the RFP contract document, its scope and the contractual provisions and protections, a critical part they feel of evaluating the completeness of a successful design and implementation. As such, the participants want to make sure that yesterday's discussion is understood by everyone - the VA and Congress alike - to be a limited dialogue to provide their valuable experiences on the topics put on the table by the moderator, but not as a confirmation of the project's completeness or readiness for contract execution or implementation, which they believe likely has shortfalls. In general, we liked what we heard, we are honored that you felt our advice would be of value, but have had discussion about a very limited part of the project and have questions about the system design, whether it is ready for implementation and whether the contract (from the limited discussion) has adequate safeguards to proceed without risk to the cost and success of the effort.

While this was the first time you have spoken to any of these participants on the topic of EMR, and maybe on any topic, the participants would be pleased to provide further feedback and advice should you desire on the remaining issues that are still incomplete and to help you work toward a successful RFP contract, design and implementation.

Sent from my iPad  
Bruce Moskowitz M.D.



Room 1050

810 Vermont Avenue, NW  
Washington, DC, 20420  
Office 202-461-4954

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**From:** Blackburn, Scott R.

**Sent:** Monday, January 29, 2018 11:04 AM

**To:** (b)(5)@who.eop.gov

**Cc:** Fleck, Robert R. (OGC); Byrne, Jim (OGC); (b)(6)

**Subject:** Interoperability listening sessions

Jane,

It was a pleasure meeting you today. I am cc'ing Jim Byrne and Bob Fleck.

Jim/Bob – Chris Liddell asked me (or someone from VA – perhaps Windom or Ash) to attend a few interoperability listening sessions at the White House (there is one or two of them this Thursday). Jane wanted to loop in with you guys to make sure that makes sense given where we are with the Cerner contract. It would be just listening mode (from the second row).

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

Document ID: 0.7.1705.534733-000013

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: SecVA (12).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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RE: SecVA (12).msg <extracted> for Printed Item: 243 / Attachment: (b)(6)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]; (b)(6)@va.gov  
**Cc:** Colli, Jacqueline [Jacqueline.Colli@va.gov]; (b)(6)@va.gov; Rinchack, Diane [Diane.Rinchack@va.gov]; Llamas, Jose [jose.llamas@va.gov]; Turner, Tanya T. [Tanya.Turner3@va.gov]  
**From:** (b)(6)  
**Sent:** Fri 3/9/2018 9:10:18 PM  
**Subject:** RE: SecVA

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 4:09 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Awesome! Thanks so much.

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:50 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6); Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 2:19 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:18:28 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** SecVA

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.

Document ID: 0.7.1705.534733-000015

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: VA CIO advisory support for Cerner contract (14).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Fri 11/3/2017 10:23:29 PM  
**Subject:** RE: VA CIO advisory support for Cerner contract

Thanks Avi. I managed to find the other 4. I will shoot them all an email over the weekend. I'll cc you guys too in case you want to be included. Thanks for all the support.

Have a great weekend,  
Scott

---

**From:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov]  
**Sent:** Wednesday, November 01, 2017 9:33 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] RE: VA CIO advisory support for Cerner contract

Richard D. Daniels (b)(6)@kp.org

Here is the first he can help likely with the others – let me know if you need help tracking them down – I don't have them at the moment

---

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Tuesday, October 31, 2017 4:31 PM  
**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov>  
**Subject:** FW: VA CIO advisory support for Cerner contract

Hi Avi,

Happy Halloween! I just want to follow up on this exchange with Jared. Can you help connect us with the 5 CIOs so we can bounce our EHR plan off of them before we go final?

Thanks again for all the support!  
Scott

---

**From:** Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov]  
**Sent:** Friday, October 27, 2017 5:36 AM  
**To:** Blackburn, Scott R.  
**Cc:** Liddell, Christopher P. EOP/WHO; Windom, John H.; DJS; Berkowitz, Avrahm J. EOP/WHO; Dumbauld, Cassidy M. EOP/WHO  
**Subject:** [EXTERNAL] Re: VA CIO advisory support for Cerner contract

(b)(5)

Avi will connect you and schedule next meeting

Sent from my iPhone  
On Oct 27, 2017, at 1:56 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Jared / Chris –

(b)(5)

(b)(5)

Scott

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment, and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

Scott Blackburn

Scott Blackburn  
Acting CIO & Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

Document ID: 0.7.1705.534733-000016

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: VA MEETING (15).msg <extracted>

Last Modified: Mon Apr 16 10:52:44 CDT 2018

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**To:** DJS[vacodjst@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Tue 11/14/2017 7:15:28 PM  
**Subject:** RE: VA MEETING

thanks

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 2:15 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

Yes and yes

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:46:39 AM  
**To:** DJS  
**Subject:** RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 1:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:38:25 AM  
**To:** DJS  
**Subject:** FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

---

**From:** Schnitzer, Jay J [REDACTED]@mitre.org  
**Sent:** Tuesday, November 14, 2017 12:47 PM  
**To:** Blackburn, Scott R.  
**Cc:** Wynn, Jackie

VA-18-0298-I-000280



Hi Scott,  
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.  
Thanks,  
Best,  
Jay

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

---

**From:** Noga, James (b)(6)@PARTNERS.ORG>  
**Date:** Tuesday, Nov 14, 2017, 11:43 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>  
**Cc:** Schnitzer, Jay J (b)(6)@mitre.org>  
**Subject:** RE: VA MEETING

But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. Jim

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:31 AM  
**To:** Noga, James (b)(6)@PARTNERS.ORG>  
**Subject:** RE: VA MEETING

Dear Jim,  
Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskowitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).  
Many thanks,  
Andy

---

**From:** Noga, James  
**Sent:** Tuesday, November 14, 2017 11:16 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>  
**Subject:** RE: VA MEETING

I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:11 AM  
**To:** Noga, James (b)(6)@PARTNERS.ORG>  
**Subject:** FW: VA MEETING

Dear Jim,  
Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.  
Many thanks,  
Andy

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:06 AM  
**To:** 'Bruce Moskowitz' (b)(6)@mac.com>  
**Subject:** RE: VA MEETING

VA-18-0298-I-000281

Dear Bruce,

Many thanks for the note. I'll review the below a little later today and I'll be back in touch.

Many thanks and best,

Andy

---

**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]

**Sent:** Tuesday, November 14, 2017 10:45 AM

**To:** Karson, Andrew Scott, M.D. (b)(6) [redacted]@mgh.harvard.edu>

**Subject:** VA MEETING

The call will take place this Wednesday, November 15<sup>th</sup> between 3:00 PM and 5:00 PM

Dial In Number: (b)(6) [redacted]

Passcode: (b)(6) [redacted]

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to track what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad

Bruce Moskowitz M.D.

VA-18-0298-I-000282

The information in this e-mail is intended only for the person to whom it is

addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Document ID: 0.7.1705.534284-000002

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: [EXTERNAL] Fwd: Contact review (2).msg <extracted>

Last Modified: Mon Apr 16 10:52:34 CDT 2018

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[EXTERNAL] Fwd: Contact review (2).msg -extracted- for Printed Item: 261 ( Attachment 2 of 15)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]  
**From:** David Shulkin  
**Sent:** Sun 3/11/2018 4:31:54 PM  
**Subject:** [EXTERNAL] Fwd: Contact review

Scott lets discuss tommorow

Sent from my iPhone

Begin forwarded message:

**From:** David Shulkin (b)(6)@gmail.com>  
**Date:** March 11, 2018 at 12:31:22 PM EDT  
**To:** Bruce Moskowitz (b)(6)@mac.com>  
**Cc:** IP (b)(6)@frenchangel59.com>, (b)(6)@gmail.com, (b)(6)@gmail.com  
**Subject:** Re: Contact review

Great list

Is leslie cooper from mayo- i could not find him or her

Sent from my iPhone

On Mar 11, 2018, at 11:02 AM, Bruce Moskowitz (b)(6)@mac.com> wrote:

These are the individuals to review the contract;

Stephanie Reel CIO- hopkins

Stan Huff CIO- intermiuntain

Jonathan Manis CIO- suttrr

Andrew Karson MD.- partners

Leslie Cooper M.D.

Clifford Ko M.D.- american college surgeons

Sent from my iPad

Bruce Moskowitz M.D.

Document ID: 0.7.1705.534284-000003

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)  
/cn=recipients/cn=vacoblacks1>  
Filename: Follow up (3).msg <extracted>  
Last Modified: Mon Apr 16 10:52:34 CDT 2018

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Follow up (3).msg - extracted - for Printed Item: 261 / Attachment 3 of 15)  
**To:** Bruce Moskowitz (b)(6) [redacted]@mac.com]; (b)(6) [redacted]@gmail.com; (b)(6) [redacted]@gmail.com]  
**From:** Blackburn, Scott R.  
**Sent:** Wed 11/22/2017 11:49:19 PM  
**Subject:** Follow up

Bruce / Marc – thanks again for all your support. We really appreciate what you are doing to bring the best of the healthcare industry to help Veterans/VA.

I spoke with David and he gave the green light to move forward. We absolutely want to get this feedback and greatly appreciate the help. The only caveat is that we move as aggressively/quickly as possible. There are still a few things we need to figure out with respect to timing on signing the contract with Congress/budget/funding/etc (e.g., one of the reasons for starting soon is to get in sync with DoD's rollout to leverage synergies; another variable is the Continuing Resolution and timing of when the government budget is finalized which could possibly push out to Jan/Feb rather than December as currently projected). But we will figure that out. The point being is that we love the idea, do want the feedback, and agree with the logic we discussed on the phone. We will delay the signing as long as we can to make sure we get this right (the concern is making sure we don't miss the window).

If you could reach out to the 5 CEOs/CIOs, it would be greatly appreciated. I will commit to making sure the VA turns around the gap analysis as fast as possible. Do you think it could then be possible to shoot for a full day session in mid-December (week of 11<sup>th</sup> or 18<sup>th</sup>)? David had the idea of possibly doing it at the Cerner Innovation Laboratory in Kansas City so we can test/challenge somethings on the spot.

Thanks again for all your support! I hope you and your families have a great Thanksgiving.

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

Document ID: 0.7.1705.534284-000004

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: FW: Getting it right (4).msg <extracted>

Last Modified: Mon Apr 16 10:52:34 CDT 2018

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FW: Getting it right (4).msg - extracted - for Printed Item: 261 ( Attachment 4 of 15)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]  
**From:** Windom, John H.  
**Sent:** Tue 3/27/2018 1:42:46 PM  
**Subject:** FW: Getting it right

Sir,

I think this recent language request (see below) for inclusion will close the door.

Be advised that all comments/questions have been captured in a matrix and properly reconciled. I do not intend to send these out unless requested because I think this recent PWS language is what was being pursued all along. Just keeping you in the loop. I have requested an office call with Mr. Byrne.

Please get back to vacationing and thanks for your concern for my Mom. That meant a lot to me.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

---

**From:** Windom, John H.  
**Sent:** Tuesday, March 27, 2018 9:29 AM  
**To:** DJS  
**Cc:** Byrne, Jim (OGC); Blackburn, Scott R.  
**Subject:** RE: Getting it right

Mr. Secretary:

I am seeking a 30 minute audience with Mr. Byrne to discuss the recently proposed language for insertion in the PWS (section 1.0) so that when I sit at the negotiation table with Cerner, I can articulate that insertion of stated language “closes the deal.” This is an important bartering chip to have since I believe the language will spawn Cerner corporate concerns. I have discussed the language with the TAC in detail and will defend the language-insertion request vigorously, but simply wanted to close my thought processes/understanding with Mr. Byrne.

V/r,  
John

Proposed Language:

*Please consider this recommended change to PWS Section 1.0 between what is currently the first paragraph and the second paragraph --*

*The project has been awarded via the public interest exception in FAR 6.302-7. The goal of this accelerated award is to deliver a modernized system in the best interests of Veterans, their healthcare, and the providers that care for them both inside the VA and in commercial care settings.*

*This award contemplates the provision of services by Cerner Corporation, and accordingly these documents reference Cerner Corporation and its software and services. However, the Government may determine that in some cases a different source of software and/or services will best support the public’s interest in areas such as quality of care, patient*

FW: Getting it right (4).msg <extracted> for Printed.Item: 261 ( Attachment 4 of 15)  
*engagement, operational efficiency, or interoperability to fulfill the goals of Electronic Health Record Modernization, the Veterans' Choice program, or other reason as the Government may decide. The Government may require performance of part of this award by an alternative source in any such case, in accordance with procurement laws and regulations. This may include, for example, delivery of software or services by another contractor within the Government's competitive range for the Department of Defense's DHMSM as provided in the Government's February 19, 2015 notice.*

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

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**From:** DJS  
**Sent:** Tuesday, March 27, 2018 7:50 AM  
**To:** Windom, John H.  
**Cc:** Byrne, Jim (OGC)  
**Subject:** FW: Getting it right

John- can you help craft a response to this

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Blackburn, Scott R.  
**Sent:** Sunday, March 25, 2018 9:37:38 AM  
**To:** DJS  
**Subject:** RE: Getting it right

I'm not sure if you read Marc's response to mine yet. Or if so, what your thoughts are on it. I fear we are still talking past each other. If he/others were to come back with specific counter language to the language in the contract then we would certainly consider that (that is the level we are working at right now). But we aren't getting that nor do I see us getting that without Marc or anything else really digging into the details of our contract. We are way beyond the high level philosophy.

Let me know and I'll direct the team. In Bahamas now and only have connectivity sporadically, but back in US (Florida/Disney) tomorrow morning. Back in the office on Thursday.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** DJS  
**Sent:** Sunday, March 25, 2018 12:08:17 PM  
**To:** Byrne, Jim (OGC)

VA-18-0298-I-000290

**Cc:** Blackburn, Scott R.

**Subject:** Getting it right

Jim- did you get any further clarity on White House counsel's plans to review the contract? I do think if they want to do this we should ask for a deadline of. Mid week or Thursday at latest so Scott has time to discuss and make changes if needed

Also I know Bob Fleck and Scott are both looking at the recent feedback we have received to see if these issues have been adequately addressed or if further work is needed.

Scott I assume your best to orchestrate all of this is moving in the right direction

Thanks

Sent with Good ([www.good.com](http://www.good.com))

Document ID: 0.7.1705.534284-000005

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: [EXTERNAL] Follow up meeting (5).msg <extracted>

Last Modified: Mon Apr 16 10:52:34 CDT 2018

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**To:** Bruce Moskowitz (b)(6)@mac.com]  
**Cc:** (b)(6)@gmail.com (b)(6)@gmail.com]  
**From:** Blackburn, Scott R.  
**Sent:** Mon 11/27/2017 3:42:51 PM  
**Subject:** RE: [EXTERNAL] Follow up meeting

Thank you Bruce. Very helpful.

---

**From:** Bruce Moskowitz (b)(6)@mac.com]  
**Sent:** Monday, November 27, 2017 10:18 AM  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)@gmail.com  
**Subject:** Fwd: [EXTERNAL] Follow up meeting

I should point out this would be ideal functionality requirements of any EMR contract if not part of what has been reviewed by the VA we need to discuss these points further since they are derived from the previous meeting points made by the CIO's and we can again cover them in the agenda

Sent from my iPad  
Bruce Moskowitz M.D.  
Begin forwarded message:

**From:** Bruce Moskowitz (b)(6)@mac.com>  
**Date:** November 27, 2017 at 8:41:19 AM EST  
**To:** "Blackburn, Scott R." <Scott.Blackburn@va.gov>  
**Cc:** (b)(6)@gmail.com (b)(6)@gmail.com>  
**Subject:** Re: [EXTERNAL] Follow up meeting

Prior to any meeting we need to know what is not in the contract so we can make progress:

Cerner Contract has to have the responsibility of 100% connectivity to all EMR platforms for Choice to work

Cerner has to have telemedicine built into the system

Cerner needs to tract duplicate diagnostic testing

Cerner needs to have medication error, tracking of controlled substances and duplicate prescription monitoring

Cerner needs to tract appointment times between the VA and the Choice Program.

Cerner needs to have voice recognition built in

These are the basics we need to know prior to writing an agenda and meeting.

Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

On Nov 26, 2017, at 9:23 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce - thanks for the note. I hope you and Marc both had a great Thanksgiving.

Sounds good on all below. Let's shoot for the week of December 11th or December 18th in Washington. If the CIOs can get us the list of issues by December 5th, we will turn around the gap analysis quickly. Happy to work with Stephanie, Andrew and Marc on the agenda

Scott

-----Original Message-----

From: Bruce Moskowitz (b)(6) [redacted]@mac.com]

Sent: Friday, November 24, 2017 7:08 PM

To: Blackburn, Scott R.

Cc: (b)(6) [redacted]@gmail.com

Subject: [EXTERNAL] Follow up meeting

I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel, Andrew Karson and Marc Sherman to assist in the agenda development.

Sent from my iPad

Bruce Moskowitz M.D.

Document ID: 0.7.1705.534284-000011

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: SecVA (10).msg <extracted>

Last Modified: Mon Apr 16 10:52:34 CDT 2018

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**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]; (b)(6)@va.gov  
**Cc:** Colli, Jacqueline [Jacqueline.Colli@va.gov]; (b)(6)@va.gov; Rinchack, Diane [Diane.Rinchack@va.gov]; Llamas, Jose [jose.llamas@va.gov]; Turner, Tanya T. [Tanya.Turner3@va.gov]  
**From:** (b)(6)  
**Sent:** Fri 3/9/2018 9:10:18 PM  
**Subject:** RE: SecVA

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 4:09 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Awesome! Thanks so much.

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:50 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 2:19 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:18:28 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** SecVA

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.



Document ID: 0.7.1705.534284-000012

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: Update (11).msg <extracted>

Last Modified: Mon Apr 16 10:52:34 CDT 2018

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RE: Update (11) msg extracted for Printed Item: 261 ( Attachment 12 of 15)  
**To:** Windom, John H. [John.Windom@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Tue 3/27/2018 12:19:27 PM  
**Subject:** RE: Update

Hmm. Have you spoken to the Secretary directly yet? I wrote him about Marc Sherman's email but he didn't respond. Not sure where his head is at.

I don't understand why ogc would meet him without you. It kills me how we don't trust each other and try to work point to point through the Secretary.

Sent with Good (www.good.com)

---

**From:** Windom, John H.  
**Sent:** Tuesday, March 27, 2018 6:34:17 AM  
**To:** Blackburn, Scott R.  
**Subject:** Update

Sir

There was a meeting between Shulkin and the attorneys (Byrne and Fleck) last week that I was not invited to. This is the language proposed for inclusion in the contract following that meeting. Does the inclusion of this language close the deal? Before negotiating with Cerner, I need to understand weather it closes the deal. I discuss with the TAC this morning. Just received yesterday eve.

Thank you.

John

John,

Reference is made to the note I sent you last Wednesday whereby I mentioned that OGC (Mr. Byrne) wanted to review our RFP. Mike Kraycinovich recently shared the following OGC requested PWS change (*italicized*) presumably as a result of that review:

Please consider this recommended change to PWS Section 1.0 between what is currently the first paragraph and the second paragraph --

The project has been awarded via the public interest exception in FAR 6.302-7. The goal of this accelerated award is to deliver a modernized system in the best interests of Veterans, their healthcare, and the providers that care for them both inside the VA and in commercial care settings.

This award contemplates the provision of services by Cerner Corporation, and accordingly these documents reference Cerner Corporation and its software and services. However, the Government may determine that in some cases a different source of software and/or services will best support the public's interest in areas such as quality of care, patient engagement, operational efficiency, or interoperability to fulfill the goals of Electronic Health Record Modernization, the Veterans' Choice program, or other reason as the Government may decide. The Government may require performance of part of this award by an alternative source in any such case, in accordance with procurement laws and regulations. This may include, for example, delivery of software or services by another contractor within the Government's competitive range for the Department of Defense's DHMSM as provided in the Government's February 19, 2015 notice.

Sent with Good (www.good.com)

VA-18-0298-I-000298

AMERICAN  
OVERSIGHT

Document ID: 0.7.1705.534284-000013

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: VA CIO advisory support for Cerner contract (12).msg <extracted>

Last Modified: Mon Apr 16 10:52:34 CDT 2018

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**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**From:** Blackburn, Scott R.  
**Sent:** Fri 11/3/2017 10:23:29 PM  
**Subject:** RE: VA CIO advisory support for Cerner contract

Thanks Avi. I managed to find the other 4. I will shoot them all an email over the weekend. I'll cc you guys too in case you want to be included. Thanks for all the support.

Have a great weekend,  
Scott

---

**From:** Berkowitz, Avrahm J. EOP/WHO [mailto:avi@who.eop.gov]  
**Sent:** Wednesday, November 01, 2017 9:33 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] RE: VA CIO advisory support for Cerner contract

Richard D. Daniels (b)(6)@kp.org

Here is the first he can help likely with the others – let me know if you need help tracking them down – I don't have them at the moment

---

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Tuesday, October 31, 2017 4:31 PM  
**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**Subject:** FW: VA CIO advisory support for Cerner contract

Hi Avi,

Happy Halloween! I just want to follow up on this exchange with Jared. Can you help connect us with the 5 CIOs so we can bounce our EHR plan off of them before we go final?

Thanks again for all the support!  
Scott

---

**From:** Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov  
**Sent:** Friday, October 27, 2017 5:36 AM  
**To:** Blackburn, Scott R.  
**Cc:** Liddell, Christopher P. EOP/WHO; Windom, John H.; DJS; Berkowitz, Avrahm J. EOP/WHO; Dumbauld, Cassidy M. EOP/WHO  
**Subject:** [EXTERNAL] Re: VA CIO advisory support for Cerner contract

(b)(5)

Avi will connect you and schedule next meeting

Sent from my iPhone  
On Oct 27, 2017, at 1:56 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Jared / Chris –

(b)(5)



(b)(5)

Scott

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment, and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

Scott Blackburn

Scott Blackburn  
Acting CIO & Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

**To:** DJS[vacodjst@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Tue 11/14/2017 7:15:28 PM  
**Subject:** RE: VA MEETING

thanks

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 2:15 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

Yes and yes

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:46:39 AM  
**To:** DJS  
**Subject:** RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 1:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:38:25 AM  
**To:** DJS  
**Subject:** FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

---

**From:** Schnitzer, Jay J [REDACTED]@mitre.org]  
**Sent:** Tuesday, November 14, 2017 12:47 PM  
**To:** Blackburn, Scott R.  
**Cc:** Wynn, Jackie

VA-18-0298-I-000302

**Subject:** [EXTERNAL] FW: VA MEETING

Hi Scott,  
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.  
Thanks,  
Best,  
Jay

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

---

**From:** Noga, James (b)(6) @PARTNERS.ORG>  
**Date:** Tuesday, Nov 14, 2017, 11:43 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6) @mgh.harvard.edu>  
**Cc:** Schnitzer, Jay J (b)(6) @mitre.org>  
**Subject:** RE: VA MEETING

But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. Jim

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:31 AM  
**To:** Noga, James (b)(6) @PARTNERS.ORG>  
**Subject:** RE: VA MEETING

Dear Jim,  
Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskovitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).  
Many thanks,  
Andy

---

**From:** Noga, James  
**Sent:** Tuesday, November 14, 2017 11:16 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6) @mgh.harvard.edu>  
**Subject:** RE: VA MEETING

I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:11 AM  
**To:** Noga, James (b)(6) @PARTNERS.ORG>  
**Subject:** FW: VA MEETING

Dear Jim,  
Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.  
Many thanks,  
Andy

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:06 AM  
**To:** 'Bruce Moskovitz' (b)(6) @mac.com>  
**Subject:** RE: VA MEETING

VA-18-0298-I-000303



Dear Bruce,

Many thanks for the note. I'll review the below a little later today and I'll be back in touch.

Many thanks and best,

Andy

---

**From:** Bruce Moskowitz [(b)(6)]@mac.com]

**Sent:** Tuesday, November 14, 2017 10:45 AM

**To:** Karson, Andrew Scott, M.D. [(b)(6)]@mgh.harvard.edu>

**Subject:** VA MEETING

The call will take place this Wednesday, November 15<sup>th</sup> between 3:00 PM and 5:00 PM

Dial In Number: [(b)(6)]

Passcode: [(b)(6)]

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to track what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad

Bruce Moskowitz M.D.

VA-18-0298-I-000304

The information in this e-mail is intended only for the person to whom it is



addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Document ID: 0.7.1705.533736-000004

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: Contract Language (4).msg <extracted>

Last Modified: Mon Apr 16 08:55:50 CDT 2018

---

**To:** Sandoval, Camilo J. [Camilo.Sandoval@va.gov]

**Cc:** Windom, John H. [John.Windom@va.gov]

**From:** Blackburn, Scott R.

**Sent:** Mon 4/2/2018 1:40:53 PM

**Subject:** RE: Contract Language

Morris, Genevieve (OS/ONC/IO) (b)(6)@hhs.gov

I don't think I have a phone number for her, but will let you know if I can find it.

---

**From:** Sandoval, Camilo J.  
**Sent:** Monday, April 02, 2018 9:03 AM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Scott, Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

Thank you,  
Camilo

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 6:28:05 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

---

**From:** Sandoval, Camilo J.  
**Sent:** Sunday, April 01, 2018 8:39 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 4:38:47 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

VA-18-0298-I-000307

Not sure we did, John?

RE: Contract Language (4).msg <extracted> for Printed Item: 277 ( Attachment 4 of 6)  
What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John and team have created a thorough matrix to reconcile that feedback (and Ash did follow ups with each to make sure we understood their feedback and then understood how we were reconciling that feedback). There was also the language that we received via OGC.

I'll leave it to John to weigh in.

---

**From:** Sandoval, Camilo J.  
**Sent:** Sunday, April 01, 2018 7:35 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** Re: Contract Language

Scott,

I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.  
Camilo



Document ID: 0.7.1705.533632-000004

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: Contract Language (4).msg <extracted>

Last Modified: Mon Apr 16 08:55:50 CDT 2018

---

**To:** Sandoval, Camilo J. [Camilo.Sandoval@va.gov]

**Cc:** Windom, John H. [John.Windom@va.gov]

**From:** Blackburn, Scott R.

**Sent:** Mon 4/2/2018 1:40:53 PM

**Subject:** RE: Contract Language

Morris, Genevieve (OS/ONC/IO) (b)(6) @hhs.gov

I don't think I have a phone number for her, but will let you know if I can find it.

---

**From:** Sandoval, Camilo J.  
**Sent:** Monday, April 02, 2018 9:03 AM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Scott, Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

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Camilo

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 6:28:05 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

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---

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**Sent:** Sunday, April 01, 2018 8:39 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 4:38:47 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Not sure we did, John?

VA-18-0298-I-000310

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John and team have created a thorough matrix to reconcile that feedback (and Ash did follow ups with each to make sure we understood their feedback and then understood how we were reconciling that feedback). There was also the language that we received via OGC.

I'll leave it to John to weigh in.

---

**From:** Sandoval, Camilo J.

**Sent:** Sunday, April 01, 2018 7:35 PM

**To:** Blackburn, Scott R.

**Cc:** Windom, John H.

**Subject:** Re: Contract Language

Scott,

I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.

Camilo

Follow up (4).msg - extracted - for Printed Item: 200 / Attachment 4 of 17)  
**To:** Bruce Moskowitz (b)(6) [redacted]@mac.com]; (b)(6) [redacted]@gmail.com; (b)(6) [redacted]@gmail.com]  
**From:** Blackburn, Scott R.  
**Sent:** Wed 11/22/2017 11:49:19 PM  
**Subject:** Follow up

Bruce / Marc – thanks again for all your support. We really appreciate what you are doing to bring the best of the healthcare industry to help Veterans/VA.

I spoke with David and he gave the green light to move forward. We absolutely want to get this feedback and greatly appreciate the help. The only caveat is that we move as aggressively/quickly as possible. There are still a few things we need to figure out with respect to timing on signing the contract with Congress/budget/funding/etc (e.g., one of the reasons for starting soon is to get in sync with DoD's rollout to leverage synergies; another variable is the Continuing Resolution and timing of when the government budget is finalized which could possibly push out to Jan/Feb rather than December as currently projected). But we will figure that out. The point being is that we love the idea, do want the feedback, and agree with the logic we discussed on the phone. We will delay the signing as long as we can to make sure we get this right (the concern is making sure we don't miss the window).

If you could reach out to the 5 CEOs/CIOs, it would be greatly appreciated. I will commit to making sure the VA turns around the gap analysis as fast as possible. Do you think it could then be possible to shoot for a full day session in mid-December (week of 11<sup>th</sup> or 18<sup>th</sup>)? David had the idea of possibly doing it at the Cerner Innovation Laboratory in Kansas City so we can test/challenge somethings on the spot.

Thanks again for all your support! I hope you and your families have a great Thanksgiving.

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs



Document ID: 0.7.1705.527498-000006

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: [EXTERNAL] Follow up meeting (6).msg <extracted>

Last Modified: Sun Apr 08 16:16:11 CDT 2018

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**To:** Bruce Moskowitz (b)(6)@mac.com  
**Cc:** (b)(6)@gmail.com (b)(6)@gmail.com  
**From:** Blackburn, Scott R.  
**Sent:** Mon 11/27/2017 3:42:51 PM  
**Subject:** RE: [EXTERNAL] Follow up meeting

Thank you Bruce. Very helpful.

---

**From:** Bruce Moskowitz (b)(6)@mac.com  
**Sent:** Monday, November 27, 2017 10:18 AM  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)@gmail.com  
**Subject:** Fwd: [EXTERNAL] Follow up meeting

I should point out this would be ideal functionality requirements of any EMR contract if not part of what has been reviewed by the VA we need to discuss these points further since they are derived from the previous meeting points made by the CIO's and we can again cover them in the agenda

Sent from my iPad  
Bruce Moskowitz M.D.  
Begin forwarded message:

**From:** Bruce Moskowitz (b)(6)@mac.com>  
**Date:** November 27, 2017 at 8:41:19 AM EST  
**To:** "Blackburn, Scott R." <Scott.Blackburn@va.gov>  
**Cc:** (b)(6)@gmail.com (b)(6)@gmail.com>  
**Subject:** Re: [EXTERNAL] Follow up meeting

Prior to any meeting we need to know what is not in the contract so we can make progress:

Cerner Contract has to have the responsibility of 100% connectivity to all EMR platforms for Choice to work

Cerner has to have telemedicine built into the system

Cerner needs to tract duplicate diagnostic testing

Cerner needs to have medication error, tracking of controlled substances and duplicate prescription monitoring

Cerner needs to tract appointment times between the VA and the Choice Program.

Cerner needs to have voice recognition built in

These are the basics we need to know prior to writing an agenda and meeting.

Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

On Nov 26, 2017, at 9:23 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce - thanks for the note. I hope you and Marc both had a great Thanksgiving.

Sounds good on all below. Let's shoot for the week of December 11th or December 18th in Washington. If the CIOs can get us the list of issues by December 5th, we will turn around the gap analysis quickly. Happy to work with Stephanie, Andrew and Marc on the agenda



Scott

-----Original Message-----

From: Bruce Moskowitz (b)(6) [redacted]@mac.com]

Sent: Friday, November 24, 2017 7:08 PM

To: Blackburn, Scott R.

Cc: (b)(6) [redacted]@gmail.com

Subject: [EXTERNAL] Follow up meeting

I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel, Andrew Karson and Marc Sherman to assist in the agenda development.

Sent from my iPad

Bruce Moskowitz M.D.

Document ID: 0.7.1705.527498-000008

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: [EXTERNAL] Re: VA EHR (8).msg <extracted>

Last Modified: Sun Apr 08 16:16:11 CDT 2018

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RE: [EXTERNAL] Re: VA EHR (8) msg extracted for Printed Item 302 ( Attachment 8 of 17)  
**To:** Blackburn, Scott R.[Scott.Blackburn@va.gov]; Bowman, Thomas[Thomas.Bowman@va.gov]  
**Cc:** Zenooz, Ashwini[Ashwini.Zenooz@va.gov]; Short, John (VACO)[John.Short@va.gov]  
**From:** Windom, John H.  
**Sent:** Fri 3/23/2018 5:54:36 PM  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
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(b)(6)@va.gov Office: 202-382-3792

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**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:47 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,  
John  
AMERICAN  
OVERSIGHT

VA-18-0298-I-000317



j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
  - o Labs
  - General
  - Pathology and Microbiology
  - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

**IDIQ PWS Section 5.10.4:** Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

**IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway** also includes detail on the creation of strategic open APIs.

**VA NF-177: Interoperability - Data Standards:** The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

**VA-NF-T23: Informatics - Care Integration:** VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

**VA NF-Z11: Health Information Exchange:** The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

#### **5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software component and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework th and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to enc high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experie information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care b



RE: [EXTERNAL] Re: VA EHR (8).msg <extracted> for Printed Item: 302 ( Attachment 8 of 17)  
systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contracts. The Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare providers, and other healthcare providers. The Contractor shall support the VA designated standards, such as HL7, ICD, and other published standards, and shall support the VA designated standards, such as HL7, ICD, and other published standards, and shall support the VA designated standards, such as HL7, ICD, and other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations, vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that meet the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability solutions shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers to create and manage interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and patients.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers to manage management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's electronic health record (EHR) to VA, DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health Information Technology Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-to-Patient record sharing, including appropriate consent management. The bi-directional health information exchange shall maximize use of data for clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable providers to be notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support integration with health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exchange of Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health analysis, support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable standards such as CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and data exchange network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Privacy Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future protocols in the Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling integration of FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 1.1.1.1 within 12 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as HL7, ICD, and other published standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacity), standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminology, vocabularies, and other clinical content.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extensions provided to both international and national standards designating organizations as described and set forth in an applicable Task Order shall be made available to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies. This shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cornerstone customers.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

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**From:** Blackburn, Scott R.  
**Sent:** Friday, March 23, 2018 12:15 PM  
**To:** Windom, John H.; Bowman, Thomas  
**Subject:** FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Marc Sherman  
**Sent:** Friday, March 23, 2018 9:47:39 AM  
**To:** Blackburn, Scott R.  
**Cc:** Bruce Moskowitz; DJS  
**Subject:** [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

VA-18-0298-I-000320



I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.

- Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
- We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.



we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the “quicksand”.

Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, “it is the oversight and management of the contract that will be of the utmost importance, as well as the VA's access to senior industry advisors.” I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's Page 620 of 1298 printing



Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.  
Scott

**From:** Marc Sherman (b)(6) [redacted]@gmail.com]

**Sent:** Wednesday, March 21, 2018 9:31 AM

**To:** Blackburn, Scott R.

**Cc:** DJS

**Subject:** Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

AMERICAN  
Marc  
OVERSIGHT

VA-18-0298-I-000323

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:  
No problem Marc. Thanks for all your help. Very helpful call last night.

**From:** Marc Sherman <(b)(6)@gmail.com>

**Sent:** Wednesday, March 21, 2018 12:12 AM

**To:** Blackburn, Scott R.

**Subject:** [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-8700

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-

(b)(6)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs



Document ID: 0.7.1705.527498-000009

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>  
Filename: RE: [EXTERNAL] VA-CIO CALL (9).msg <extracted>  
Last Modified: Sun Apr 08 16:16:11 CDT 2018

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**To:** RE: [EXTERNAL] VA-CIO CALL [redacted]@mac.com]  
**From:** Blackburn, Scott R.  
**Sent:** Mon 11/20/2017 10:33:01 PM  
**Subject:** RE: [EXTERNAL] VA-CIO CALL

Dr. Moskowitz,

Thank you so much for the note and for all the help/support. I would love to meet you in person. Do you have any plans to be in Washington anytime soon?

I thought the call last week was extremely valuable. The experience and wisdom of the participants is such a great asset – we would be fools to not take full advantage of it. I do agree fully that there was a lot to cover in only two hours. I think the moderator was doing the best he could to get as much out of it as possible, while trying to be respectful of the time that so many important people were volunteering. If the 5 CIOs were willing to follow up, perhaps we schedule another session(s) on various deep dive topics? We would absolutely love that.

Just by way of introduction – I jumped into the CIO role less than 2 months ago when our previous CIO (Rob Thomas) abruptly retired to deal with some personal issues. I am a disabled Army Veteran (MIT ROTC). After getting out of service I went to business school and then to McKinsey where I made partner and spent 9+ years there leading large business transformations in industrial clients. Bob McDonald (the former P&G CEO and former Secretary) convinced me to join VA to lead the turnaround after the 2014 Phoenix scandal. From Feb-Sept, I served as Secretary Shulkin's Deputy until a political appointee was put in place. Then jumped into the CIO role to work with the team and make sure this gets done. We are still awaiting a permanent CIO.

I would be happy to jump on the phone this week to if you would like.

Thanks again for your support!  
 Scott

Scott Blackburn  
 Acting CIO and Executive in Charge, Office of Information & Technology  
 US Department of Veterans Affairs

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**From:** Bruce Moskowitz [redacted]@mac.com]  
**Sent:** Monday, November 20, 2017 6:02 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] VA-CIO CALL

Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about

the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for implementation or the readiness of the Cerner RFP contract for execution. Based on some of the offshoot discussions, the participants felt that many non-DOD interoperability solutions have not yet been fully addressed or solved, leading to incomplete system planning and contracting protections, greatly risking an unsuccessful implementation and large additional cost and time overruns. The interoperability with community provider partners did not seem to be defined completely. Some additional areas that were identified by the VA and its contractor's participants and moderator as incomplete in the call are: seamless sharing of Choice partner records, duplicate procedure and medical error prevention, flagging mechanisms and implantable device identification, among others. Until the design of the system and all functional requirements are identified and completed, the participants fear that these as yet undeveloped processes and solutions will result in a significant increase in the cost of the implementation and operation of the Choice program and impact quality care delivery to our veterans who choose to take advantage of the Choice program.

Lastly, at the beginning of yesterday's call your moderator identified the comfort that Congress expressed at recent hearings from the participation of the CIOs in the process. However, yesterday's relatively short discussion on a massive topic was limited and not set up to have a platform for full discussion in a two hour phone call with a few questions. Also, as mentioned in the call at various times, the participants' did not have access to the RFP contract document, its scope and the contractual provisions and protections, a critical part they feel of evaluating the completeness of a successful design and implementation. As such, the participants want to make sure that yesterday's discussion is understood by everyone - the VA and Congress alike - to be a limited dialogue to provide their valuable experiences on the topics put on the table by the moderator, but not as a confirmation of the project's completeness or readiness for contract execution or implementation, which they believe likely has shortfalls. In general, we liked what we heard, we are honored that you felt our advice would be of value, but have had discussion about a very limited part of the project and have questions about the system design, whether it is ready for implementation and whether the contract (from the limited discussion) has adequate safeguards to proceed without risk to the cost and success of the effort.

While this was the first time you have spoken to any of these participants on the topic of EMR, and maybe on any topic, the participants would be pleased to provide further feedback and advice should you desire on the remaining issues that are still incomplete and to help you work toward a successful RFP contract, design and implementation.

Sent from my iPad  
Bruce Moskowitz M.D.



Document ID: 0.7.1705.527498-000012

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: Interoperabilty listening sessions (11).msg <extracted>

Last Modified: Sun Apr 08 16:16:11 CDT 2018

---



**To:** Fleck, Robert R. (OGC)[Robert.Fleck@va.gov]  
**Cc:** Byrne, Jim (OGC)[Jim.Byrne@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Thur 2/1/2018 11:23:21 PM  
**Subject:** RE: Interoperability listening sessions

(b)(5)

---

**From:** Fleck, Robert R. (OGC)  
**Sent:** Wednesday, January 31, 2018 8:28 AM  
**To:** Blackburn, Scott R.  
**Subject:** RE: Interoperability listening sessions

Scott,

(b)(5)

Bob  
Robert R. Fleck  
Chief Counsel, Procurement Law Group  
Office of the General Counsel  
Room 1050  
810 Vermont Avenue, NW  
Washington, DC, 20420  
Office 202-461-4954

ATTENTION: This electronic transmission may contain attorney work-product or information protected under the attorney-client privilege. Portions of this transmission may contain information also protected from disclosure under the Freedom of Information Act, 5 USC §552. Do not release this information without prior authorization from the sender. If this has inadvertently reached the wrong party, please delete this information immediately and notify the sender. Any security screening of this email by information officers or server administrators is not intended to be consent to any party to review the content of the email or a waiver of the attorney-client privilege and/or work product privilege.

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, January 30, 2018 2:53 PM  
**To:** Fleck, Robert R. (OGC)  
**Cc:** (b)(6)  
**Subject:** RE: Interoperability listening sessions

VA-18-0298-I-000329

---

**From:** Fleck, Robert R. (OGC)  
**Sent:** Tuesday, January 30, 2018 2:33 PM  
**To:** Blackburn, Scott R.  
**Cc:** Byrne, Jim (OGC)  
**Subject:** RE: Interoperability listening sessions

I can see you now.

Bob  
Robert R. Fleck  
Chief Counsel, Procurement Law Group  
Office of the General Counsel  
Room 1050  
810 Vermont Avenue, NW  
Washington, DC, 20420  
Office 202-461-4954

ATTENTION: This electronic transmission may contain attorney work-product or information protected under the attorney-client privilege. Portions of this transmission may contain information also protected from disclosure under the Freedom of Information Act, 5 USC §552. Do not release this information without prior authorization from the sender. If this has inadvertently reached the wrong party, please delete this information immediately and notify the sender. Any security screening of this email by information officers or server administrators is not intended to be consent to any party to review the content of the email or a waiver of the attorney-client privilege and/or work product privilege.

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, January 30, 2018 2:32 PM  
**To:** Fleck, Robert R. (OGC)  
**Cc:** Byrne, Jim (OGC)  
**Subject:** RE: Interoperability listening sessions

(b)(5)

---

**From:** Fleck, Robert R. (OGC)  
**Sent:** Tuesday, January 30, 2018 10:27 AM  
**To:** Blackburn, Scott R.  
**Cc:** Byrne, Jim (OGC)  
**Subject:** RE: Interoperability listening sessions

Scott,

(b)(5)

If you have any questions, please let me know.

Bob  
Robert R. Fleck  
Chief Counsel, Procurement Law Group  
Office of the General Counsel

VA-18-0298-I-000330

Room 1050

810 Vermont Avenue, NW  
Washington, DC, 20420  
Office 202-461-4954

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**From:** Blackburn, Scott R.

**Sent:** Monday, January 29, 2018 11:04 AM

**To:** (b)(6)@who.eop.gov

**Cc:** Fleck, Robert R. (OGC); Byrne, Jim (OGC); (b)(6)

**Subject:** Interoperability listening sessions

Jane,

It was a pleasure meeting you today. I am cc'ing Jim Byrne and Bob Fleck.

Jim/Bob – (b)(5)

(b)(5)

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

Document ID: 0.7.1705.527498-000013

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: SecVA (12).msg <extracted>

Last Modified: Sun Apr 08 16:16:11 CDT 2018

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RE: SecVA (12).msg <extracted> for Printed Item: 302 / Attachment  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]; (b)(6) @va.gov  
**Cc:** Colli, Jacqueline [Jacqueline.Colli@va.gov]; (b)(6) Rinchack, Diane [Diane.Rinchack@va.gov]; Llamas, Jose [jose.llamas@va.gov]; Turner, Tanya T. [Tanya.Turner3@va.gov]  
**From:** (b)(6)  
**Sent:** Fri 3/9/2018 9:10:18 PM  
**Subject:** RE: SecVA

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 4:09 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Awesome! Thanks so much.

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:50 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 2:19 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:18:28 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** SecVA

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.

Document ID: 0.7.1705.527498-000014

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: Update (13).msg <extracted>

Last Modified: Sun Apr 08 16:16:11 CDT 2018

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RE: Update (13) msg extracted for Printed Item: 302 ( Attachment 14 of 17)  
**To:** Windom, John H. [John.Windom@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Tue 3/27/2018 12:19:27 PM  
**Subject:** RE: Update

Hmm. Have you spoken to the Secretary directly yet? I wrote him about Marc Sherman's email but he didn't respond. Not sure where his head is at.

I don't understand why ogc would meet him without you. It kills me how we don't trust each other and try to work point to point through the Secretary.

Sent with Good (www.good.com)

---

**From:** Windom, John H.  
**Sent:** Tuesday, March 27, 2018 6:34:17 AM  
**To:** Blackburn, Scott R.  
**Subject:** Update

Sir

There was a meeting between Shulkin and the attorneys (Byrne and Fleck) last week that I was not invited to. This is the language proposed for inclusion in the contract following that meeting. Does the inclusion of this language close the deal? Before negotiating with Cerner, I need to understand weather it closes the deal. I discuss with the TAC this morning. Just received yesterday eve.

Thank you.

John

John,

Reference is made to the note I sent you last Wednesday whereby I mentioned that OGC (Mr. Byrne) wanted to review our RFP. Mike Kraycinovich recently shared the following OGC requested PWS change (*italicized*) presumably as a result of that review:

Please consider this recommended change to PWS Section 1.0 between what is currently the first paragraph and the second paragraph --

The project has been awarded via the public interest exception in FAR 6.302-7. The goal of this accelerated award is to deliver a modernized system in the best interests of Veterans, their healthcare, and the providers that care for them both inside the VA and in commercial care settings.

This award contemplates the provision of services by Cerner Corporation, and accordingly these documents reference Cerner Corporation and its software and services. However, the Government may determine that in some cases a different source of software and/or services will best support the public's interest in areas such as quality of care, patient engagement, operational efficiency, or interoperability to fulfill the goals of Electronic Health Record Modernization, the Veterans' Choice program, or other reason as the Government may decide. The Government may require performance of part of this award by an alternative source in any such case, in accordance with procurement laws and regulations. This may include, for example, delivery of software or services by another contractor within the Government's competitive range for the Department of Defense's DHMSM as provided in the Government's February 19, 2015 notice.

Sent with Good (www.good.com)

VA-18-0298-I-000335

AMERICAN  
OVERSIGHT

Document ID: 0.7.1705.527498-000015

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: VA CIO advisory support for Cerner contract (14).msg <extracted>

Last Modified: Sun Apr 08 16:16:11 CDT 2018

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**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**From:** Blackburn, Scott R.  
**Sent:** Fri 11/3/2017 10:23:29 PM  
**Subject:** RE: VA CIO advisory support for Cerner contract

Thanks Avi. I managed to find the other 4. I will shoot them all an email over the weekend. I'll cc you guys too in case you want to be included. Thanks for all the support.

Have a great weekend,  
Scott

---

**From:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**Sent:** Wednesday, November 01, 2017 9:33 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] RE: VA CIO advisory support for Cerner contract

Richard D. Daniels (b)(6)@kp.org

Here is the first he can help likely with the others – let me know if you need help tracking them down – I don't have them at the moment

---

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Tuesday, October 31, 2017 4:31 PM  
**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**Subject:** FW: VA CIO advisory support for Cerner contract

Hi Avi,

Happy Halloween! I just want to follow up on this exchange with Jared. Can you help connect us with the 5 CIOs so we can bounce our EHR plan off of them before we go final?

Thanks again for all the support!  
Scott

---

**From:** Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov  
**Sent:** Friday, October 27, 2017 5:36 AM  
**To:** Blackburn, Scott R.  
**Cc:** Liddell, Christopher P. EOP/WHO; Windom, John H.; DJS; Berkowitz, Avrahm J. EOP/WHO; Dumbauld, Cassidy M. EOP/WHO  
**Subject:** [EXTERNAL] Re: VA CIO advisory support for Cerner contract

(b)(5)

Avi will connect you and schedule next meeting

Sent from my iPhone  
On Oct 27, 2017, at 1:56 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Jared / Chris –

(b)(5)

(b)(5)

Scott

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment, and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

Scott Blackburn

Scott Blackburn  
Acting CIO & Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

Document ID: 0.7.1705.527498-000016

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: VA MEETING (15).msg <extracted>

Last Modified: Sun Apr 08 16:16:11 CDT 2018

---

**To:** DJS[vacodjst@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Tue 11/14/2017 7:15:28 PM  
**Subject:** RE: VA MEETING

thanks

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 2:15 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

Yes and yes

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:46:39 AM  
**To:** DJS  
**Subject:** RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 1:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:38:25 AM  
**To:** DJS  
**Subject:** FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

---

**From:** Schnitzer, Jay J [b)(6)]@mitre.org  
**Sent:** Tuesday, November 14, 2017 12:47 PM  
**To:** Blackburn, Scott R.  
**Cc:** Wynn, Jackie

VA-18-0298-I-000340



Hi Scott,  
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.  
Thanks,  
Best,  
Jay

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

---

**From:** Noga, James (b)(6)@PARTNERS.ORG>  
**Date:** Tuesday, Nov 14, 2017, 11:43 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>  
**Cc:** Schnitzer, Jay J (b)(6)@mitre.org>  
**Subject:** RE: VA MEETING

But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. Jim

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:31 AM  
**To:** Noga, James (b)(6)@PARTNERS.ORG>  
**Subject:** RE: VA MEETING

Dear Jim,  
Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskowitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).  
Many thanks,  
Andy

---

**From:** Noga, James  
**Sent:** Tuesday, November 14, 2017 11:16 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>  
**Subject:** RE: VA MEETING

I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:11 AM  
**To:** Noga, James (b)(6)@PARTNERS.ORG>  
**Subject:** FW: VA MEETING

Dear Jim,  
Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.  
Many thanks,  
Andy

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:06 AM  
**To:** 'Bruce Moskowitz' (b)(6)@mac.com>  
**Subject:** RE: VA MEETING

VA-18-0298-I-000341

Dear Bruce,

Many thanks for the note. I'll review the below a little later today and I'll be back in touch.

Many thanks and best,

Andy

---

**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]

**Sent:** Tuesday, November 14, 2017 10:45 AM

**To:** Karson, Andrew Scott, M.D. (b)(6) [redacted]@mgh.harvard.edu>

**Subject:** VA MEETING

The call will take place this Wednesday, November 15<sup>th</sup> between 3:00 PM and 5:00 PM

Dial In Number (b)(6) [redacted]

Passcode: (b)(6) [redacted]

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to track what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad

Bruce Moskowitz M.D.

VA-18-0298-I-000342

The information in this e-mail is intended only for the person to whom it is

addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Document ID: 0.7.1705.526931-000002

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: [EXTERNAL] Fwd: Contact review (2).msg <extracted>

Last Modified: Sun Apr 08 11:45:30 CDT 2018

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[EXTERNAL] Fwd: Contact review (2).msg -extracted- for Printed Item: 320 ( Attachment 2 of 15)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]  
**From:** David Shulkin  
**Sent:** Sun 3/11/2018 4:31:54 PM  
**Subject:** [EXTERNAL] Fwd: Contact review

Scott lets discuss tommorow

Sent from my iPhone

Begin forwarded message:

**From:** David Shulkin (b)(6)@gmail.com>  
**Date:** March 11, 2018 at 12:31:22 PM EDT  
**To:** Bruce Moskowitz (b)(6)@mac.com>  
**Cc:** IP <ip@frenchangel59.com> (b)(6)@gmail.com, (b)(6)@gmail.com  
**Subject:** Re: Contact review

Great list

Is leslie cooper from mayo- i could not find him or her

Sent from my iPhone

On Mar 11, 2018, at 11:02 AM, Bruce Moskowitz (b)(6)@mac.com> wrote:

These are the individuals to review the contract;

Stephanie Reel CIO- hopkins

Stan Huff CIO- intermiuntain

Jonathan ManisCIO- suttrr

Andrew Karson MD.- partners

Leslie Cooper M.D.

Clifford Ko M.D.- american college surgeons

Sent from my iPad

Bruce Moskowitz M.D.

Document ID: 0.7.1705.526850-000007

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: [EXTERNAL] Re: VA EHR (7).msg <extracted>

Last Modified: Sun Apr 08 11:45:30 CDT 2018

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RE: [EXTERNAL] Re: VA EHR (7) msg extracted for Printed Item 336 ( Attachment 7 of 15)  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]; Bowman, Thomas [Thomas.Bowman@va.gov]  
**Cc:** Zenooz, Ashwini [Ashwini.Zenooz@va.gov]; Short, John (VACO) [John.Short@va.gov]  
**From:** Windom, John H.  
**Sent:** Fri 3/23/2018 5:54:36 PM  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

---

**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:47 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

**Mr. Blackburn,**

**Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.**

V/r,  
John  
AMERICAN  
OVERSIGHT

VA-18-0298-I-000347



**IDIQ PWS 5.5.1: Workflow Development and Normalization:**

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into “Documentation” component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
  - o Labs
  - General
  - Pathology and Microbiology
  - o Vitals
- Radiology and Diagnostic Reports (Into “Diagnostic Report” component)
- Images

**IDIQ PWS Section 5.10.4:** Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

**IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway** also includes detail on the creation of strategic open APIs.

**VA NF-177: Interoperability - Data Standards:** The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

**VA-NF-T23: Informatics - Care Integration:** VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

**VA NF-Z11: Health Information Exchange:** The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

**5.10.4 Seamless Interoperability / Joint Industry Outreach**

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software component and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework th and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to enc high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experie information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care b



RE: [EXTERNAL] Re: VA EHR (7).msg <extracted> for Printed Item: 336 ( Attachment 7 of 15)  
systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contracts. The Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare providers, and other healthcare providers. The Contractor shall support the VA designated standards, such as HL7, ICD, and other published standards, and shall support the VA designated standards, such as HL7, ICD, and other published standards, and shall support the VA designated standards, such as HL7, ICD, and other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations, vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that meet the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability solutions shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers to create and manage interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and patients.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers to manage management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's electronic health record (EHR) to VA, DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health Information Technology Standards Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-to-Patient record sharing, including appropriate consent management. The bi-directional health information exchange shall maximize use of data for clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable providers to be notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support integration with health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exchange of Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health analysis, support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable standards such as CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and data exchange network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Privacy Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future protocols in the Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling integration of FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 1.1.1.1 within 12 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as HL7, ICD, and other published standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacity), standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminology, vocabularies, and other clinical content.

RE: [EXTERNAL] Re: VA EHR (7).msg <extracted> for Printed Item: 336 ( Attachment 7 of 15)  
etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extensions provided to both international and national standards designating organizations as described and set forth in an applicable Task Order shall be made available to the extent possible. Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner users.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
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**From:** Blackburn, Scott R.

**Sent:** Friday, March 23, 2018 12:15 PM

**To:** Windom, John H.; Bowman, Thomas

**Subject:** FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Marc Sherman

**Sent:** Friday, March 23, 2018 9:47:39 AM

**To:** Blackburn, Scott R.

**Cc:** Bruce Moskowitz; DJS

**Subject:** [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

VA-18-0298-I-000350



I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.

- Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
- We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.



we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the “quicksand”.

Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, “it is the oversight and management of the contract that will be of the utmost importance, as well as the VA's access to senior industry advisors.” I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's duration.



Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.  
Scott

**From:** Marc Sherman (b)(6) [redacted]@gmail.com]

**Sent:** Wednesday, March 21, 2018 9:31 AM

**To:** Blackburn, Scott R.

**Cc:** DJS

**Subject:** Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

AMERICAN  
Marc  
OVERSIGHT

VA-18-0298-I-000353

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:  
No problem Marc. Thanks for all your help. Very helpful call last night.

**From:** Marc Sherman [redacted]@gmail.com]

**Sent:** Wednesday, March 21, 2018 12:12 AM

**To:** Blackburn, Scott R.

**Subject:** [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-8700

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-

[redacted]

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

Document ID: 0.7.1705.526850-000008

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
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Filename: RE: [EXTERNAL] VA-CIO CALL (8).msg <extracted>  
Last Modified: Sun Apr 08 11:45:30 CDT 2018

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**To:** RE: [EXTERNAL] VA-CIO CALL (b)(6) [redacted]@mac.com]  
**From:** Blackburn, Scott R.  
**Sent:** Mon 11/20/2017 10:33:01 PM  
**Subject:** RE: [EXTERNAL] VA-CIO CALL

Dr. Moskowitz,

Thank you so much for the note and for all the help/support. I would love to meet you in person. Do you have any plans to be in Washington anytime soon?

I thought the call last week was extremely valuable. The experience and wisdom of the participants is such a great asset – we would be fools to not take full advantage of it. I do agree fully that there was a lot to cover in only two hours. I think the moderator was doing the best he could to get as much out of it as possible, while trying to be respectful of the time that so many important people were volunteering. If the 5 CIOs were willing to follow up, perhaps we schedule another session(s) on various deep dive topics? We would absolutely love that.

Just by way of introduction – I jumped into the CIO role less than 2 months ago when our previous CIO (Rob Thomas) abruptly retired to deal with some personal issues. I am a disabled Army Veteran (MIT ROTC). After getting out of service I went to business school and then to McKinsey where I made partner and spent 9+ years there leading large business transformations in industrial clients. Bob McDonald (the former P&G CEO and former Secretary) convinced me to join VA to lead the turnaround after the 2014 Phoenix scandal. From Feb-Sept, I served as Secretary Shulkin's Deputy until a political appointee was put in place. Then jumped into the CIO role to work with the team and make sure this gets done. We are still awaiting a permanent CIO.

I would be happy to jump on the phone this week to if you would like.

Thanks again for your support!

Scott

Scott Blackburn  
 Acting CIO and Executive in Charge, Office of Information & Technology  
 US Department of Veterans Affairs

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**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]  
**Sent:** Monday, November 20, 2017 6:02 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] VA-CIO CALL

Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about



the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for implementation or the readiness of the Cerner RFP contract for execution. Based on some of the offshoot discussions, the participants felt that many non-DOD interoperability solutions have not yet been fully addressed or solved, leading to incomplete system planning and contracting protections, greatly risking an unsuccessful implementation and large additional cost and time overruns. The interoperability with community provider partners did not seem to be defined completely. Some additional areas that were identified by the VA and its contractor's participants and moderator as incomplete in the call are: seamless sharing of Choice partner records, duplicate procedure and medical error prevention, flagging mechanisms and implantable device identification, among others. Until the design of the system and all functional requirements are identified and completed, the participants fear that these as yet undeveloped processes and solutions will result in a significant increase in the cost of the implementation and operation of the Choice program and impact quality care delivery to our veterans who choose to take advantage of the Choice program.

Lastly, at the beginning of yesterday's call your moderator identified the comfort that Congress expressed at recent hearings from the participation of the CIOs in the process. However, yesterday's relatively short discussion on a massive topic was limited and not set up to have a platform for full discussion in a two hour phone call with a few questions. Also, as mentioned in the call at various times, the participants' did not have access to the RFP contract document, its scope and the contractual provisions and protections, a critical part they feel of evaluating the completeness of a successful design and implementation. As such, the participants want to make sure that yesterday's discussion is understood by everyone - the VA and Congress alike - to be a limited dialogue to provide their valuable experiences on the topics put on the table by the moderator, but not as a confirmation of the project's completeness or readiness for contract execution or implementation, which they believe likely has shortfalls. In general, we liked what we heard, we are honored that you felt our advice would be of value, but have had discussion about a very limited part of the project and have questions about the system design, whether it is ready for implementation and whether the contract (from the limited discussion) has adequate safeguards to proceed without risk to the cost and success of the effort.

While this was the first time you have spoken to any of these participants on the topic of EMR, and maybe on any topic, the participants would be pleased to provide further feedback and advice should you desire on the remaining issues that are still incomplete and to help you work toward a successful RFP contract, design and implementation.

Sent from my iPad  
Bruce Moskowitz M.D.

Document ID: 0.7.1705.526850-000011

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Filename: RE: SecVA (10).msg <extracted>

Last Modified: Sun Apr 08 11:45:30 CDT 2018

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RE: SecVA (10).msg <extracted> for Printed Item: 336 / Attachment 11 of 15  
**To:** Blackburn, Scott R. [Scott.Blackburn@va.gov]; (b)(6)@va.gov  
**Cc:** Colli, Jacqueline [Jacqueline.Colli@va.gov]; (b)(6) Rinchack, Diane [Diane.Rinchack@va.gov]; Llamas, Jose [jose.llamas@va.gov]; Turner, Tanya T. [Tanya.Turner3@va.gov]  
**From:** (b)(6)  
**Sent:** Fri 3/9/2018 9:10:18 PM  
**Subject:** RE: SecVA

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 4:09 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Awesome! Thanks so much.

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:50 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
**Subject:** RE: SecVA

Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, March 09, 2018 2:19 PM  
**To:** (b)(6)  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** (b)(6)  
**Sent:** Friday, March 09, 2018 2:18:28 PM  
**To:** Blackburn, Scott R.  
**Cc:** Colli, Jacqueline; (b)(6)  
**Subject:** SecVA

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.

Document ID: 0.7.1705.526850-000012

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: Update (11).msg <extracted>

Last Modified: Sun Apr 08 11:45:30 CDT 2018

---



RE: Update (11) msg extracted for Printed Item: 336 ( Attachment 12 of 15)  
**To:** Windom, John H. [John.Windom@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Tue 3/27/2018 12:19:27 PM  
**Subject:** RE: Update

Hmm. Have you spoken to the Secretary directly yet? I wrote him about Marc Sherman's email but he didn't respond. Not sure where his head is at.

I don't understand why ogc would meet him without you. It kills me how we don't trust each other and try to work point to point through the Secretary.

Sent with Good (www.good.com)

---

**From:** Windom, John H.  
**Sent:** Tuesday, March 27, 2018 6:34:17 AM  
**To:** Blackburn, Scott R.  
**Subject:** Update

Sir

There was a meeting between Shulkin and the attorneys (Byrne and Fleck) last week that I was not invited to. This is the language proposed for inclusion in the contract following that meeting. Does the inclusion of this language close the deal? Before negotiating with Cerner, I need to understand weather it closes the deal. I discuss with the TAC this morning. Just received yesterday eve.

Thank you.

John

John,

Reference is made to the note I sent you last Wednesday whereby I mentioned that OGC (Mr. Byrne) wanted to review our RFP. Mike Kraycinovich recently shared the following OGC requested PWS change (*italicized*) presumably as a result of that review:

Please consider this recommended change to PWS Section 1.0 between what is currently the first paragraph and the second paragraph --

The project has been awarded via the public interest exception in FAR 6.302-7. The goal of this accelerated award is to deliver a modernized system in the best interests of Veterans, their healthcare, and the providers that care for them both inside the VA and in commercial care settings.

This award contemplates the provision of services by Cerner Corporation, and accordingly these documents reference Cerner Corporation and its software and services. However, the Government may determine that in some cases a different source of software and/or services will best support the public's interest in areas such as quality of care, patient engagement, operational efficiency, or interoperability to fulfill the goals of Electronic Health Record Modernization, the Veterans' Choice program, or other reason as the Government may decide. The Government may require performance of part of this award by an alternative source in any such case, in accordance with procurement laws and regulations. This may include, for example, delivery of software or services by another contractor within the Government's competitive range for the Department of Defense's DHMSM as provided in the Government's February 19, 2015 notice.

Sent with Good (www.good.com)

VA-18-0298-I-000361

AMERICAN  
OVERSIGHT

Document ID: 0.7.1705.526850-000013

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: RE: VA CIO advisory support for Cerner contract (12).msg <extracted>

Last Modified: Sun Apr 08 11:45:30 CDT 2018

---

RE: VA CIO advisory support for Cerner contract (b)(6) .msg <extracted> for Printed Item: 336 ( Attachment 13 of 15)  
**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**From:** Blackburn, Scott R.  
**Sent:** Fri 11/3/2017 10:23:29 PM  
**Subject:** RE: VA CIO advisory support for Cerner contract

Thanks Avi. I managed to find the other 4. I will shoot them all an email over the weekend. I'll cc you guys too in case you want to be included. Thanks for all the support.

Have a great weekend,  
Scott

---

**From:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**Sent:** Wednesday, November 01, 2017 9:33 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] RE: VA CIO advisory support for Cerner contract

Richard D. Daniels (b)(6)@kp.org

Here is the first he can help likely with the others – let me know if you need help tracking them down – I don't have them at the moment

---

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Tuesday, October 31, 2017 4:31 PM  
**To:** Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov  
**Subject:** FW: VA CIO advisory support for Cerner contract

Hi Avi,

Happy Halloween! I just want to follow up on this exchange with Jared. Can you help connect us with the 5 CIOs so we can bounce our EHR plan off of them before we go final?

Thanks again for all the support!  
Scott

---

**From:** Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov  
**Sent:** Friday, October 27, 2017 5:36 AM  
**To:** Blackburn, Scott R.  
**Cc:** Liddell, Christopher P. EOP/WHO; Windom, John H.; DJS; Berkowitz, Avrahm J. EOP/WHO; Dumbauld, Cassidy M. EOP/WHO  
**Subject:** [EXTERNAL] Re: VA CIO advisory support for Cerner contract

(b)(5)

Avi will connect you and schedule next meeting

Sent from my iPhone  
On Oct 27, 2017, at 1:56 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Jared / Chris –

(b)(5)

VA-18-0298-I-000363

(b)(5)

Scott

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment, and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

Scott Blackburn

Scott Blackburn  
Acting CIO & Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs



Document ID: 0.7.1705.526850-000014

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: RE: VA MEETING (13).msg <extracted>

Last Modified: Sun Apr 08 11:45:30 CDT 2018

---

**To:** DJS[vacodjst@va.gov]  
**From:** Blackburn, Scott R.  
**Sent:** Tue 11/14/2017 7:15:28 PM  
**Subject:** RE: VA MEETING

thanks

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 2:15 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

Yes and yes

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:46:39 AM  
**To:** DJS  
**Subject:** RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 1:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:38:25 AM  
**To:** DJS  
**Subject:** FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

---

**From:** Schnitzer, Jay J [b](6) [redacted]@mitre.org]  
**Sent:** Tuesday, November 14, 2017 12:47 PM  
**To:** Blackburn, Scott R.  
**Cc:** Wynn, Jackie

VA-18-0298-I-000366

**Subject:** [EXTERNAL] FW: VA MEETING

Hi Scott,  
 Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.  
 Thanks,  
 Best,  
 Jay

Jay J. Schnitzer, M.D., Ph.D.  
 MITRE

---

**From:** Noga, James (b)(6) @PARTNERS.ORG>  
**Date:** Tuesday, Nov 14, 2017, 11:43 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6) @mgh.harvard.edu>  
**Cc:** Schnitzer, Jay J (b)(6) @mitre.org>  
**Subject:** RE: VA MEETING

But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. Jim

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:31 AM  
**To:** Noga, James (b)(6) @PARTNERS.ORG>  
**Subject:** RE: VA MEETING

Dear Jim,  
 Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskovitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).  
 Many thanks,  
 Andy

---

**From:** Noga, James  
**Sent:** Tuesday, November 14, 2017 11:16 AM  
**To:** Karson, Andrew Scott, M.D. (b)(6) @mgh.harvard.edu>  
**Subject:** RE: VA MEETING

I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:11 AM  
**To:** Noga, James (b)(6) @PARTNERS.ORG>  
**Subject:** FW: VA MEETING

Dear Jim,  
 Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.  
 Many thanks,  
 Andy

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:06 AM  
**To:** 'Bruce Moskovitz' (b)(6) @mac.com>  
**Subject:** RE: VA MEETING

VA-18-0298-I-000367

Dear Bruce,

Many thanks for the note. I'll review the below a little later today and I'll be back in touch.

Many thanks and best,

Andy

---

**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]

**Sent:** Tuesday, November 14, 2017 10:45 AM

**To:** Karson, Andrew Scott, M.D. (b)(6) [redacted]@mgh.harvard.edu>

**Subject:** VA MEETING

The call will take place this Wednesday, November 15<sup>th</sup> between 3:00 PM and 5:00 PM

Dial In Number: (b)(6) [redacted]

Passcode: (b)(6) [redacted]

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to track what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad

Bruce Moskowitz M.D.

VA-18-0298-I-000368

The information in this e-mail is intended only for the person to whom it is



addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Bruce Moskowitz  
(b)(6)@mac.com>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] How is patient-centric interoperability leading the revolutionary healthcare transformation?  
Date: Mon Apr 02 2018 23:38:55 EDT  
Attachments:

---

Thank you. Great article.

-----Original Message-----

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Monday, April 02, 2018 6:35 AM  
To: Sandoval, Camilo J.  
Subject: [EXTERNAL] How is patient-centric interoperability leading the revolutionary healthcare transformation?

<https://www.beckershospitalreview.com/healthcare-information-technology/how-is-patient-centric-interoperability-leading-the-revolutionary-healthcare-transformation.html>

Sent from my iPad  
Bruce Moskowitz M.D.

From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] How is patient-centric interoperability leading the revolutionary healthcare transformation?  
Date: Mon Apr 02 2018 23:38:23 EDT  
Attachments:

---

-----Original Message-----

From: Bruce Moskowitz  
Sent: Monday, April 02, 2018 6:35 AM  
To: Sandoval, Camilo J.  
Subject: [EXTERNAL] How is patient-centric interoperability leading the revolutionary healthcare transformation?

<https://www.beckershospitalreview.com/healthcare-information-technology/how-is-patient-centric-interoperability-leading-the-revolutionary-healthcare-transformation.html>

Sent from my iPad  
Bruce Moskowitz M.D.

Good morning-

Could you please send reading material/agenda for tomorrow's 1pm meeting with DEPSEC Bowman?

Thank you

(b)(6)

Special Assistant to the Deputy Secretary

Office of the Secretary

Department of Veterans Affairs

(o)202-461-4822 (c)(b)(6)

charlyn.isaac@va.gov < Caution-mailto:charlyn.isaac@va.gov >

From: Blackburn, Scott R.

Sent: Tuesday, February 27, 2018 8:10 AM

To: Cummings, Stacy A SES (US); Kurta, Anthony M SES OSD OUSD P-R (US)

Cc: (b)(6) Devine, Daniel C.

Subject: RE: Follow up at VA

Absolutely. It will likely have to be the following week (that week is Spring break for my kids so will be taking the week off). CC'ing (b)(6) to help us find a time.

-----Original Message-----

From: Cummings, Stacy A SES (US) [Caution-mailto:stacy.a.cummings.civ@mail.mil < Caution-mailto:



stacy.a.cummings.civ@mail.mil > ]

Sent: Tuesday, February 27, 2018 8:05 AM

To: Blackburn, Scott R.; Kurta, Anthony M SES OSD OUSD P-R (US)

Subject: [EXTERNAL] Follow up at VA

Scott,

Nice seeing you last week and I expect our paths will cross at HIMSS next week. As we discussed, Tony Kurta and I would like to come over for an office visit with you and DEPSECVA in the next month or so. Can we shoot for the week of 26 March?

Thanks and take care. See you both tomorrow morning at the Joint DoD/VA steering committee meeting.

Stacy

Stacy A. Cummings

Program Executive Officer

Defense Healthcare Management Systems (DHMS)

703-588-8719

PEO DHMS: Transforming Healthcare Through Acquisition Excellence

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>  
Bcc:  
Subject: RE: Contract Language  
Date: Mon Apr 02 2018 09:40:53 EDT  
Attachments:

---

Morris, Genevieve (OS/ONC/IO) (b)(6) @hhs.gov

I don't think I have a phone number for her, but will let you know if I can find it.

From: Sandoval, Camilo J.  
Sent: Monday, April 02, 2018 9:03 AM  
To: Blackburn, Scott R.  
Cc: Windom, John H.  
Subject: RE: Contract Language

Scott, Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

Thank you,  
Camilo

---

From: Blackburn, Scott R.  
Sent: Sunday, April 01, 2018 6:28:05 PM  
To: Sandoval, Camilo J.  
Cc: Windom, John H.  
Subject: RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

From: Sandoval, Camilo J.

Sent: Sunday, April 01, 2018 8:39 PM  
To: Blackburn, Scott R.  
Cc: Windom, John H.  
Subject: RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

---

From: Blackburn, Scott R.  
Sent: Sunday, April 01, 2018 4:38:47 PM  
To: Sandoval, Camilo J.  
Cc: Windom, John H.  
Subject: RE: Contract Language

Not sure we did. John?

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John and team have created a thorough matrix to reconcile that feedback (and Ash did follow ups with each to make sure we understood their feedback and then understood how we were reconciling that feedback). There was also the language that we received via OGC.

I'll leave it to John to weigh in.

From: Sandoval, Camilo J.  
Sent: Sunday, April 01, 2018 7:35 PM  
To: Blackburn, Scott R.  
Cc: Windom, John H.  
Subject: Re: Contract Language

Scott,

I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.  
Camilo



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To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>  
Bcc:  
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To: Blackburn, Scott R.  
Cc: Windom, John H.  
Subject: Re: Contract Language

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Camilo

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To: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>  
Cc:  
Bcc:  
Subject: FW: Contract Language  
Date: Sun Apr 01 2018 22:26:06 EDT  
Attachments:

---

Did you know anything about Genevieve Morris coming in?

From: Sandoval, Camilo J.  
Sent: Sunday, April 01, 2018 8:39 PM  
To: Blackburn, Scott R.  
Cc: Windom, John H.  
Subject: RE: Contract Language

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Camilo

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Sent: Sunday, April 01, 2018 7:35 PM  
To: Blackburn, Scott R.  
Cc: Windom, John H.  
Subject: Re: Contract Language

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I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.  
Camilo



From: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: Contract Language  
Date: Sun Apr 01 2018 21:31:05 EDT  
Attachments:

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Yes, she begins tmrw. No idea where she will be in the morning, but was asked to meet with here asap.

From: Blackburn, Scott R.  
Sent: Sunday, April 01, 2018 6:28:05 PM  
To: Sandoval, Camilo J.  
Cc: Windom, John H.  
Subject: RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

From: Sandoval, Camilo J.  
Sent: Sunday, April 01, 2018 8:39 PM  
To: Blackburn, Scott R.  
Cc: Windom, John H.  
Subject: RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

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From: Blackburn, Scott R.  
Sent: Sunday, April 01, 2018 4:38:47 PM  
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Cc: Windom, John H.  
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Bcc:  
Subject: RE: Contract Language  
Date: Sun Apr 01 2018 20:38:40 EDT  
Attachments:

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Bcc:  
Subject: RE: Contract Language  
Date: Sun Apr 01 2018 19:38:47 EDT  
Attachments:

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To: Blackburn, Scott R. (DISABLED ACCT) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Bowman, Thomas (DISABLED ACCT) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=bowman, thomas61a>  
Cc: Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>  
Bcc:  
Subject: RE: [EXTERNAL] Re: VA EHR  
Date: Fri Mar 23 2018 13:54:36 EDT  
Attachments:

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Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr

John

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

Special Advisor to the Under Secretary for Health

811 Vermont Avenue NW (5th Floor Suite 5080)

Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792



From: Windom, John H.  
Sent: Friday, March 23, 2018 1:47 PM  
To: Blackburn, Scott R.; Bowman, Thomas  
Cc: Zenooz, Ashwini; Short, John (VACO)  
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements of our Clinicians, various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,

John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC

entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into "Documentation" component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
  - o Labs
    - General
    - Pathology and Microbiology
  - o Vitals
- Radiology and Diagnostic Reports (Into "Diagnostic Report" component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.



VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

#### 5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:



- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.



l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

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From: Blackburn, Scott R.  
Sent: Friday, March 23, 2018 12:15 PM  
To: Windom, John H.; Bowman, Thomas  
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

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From: Marc Sherman  
Sent: Friday, March 23, 2018 9:47:39 AM  
To: Blackburn, Scott R.  
Cc: Bruce Moskowitz; DJS  
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose.



The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
- o Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).

o We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

· Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

· As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

· Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

· After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".

· Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change



management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman (b)(6)@gmail.com]  
Sent: Wednesday, March 21, 2018 9:31 AM  
To: Blackburn, Scott R.  
Cc: DJS  
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original

PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2.I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.

3.I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:mbsherman@gmail.com]  
Sent: Wednesday, March 21, 2018 12:12 AM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(202) 758-8700

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is (b)(6)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs



From: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Bowman, Thomas </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=bowman, thomas61a>  
Cc: Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>  
Bcc:  
Subject: RE: [EXTERNAL] Re: VA EHR  
Date: Fri Mar 23 2018 13:47:03 EDT  
Attachments:

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Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements of our Clinicians, various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,

John



IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into "Documentation" component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
  - o Labs
    - General
    - Pathology and Microbiology
  - o Vitals
- Radiology and Diagnostic Reports (Into "Diagnostic Report" component)
- Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

#### 5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless



care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.
- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a

Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.

k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.

l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

Special Advisor to the Under Secretary for Health

811 Vermont Avenue NW (5th Floor Suite 5080)

Washington, DC 20420

John.Windom@va.gov



Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: Blackburn, Scott R.  
Sent: Friday, March 23, 2018 12:15 PM  
To: Windom, John H.; Bowman, Thomas  
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

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From: Marc Sherman  
Sent: Friday, March 23, 2018 9:47:39 AM  
To: Blackburn, Scott R.  
Cc: Bruce Moskowitz; DJS  
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom

you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

\* In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.

o Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we



are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).

o We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

\* Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

\* As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

\* Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

\* After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".

\* Marc makes a great point below on turning DoD's struggles into a positive. We have been

working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

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Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman (b)(6) [redacted]@gmail.com]  
Sent: Wednesday, March 21, 2018 9:31 AM  
To: Blackburn, Scott R.  
Cc: DJS  
Subject: Re: [EXTERNAL] Re: Stan Huff

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1.I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar



problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

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3.I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman (b)(6)@gmail.com]  
Sent: Wednesday, March 21, 2018 12:12 AM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman  
(202) 758-8700

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Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

From: Zenooz, Ashwini </o=va/ou=visn21/cn=recipients/cn=vhapalzenooa>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: VA EHR  
Date: Fri Mar 23 2018 12:36:42 EDT  
Attachments:

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Will do

Sent with Good (www.good.com)

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From: Blackburn, Scott R.  
Sent: Friday, March 23, 2018 9:34:21 AM  
To: Zenooz, Ashwini; Short, John (VACO)  
Subject: RE: [EXTERNAL] Re: VA EHR

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As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

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rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

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US Department of Veterans Affairs

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To: Zenooz, Ashwini </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=806a9f90bf1401da07d9ba47abdfbb3-zenooz, ash>; Short, John (VACO) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=6208a46c9f2b4bcf87a442f085065189-short, john>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: VA EHR  
Date: Fri Mar 23 2018 12:34:21 EDT  
Attachments:

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Share this with Windom so he has this when he talks to the Secretary. Marc doesn't understand what is in the contract.

Sent with Good (www.good.com)

From: Zenooz, Ashwini  
Sent: Friday, March 23, 2018 12:24:36 PM  
To: Blackburn, Scott R.; Short, John (VACO)  
Subject: RE: [EXTERNAL] Re: VA EHR

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Stephanie has been supportive and I have already sent her our mock cases and she said she will volunteer her people to help us with it.

I'm very lost in what else is missing here.

Thank you for sending this to us.

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To: Zenooz, Ashwini; Short, John (VACO)  
Subject: FW: [EXTERNAL] Re: VA EHR

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Cc: Bruce Moskowitz; DJS  
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I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

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I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

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As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

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Sent: Wednesday, March 21, 2018 9:31 AM  
To: Blackburn, Scott R.  
Cc: DJS  
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1.I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns



they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2.I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.

3.I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

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Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

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Cc: DJS  
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To: Zenooz, Ashwini </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=806a9f90bf1401da07d9ba47abdfbb3-zenooz, ash>; Short, John (VACO) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=6208a46c9f2b4bcf87a442f085065189-short, john>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: VA EHR  
Date: Fri Mar 23 2018 12:16:15 EDT  
Attachments:

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I already sent to Windom and DepSec. I told Windom to get with the Secretary today to gauge his reactions.

Sent with Good (www.good.com)

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To: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; Bowman, Thomas </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=bowman, thomas61a>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: VA EHR  
Date: Fri Mar 23 2018 12:14:49 EDT  
Attachments:

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John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

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Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

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Cc: DJS  
Subject: Re: [EXTERNAL] Re: Stan Huff

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We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

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US Department of Veterans Affairs



From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Windom, John H. </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea188342-windom, joh>; Bowman, Thomas </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=bowman, thomas61a>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: VA EHR  
Date: Fri Mar 23 2018 12:14:49 EDT  
Attachments:

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John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

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From: Marc Sherman  
Sent: Friday, March 23, 2018 9:47:39 AM  
To: Blackburn, Scott R.  
Cc: Bruce Moskowitz; DJS  
Subject: [EXTERNAL] Re: VA EHR

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I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of

definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

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Cc: DJS  
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Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs



From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Zenooz, Ashwini </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=806a9f90bf1401da07d9ba47abd fbb3-zenooz, ash>  
Cc: Windom, John H. </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea18 8342-windom, joh>; Short, John (VACO) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=6208a46c9f2b4bcf87a442f08506 5189-short, john>  
Bcc:  
Subject: RE: Stan Huff Followup: FHIR term server  
Date: Thu Mar 22 2018 10:56:27 EDT  
Attachments:

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Awesome. Feel free to circle back with Stan just like you did the others. Good practice. Need these guys on our side for the long game. Life is easier when the back whispers are positive.

No response yet from Bruce or Marc on my email. But I'm guessing they or Ike have already called the Secretary. Let me know if you hear anything.

I also connected with Camilo yesterday. He told me call was good and he really didn't have strong feelings either way.

As Tom Petty said, "the waiting is the hardest part"

Sent with Good (www.good.com)

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From: Zenooz, Ashwini  
Sent: Thursday, March 22, 2018 10:31:11 AM  
To: Blackburn, Scott R.  
Cc: Windom, John H.; Short, John (VACO)  
Subject: Stan Huff Followup: FHIR term server

Scott, I followed up with Cerner on Stan Huff's concern on Cerner not hosting a FHIR term server. As you can see from note below, Cerner has already been discussing hosting one themselves, independent of our discussions with them.

Thank you,  
Ash

Sent with Good (www.good.com)

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From: Waltman,David  
Sent: Thursday, March 22, 2018 7:19:15 AM  
To: Zenooz, Ashwini  
Cc: Dalton,Travis; Syed,Jenni; McCallie,David; Obenhaus,Matt; Qadri,Mustafa  
Subject: [EXTERNAL] FHIR term server

Ash - you had asked yesterday about whether Cerner hosts a FHIR term server. Today we can return FHIR resources via the appropriate APIs, but we don't currently have a term server permitting lookups.

This is something we have been discussing, and while we believe it is advantageous for a term server to be hosted by outside collaborative organizations, we realize there may be a need at this evolutionary stage of the standard to host one ourselves.

If beneficial to the effort, we are certainly open to doing so. Please let me know if you would like to discuss further.

Thanks!

David

David Waltman  
Cerner Corporation  
Vice President, Federal Strategy and Technology  
(b)(6)@cerner.com  
425-418-1615

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From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>  
Cc:  
Bcc:  
Subject: RE: VA EHR  
Date: Wed Mar 21 2018 23:22:21 EDT  
Attachments:

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Hopefully in a good way

From: DJS  
Sent: Wednesday, March 21, 2018 10:26 PM  
To: Blackburn, Scott R.  
Subject: RE: VA EHR

Wow that's quite an email

Sent with Good ([www.good.com](http://www.good.com))

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Subject: FW: VA EHR

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Cc: DJS  
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Marc / Bruce,



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- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
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Cc:  
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To: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=windom, john.h.e16>  
Cc:  
Bcc:  
Subject: FW: VA EHR  
Date: Wed Mar 21 2018 22:20:46 EDT  
Attachments:

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Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherma**(b)(6)**@gmail.com]  
Sent: Wednesday, March 21, 2018 9:31 AM  
To: Blackburn, Scott R.  
Cc: DJS  
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

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To: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: Stan Huff  
Date: Wed Mar 21 2018 18:08:45 EDT  
Attachments:

---

Thanks. I appreciate this. Hope my note lands well with them. Fingers crossed.

This has been a heck of a journey. I'm proud to have been in the foxhole with you. We've made a heck of a team.

From: Windom, John H.  
Sent: Wednesday, March 21, 2018 3:44 PM  
To: Blackburn, Scott R.  
Subject: RE: [EXTERNAL] Re: Stan Huff

Here you go Sir:

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Change management, governance, training and communication remain critical and foundational elements of business transformation success. The program management office (PMO) will be the primary orchestrator of these strategies but will be calling for support from the entire VA enterprise to implement these practices in support of EHR modernization objectives.

Marc, thank you for everything. We are ready to take the next step. We hope you will take us up on our offer to be an advisor.

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811 Vermont Avenue NW (5th Floor Suite 5080)

Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820



Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

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Sent: Wednesday, March 21, 2018 9:35 AM  
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To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: Stan Huff  
Date: Wed Mar 21 2018 15:44:28 EDT  
Attachments:

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<brucemoskowitzmd@mac.com>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacoblacks1>  
Cc: IP:(b)(6)@frenchangel59.com>;  
(b)(6)@gmail.com (b)(6)@gmail.com>; (b)(6)@frenchangel59.com  
(b)(6)@frenchangel59.com>  
Bcc:  
Subject: Re: [EXTERNAL] Stan Huff  
Date: Wed Mar 21 2018 13:40:21 EDT  
Attachments:

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Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

> On Mar 21, 2018, at 1:08 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:  
>  
> Figured it out. Here are the files/notes that Stan wrote up for us...  
>  
> -----Original Message-----  
> From: Bruce Moskowitz (b)(6)@mac.com]  
> Sent: Wednesday, March 21, 2018 11:30 AM  
> To: Blackburn, Scott R.  
> Cc: IP:(b)(6)@gmail.com  
> Subject: [EXTERNAL] Stan Huff  
>  
> Can you send his notes to us? Thank you  
>  
> Sent from my iPad  
> Bruce Moskowitz M.D.  
> <suggestions to VA on the contract.docx>  
> <Requests for Cerner EHR platform to Support Innovation and Interoperability smh.docx>  
> <Copy of 003 - VA EHRM Non-Functional RTM (Amended 2.16.2018) smh.xlsx>

From: Bruce Moskowitz  
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To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc: IP (b)(6)@frenchangel59.com>;  
(b)(6)@gmail.com (b)(6)@gmail.com>; (b)(6)@frenchangel59.com  
<mg@frenchangel59.com>  
Bcc:  
Subject: Re: [EXTERNAL] Stan Huff  
Date: Wed Mar 21 2018 13:39:55 EDT  
Attachments:

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>  
> -----Original Message-----  
> From: Bruce Moskowitz (b)(6)@mac.com]  
> Sent: Wednesday, March 21, 2018 11:30 AM  
> To: Blackburn, Scott R.  
> Cc: IP; (b)(6)@gmail.com  
> Subject: [EXTERNAL] Stan Huff  
>  
> Can you send his notes to us? Thank you  
>  
> Sent from my iPad  
> Bruce Moskowitz M.D.  
> <mime-attachment>

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>; Myklegard, Drew </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacomykled>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Stan Huff  
Date: Wed Mar 21 2018 13:23:35 EDT  
Attachments: Copy of 003 - VA EHRM Non-Functional RTM (Amended 2.16.2018) smh.xlsx  
Requests for Cerner EHR platform to Support Innovation and Interoperability smh.docx  
suggestions to VA on the contract.docx

---

In case you guys didn't get these note from Stan Huff...

-----Original Message-----

From: Blackburn, Scott R.  
Sent: Wednesday, March 21, 2018 1:09 PM  
To: 'Bruce Moskowitz'  
Cc: IP; (b)(6) @gmail.com  
Subject: RE: [EXTERNAL] Stan Huff

Figured it out. Here are the files/notes that Stan wrote up for us...

-----Original Message-----

From: Bruce Moskowitz (b)(6) @mac.com]  
Sent: Wednesday, March 21, 2018 11:30 AM  
To: Blackburn, Scott R.  
Cc: IP; (b)(6) @gmail.com  
Subject: [EXTERNAL] Stan Huff

Can you send his notes to us? Thank you

Sent from my iPad  
Bruce Moskowitz M.D.



Document ID: 0.7.1705.510733-000002

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: Requests for Cerner EHR platform to Support Innovation and Interoperability smh.docx

Last Modified: Wed Mar 21 12:23:35 CDT 2018

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## Functionality Requests for Cerner EMR platform to Support Innovation and Interoperability

In order to meet the innovation needs of Intermountain Healthcare to be a model health system, several types of enhancements to the Cerner EMR platform are needed. These enhancement types consist of the following:

1. Open Services (i.e., FHIR resources)
  - a. Data Read Services
  - b. Data Write Services
  - c. Order Submission Services
  - d. Select Event Publication Services
2. Open Application Framework
3. Open CDS Integration (i.e., CDS Hooks)
4. Open Development Tools

Additionally, a governance structure is needed in order for Intermountain and Cerner to determine specific functionality, prioritization, acceptance criteria and schedule for enhancements. The governance structure would also handle change requests and disputes.

These enhancement requests can be described in more detail by applying them to several applications that Intermountain can deploy or could use as demonstrations of the innovation and interoperability capabilities and/or building blocks for future innovations on the platform. Example applications include: Pulmonary Embolism (PE) Diagnosis and Treatment, Pediatric Growth Chart, Neonatal Bilirubin Tracking, Opioid Management, Device Interoperability Pilot, Referral/Scheduling Management, and Health Information Exchange Data Viewer. Intermountain Healthcare is working closely with the University of Utah on several grant-funded projects to advance several of these applications.

For each of the enhancement types listed above, more detail is presented here, along with information about how these relate to the example applications.

### Open Services

Open Services refers to the open, standards-based service API (application programming interface) on top of the Cerner EMR platform. It provides access from 3<sup>rd</sup> party applications and services to the underlying Cerner platform, particularly the data and knowledge assets within Cerner repositories, but also logic and services available within the Cerner platform. Intermountain and Cerner have agreed that this layer would utilize the HL7 FHIR specification, at least initially. Cerner has made considerable progress in implementing a FHIR service layer on top of its EMR, particularly for Data Read services to meet requirements of Meaningful Use and the Clinical Quality Framework (CQF). But additional and timelier enhancements in this area are needed.

Open Services enhancements fall under the following categories:



1. FHIR Resource Read Services: These Services allow a 3<sup>rd</sup> party application or service to access data from repositories within the Cerner platform. The Resources also allow query capability according to the FHIR standard, which can be enhanced by FHIR Profiles. The query capability is mentioned because we have found inconsistencies in the way that Cerner supports FHIR queries and we would like to resolve this with them. Cerner supports querying and reading most of the more “popular” FHIR resources under FHIR DSTU2, but specific data types within resources such as Observation and DocumentReference may not be fully available through the interface. There are also attributes of certain resources that are not returned by the services. These missing data types and attributes are essential to meet the needs of the example applications. More detail is provided for each example application.
2. FHIR Resource Write Services: These Services allow a 3<sup>rd</sup> party application or service to write data into a repository within the Cerner platform. Cerner supports several Resource Write Services, but this list is far from complete to support functionality required by some of the example applications. More detail is provided for each example application.
3. Support for FHIR Profiles: FHIR Profiles allow a FHIR Resource to be tailored to a specific need, and can be used to specify a higher level of semantic interoperability for resource data shared between FHIR resource servers and consumers (e.g., a Cerner repository providing access through FHIR services, and a 3<sup>rd</sup> party application querying for data from the Cerner repository through the FHIR services). Use of FHIR Resources alone does not ensure true semantic interoperability. Cerner does provide support for the CQF FHIR Profiles, particularly as a result of participation in the Argonauts consortium, but these profiles are at a level too high to ensure true semantic interoperability, and they do not completely cover the data access needs of the example applications. We have also found inconsistencies in the way that EMR vendors provide support for FHIR profiles. We would like to work with Cerner, and other EMR vendors, to develop more complete specifications on what it means to support a FHIR profile (possibly through the Argonauts consortium). We would also like to work with Cerner on specific FHIR profiles developed through the HSPC/CIMI initiative to support the example applications. More detail for specific FHIR profiles is provided for some of the example applications.
4. Support for higher-level FHIR Resources: “Higher-level FHIR Resources” include functionality that goes beyond reading and writing data to/from a repository. These higher-level functions typically support workflow, such as ordering and scheduling. It also includes the ability to post events (the “Flag” resource in FHIR). More detail for specific higher-level resources is provided for some of the example applications.
5. Migration strategy for FHIR versions: FHIR is a developing standard, and HL7 continues to work on new versions of the standard. Most EMR vendors have settled on current support for the DSTU 2 version, but HL7 has published Release 3. Successive versions of FHIR have broken previous versions. This understandably leads to some hesitation about fully supporting a given release if it will be broken in a short time, and/or potentially never will be utilized in a production environment. We also have no guarantee from an application development perspective on if/when a vendor will support a given release, and when a previous release will become unsupported. We need to work with Cerner on



a strategy for handling support and migration of FHIR versions, and we need to come to agreement on whether the unknowns about HL7 FHIR development should deter current use of a given release version. This should probably be handled by the governance structure suggested earlier.

Examples of how the Open Services apply to the example applications are the following:

Pulmonary Embolism (PE) Diagnosis and Treatment: The accompanying Excel file (Pulmonary Embolism Factors.xlsx) presents details on the specific data types used by the PE tool, and the corresponding FHIR Resources and FHIR Profiles required. It also shows which services need Read and/or Write functionality. Note that the AlertEvent model is still under discussion, as we are unsure what Resource would correspond with this.

Pediatric Growth Chart: This application needs standard Patient and Encounter Resources, as well as the Observation Resource mapped to various data types for Height/Length, Weight, Head Circumference and BMI. These are Read services today, but it would be helpful to the clinician workflow to allow Writes if these are recorded during use of the application. Clinicians would also like to write the calculated percentiles (Observation Write) back to the patient's record so that they may be included in progress notes.

Neonatal Bilirubin Tracking: Enhancements made to this application by the UofU make the latest version significantly better than the iCentra version. The application requires exact time of birth, bilirubin lab results (Observation, Read/Write), and bilirubin lights therapy (Procedure). The CDS support added to the application would allow ordering of light therapy or transfusion (Order, ProcedureRequest).

Opioid Management: The application requires fully specified Medication, Encounter and lab-related (Observation) Resources, where all structured elements (including medication route and frequency) use standard code systems.

Device Interoperability Pilot: We are working with the Center for Medical Interoperability on a FHIR-based standard for device data interchange. (Cerner is a member of C4MI, too.) For this pilot, we need the ability to write device data (Observation) to the patient record, and collect information about a Device.

Referral/Scheduling Management: The first use case for this application is for surgery referral requests and the workflow events that occur until the episode concludes (including the follow-up with the referring physician). The applications requires a ProcedureRequest Resource (Read/Write), C-CDA Document (Document Reference, Binary, Read/Write), Procedure, Patient and Encounter References, as well as information about the Organization, Practitioner, HealthcareService

Health Information Exchange Data Viewer: The Viewer application allows users to view health information exchange information shared from other organizations, perform reconciliation,

request data from other organizations, and create C-CDA documents to share with other organizations. The application requires Read and Write capabilities for C-CDA documents, as well as the ability to read sections of the patient's medical record in order to create a C-CDA document (e.g., Medication, Condition, AllergyIntolerance, Observation, Patient, Encounter, Procedure, etc.). Advanced features include the ability to decompose a C-CDA from another institution and Write the structured data into the patient's record.

### **Open Application Framework**

The Open Application Framework refers to technology needed to integrate 3<sup>rd</sup> party applications within the "application desktop" of the Cerner EMR (Millennium/iCentra). This includes the ability to open an application directly from the EMR, keep the application's window within the parent window of the EMR, to support a security model allowing management of the security status of the application, and share application context (user, patient, encounter, etc.) with the application. Intermountain and Cerner have agreed that the SMART standard will be used for this framework. Cerner currently implements this by providing an mPage wrapper around a generic SMART container in which the 3<sup>rd</sup> party app is hosted. The app can be launched from a link within the iCentra left-hand navigation menu. For example, the Pediatric Growth Chart SMART on FHIR app is currently available in production in iCentra and can be launched from the navigation menu.

An enhancement that would be useful for several of the example applications is the ability to launch or embed applications from other locations within the EMR. For example, it would be more efficient for the Growth Chart app to be embedded directly within the clinician's workflow mPage so that it can be viewed in context with other information about the patient (without having to navigate to a separate app in the menu). We have also discussed the ability to launch apps from tracking boards (e.g., Launch Point), for example the ability to launch the PE diagnostic tool when an indicator on Launch Point suggests a possible pulmonary embolus that needs to be evaluated using the tool. The Bilirubin Tracking and Opioid Management apps would also benefit from such integration.

A general facility to communicate information from external processes would also be of value. The ability to publish data and events for applications to subscribe to invites asynchronous creation of observations, reminders, suggestions, and alerts. We would welcome the opportunity to work with Cerner to develop an efficient and effective mechanism to integrate these messages into the clinical workflow. A part of this can be accomplished using the CDS-Hooks technology described below.

In addition, we need to work with Cerner to handle other aspects of open application integration, such as handling of additional contexts and the ability to communicate from the app back to the EMR (in addition to FHIR data services) in order to perform other functions such as place an order on the order scratchpad, switch context, or launch another application.

### **Open CDS Integration**



EMRs become much more robust and functional when they support clinical decision support (CDS), particularly when that CDS is delivered at the right time to the right person. There is growing support in the healthcare community for using CDS services that allow decision support content to be available from any trusted source and located either within the walls of the institution or EMR provider, or externally (in the “cloud”). Cerner is actively supporting the HL7 CDS Hooks standard for providing 3<sup>rd</sup> party CDS services. The CDS Hooks standard allows triggers (“hooks”) from the EMR to call external services that provide responses in the form of information, suggestions and app links. The supported event triggers are a small set of the potential triggers that may be needed in the future, and the current methods for displaying the responses are limited. Intermountain and Cerner need to work together to expand both the set of triggers and the methods for handling the responses. We should also work with Cerner to push the testing and implementation of the app link CDS Hook response in order to launch example applications like the PE, Opioid Management, and Bilirubin tools. The supported triggers also need to expand beyond just user events (e.g., “Open patient chart”, “Order med”) to events triggered by internal actions (e.g., storing of an observation, result of a Discern rule).

We need to stay informed about the Clinical Query Language (CQL) HL7 standard for expressing decision support logic in a standard format so that these knowledge artifacts may be easily shared.

While considering CDS, we should also think beyond the single-session decision support rules that drive many of the alerts, reminders and suggestions that clinicians typically see, and also address the infrastructure needed to support long-running, stateful processes such as are found in care process models. HL7 and OMG are working on applying business process modeling standards to healthcare, and these may significantly enhance the way we develop and deliver CDS. Example applications such the PE tool involve stateful processes. Intermountain’s version of this tool utilizes an open source BPMN engine, and we need to encourage Cerner to look at this technology in order to support innovation capabilities on their platform.

### **Open Development Tools**

Open Development Tools may be used by development groups to develop applications (loosely defined as user-facing applications as well as services, CDS logic and other knowledge artifacts) using the open service, application and CDS standards mentioned above. These tools make it easier and more efficient to develop applications whose underlying terminology, data models and integrations are syntactically and semantically correct. The tools would incorporate FHIR profiles and FHIR terminology services. Cerner could have a true innovation platform if they provided such tools to 3<sup>rd</sup> parties as part of their platform. They could ensure that any application built using these tools would work out of the box and could be interoperable across any of their other customers using the open standards. Assuming common adoption of interoperability standards across vendors, the applications may also be assured of working across vendor EMRs. This will result in a knowledge sharing community, and one where the entire healthcare industry becomes a learning healthcare system.



Document ID: 0.7.1705.510733-000003

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: suggestions to VA on the contract.docx

Last Modified: Wed Mar 21 12:23:35 CDT 2018

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1. Read and write of all patient specific data through FHIR APIs and services by [specific date] post signing
  - a. Cerner progress on comprehensive support of FHIR has been slow. Only a few development resources are working on FHIR services. There should be timelines or at least a resource commitment of some kind to make sure continued development of FHIR resources is a priority.
2. Support for CDS Hooks
3. Support for an HL7 approved publish and subscribe (pub/sub) infrastructure and services.
4. Support model driven application development tools that use FHIR resources and profiles
5. Support a “time drive” infrastructure and services.
6. Provide a terminology server that is compliant with the FHIR Terminology Module
7. Support a knowledge repository for all kinds of knowledge artifacts: CDS logic, FHIR profiles, order sets, workflows, etc.
8. Provide the ability for the VA to quickly change workflows. Currently, workflows are hard coded into the applications. It makes it nearly impossible to change workflows to accommodate changes in clinical practice.
9. Specify the time frame after a new version of FHIR is approved that Cerner will upgrade its services – one year?
10. Support VA or other 3<sup>rd</sup> party defined FHIR profiles
  - a. Use of FHIR profiles in model driven application development
  - b. Ability to test conformance of an application to a specific set of FHIR profiles
  - c. Services automatically test conformance to profiles in the Cerner FHIR services
11. It is difficult to discern an overall architecture for the desired system. I think there is a danger that Cerner will just add more unmaintainable code (“bolt-on functionality”) to the existing spaghetti bowl to meet VA requirements, rather than creating a thoughtful new next-generation system. Would it be possible to add a diagram that would show a high level view of the future system with the relationship to external systems, etc.?
12. I think several of the requirements listed in “003 – VA EHRM Non-Functional RTM (Amended 2.16.2018)” are unreasonable and/or infeasible.

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Bruce Moskowitz <brucemoskowitzmd@mac.com>  
Cc: IP <ip@frenchangel59.com>; mbsherman@gmail.com <mbsherman@gmail.com>  
Bcc:  
Subject: RE: [EXTERNAL] Stan Huff  
Date: Wed Mar 21 2018 13:08:52 EDT  
Attachments: Copy of 003 - VA EHRM Non-Functional RTM (Amended 2.16.2018) smh.xlsx  
Requests for Cerner EHR platform to Support Innovation and Interoperability smh.docx  
suggestions to VA on the contract.docx

---

Figured it out. Here are the files/notes that Stan wrote up for us...

-----Original Message-----

From: Bruce Moskowitz [(b)(6)]@mac.com]  
Sent: Wednesday, March 21, 2018 11:30 AM  
To: Blackburn, Scott R.  
Cc: IP [(b)(6)]@gmail.com  
Subject: [EXTERNAL] Stan Huff

Can you send his notes to us? Thank you

Sent from my iPad  
Bruce Moskowitz M.D.



Document ID: 0.7.1705.510696-000001

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: PHI RE: [EXTERNAL] RE: EHR VA Call (1).msg <extracted>

Last Modified: Wed Mar 21 12:03:43 CDT 2018

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PHI RE: [EXTERNAL] RE: EHR VA Call 1.msg <extracted> for Printed Item: 417. ( Attachment 1 of 1)  
**To:** Windom, John H.[John.Windom@va.gov]; VA CIO Executive Schedule[vacocioexe@va.gov]; (b)(6)  
(b)(6)@va.gov]; Blackburn, Scott R.[Scott.Blackburn@va.gov]  
**Cc:** (b)(6)  
**From:** Stan Huff  
**Sent:** Wed 3/21/2018 1:59:29 PM  
**Subject:** PHI RE: [EXTERNAL] RE: EHR VA Call



### Secure Message Delivery

**From:** Stan Huff <Stan.Huff@imail.org>  
**Subject:** PHI RE: [EXTERNAL] RE: EHR VA Call

[View Message](#)

Message available online until 05/20/2018. Use your password to access the message.

From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacoblacks1>  
Cc: IP (b)(6)@frenchangel59.com>;  
(b)(6)@gmail.com (b)(6)@gmail.com>  
Bcc:  
Subject: [EXTERNAL] Stan Huff  
Date: Wed Mar 21 2018 11:29:48 EDT  
Attachments:

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Can you send his notes to us? Thank you

Sent from my iPad  
Bruce Moskowitz M.D.



From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=vacoblacks1>  
To: Marc Sherman (b)(6)@gmail.com>;  
Bruce Moskowitz (b)(6)@mac.com>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=windom, john.h.e16>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: Stan Huff  
Date: Tue Mar 20 2018 22:30:34 EDT  
Attachments:

---

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is (b)(6)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn  
Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Marc Sherman (b)(6)@gmail.com>;  
Bruce Moskowitz (b)(6)@mac.com>  
Cc: Windom, John H.  
</o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea188342-windom, joh>; (b)(6)  
</o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe7b33-callaghan,>  
Bcc:  
Subject: Stan Huff  
Date: Tue Mar 20 2018 22:30:34 EDT  
Attachments:

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Scott Blackburn  
Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Myklegard, Drew </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacomykled>  
Cc: Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>; Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>  
Bcc:  
Subject: RE: [EXTERNAL] RE: VA EHR Call Update  
Date: Tue Mar 20 2018 22:21:00 EDT  
Attachments:

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I agree with you.

If you think it is helpful, I'd be happy to connect you directly with Dr. Cooper so you guys can talk this through and make sure we didn't miss a point (or make sure he understands what we are doing). I am afraid of the back-channel talk that happens with these guys.

From: Myklegard, Drew  
Sent: Tuesday, March 20, 2018 10:19 PM  
To: Blackburn, Scott R.  
Subject: RE: [EXTERNAL] RE: VA EHR Call Update

I don't get it. What is said below is where we are trying to go with standards. Our contract could site the specific standards (no argument here). But even if you did everything below there is still quite a bit of daylight between what he was saying on the phone (semantic interoperability, machine learning) and having the data appended to the EMR when the initiating institution passes the data using a standard. I don't see anything about how you make the sender adhere to standards, especially how you have Cerner "make" the other EHRs do it.

Drew Myklegard  
(208) 841-1397

---

From: Blackburn, Scott R.



Sent: Tuesday, March 20, 2018 7:34:36 PM  
To: Myklegard, Drew  
Subject: FW: [EXTERNAL] RE: VA EHR Call Update

From: Cooper, Leslie T., M.D. (b)(6)@mayo.edu]  
Sent: Tuesday, March 20, 2018 4:25 PM  
To: Blackburn, Scott R.; (b)(6)  
Cc: Windom, John H.; (b)(6) Short, John (VACO)  
Subject: Re: [EXTERNAL] RE: VA EHR Call Update

Scott,

I reviewed the material you sent regarding the proposed VA EMR contract and statement of work. I have one area of concern regarding the interoperability of the system with community care providers. For the new VA EMR to efficiently serve patients, maximize safety and lower medical costs, medical records from the military, VA and community care providers under contract must be viewable in a seamless electronic format. The language of the contract and statement of work do not require this of the Cerner system.

In my experience using 3 versions of the Cerner EMR, the records from outside providers are imported as a CCD or CCA file and labeled as "Outside Material" with no way to identify file content or correlate internal study results with similar outside studies. For example a fax with a coronary angiogram report and a colonoscopy report will be included in the same "Outside Material" file. The date on the Outside Material file is the date of entry into the Cerner EMR, with no relation to the date of the file contents. These results are neither indexed nor searchable. The effort required of providers to open and read all pages of each file is infeasible and therefore tests are needlessly repeated at substantial cost and risk to patients.

I recommend that the VA EMR contract and statement of work be amended to require that a core interoperability strategy be operational at the time of initial EMR implementation. The amended contract and statement of work should specify that that all community care provider materials be indexed and searchable by specific diagnosis and test result, and that these results be linked to relevant parts of the internal VA records by date and medical discipline. For example, a coronary angiogram report at an outside facility performed in January 2018 should appear in the VA EMR under Cardiology Testing (nomenclature from Cerner Mayo installations) on the date of the study. Current operational examples of successful EMR interoperability at the level required include EPIC to EPIC data exchange or a proprietary intra-organization system used at Mayo Clinic called Synthesis. We would recommend that you utilize standards for this as promulgated by the Federal government (e.g., Meaningful Use 2015 edition, and the Trusted Exchange Framework and Common Agreement initiated by the Department of Health and Human Services) and by industry (e.g., the HL7 Fast Healthcare Interoperability Resource standards and industry-led Argonaut and SMART projects). This recommendation has been reviewed by Mayo Clinic leadership and we believe is consistent with other feedback you have received from

Mayo Clinic experts.

I look forward to discussing the VA EMR during the conference call at 7:30. My flight to ATL is delayed slightly, but scheduled to land at 7:05 pm.

Leslie T. Cooper, Jr., MD

Chair, Enterprise Department of Cardiovascular Medicine

Mayo Clinic

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>

Date: Monday, March 19, 2018 at 2:39 PM

To: (b)(6)@va.gov, "Cooper, Leslie T., M.D." (b)(6)

(b)(6)@mayo.edu

Cc: "Windom, John H." <John.Windom@va.gov>, (b)(6)@va.gov, "Short, John (VACO)" <John.Short@va.gov>

Subject: [EXTERNAL] RE: VA EHR Call Update

Thank you, Dr. Cooper. Dr. Moskowitz mentioned very specifically to me that we should get your perspective on cloud so that we know we have that part correct. I am thinking we cover that issue from 7:30-8pm ET before others join at 8pm.

Thank you again for the support.

Scott

From: (b)(6)

Sent: Monday, March 19, 2018 1:38 PM

To: Cooper, Leslie T., M.D.

Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)

Subject: RE: [EXTERNAL] VA EHR Call Update

Dr. Cooper, thank you for your response. I have sent two outlook invites, one starting at 7:30PM EST for you to participate in as well as the 8PM EST with the group. Please let me know if you have any questions.

Thanks,

(b)(6)

From: Cooper, Leslie T., M.D. (b)(6)@mayo.edu]  
Sent: Saturday, March 17, 2018 9:36 PM  
To: (b)(6)  
Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)  
Subject: Re: [EXTERNAL] VA EHR Call Update  
Importance: High

Tuesday I am in Rochester, MN. Meetings 10:30-2:00 and a 4 pm flight to Atlanta.

If the call needs to be Tuesday, I have a layover in ATL 7:05-8:48 pm. Could I call in as soon as I land?

Wednesday I could make a call after 6:30 pm.

Leslie

From: (b)(6)  
Date: Saturday, March 17, 2018 at 12:13 PM  
To: "Cooper, Leslie T., M.D." (b)(6)@mayo.edu>  
Cc: "Blackburn, Scott R." <Scott.Blackburn@va.gov>, "Windom, John H." <John.Windom@va.gov>, (b)(6)  
Subject: [EXTERNAL] VA EHR Call Update

Good afternoon Dr. Cooper,

I hope you are having a nice weekend! Sorry for the extra email but we are having trouble finding a time that works for everyone. Right now, Tuesday evening seems to be the best time. If we made the call later on Tuesday starting at 5pm, 6pm, 7pm or 8pm ET would you be able to make that work?

Thanks again!

(b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs



Desk: 202-461-6288

Cell: (b)(6)

From: Myklegard, Drew </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacomykled>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] RE: VA EHR Call Update  
Date: Tue Mar 20 2018 22:18:47 EDT  
Attachments:

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I don't get it. What is said below is where we are trying to go with standards. Our contract could site the specific standards (no argument here). But even if you did everything below there is still quite a bit of daylight between what he was saying on the phone (semantic interoperability, machine learning) and having the data appended to the EMR when the initiating institution passes the data using a standard. I don't see anything about how you make the sender adhere to standards, especially how you have Cerner "make" the other EHRs do it.

Drew Myklegard  
(208) 841-1397

---

From: Blackburn, Scott R.  
Sent: Tuesday, March 20, 2018 7:34:36 PM  
To: Myklegard, Drew  
Subject: FW: [EXTERNAL] RE: VA EHR Call Update

From: Cooper, Leslie T., M.D. (b)(6) @mayo.edu]  
Sent: Tuesday, March 20, 2018 4:25 PM  
To: Blackburn, Scott R. (b)(6)  
Cc: Windom, John H. (b)(6) Short, John (VACO)  
Subject: Re: [EXTERNAL] RE: VA EHR Call Update

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Leslie T. Cooper, Jr., MD

Chair, Enterprise Department of Cardiovascular Medicine

Mayo Clinic

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>

Date: Monday, March 19, 2018 at 2:39 PM

To: (b)(6)@va.gov, "Cooper , Leslie T., M.D." (b)(6)

(b)(6)@mayo.edu

Cc: "Windom, John H." <John.Windom@va.gov>, (b)(6)@va.gov, "Short,



John (VACO)" <John.Short@va.gov>  
Subject: [EXTERNAL] RE: VA EHR Call Update

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Sent: Monday, March 19, 2018 1:38 PM  
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Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)  
Subject: RE: [EXTERNAL] VA EHR Call Update

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Thanks again!

(b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>  
Cc:  
Bcc:  
Subject: Advisory Committee  
Date: Tue Mar 20 2018 21:17:22 EDT  
Attachments:

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Let's start putting this together with ASAP. I know I have thoughts and "favorites". I am sure you guys do to. My candidates (Just off top of my head).

Stephanie Reel (Hopkins)

Jon Manis (Sutter)

Rasu (UPMC)

Shafiq Rab (Rush)

Cris Ross (Mayo)

Vivek Reddy (Intermountain)

Aneesh Chopra

Ryan Howells (Leavitt Partners)

Frank Opelka (American College of Physicians)

Will Morris or Ed Marx (Cleveland Clinic)

Dr. Andy Karson (Mass General Hospital)

Dr. Bruce Moskowitz (Tenet)

Alistair Erskine (Geisinger)

Daniel Barchi (New York Presbyterian)

Scott Blackburn



Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

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To: Cooper, Leslie T., M.D. (b)(6)@mayo.edu>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] RE: RE: RE: VA EHR Call Update  
Date: Tue Mar 20 2018 20:23:02 EDT  
Attachments:

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And thank you for your service. I didn't realize you are a Navy Veteran. (I am an Army Veteran – don't hold it against me)

From: Cooper, Leslie T., M.D. (b)(6)@mayo.edu]  
Sent: Tuesday, March 20, 2018 8:17 PM  
To: Blackburn, Scott R.  
Subject: Re: [EXTERNAL] RE: RE: RE: VA EHR Call Update

Glad to help! Leslie

Sent from my iPhone

On Mar 20, 2018, at 8:04 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

THANK YOU so much. That was extremely valuable. We appreciate your support and input.

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Chair, Enterprise Department of Cardiovascular Medicine

Mayo Clinic

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To: (b)(6) @va.gov, "Cooper, Leslie T., M.D." (b)(6)

(b)(6) @mayo.edu

Cc: "Windom, John H." <John.Windom@va.gov> (b)(6) @va.gov, "Short, John (VACO)" <John.Short@va.gov>

Subject: [EXTERNAL] RE: VA EHR Call Update

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Thank you again for the support.

Scott

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Sent: Monday, March 19, 2018 1:38 PM

To: Cooper, Leslie T., M.D.

Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)

Subject: RE: [EXTERNAL] VA EHR Call Update

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Thanks,

Liz

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Sent: Saturday, March 17, 2018 9:36 PM  
To: (b)(6)  
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Subject: Re: [EXTERNAL] VA EHR Call Update  
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(b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

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Cc:  
Bcc:  
Subject: Re: [EXTERNAL] RE: RE: RE: VA EHR Call Update  
Date: Tue Mar 20 2018 20:17:08 EDT  
Attachments:

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Sent from my iPhone

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Cc:  
Bcc:  
Subject: RE: [EXTERNAL] RE: RE: VA EHR Call Update  
Date: Tue Mar 20 2018 20:04:14 EDT  
Attachments:

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Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: Fwd: [EXTERNAL] RE: VA EHR Call Update  
Date: Tue Mar 20 2018 20:03:43 EDT  
Attachments:

---

Sent from my iPad  
Bruce Moskowitz M.D.

Begin forwarded message:

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>  
Date: March 20, 2018 at 7:33:11 PM EDT  
To: (b)(6)@mac.com>  
Subject: FW: [EXTERNAL] RE: VA EHR Call Update

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Cc: Windom, John H. (b)(6) Short, John (VACO)  
Subject: Re: [EXTERNAL] RE: VA EHR Call Update

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Mayo Clinic

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>

Date: Monday, March 19, 2018 at 2:39 PM

To: (b)(6)@va.gov, "Cooper, Leslie T., M.D." (b)(6)

(b)(6)@mayo.edu

Cc: "Windom, John H." <John.Windom@va.gov>, (b)(6)@va.gov, "Short,

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Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)



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To: Myklegard, Drew </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacomykled>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] RE: VA EHR Call Update  
Date: Tue Mar 20 2018 20:00:46 EDT  
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Subject: FW: [EXTERNAL] RE: VA EHR Call Update  
Date: Tue Mar 20 2018 19:34:36 EDT  
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From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Marc Sherman <mbsherman@gmail.com>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] RE: VA EHR Call Update  
Date: Tue Mar 20 2018 19:34:04 EDT  
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To: DJS </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=vacodjs>  
Cc:  
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Subject: Re: [EXTERNAL] RE: VA EHR Call Update

Scott,

I reviewed the material you sent regarding the proposed VA EMR contract and statement of work. I have one area of concern regarding the interoperability of the system with community care providers. For the new VA EMR to efficiently serve patients, maximize safety and lower medical costs, medical records from the military, VA and community care providers under contract must be viewable in a seamless electronic format. The language of the contract and statement of work do not require this of the Cerner system.

In my experience using 3 versions of the Cerner EMR, the records from outside providers are imported as a CCD or CCA file and labeled as "Outside Material" with no way to identify file content or correlate internal study results with similar outside studies. For example a fax with a coronary angiogram report and a colonoscopy report will be included in the same "Outside Material" file. The date on the Outside Material file is the date of entry into the Cerner EMR, with no relation to the date of the file contents. These results are neither indexed nor searchable. The effort required of providers to open and read all pages of each file is infeasible and therefore tests are needlessly repeated at substantial cost and risk to patients.

I recommend that the VA EMR contract and statement of work be amended to require that a core interoperability strategy be operational at the time of initial EMR implementation. The amended contract and statement of work should specify that that all community care provider materials be indexed and

searchable by specific diagnosis and test result, and that these results be linked to relevant parts of the internal VA records by date and medical discipline. For example, a coronary angiogram report at an outside facility performed in January 2018 should appear in the VA EMR under Cardiology Testing (nomenclature from Cerner Mayo installations) on the date of the study. Current operational examples of successful EMR interoperability at the level required include EPIC to EPIC data exchange or a proprietary intra-organization system used at Mayo Clinic called Synthesis. We would recommend that you utilize standards for this as promulgated by the Federal government (e.g., Meaningful Use 2015 edition, and the Trusted Exchange Framework and Common Agreement initiated by the Department of Health and Human Services) and by industry (e.g., the HL7 Fast Healthcare Interoperability Resource standards and industry-led Argonaut and SMART projects). This recommendation has been reviewed by Mayo Clinic leadership and we believe is consistent with other feedback you have received from Mayo Clinic experts.

I look forward to discussing the VA EMR during the conference call at 7:30. My flight to ATL is delayed slightly, but scheduled to land at 7:05 pm.

Leslie T. Cooper, Jr., MD

Chair, Enterprise Department of Cardiovascular Medicine

Mayo Clinic

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>

Date: Monday, March 19, 2018 at 2:39 PM

To: (b)(6) @va.gov, "Cooper, Leslie T., M.D." (b)(6)

(b)(6) @mayo.edu

Cc: "Windom, John H." <John.Windom@va.gov>, (b)(6) @va.gov, "Short, John (VACO)" <John.Short@va.gov>

Subject: [EXTERNAL] RE: VA EHR Call Update

Thank you, Dr. Cooper. Dr. Moskowitz mentioned very specifically to me that we should get your perspective on cloud so that we know we have that part correct. I am thinking we cover that issue from 7:30-8pm ET before others join at 8pm.

Thank you again for the support.

Scott

From: (b)(6)

Sent: Monday, March 19, 2018 1:38 PM

To: Cooper, Leslie T., M.D.

Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)

Subject: RE: [EXTERNAL] VA EHR Call Update



Dr. Cooper, thank you for your response. I have sent two outlook invites, one starting at 7:30PM EST for you to participate in as well as the 8PM EST with the group. Please let me know if you have any questions.

Thanks,

(b)(6)

From: Cooper, Leslie T., M.D. (b)(6)@mayo.edu]  
Sent: Saturday, March 17, 2018 9:36 PM  
To: (b)(6)  
Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)  
Subject: Re: [EXTERNAL] VA EHR Call Update  
Importance: High

Tuesday I am in Rochester, MN. Meetings 10:30-2:00 and a 4 pm flight to Atlanta.

If the call needs to be Tuesday, I have a layover in ATL 7:05-8:48 pm. Could I call in as soon as I land?

Wednesday I could make a call after 6:30 pm.

Leslie

From: (b)(6)@va.gov>  
Date: Saturday, March 17, 2018 at 12:13 PM  
To: "Cooper, Leslie T., M.D." (b)(6)@mayo.edu>  
Cc: "Blackburn, Scott R." <Scott.Blackburn@va.gov>, "Windom, John H." <John.Windom@va.gov>, (b)(6)@va.gov>  
Subject: [EXTERNAL] VA EHR Call Update

Good afternoon Dr. Cooper,

I hope you are having a nice weekend! Sorry for the extra email but we are having trouble finding a time that works for everyone. Right now, Tuesday evening seems to be the best time. If we made the call later on Tuesday starting at 5pm, 6pm, 7pm or 8pm ET would you be able to make that work?

Thanks again!

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: VA CIO Executive Schedule  
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Moskowitz (b)(6)@mac.com>; Carolyn@Bruce  
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(b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>; Foster,  
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T., M.D. (b)(6)@mayo.edu>  
Cc:  
Bcc:  
Subject: FW: VA EHR Call  
Date: Tue Mar 20 2018 19:02:30 EDT  
Attachments:

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StartTime: Tue Mar 20 18:30:00 Central Daylight Time 2018  
EndTime: Tue Mar 20 19:00:00 Central Daylight Time 2018  
Location: (b)(6)  
Recurring: No  
ShowReminder: Yes  
ReminderMinutes: 15  
ReminderTime: Tue Mar 20 18:15:00 Central Daylight Time 2018  
Accepted: No

Part 1.  
Jw

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All times listed are in the following time zone:(UTC-05:00) Eastern Time (US & Canada)



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From: VA CIO Executive Schedule

Sent: Monday, March 19, 2018 1:32:31 PM

To: VA CIO Executive Schedule; Blackburn, Scott R.; Windom, John H.; (b)(6) 'Bruce Moskowitz'; 'Carolyn@Bruce Moskowitz,MD'; 'Marc Sherman'; 'IP'; Foster, Michele (SES); Nostrant, David K.; Draper, Anne; Zenooz, Ashwini; Short, John (VACO); Myklegard, Drew; (b)(6) 'Cooper, Leslie T., M.D.'

Subject: VA EHR Call

When: Tuesday, March 20, 2018 7:30 PM-8:00 PM.

Where: 1-800-767-1750,22712#

All, Dr. Cooper will not be able to participate in the entire session so we are going to start at 7:30PM to get feedback from Dr. Cooper. Thanks, (b)(6)

Scheduling POC: (b)(6) 202-631-0640 (b)(6)@va.gov

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To: VA CIO Executive Schedule  
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 (b)(6)@gmail.com>; IP(b)(6)@frenchangel59.com>; Foster,  
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Cc:  
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 Subject: FW: VA EHR Call  
 Date: Tue Mar 20 2018 19:02:30 EDT  
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StartTime: Tue Mar 20 18:30:00 Central Daylight Time 2018  
 EndTime: Tue Mar 20 19:00:00 Central Daylight Time 2018  
 Location: (b)(6)  
 Recurring: No  
 ShowReminder: No  
 Accepted: No

Part 1.  
 Jw

Sent with Good (www.good.com)

All times listed are in the following time zone:(UTC-05:00) Eastern Time (US & Canada)

From: VA CIO Executive Schedule

Sent: Monday, March 19, 2018 1:32:31 PM

To: VA CIO Executive Schedule; Blackburn, Scott R.; Windom, John H.; (b)(6) 'Bruce Moskowitz'; 'Carolyn@Bruce Moskowitz,MD'; 'Marc Sherman'; 'IP'; Foster, Michele (SES); Nostrant, David K.; Draper, Anne; Zenooz, Ashwini; Short, John (VACO); Myklegard, Drew; (b)(6) 'Cooper, Leslie T., M.D.'

Subject: VA EHR Call

When: Tuesday, March 20, 2018 7:30 PM-8:00 PM.

Where: (b)(6)

All, Dr. Cooper will not be able to participate in the entire session so we are going to start at 7:30PM to get feedback from Dr. Cooper. Thanks, (b)(6)

Scheduling POC: (b)(6) 202-631-0640 (b)(6)@va.gov



From: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16> on behalf of VA CIO Executive Schedule </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: FW: VA EHR Call  
Date: Tue Mar 20 2018 19:02:28 EDT  
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Part 1.  
Jw

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All times listed are in the following time zone:(UTC-05:00) Eastern Time (US & Canada)

From: VA CIO Executive Schedule  
Sent: Monday, March 19, 2018 1:32:31 PM  
To: VA CIO Executive Schedule; Blackburn, Scott R.; Windom, John H.; (b)(6) 'Bruce Moskowitz'; 'Carolyn@Bruce Moskowitz,MD'; 'Marc Sherman'; 'IP'; Foster, Michele (SES); Nostrant, David K.; Draper, Anne; Zenooz, Ashwini; Short, John (VACO); Myklegard, Drew; (b)(6) 'Cooper, Leslie T., M.D.'  
Subject: VA EHR Call  
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(b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>; Stephanie  
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(b)(6)@gmail.com>; Manis, Jonathan (Jon)  
(b)(6)@sutterhealth.org>; Shrestha, Rasu B  
(b)(6)@upmc.edu>; Cooper, Leslie T., M.D.  
(b)(6)@mayo.edu>; Karson, Andrew Scott, M.D.  
(b)(6)@mgh.harvard.edu>; Zuccala, Kandace (Kandi) R.  
(b)(6)@sutterhealth.org>  
Cc: Clifford Ko (b)(6)@facs.org>; Mehresh  
Khalid (b)(6)@facs.org>; Stan Huff (b)(6)@imail.org>  
Bcc:  
Subject: FW: VA EHR Call  
Date: Tue Mar 20 2018 19:01:52 EDT  
Attachments:

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StartTime: Tue Mar 20 19:00:00 Central Daylight Time 2018  
EndTime: Tue Mar 20 20:30:00 Central Daylight Time 2018  
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ShowReminder: Yes  
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ReminderTime: Tue Mar 20 18:45:00 Central Daylight Time 2018  
Accepted: No

Here you go.  
Jw

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From: VA CIO Executive Schedule  
Sent: Sunday, March 18, 2018 2:30:57 PM  
To: VA CIO Executive Schedule; Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce  
Moskowitz; 'Carolyn@Bruce Moskowitz,MD'; Marc Sherman; IP; Stephanie Reel; Mary Riordan; Ashley  
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Leslie T., M.D.; Karson, Andrew Scott,M.D.; Zuccala, Kandace (Kandi) R.  
Cc: Clifford Ko; Mehresh Khalid; Stan Huff  
Subject: VA EHR Call  
When: Tuesday, March 20, 2018 8:00 PM-9:30 PM.  
Where: (b)(6)

Scheduling POC: (b)(6) 202-631-0640 and (b)(6)@va.gov

All, I am including everyone in the group in case anyone has any last minute scheduling changes.

Thanks, (b)(6)



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(b)(6)@sutterhealth.org>  
Cc: Clifford Ko (b)(6)@facs.org>; Mehresh  
Khalid (b)(6)@facs.org>; Stan Huff (b)(6)@imail.org>  
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Subject: FW: VA EHR Call  
Date: Tue Mar 20 2018 19:01:52 EDT  
Attachments:

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StartTime: Tue Mar 20 19:00:00 Central Daylight Time 2018  
EndTime: Tue Mar 20 20:30:00 Central Daylight Time 2018  
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ShowReminder: No  
Accepted: No

Here you go.  
Jw

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Sent: Sunday, March 18, 2018 2:30:57 PM

To: VA CIO Executive Schedule; Blackburn, Scott R.; Windom, John H. (b)(6) Bruce Moskowitz; 'Carolyn@Bruce Moskowitz,MD'; Marc Sherman; IP; Stephanie Reel; Mary Riordan; Ashley Johnson; (b)(6) Rasu Shrestha; Manis, Jonathan (Jon); Shrestha, Rasu B; Cooper, Leslie T., M.D.; Karson, Andrew Scott,M.D.; Zuccala, Kandace (Kandi) R.

Cc: Clifford Ko; Mehresh Khalid; Stan Huff

Subject: VA EHR Call

When: Tuesday, March 20, 2018 8:00 PM-9:30 PM.

Where: (b)(6)

Scheduling POC: (b)(6) 202-631-0640 and (b)(6)@va.gov

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Thanks, (b)(6)

From: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16> on behalf of VA CIO Executive Schedule </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
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Bcc:  
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Date: Tue Mar 20 2018 19:01:51 EDT  
Attachments:

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Here you go.  
Jw

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Sent: Sunday, March 18, 2018 2:30:57 PM  
To: VA CIO Executive Schedule; Blackburn, Scott R.; Windom, John H. (b)(6) Bruce Moskowitz; 'Carolyn@Bruce Moskowitz,MD'; Marc Sherman; IP; Stephanie Reel; Mary Riordan; Ashley Johnson; (b)(6) Rasu Shrestha; Manis, Jonathan (Jon); Shrestha, Rasu B; Cooper, Leslie T., M.D.; Karson, Andrew Scott,M.D.; Zuccala, Kandace (Kandi) R.  
Cc: Clifford Ko; Mehvesh Khalid; Stan Huff  
Subject: VA EHR Call  
When: Tuesday, March 20, 2018 8:00 PM-9:30 PM.  
Where: (b)(6)

Scheduling POC: (b)(6) 202-631-0640 and (b)(6)@va.gov

All, I am including everyone in the group in case anyone has any last minute scheduling changes.  
Thanks, (b)(6)



From: Karson, Andrew Scott, M.D.  
(b)(6)@mgh.harvard.edu>  
To: VA CIO Executive Schedule  
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(b)(6)@sutterhealth.org>  
Cc: Clifford Ko (b)(6)@facs.org>; Mehresh  
Khalid (b)(6)@facs.org>; Stan Huff (b)(6)@imail.org>;  
Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>  
Bcc:  
Subject: [EXTERNAL] RE: VA EHR Call  
Date: Tue Mar 20 2018 18:04:17 EDT  
Attachments:

Dear (b)(6) et al,

I will be taking the call from my car as I drive from NY to Boston. I reviewed the documents and I have two lingering questions that I may figure out between now and our call, but I thought that I would send along while I still had email access:

1. How do users who are on the legacy system see data that will be in the new EHRM/Cerner product (during the transition phase; as some VA users will be on the legacy system and others will be on the new system)
2. Do we have a list of the actual medical devices for which there will be device data integration? (I tried to find that list, but cannot seem to find it on review.)

I look forward to joining the call at 8pm.

Thanks and best,

Andy Karson

-----Original Appointment-----

From: VA CIO Executive Schedule [mailto:vacocioexe@va.gov]

Sent: Sunday, March 18, 2018 2:32 PM

To: VA CIO Executive Schedule; Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; 'Carolyn@Bruce Moskowitz,MD'; Marc Sherman; IP; Stephanie Reel; Mary Riordan; Ashley Johnson; (b)(6) Rasu Shrestha; Manis, Jonathan (Jon); Shrestha, Rasu B; Cooper, Leslie T., M.D.; Karson, Andrew Scott,M.D.; Zuccala, Kandace (Kandi) R.  
Cc: Clifford Ko; Mehresh Khalid; Stan Huff  
Subject: VA EHR Call  
When: Tuesday, March 20, 2018 8:00 PM-9:30 PM (UTC-05:00) Eastern Time (US & Canada).  
Where: (b)(6)

Scheduling POC: (b)(6) 202-631-0640 and (b)(6)@va.gov

All, I am including everyone in the group in case anyone has any last minute scheduling changes.  
Thanks, (b)(6)

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From: Karson, Andrew Scott, M.D.  
(b)(6)@mgh.harvard.edu>  
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9ef2-(b)(6) Bruce Moskowitz (b)(6)@mac.com>;  
Carolyn@Bruce Moskowitz, MD (b)(6)@gmail.com>; Marc  
Sherman (b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>;  
Stephanie Reel (b)(6)@jhu.edu>; Mary Riordan (b)(6)@jhu.edu>;  
Ashley Johnson (b)(6)@jhmi.edu>; (b)(6)  
</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe  
7b33-(b)(6)>; Rasu Shrestha (b)(6)@gmail.com>;  
Manis, Jonathan (Jon) (b)(6)@sutterhealth.org>; Shrestha,  
Rasu B (b)(6)@upmc.edu>; Cooper, Leslie T., M.D.  
(b)(6)@mayo.edu>; Zuccala, Kandace (Kandi) R.  
(b)(6)@sutterhealth.org>  
Cc: Clifford Ko (b)(6)@facs.org>; Mehresh  
Khalid (b)(6)@facs.org>; Stan Huff (b)(6)@imail.org>;  
Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>  
Bcc:  
Subject: [EXTERNAL] RE: VA EHR Call  
Date: Tue Mar 20 2018 18:04:17 EDT  
Attachments:

Dear (b)(6) et al,

I will be taking the call from my car as I drive from NY to Boston. I reviewed the documents and I have two lingering questions that I may figure out between now and our call, but I thought that I would send along while I still had email access:

1. How do users who are on the legacy system see data that will be in the new EHRM/Cerner product (during the transition phase; as some VA users will be on the legacy system and others will be on the new system)
2. Do we have a list of the actual medical devices for which there will be device data integration? (I tried to find that list, but cannot seem to find it on review.)

I look forward to joining the call at 8pm.

Thanks and best,

Andy Karson



-----Original Appointment-----

From: VA CIO Executive Schedule [mailto:vacocioexe@va.gov]

Sent: Sunday, March 18, 2018 2:32 PM

To: VA CIO Executive Schedule; Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; 'Carolyn@Bruce Moskowitz,MD'; Marc Sherman; IP; Stephanie Reel; Mary Riordan; Ashley Johnson; (b)(6) Rasu Shrestha; Manis, Jonathan (Jon); Shrestha, Rasu B; Cooper, Leslie T., M.D.; Karson, Andrew Scott,M.D.; Zuccala, Kandace (Kandi) R.

Cc: Clifford Ko; Mehresh Khalid; Stan Huff

Subject: VA EHR Call

When: Tuesday, March 20, 2018 8:00 PM-9:30 PM (UTC-05:00) Eastern Time (US & Canada).

Where: (b)(6)

Scheduling POC: (b)(6) 202-631-0640 and (b)(6)@va.gov

All, I am including everyone in the group in case anyone has any last minute scheduling changes.

Thanks, (b)(6)

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

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To: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
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Date: Monday, March 19, 2018 at 2:39 PM

To: (b)(6)@va.gov, "Cooper, Leslie T., M.D." (b)(6)

(b)(6)@mayo.edu

Cc: "Windom, John H." <John.Windom@va.gov>, (b)(6)@va.gov, "Short, John (VACO)" <John.Short@va.gov>

Subject: [EXTERNAL] RE: VA EHR Call Update

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Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)  
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Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)



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To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: Re: [EXTERNAL] RE: RE: VA EHR Call Update  
Date: Tue Mar 20 2018 17:23:44 EDT  
Attachments:

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In air now. Will make 7:30 call. Boarding for JAX at 8:08. Will miss most of larger group discussion.  
Leslie

Sent from my iPhone

On Mar 20, 2018, at 4:13 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

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Cc:  
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Subject: FW: [EXTERNAL] RE: VA EHR Call Update  
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Cc: Windom, John H.; <(b)(6)> Short, John (VACO)  
Subject: Re: [EXTERNAL] RE: VA EHR Call Update

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Leslie T. Cooper, Jr., MD

Chair, Enterprise Department of Cardiovascular Medicine

Mayo Clinic

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>

Date: Monday, March 19, 2018 at 2:39 PM

To: (b)(6)@va.gov, "Cooper, Leslie T., M.D." (b)(6)

(b)(6)@mayo.edu

Cc: "Windom, John H." <John.Windom@va.gov>, (b)(6)@va.gov, "Short, John (VACO)" <John.Short@va.gov>

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Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

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Date: Tue Mar 20 2018 16:25:09 EDT  
Attachments:

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From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: Windom, John H. </o=va/ou=exchange  
administrative group (fydibohf23spdlt)/cn=recipients/cn=windom,  
john.h.e16>; Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; (b)(6)  
</o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Carolyn@Bruce  
Moskowitz.MD (b)(6)@gmail.com>; Bruce Moskowitz  
(b)(6)@mac.com>  
Cc:  
Bcc:  
Subject: Canceled: EHR VA Call  
Date: Tue Mar 20 2018 12:33:29 EDT  
Attachments:

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From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>; Bruce Moskowitz (b)(6)@mac.com>; Marc Sherman (b)(6)@gmail.com>  
Cc: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: EHR calls tomorrow night  
Date: Mon Mar 19 2018 21:55:27 EDT  
Attachments:

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(b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: [EXTERNAL] Re: Dr. Cooper - Cloud expertise  
Date: Mon Mar 19 2018 17:59:25 EDT  
Attachments:

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Perfect

Sent from my iPad  
Bruce Moskowitz M.D.

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Bcc:  
Subject: Dr. Cooper - Cloud expertise  
Date: Mon Mar 19 2018 14:45:08 EDT  
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I hope you are having a nice weekend! Sorry for the extra email but we are having trouble finding a time that works for everyone. Right now, Tuesday evening seems to be the best time. If we made the call later on Tuesday starting at 5pm, 6pm, 7pm or 8pm ET would you be able to make that work?

Thanks again!

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Bruce Moskowitz  
(b)(6)@mac.com>; Marc Sherman (b)(6)@gmail.com>  
Cc: Windom, John H.  
</o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea18 8342-windom, joh>; (b)(6)  
</o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe 7b33-callaghan,>  
Bcc:  
Subject: Dr. Cooper - Cloud expertise  
Date: Mon Mar 19 2018 14:45:08 EDT  
Attachments:

---

FYI. Dr. Cooper's time tomorrow night is limited (he will be in between flights). Given he is a "single issue" guy; we are going to start the call at 7:30 and cover the Cloud issue from 7:30-8pm ET before everyone else joins at 8pm ET. I think we will have everyone except Stan Huff and Dr. Ko on the call.

(b)(6) is working a time on Wednesday to get them on a call.

Scott

From: Blackburn, Scott R.  
Sent: Monday, March 19, 2018 2:40 PM  
To: (b)(6) Cooper, Leslie T., M.D.  
Cc: Windom, John H.; (b)(6) Short, John (VACO)  
Subject: RE: [EXTERNAL] VA EHR Call Update

Thank you, Dr. Cooper. Dr. Moskowitz mentioned very specifically to me that we should get your perspective on cloud so that we know we have that part correct. I am thinking we cover that issue from 7:30-8pm ET before others join at 8pm.

Thank you again for the support.

Scott

From: (b)(6)  
Sent: Monday, March 19, 2018 1:38 PM  
To: Cooper, Leslie T., M.D.  
Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)



Subject: RE: [EXTERNAL] VA EHR Call Update

Dr. Cooper, thank you for your response. I have sent two outlook invites, one starting at 7:30PM EST for you to participate in as well as the 8PM EST with the group. Please let me know if you have any questions.

Thanks,

(b)(6)

From: Cooper, Leslie T., M.D. (b)(6)@mayo.edu]  
Sent: Saturday, March 17, 2018 9:36 PM  
To: (b)(6)  
Cc: Blackburn, Scott R.; Windom, John H.; (b)(6)  
Subject: Re: [EXTERNAL] VA EHR Call Update  
Importance: High

Tuesday I am in Rochester, MN. Meetings 10:30-2:00 and a 4 pm flight to Atlanta.

If the call needs to be Tuesday, I have a layover in ATL 7:05-8:48 pm. Could I call in as soon as I land?

Wednesday I could make a call after 6:30 pm.

Leslie

From: (b)(6)@va.gov>  
Date: Saturday, March 17, 2018 at 12:13 PM  
To: "Cooper, Leslie T., M.D." (b)(6)@mayo.edu>  
Cc: "Blackburn, Scott R." <Scott.Blackburn@va.gov>, "Windom, John H." <John.Windom@va.gov>, (b)(6)@va.gov>  
Subject: [EXTERNAL] VA EHR Call Update

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(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Cooper, Leslie T., M.D. (b)(6)@mayo.edu>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>  
Bcc:  
Subject: RE: [EXTERNAL] VA EHR Call Update  
Date: Mon Mar 19 2018 14:39:52 EDT  
Attachments:

---

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Thank you again for the support.

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Office of Information and Technology

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From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>; Blackburn,  
Scott R. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John  
H. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; (b)(6)  
(b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Bruce  
Moskowitz (b)(6)@mac.com>; Carolyn@Bruce  
Moskowitz.MD (b)(6)@gmail.com>; Marc Sherman  
(b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>; Foster,  
Michele (SES) </o=va/ou=visn 03/cn=recipients/cn=vhaeasfostem>;  
Nostrant, David K. </o=va/ou=visn  
03/cn=recipients/cn=vhaeasnostrd>; Draper, Anne </o=va/ou=visn  
03/cn=recipients/cn=vhaeasdrapea>; Zenooz, Ashwini  
</o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Short, John  
(VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>;  
Myklegard, Drew </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacomykled>; (b)(6)  
(b)(6) </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Cooper, Leslie  
T., M.D. (b)(6)@mayo.edu>

Cc:  
Bcc:  
Subject: VA EHR Call  
Date: Mon Mar 19 2018 13:32:31 EDT  
Attachments:

StartTime: Tue Mar 20 18:30:00 Central Daylight Time 2018

EndTime: Tue Mar 20 19:00:00 Central Daylight Time 2018

Location: (b)(6)

Invitees: Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; 'Carolyn@Bruce  
Moskowitz,MD'; Marc Sherman; IP; Foster, Michele (SES); Nostrant, David K.; Draper, Anne; Zenooz,  
Ashwini; Short, John (VACO); Myklegard, Drew; (b)(6) Cooper, Leslie T., M.D.

Recurring: No

ShowReminder: No

Accepted: Yes

AcceptedTime: Mon Mar 19 13:39:00 Central Daylight Time 2018

All, Dr. Cooper will not be able to participate in the entire session so we are going to start at 7:30PM to  
get feedback from Dr. Cooper. Thanks, (b)(6)

Scheduling POC: (b)(6) 202-631-0640 (b)(6)@va.gov

From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John  
H. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; (b)(6)  
(b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Bruce  
Moskowitz (b)(6)@mac.com>; Carolyn@Bruce  
Moskowitz,MD (b)(6)@gmail.com>; Marc Sherman  
(b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>; Foster,  
Michele (SES) </o=va/ou=visn 03/cn=recipients/cn=vhaeasfostem>;  
Nostrant, David K. </o=va/ou=visn  
03/cn=recipients/cn=vhaeasnostrd>; Draper, Anne </o=va/ou=visn  
03/cn=recipients/cn=vhaeasdrapea>; Zenooz, Ashwini  
</o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Short, John  
(VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>;  
Myklegard, Drew </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacomykled>; (b)(6)  
(b)(6) </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Cooper, Leslie  
T., M.D. (b)(6)@mayo.edu>

Cc:

Bcc:

Subject: VA EHR Call

Date: Mon Mar 19 2018 13:32:29 EDT

Attachments:

---

All, Dr. Cooper will not be able to participate in the entire session so we are going to start at 7:30PM to get feedback from Dr. Cooper. Thanks (b)(6)

Scheduling POC: (b)(6) 202-631-0640 (b)(6)@va.gov



From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Marc Sherman (b)(6)@gmail.com>;  
Bruce Moskowitz (b)(6)@mac.com>  
Cc: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: RE: [EXTERNAL] Re: FW: VA EHR Call  
Date: Mon Mar 19 2018 08:40:55 EDT  
Attachments:

---

Great. Talk to you then.

Sent with Good (www.good.com)

From: Marc Sherman  
Sent: Monday, March 19, 2018 8:21:07 AM  
To: Blackburn, Scott R.; Bruce Moskowitz  
Subject: [EXTERNAL] Re: FW: VA EHR Call

Scott

In response to your question, I will be on the call at noon today.

Marc

Marc Sherman  
(202) 758-8700

On Mar 18, 2018 3:11 PM, "Blackburn, Scott R." <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – I hope you are both having a great weekend.

We have a call scheduled from noon-12:45 tomorrow. The intent of this was to have our contracting guys (John Windom (b)(6)) walk you through how to read the government contract (which is obviously very different from typical private sector contracts). I just want to make sure you are clear on the purpose of this call and check to make sure you still want to do this. We did this with each of the CIOs/Doctors last week.

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From: VA CIO Executive Schedule  
Sent: Thursday, March 15, 2018 11:23 AM  
To: VA CIO Executive Schedule; (b)(6) Blackburn, Scott R.; Windom, John H.; Carolyn@Bruce Moskowitz,MD; Marc Sherman; Bruce Moskowitz  
Subject: VA EHR Call  
When: Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).  
Where: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Marc Sherman (b)(6)@gmail.com>;  
Bruce Moskowitz (b)(6)@mac.com>  
Cc: (b)(6) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe7b33(b)(6)>  
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When: Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).  
Where: (b)(6)

From: Marc Sherman (b)(6)@gmail.com>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Bruce Moskowitz (b)(6)@mac.com>  
Cc:  
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Subject: VA EHR Call  
When: Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).

Where:

(b)(6)



From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: VA EHR Call  
Date: Sun Mar 18 2018 17:46:02 EDT  
Attachments:

---

I guess this means keep it

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Sunday, March 18, 2018 4:58 PM  
To: Blackburn, Scott R.  
Cc: Marc Sherman; (b)(6)  
Subject: [EXTERNAL] Re: VA EHR Call

Noted

Sent from my iPad

Bruce Moskowitz M.D.

On Mar 18, 2018, at 3:11 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

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Scott

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To: Blackburn, Scott R.  
Subject: RE: VA EHR Call

Mr. Blackburn, I had scheduled this call with Dr. Bruce and Marc Sherman for the contract overview. Do you want to keep it or can I cancel it? Thanks, Liz

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From: VA CIO Executive Schedule

Sent: Thursday, March 15, 2018 11:23 AM

To: VA CIO Executive Schedule; (b)(6) Blackburn, Scott R.; Windom, John H.;  
Carolyn@Bruce Moskowitz,MD; Marc Sherman; Bruce Moskowitz

Subject: VA EHR Call

When: Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).

Where: (b)(6)

From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc: Marc Sherman (b)(6)@gmail.com>; Callaghan, Elizabeth </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: [EXTERNAL] Re: VA EHR Call  
Date: Sun Mar 18 2018 16:57:45 EDT  
Attachments:

---

Noted

Sent from my iPad  
Bruce Moskowitz M.D.

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Where: (b)(6)



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To: Marc Sherman (b)(6)@gmail.com>;  
Bruce Moskowitz (b)(6)@mac.com>  
Cc: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: FW: VA EHR Call  
Date: Sun Mar 18 2018 15:11:28 EDT  
Attachments:

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When: Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).  
Where: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Marc Sherman (b)(6)@gmail.com>;  
Bruce Moskowitz (b)(6)@mac.com>  
Cc: (b)(6)  
</o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe7b33-(b)(6)>  
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Subject: VA EHR Call  
When: Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).  
Where: (b)(6)

From: (b)(6) </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
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From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John  
H. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; (b)(6)  
(b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Bruce  
Moskowitz <brucemoskowitzmd@mac.com>; Carolyn@Bruce  
Moskowitz.MD (b)(6)@gmail.com>; Marc Sherman  
(b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>; Stephanie  
Reel (b)(6)@jhu.edu>; Mary Riordan (b)(6)@ih.u.edu>; Ashley  
Johnson (b)(6)@jhmi.edu>; (b)(6)  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Rasu Shrestha  
(b)(6)@gmail.com>; Manis, Jonathan (Jon)  
(b)(6)@sutterhealth.org>; Shrestha, Rasu B  
(b)(6)@upmc.edu>; Cooper, Leslie T., M.D.  
(b)(6)@mayo.edu>; Karson, Andrew Scott, M.D.  
(b)(6)@mgh.harvard.edu>; Zuccala, Kandace (Kandi) R.  
(b)(6)@sutterhealth.org>  
Cc: Clifford Ko (b)(6)@facs.org>; Mehresh  
Khalid (b)(6)@facs.org>; Stan Huff (b)(6)@imail.org>  
Bcc:  
Subject: VA EHR Call  
Date: Sun Mar 18 2018 14:31:22 EDT  
Attachments:

---

Scheduling POC: (b)(6) 202-631-0640 and (b)(6)@va.gov

All, I am including everyone in the group in case anyone has any last minute scheduling changes.

Thanks, (b)(6)

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 Khalid (b)(6)@facs.org>; Stan Huff (b)(6)@imail.org>  
 Bcc:  
 Subject: VA EHR Call  
 Date: Sun Mar 18 2018 14:30:57 EDT  
 Attachments:

StartTime: Tue Mar 20 19:00:00 Central Daylight Time 2018  
 EndTime: Tue Mar 20 20:30:00 Central Daylight Time 2018  
 Location: (b)(6)  
 Invitees: Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; 'Carolyn@Bruce  
 Moskowitz,MD'; Marc Sherman; IP; Stephanie Reel; Mary Riordan; 'Ashley Johnson'; (b)(6)  
 (b)(6) 'Rasu Shrestha'; Manis, Jonathan (Jon); 'Shrestha, Rasu B'; 'Cooper, Leslie T., M.D.';  
 Karson, Andrew Scott, M.D.; Zuccala, Kandace (Kandi) R.  
 Recurring: No  
 ShowReminder: No  
 Accepted: Yes  
 AcceptedTime: Sun Mar 18 13:54:00 Central Daylight Time 2018  
 Scheduling POC: (b)(6) 202-631-0640 and (b)(6)@va.gov

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To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: VA EHR call  
Date: Sun Mar 18 2018 14:19:24 EDT  
Attachments:

---

Yes please

From: (b)(6)  
Sent: Sunday, March 18, 2018 2:18 PM  
To: Blackburn, Scott R.  
Subject: RE: [EXTERNAL] Re: VA EHR call

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Subject: RE: [EXTERNAL] Re: VA EHR call  
Importance: High

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Cc: Marc Sherman; (b)(6)  
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Thanks and best,

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Rasu Shrestha (b)(6)@gmail.com>



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Subject: RE: Scheduling a Call Regarding Feedback on VA EHR

Importance: High

Good evening,

Another friendly reminder to please let me know which dates works best for your schedule.

Have a great evening,

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Thank you,

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

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Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: VA EHR call  
Date: Sun Mar 18 2018 14:17:43 EDT  
Attachments:

---

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Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

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Cc:  
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Subject: RE: [EXTERNAL] Re: VA EHR call  
Date: Sun Mar 18 2018 14:16:40 EDT  
Attachments:

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Cc: Blackburn, Scott R.; Windom, John H.; (b)(6) 'Bruce Moskowitz'; 'Carolyn@Bruce Moskowitz,MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'  
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Desk: 202-461-6288

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Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: VA EHR call  
Date: Sun Mar 18 2018 14:16:00 EDT  
Attachments:

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Mr. Blackburn, let me know if I can send the invite out for Tuesday at 8PM. It looks like Dr. Cooper can now join for the first half of the call. Thanks, liz

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Sunday, March 18, 2018 1:50 PM  
To: Blackburn, Scott R.  
Cc: Marc Sherman; (b)(6)  
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Sent from my iPad

Bruce Moskowitz M.D.

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Cc: Bruce Moskowitz (b)(6)@mac.com>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: [EXTERNAL] Re: VA EHR call  
Date: Sun Mar 18 2018 12:36:53 EDT  
Attachments:

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Yes, that works for me.

Marc Sherman  
(202) 758-8700

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Rasu Shrestha (b)(6)@gmail.com>  
Cc: Blackburn, Scott R. <Scott.Blackburn@va.gov>; Windom, John H. <John.Windom@va.gov>; (b)(6)@va.gov>  
Subject: RE: Scheduling a Call Regarding Feedback on VA EHR  
Importance: High

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Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

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(b)(6)@mac.com>; Marc Sherman (b)(6)@gmail.com>  
Cc: (b)(6)  
</o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe7b33-callaghan,>  
Bcc:  
Subject: VA EHR call  
Date: Sun Mar 18 2018 12:28:34 EDT  
Attachments:

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Bruce/Marc – it is looking like Tuesday 8pm ET is going to work best for our CIOs/Doctors. We will have at least 4 people confirmed (Manis, Reel, Shretha and Karson; likely Stan Huff as well which would make 5). Dr. Cooper I know is a single issue SME so we can probably do that one separately. Dr. Ko has a tough schedule all this week.

Would Tuesday 8pm work for you/Marc? If so – we will press for that time. I will get everyone from VA who needs to be on the call, on the call at that time.

Thanks again for the help,

Scott

From: (b)(6)  
Sent: Saturday, March 17, 2018 5:29 PM  
To: Blackburn, Scott R.  
Subject: RE: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

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Reel

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Karson (probably joining late)

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Let me know...

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Cc:  
Bcc:  
Subject: RE: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR  
Date: Sat Mar 17 2018 17:29:11 EDT  
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Cc:  
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Subject: FW: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR  
Date: Sat Mar 17 2018 14:27:57 EDT  
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US Department of Veterans Affairs

Desk: 202-461-6288

Cell:

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From: Karson, Andrew Scott, M.D.  
(b)(6)@mgh.harvard.edu>  
To: (b)(6) </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Cc: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>(b)(6)  
</o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Windom, John  
H. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>  
Bcc:  
Subject: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR  
Date: Sat Mar 17 2018 14:23:32 EDT  
Attachments:

---

Dear (b)(6) I am participating in a ceremony at 630 pm on Tuesday, but I could be on the VA call any time before that. (Also, I'll try to learn more about the timing of my other event to see if/when I could break away after 6:30 if needed.)

Thanks and best,

Andy

From: (b)(6)@va.gov]  
Sent: Saturday, March 17, 2018 12:15 PM  
To: Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>  
Cc: Blackburn, Scott R. <Scott.Blackburn@va.gov>; (b)(6)@va.gov>;  
Windom, John H. <John.Windom@va.gov>  
Subject: RE: Scheduling a Call Regarding Feedback on VA EHR  
Importance: High

Good afternoon Dr. Karson,

Thank you again for confirming Tuesday works best for you. If we started the call later in the evening, between 5-8PM EST would you still be available? So far Tuesday seems to work best for everyone.

Thanks again!

(b)(6)

From: Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu]

Sent: Friday, March 16, 2018 7:22 PM

To: (b)(6)

Subject: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

Dear (b)(6) so sorry for the delay getting back to you; I have been on the road most of yesterday/today and first catching up on emails now. The only time among those three that I can do is the Tuesday time. (I will be part of an out of town family event on Sunday and in the air on Monday.)

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From: (b)(6)@va.gov]

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To: Stan Huff (b)(6)@imail.org>; Cooper, Leslie T., M.D. (b)(6)@mayo.edu>; Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>

Cc: Blackburn, Scott R. <Scott.Blackburn@va.gov>; Windom, John H. <John.Windom@va.gov>; (b)(6)

(b)(6)@va.gov>

Subject: RE: Scheduling a Call Regarding Feedback on VA EHR

Importance: High

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Have a great evening,

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From: (b)(6)

Sent: Friday, March 16, 2018 1:06 PM

To: 'Stephanie Reel'; 'Stan Huff'; (b)(6)@facs.org'; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott, M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'

Cc: Blackburn, Scott R.; Windom, John H.; (b)(6) 'Bruce Moskowitz'; 'Carolyn@Bruce Moskowitz, MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'

Subject: RE: Scheduling a Call Regarding Feedback on VA EHR

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Office of Information and Technology

US Department of Veterans Affairs

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7b33-callaghan,>  
Cc: Blackburn, Scott R. </o=va/ou=exchange  
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</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=045f8eff429f45888be795fbaa1d  
9ef2-(b)(6)>; Windom, John H. </o=exchangelabs/ou=exchange  
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(fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea18  
8342-windom, joh>  
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Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

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From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Cc:  
Bcc:  
Subject: RE: EHR Call Update as of 8PM  
Date: Sat Mar 17 2018 12:17:08 EDT  
Attachments:

---

Thanks so much! Enjoy your Saturday. I'll be at the ice rink with little kids all afternoon.

From: (b)(6)  
Sent: Saturday, March 17, 2018 12:16 PM  
To: Blackburn, Scott R.  
Subject: RE: EHR Call Update as of 8PM

Okay, emails have been sent. I'll get you an update tonight! Let me know if there is anything else I can do to help :-)

From: Blackburn, Scott R.  
Sent: Saturday, March 17, 2018 11:47 AM  
To: (b)(6)  
Subject: RE: EHR Call Update as of 8PM  
Importance: High

Thanks. I apologize for the weekend work. This EHR contract will hopefully be done soon. We have about a 2 week window to close the deal; otherwise it is going to drag on.

From: (b)(6)  
Sent: Saturday, March 17, 2018 11:06 AM  
To: Blackburn, Scott R.  
Subject: RE: EHR Call Update as of 8PM

Okay, will do!

Sent with Good (www.good.com)

---

From: Blackburn, Scott R.  
Sent: Saturday, March 17, 2018 10:52:28 AM  
To: (b)(6)  
Subject: RE: EHR Call Update as of 8PM

Just looking at this. Perhaps we try to go for a little later Tuesday. Perhaps we ask about 5pm, 6pm, 7pm and even 8pm on Tuesday (since a few people are in Central/Mountain time zones) Do you mind sending them each individually an email that basically says...?

"Sorry for the extra email but we are having trouble finding a time that works for everyone. Right now, Tuesday evening is seeming to be the best time. If we made the call later, say 5pm, 6pm, 7pm or 8pm ET....would you be able to make that work?"

If that is what it is looking like, I will gladly push my dinner w/ Ryan/Blake back to April. I can get Bruce to help push a little bit as well.

Thanks

From: (b)(6)  
Sent: Friday, March 16, 2018 8:01 PM  
To: Blackburn, Scott R.  
Subject: EHR Call Update as of 8PM

Good evening Mr. Blackburn,

As of 8PM I have received responses from a few more folks, the "x" indicates they are available.

Sunday

Monday

Tuesday

Moskowitz

X

X

X

Perlmutter

Sherman

Reel

X

Huff

X

Rasu

Manis



X

Ko

confirmed for Monday at 2PM contract overview

Cooper

Karson

X

Windom

X

X

X

Blackburn

X

X

X

Trux

X

X

X

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Cc:  
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To: Blackburn, Scott R.  
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Okay, will do!



Sent with Good (www.good.com)

\_\_\_\_\_  
[redacted]

From: Blackburn, Scott R.  
Sent: Saturday, March 17, 2018 10:52:28 AM  
To: Callaghan, Elizabeth  
Subject: RE: EHR Call Update as of 8PM

Just looking at this. Perhaps we try to go for a little later Tuesday. Perhaps we ask about 5pm, 6pm, 7pm and even 8pm on Tuesday (since a few people are in Central/Mountain time zones) Do you mind sending them each individually an email that basically says...?

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Moskowitz

X

X

X

Perlmutter

Sherman

Reel

X

Huff

X

Rasu

Manis

X

Ko

confirmed for Monday at 2PM contract overview

Cooper

Karson

X

Windom

X

X

X

Blackburn

X

X

X

Trux

X



X

X

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: EHR Call Update as of 8PM  
Date: Sat Mar 17 2018 12:16:07 EDT  
Attachments:

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Cooper

Karson

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Windom

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X

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Blackburn

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Trux

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(b)(6)

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</o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Windom, John  
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(b)(6)

From: (b)(6)

Sent: Friday, March 16, 2018 1:06 PM

To: 'Stephanie Reel'; 'Stan Huff' (b)(6)@facs.org'; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott, M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'

Cc: Blackburn, Scott R.; Windom, John H. (b)(6); 'Bruce Moskowitz'; 'Carolyn@Bruce Moskowitz, MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'

Subject: RE: Scheduling a Call Regarding Feedback on VA EHR

Importance: High

Good afternoon,

A friendly reminder to please let me know which date works best for your schedule. Please feel free to call me with any questions.

Thank you,

(b)(6)

From: (b)(6)

Sent: Thursday, March 15, 2018 7:27 PM

To: Stephanie Reel; 'Stan Huff'; 'Manis, Jonathan (Jon)' (b)(6)@facs.org'; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott, M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'

Cc: Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; 'Carolyn@Bruce



Moskowitz,MD'; 'Ashley Johnson'; Mary Riordan; 'Mehwesh Khalid'; Marc Sherman; IP  
Subject: Scheduling a Call Regarding Feedback on VA EHR

Good evening,

We would like to schedule a call in the next few days to share feedback on the VA EHR contract. I have been corresponding with many of you on different dates and times next week, but we are going to schedule the call for either Sunday 3/18 at 4PM EST, Monday 3/19 at 4PM EST or Tuesday 3/20 at 4PM EST. Please let me know which date will work best for your schedule. Feel free to call me with any questions and I look forward to hearing from you.

Thank you,

(b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Cc:  
Bcc:  
Subject: RE: EHR Call Update as of 8PM  
Date: Sat Mar 17 2018 11:47:06 EDT  
Attachments:

---

Thanks. I apologize for the weekend work. This EHR contract will hopefully be done soon. We have about a 2 week window to close the deal; otherwise it is going to drag on.

From: (b)(6)  
Sent: Saturday, March 17, 2018 11:06 AM  
To: Blackburn, Scott R.  
Subject: RE: EHR Call Update as of 8PM

Okay, will do!

Sent with Good ([www.good.com](http://www.good.com))

From: Blackburn, Scott R.  
Sent: Saturday, March 17, 2018 10:52:28 AM  
To: (b)(6)  
Subject: RE: EHR Call Update as of 8PM

Just looking at this. Perhaps we try to go for a little later Tuesday. Perhaps we ask about 5pm, 6pm, 7pm and even 8pm on Tuesday (since a few people are in Central/Mountain time zones) Do you mind sending them each individually an email that basically says...?

"Sorry for the extra email but we are having trouble finding a time that works for everyone. Right now, Tuesday evening is seeming to be the best time. If we made the call later, say 5pm, 6pm, 7pm or 8pm ET....would you be able to make that work?"

If that is what it is looking like, I will gladly push my dinner w/ Ryan/Blake back to April. I can get Bruce

to help push a little bit as well.

Thanks

From: (b)(6)  
Sent: Friday, March 16, 2018 8:01 PM  
To: Blackburn, Scott R.  
Subject: EHR Call Update as of 8PM

Good evening Mr. Blackburn,

As of 8PM I have received responses from a few more folks, the "x" indicates they are available.

Sunday

Monday

Tuesday

Moskowitz

X

X

X

Perlmutter

Sherman

Reel

X

Huff

X

Rasu

Manis

X

Ko

confirmed for Monday at 2PM contract overview

Cooper



Karson

X

Windom

X

X

X

Blackburn

X

X

X

Trux

X

X

X

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: EHR Call Update as of 8PM  
Date: Sat Mar 17 2018 11:05:37 EDT  
Attachments:

---

Okay, will do!

Sent with Good (www.good.com)

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Sent: Saturday, March 17, 2018 10:52:28 AM  
To: (b)(6)  
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Monday

Tuesday

Moskowitz

X

X

X

Perlmutter

Sherman

Reel

X

Huff

X

Rasu

Manis

X

Ko

confirmed for Monday at 2PM contract overview

Cooper

Karson

X



Windom

X

X

X

Blackburn

X

X

X

Trux

X

X

X

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Cc:  
Bcc:  
Subject: RE: EHR Call Update as of 8PM  
Date: Sat Mar 17 2018 10:52:28 EDT  
Attachments:

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Sunday

Monday

Tuesday

Moskowitz

X

X

X

Perlmutter

Sherman

Reel

X

Huff

X

Rasu

Manis

X

Ko

confirmed for Monday at 2PM contract overview

Cooper

Karson

X

Windom

X

X

X

Blackburn

X

X

X



Trux

X

X

X

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: [EXTERNAL] Re: EHR Call Update as of 8PM  
Date: Sat Mar 17 2018 08:40:46 EDT  
Attachments:

---

Will assist if needed

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 16, 2018, at 9:44 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – I just wanted to give you a heads up. We might need your help to politely nudge a few folks. I'll send each a personal note in the morning to check in and make sure they have everything they (and understand the sense of urgency). If I don't have any luck, I'll let you know.

I agree with your quicksand analogy. Politically we expect Congress to pass a budget (omnibus) on March 23. Cerner has strong incentive to sign March 31 or earlier (end of their financial quarter). So as long as don't find any major showstoppers, I believe we have a nice 2 week window to close this (and then get the hard work started).

Thanks again for all your support. At McKinsey we used to use the term "demanding partner". You've been a great demanding partner to make sure we get this right.

Scott

From: (b)(6)  
Sent: Friday, March 16, 2018 8:01 PM  
To: Blackburn, Scott R.  
Subject: EHR Call Update as of 8PM

Good evening Mr. Blackburn,

As of 8PM I have received responses from a few more folks, the "x" indicates they are available.

Sunday

Monday

Tuesday

Moskowitz

X

X

X

Perlmutter

Sherman

Reel

X

Huff

X

Rasu

Manis

X

Ko

confirmed for Monday at 2PM contract overview

Cooper

Karson

X

Windom

X

X



X

Blackburn

X

X

X

Trux

X

X

X

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Bruce Moskowitz  
(b)(6)@mac.com>  
Cc:  
Bcc:  
Subject: FW: EHR Call Update as of 8PM  
Date: Fri Mar 16 2018 21:44:15 EDT  
Attachments:

---

Bruce – I just wanted to give you a heads up. We might need your help to politely nudge a few folks. I'll send each a personal note in the morning to check in and make sure they have everything they (and understand the sense of urgency). If I don't have any luck, I'll let you know.

I agree with your quicksand analogy. Politically we expect Congress to pass a budget (omnibus) on March 23. Cerner has strong incentive to sign March 31 or earlier (end of their financial quarter). So as long as don't find any major showstoppers, I believe we have a nice 2 week window to close this (and then get the hard work started).

Thanks again for all your support. At McKinsey we used to use the term "demanding partner". You've been a great demanding partner to make sure we get this right.

Scott

From: (b)(6)  
Sent: Friday, March 16, 2018 8:01 PM  
To: Blackburn, Scott R.  
Subject: EHR Call Update as of 8PM

Good evening Mr. Blackburn,

As of 8PM I have received responses from a few more folks, the "x" indicates they are available.

Sunday

Monday

Tuesday

Moskowitz

X

X

X

Perlmutter

Sherman

Reel

X

Huff

X

Rasu

Manis

X

Ko

confirmed for Monday at 2PM contract overview

Cooper

Karson

X

Windom

X

X

X

Blackburn

X

X

X



Trux

X

X

X

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: (b)(6) </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: EHR Call Update as of 8PM  
Date: Fri Mar 16 2018 20:00:47 EDT  
Attachments:

---

Good evening Mr. Blackburn,

As of 8PM I have received responses from a few more folks, the "x" indicates they are available.

Sunday

Monday

Tuesday

Moskowitz

X

X

X

Perlmutter

Sherman

Reel

X

Huff

X

Rasu

Manis

X

Ko

confirmed for Monday at 2PM contract overview

Cooper

Karson

X

Windom

X

X

X

Blackburn

X

X

X

Trux

X

X

X

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)



From: Stan Huff <stan.huff@imail.org>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Cooper, Leslie T., M.D. (b)(6)@mayo.edu>; Karson, Andrew Scott, M.D. <(b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>  
Cc: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; (b)(6) (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>  
Bcc:  
Subject: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR  
Date: Fri Mar 16 2018 19:18:29 EDT  
Attachments:

---

(b)(6)

The best date for me is Monday 3/19 at 4PM EST. Thanks, Stan

From: (b)(6)@va.gov]  
Sent: Friday, March 16, 2018 5:12 PM  
To: Stan Huff (b)(6)@imail.org>; Cooper, Leslie T., M.D. (b)(6)@mayo.edu>; Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>  
Cc: Blackburn, Scott R. <Scott.Blackburn@va.gov>; Windom, John H. <John.Windom@va.gov>; (b)(6) (b)(6)@va.gov>  
Subject: RE: Scheduling a Call Regarding Feedback on VA EHR  
Importance: High

WARNING: Stop. Think. Read. This is an external email.

Good evening,

Another friendly reminder to please let me know which dates works best for your schedule.

Have a great evening,

(b)(6)

From: (b)(6)  
Sent: Friday, March 16, 2018 1:06 PM  
To: 'Stephanie Reel'; 'Stan Huff' (b)(6)@facs.org; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott,M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'  
Cc: Blackburn, Scott R.; Windom, John H.; (b)(6) 'Bruce Moskowitz'; 'Carolyn@Bruce Moskowitz,MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'  
Subject: RE: Scheduling a Call Regarding Feedback on VA EHR  
Importance: High

Good afternoon,

A friendly reminder to please let me know which date works best for your schedule. Please feel free to call me with any questions.

Thank you,

(b)(6)

From: (b)(6)  
Sent: Thursday, March 15, 2018 7:27 PM  
To: Stephanie Reel; 'Stan Huff'; 'Manis, Jonathan (Jon)'(b)(6)@facs.org; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott,M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'  
Cc: Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; 'Carolyn@Bruce Moskowitz,MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'  
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(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell:

From: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Stan Huff (b)(6) @imail.org>; Cooper, Leslie T., M.D. (b)(6) @mayo.edu>; Karson, Andrew Scott, M.D. (b)(6) @mgh.harvard.edu>; Shrestha, Rasu B (b)(6) @upmc.edu>; Rasu Shrestha (b)(6) @gmail.com>  
Cc: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16> (b)(6) (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>  
Bcc:  
Subject: RE: Scheduling a Call Regarding Feedback on VA EHR  
Date: Fri Mar 16 2018 19:11:33 EDT  
Attachments:

---

Good evening,

Another friendly reminder to please let me know which dates works best for your schedule.

Have a great evening,

(b)(6)

From: (b)(6)  
Sent: Friday, March 16, 2018 1:06 PM  
To: 'Stephanie Reel'; 'Stan Huff' (b)(6) @facs.org'; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott, M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'  
Cc: Blackburn, Scott R.; Windom, John H.; (b)(6) 'Bruce Moskowitz'; 'Carolyn@Bruce Moskowitz, MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'  
Subject: RE: Scheduling a Call Regarding Feedback on VA EHR  
Importance: High

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From: (b)(6)

Sent: Thursday, March 15, 2018 7:27 PM

To: Stephanie Reel; 'Stan Huff'; 'Manis, Jonathan (Jon) (b)(6)@facs.org'; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott, M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'

Cc: Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; 'Carolyn@Bruce Moskowitz, MD'; 'Ashley Johnson'; Mary Riordan; 'Mehwesh Khalid'; Marc Sherman; IP

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(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: (b)(6) </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: EHR Call Status Update  
Date: Fri Mar 16 2018 13:06:37 EDT  
Attachments: image001.png

---

Just sent a follow up email, I will get you another update by 5PM. Thanks (b)(6)

From: Blackburn, Scott R.  
Sent: Friday, March 16, 2018 11:57 AM  
To: (b)(6)  
Subject: RE: EHR Call Status Update  
Importance: High

Yes, please. I want to be able to give Bruce an update by end of the day.

From: (b)(6)  
Sent: Friday, March 16, 2018 10:36 AM  
To: Blackburn, Scott R.  
Subject: EHR Call Status Update

Good morning Mr. Blackburn,

I have only received responses from Dr. Moskowitz and Mr. Manis. Should I sent out a follow up email?

X = available

Thanks (b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

Document ID: 0.7.1705.1527788-000001

Owner: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)  
/cn=recipients/cn=vacocallae2>  
Filename: image001.png  
Last Modified: Fri Mar 16 12:06:37 CDT 2018

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	Sunday	Monday	Tuesday
Moskowitz	X	X	X
Perlmutter			
Sherman			
Reel			
Huff			
Rasu			
Manis			X
Ko			
Cooper			
Karson			
Windom	X	X	X
Blackburn	X	X	X
(b)(6)	X	X	X

VA-18-0298-I-000794

From: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Stephanie Reel (b)(6)@jhu.edu>; Stan Huff (b)(6)@imail.org>(b)(6)@facs.org (b)(6)@facs.org>; Cooper, Leslie T., M.D.(b)(6)@mayo.edu>; Karson, Andrew Scott,M.D.(b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>  
Cc: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; (b)(6) (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeas(b)(6)>; Bruce Moskowitz (b)(6)@mac.com>; Carolyn@Bruce Moskowitz,MD (b)(6)@gmail.com>; Ashley Johnson (b)(6)@jhmi.edu>; Mary Riordan (b)(6)@jhu.edu>; Mehresh Khalid (b)(6)@facs.org>; Marc Sherman (b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>  
Bcc:  
Subject: RE: Scheduling a Call Regarding Feedback on VA EHR  
Date: Fri Mar 16 2018 13:05:45 EDT  
Attachments:

---

Good afternoon,

A friendly reminder to please let me know which date works best for your schedule. Please feel free to call me with any questions.

Thank you,

(b)(6)

From: (b)(6)  
Sent: Thursday, March 15, 2018 7:27 PM  
To: Stephanie Reel; 'Stan Huff'; 'Manis, Jonathan (Jon)(b)(6)@facs.org'; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott,M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'  
Cc: Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; 'Carolyn@Bruce Moskowitz,MD'; 'Ashley Johnson'; Mary Riordan; 'Mehresh Khalid'; Marc Sherman; IP  
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Thank you,

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=vacocallae2>  
Cc:  
Bcc:  
Subject: RE: EHR Call Status Update  
Date: Fri Mar 16 2018 11:56:50 EDT  
Attachments: image001.png

---

Yes, please. I want to be able to give Bruce an update by end of the day.

From: (b)(6)  
Sent: Friday, March 16, 2018 10:36 AM  
To: Blackburn, Scott R.  
Subject: EHR Call Status Update

Good morning Mr. Blackburn,

I have only received responses from Dr. Moskowitz and Mr. Manis. Should I sent out a follow up email?

X = available

Thanks, (b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary  
Office of Information and Technology



US Department of Veterans Affairs

Desk: 202-461-6288

Cell:

Document ID: 0.7.1705.1770593-000001

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>

Filename: image001.png

Last Modified: Fri Mar 16 10:56:50 CDT 2018

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	Sunday	Monday	Tuesday
Moskowitz	X	X	X
Perlmutter			
Sherman			
Reel			
Huff			
Rasu			
Manis			X
Ko			
Cooper			
Karson			
Windom	X	X	X
Blackburn	X	X	X
(b)(6)	X	X	X

VA-18-0298-I-000800

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe7b33-callaghan,>  
Cc:  
Bcc:  
Subject: RE: EHR Call Status Update  
Date: Fri Mar 16 2018 11:56:50 EDT  
Attachments: image001.png

---

Yes, please. I want to be able to give Bruce an update by end of the day.

From: (b)(6)  
Sent: Friday, March 16, 2018 10:36 AM  
To: Blackburn, Scott R.  
Subject: EHR Call Status Update

Good morning Mr. Blackburn,

I have only received responses from Dr. Moskowitz and Mr. Manis. Should I sent out a follow up email?

X = available

Thanks, (b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary



Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

Document ID: 0.7.1705.504327-000001

Owner: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)  
/cn=recipients/cn=vacoblacks1>

Filename: image001.png

Last Modified: Fri Mar 16 10:56:50 CDT 2018

---

	Sunday	Monday	Tuesday
Moskowitz	X	X	X
Perlmutter			
Sherman			
Reel			
Huff			
Rasu			
Manis			X
Ko			
Cooper			
Karson			
Windom	X	X	X
Blackburn	X	X	X
(b)(6)	X	X	X

VA-18-0298-I-000804

From: (b)(6) </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: EHR Call Status Update  
Date: Fri Mar 16 2018 10:35:59 EDT  
Attachments: image001.png

---

Good morning Mr. Blackburn,

I have only received responses from Dr. Moskowitz and Mr. Manis. Should I sent out a follow up email?

X = available

Thanks, (b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)



Document ID: 0.7.1705.504201-000001

Owner: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)  
/cn=recipients/cn=vacocallae2>  
Filename: image001.png  
Last Modified: Fri Mar 16 09:35:59 CDT 2018

---

	Sunday	Monday	Tuesday
Moskowitz	X	X	X
Perlmutter			
Sherman			
Reel			
Huff			
Rasu			
Manis			X
Ko			
Cooper			
Karson			
Windom	X	X	X
Blackburn	X	X	X
(b)(6)	X	X	X

VA-18-0298-I-000807

From: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>; Bowman, Thomas </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=bowman, thomas61a>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR  
Date: Fri Mar 16 2018 07:21:20 EDT  
Attachments:

---

Thank you Sir.

Vr

John

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

Special Advisor to the Under Secretary for Health

811 Vermont Avenue NW (5th Floor Suite 5080)

Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: Ms. (b)(6) – Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

From: Blackburn, Scott R.  
Sent: Thursday, March 15, 2018 8:45 PM  
To: DJS; Windom, John H.; Bowman, Thomas  
Subject: FW: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

We are pushing to get this done no later than Tuesday so we can wrap this up. Talked to Bruce and we are perfectly aligned. He is going to help push these folks for us.

Sent with Good (www.good.com)

---

From: Bruce Moskowitz  
Sent: Thursday, March 15, 2018 7:27:17 PM  
To: (b)(6)  
Cc: Stephanie Reel; Stan Huff; Manis, Jonathan (Jon)(b)(6)@facs.org; Cooper, Leslie T., M.D.; Karson, Andrew Scott, M.D.; Shrestha, Rasu B; Rasu Shrestha; Blackburn, Scott R.; Windom, John H.; (b)(6)  
(b)(6) Carolyn@Bruce Moskowitz, MD; Ashley Johnson; Mary Riordan; Mehvesh Khalid; Marc Sherman; IP  
Subject: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

All work for me

Sent from my iPad

Bruce Moskowitz M.D.

On Mar 15, 2018, at 7:26 PM, (b)(6)@va.gov> wrote:

Good evening,

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Thank you,

(b)(6)



(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>; Windom, John H. </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea188342-windom, joh>; Bowman, Thomas </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=bowman, thomas61a>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR  
Date: Thu Mar 15 2018 20:45:19 EDT  
Attachments:

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(b)(6) Carolyn@Bruce Moskowitz, MD; Ashley Johnson; Mary Riordan; Mehresh Khalid; Marc Sherman; IP  
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US Department of Veterans Affairs

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To: DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; Bowman, Thomas </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=bowman, thomas61a>  
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Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Bruce Moskowitz  
<brucemoskowitzmd@mac.com>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Cc: Stephanie Reel (b)(6)@jhu.edu>; Stan Huff (b)(6)@imail.org>; Manis, Jonathan (Jon) (b)(6)@sutterhealth.org;(b)(6)@facs.org;(b)(6)@facs.org>; Cooper, Leslie T., M.D.(b)(6)@mayo.edu>; Karson, Andrew Scott, M.D.(b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>; Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; (b)(6) (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeas(b)(6) >; Carolyn@Bruce Moskowitz,MD (b)(6)@gmail.com>; Ashley Johnson (b)(6)@ihmi.edu>; Mary Riordan (b)(6)@jhu.edu>; Mehresh Khalid (b)(6)@facs.org>; Marc Sherman (b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>  
Bcc:  
Subject: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR  
Date: Thu Mar 15 2018 19:27:17 EDT  
Attachments:

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(b)(6)

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Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: (b)(6)  
</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe  
7b33-(b)(6)>  
Cc: Stephanie Reel (b)(6)@jhu.edu>; Stan  
Huff (b)(6)@imail.org>; Manis, Jonathan (Jon)  
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Cooper, Leslie T., M.D. (b)(6)@mayo.edu>; Karson,  
Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>; Shrestha, Rasu B  
(b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>;  
Blackburn, Scott R. </o=va/ou=exchange administrative group  
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H. </o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea18  
8342-windom, joh>; (b)(6) </o=exchangelabs/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=045f8eff429f45888be795fbaa1d  
9ef2-(b)(6)>; Carolyn@Bruce Moskowitz, MD  
(b)(6)@gmail.com>; Ashley Johnson (b)(6)@jhmi.edu>;  
Mary Riordan (b)(6)@jhu.edu>; Mehresh Khalid  
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(b)(6)

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Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

From: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Stephanie Reel (b)(6)@jhu.edu>; Stan Huff (b)(6)@imail.org>; Manis, Jonathan (Jon) (b)(6)@sutterhealth.org>(b)(6)@facs.org(b)(6)@facs.org>; Cooper, Leslie T., M.D.(b)(6)@mayo.edu>; Karson, Andrew Scott, M.D.(b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>  
Cc: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; (b)(6) (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeas(b)(6)>; Bruce Moskowitz (b)(6)@mac.com>; Carolyn@Bruce Moskowitz MD(b)(6)@gmail.com>; Ashley Johnson (b)(6)@jhmi.edu>; Mary Riordan(b)(6)@jhu.edu>; Mehresh Khalid (b)(6)@facs.org>; Marc Sherman (b)(6)@gmail.com>; IF(b)(6)@frenchangel59.com>  
Bcc:  
Subject: Scheduling a Call Regarding Feedback on VA EHR  
Date: Thu Mar 15 2018 19:26:32 EDT  
Attachments:

---

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Office of Information and Technology  
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From: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Stephanie Reel (b)(6)@jhu.edu>; Stan Huff (b)(6)@imail.org>; Manis, Jonathan (Jon) (b)(6)@sutterhealth.org; (b)(6)@facs.org; (b)(6)@facs.org>; Cooper, Leslie T., M.D. (b)(6)@mayo.edu>; Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>  
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Bcc:  
Subject: Scheduling a Call Regarding Feedback on VA EHR  
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Attachments:

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Office of Information and Technology  
US Department of Veterans Affairs



Desk: 202-461-6288

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To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: EHR VA Call  
Date: Thu Mar 15 2018 14:24:44 EDT  
Attachments:

---

Okay, I will start over and get Mr. Marc and Dr. Bruce's availability first.

From: Blackburn, Scott R.  
Sent: Thursday, March 15, 2018 2:21 PM  
To: (b)(6)  
Subject: FW: [EXTERNAL] Re: EHR VA Call  
Importance: High

Let's see if we can do one big call next week.

Sent with Good (www.good.com)

---

From: Bruce Moskowitz  
Sent: Thursday, March 15, 2018 1:27:32 PM  
To: Windom, John H.; Blackburn, Scott R.; (b)(6)  
Cc: (b)(6)@gmail.com; IP; O'Rourke, Peter M.  
Subject: [EXTERNAL] Re: EHR VA Call

I want to make sure we are all in agreement of how this is structured. Marc and I want to be on every call that the group is on to discuss the contract. The whole group needs to be on the same call so we all give input to the whole contract and hear the same considerations and comments. Let me know if there is any discrepancy to this. Thank you

Sent from my iPad

Bruce Moskowitz M.D.

On Mar 15, 2018, at 12:28 PM, VA CIO Executive Schedule <vacocioexe@va.gov> wrote:

<mime-attachment.ics>

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=vacoblacks1>  
To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=vacocallae2>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: EHR VA Call  
Date: Thu Mar 15 2018 14:21:06 EDT  
Attachments:

---

Let's see if we can do one big call next week.

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Cc: (b)(6)@gmail.com  
(b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>; O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoorourp>  
Bcc:  
Subject: [EXTERNAL] Re: EHR VA Call  
Date: Thu Mar 15 2018 13:27:32 EDT  
Attachments:

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8342-windom, joh>; Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
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</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=045f8eff429f45888be795fbaa1d  
9ef2(b)(6)>  
Cc: (b)(6)@gmail.com  
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Peter M. </o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=2b3694bf8b8045e0a06e4797e30b  
93af-o'rourke, p>  
Bcc:  
Subject: [EXTERNAL] Re: EHR VA Call  
Date: Thu Mar 15 2018 13:27:32 EDT  
Attachments:

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I want to make sure we are all in agreement of how this is structured. Marc and I want to be on every call that the group is on to discuss the contract. The whole group needs to be on the same call so we all give input to the whole contract and hear the same considerations and comments. Let me know if there is any discrepancy to this. Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 15, 2018, at 12:28 PM, VA CIO Executive Schedule <vacocioexe@va.gov> wrote:

<mime-attachment.ics>

From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: Windom, John H. </o=va/ou=exchange  
administrative group (fydibohf23spdlt)/cn=recipients/cn=windom,  
john.h.e16>; Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>(b)(6)  
</o=va/ou=visn\_03/cn=recipients/cn=vhaeas(b)(6)>; Carolyn@Bruce  
Moskowitz,MD(b)(6)@gmail.com>; Bruce Moskowitz  
(b)(6)@mac.com>  
Cc:  
Bcc:  
Subject: EHR VA Call  
Date: Thu Mar 15 2018 12:28:02 EDT  
Attachments:

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From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>; (b)(6)  
</o=va/ou=visn 03/cn=recipients/cn=vhaeas(b)(6)>; Blackburn,  
Scott R. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John  
H. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>;  
Carolyn@Bruce Moskowitz,MD (b)(6)@gmail.com>; Marc  
Sherman (b)(6)@gmail.com>; Bruce Moskowitz  
(b)(6)@mac.com>  
Cc:  
Bcc:  
Subject: VA EHR Call  
Date: Thu Mar 15 2018 11:23:07 EDT  
Attachments:

---

StartTime: Mon Mar 19 11:00:00 Central Daylight Time 2018  
EndTime: Mon Mar 19 11:45:00 Central Daylight Time 2018  
Location: (b)(6)  
Invitees: (b)(6) Blackburn, Scott R.; Windom, John H.; Carolyn@Bruce Moskowitz,MD; Marc  
Sherman; Bruce Moskowitz  
Recurring: No  
ShowReminder: Yes  
ReminderMinutes: 15  
ReminderTime: Mon Mar 19 10:45:00 Central Daylight Time 2018  
Accepted: No

From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>; (b)(6)  
</o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Blackburn,  
Scott R. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John  
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Carolyn@Bruce Moskowitz,MD (b)(6)@gmail.com>; Marc  
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Location: (b)(6)  
Invitees: (b)(6) Blackburn, Scott R.; Windom, John H.; Carolyn@Bruce Moskowitz,MD; Marc  
Sherman; Bruce Moskowitz  
Recurring: No  
ShowReminder: Yes  
ReminderMinutes: 15  
ReminderTime: Mon Mar 19 10:45:00 Central Daylight Time 2018  
Accepted: Yes  
AcceptedTime: Thu Mar 15 10:52:00 Central Daylight Time 2018

From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>; (b)(6)  
</o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Blackburn,  
Scott R. </o=va/ou=exchange administrative group  
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(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>;  
Carolyn@Bruce Moskowitz,MD (b)(6)@gmail.com>; Marc  
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(b)(6)@mac.com>  
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Date: Thu Mar 15 2018 11:23:07 EDT  
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Sherman; Bruce Moskowitz  
Recurring: No  
ShowReminder: No  
Accepted: Yes  
AcceptedTime: Thu Mar 15 10:52:00 Central Daylight Time 2018

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03/cn=recipients/cn=vhaeastruexm>; Blackburn, Scott R.  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John  
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(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>;  
Carolyn@Bruce Moskowitz, MD (b)(6)@gmail.com>; Marc  
Sherman (b)(6)@gmail.com>; Bruce Moskowitz  
(b)(6)@mac.com>  
Cc:  
Bcc:  
Subject: VA EHR Call  
Date: Thu Mar 15 2018 11:23:05 EDT  
Attachments:

---



From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: Marc Sherman (b)(6)@gmail.com>  
Cc: (b)(6) </o=va/ou=visn  
03/cn=recipients/cn=vhaeastruexm>; Blackburn, Scott R.  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; IP  
(b)(6)@frenchangel59.com>; Laura Perlmutter (b)(6)@gmail.com>;  
Windom, John H. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>;  
(b)(6) </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: Re: [EXTERNAL] Re: VHA EHR - 2 calls that my assistant will set up  
Date: Thu Mar 15 2018 11:10:19 EDT  
Attachments: image001.jpg

---

Thank you just received

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 15, 2018, at 11:08 AM, Marc Sherman (b)(6)@gmail.com> wrote:

Thanks (b)(6)

On Mar 15, 2018 8:01 AM, (b)(6)@va.gov> wrote:

Mr. Sherman – The notice was just resent to Dr. Moskowitz. He should receive an email from the following address, usarmy.redstone.rdecom-amrdec.-mbx.safe-team@mail.mil.

Thanks,

(b)(6)

Contracting Officer

Department of Veterans Affairs

Office of Procurement, Acquisition and Logistics

Technology Acquisition Center

23 Christopher Way

Eatontown, New Jersey 07724

Office: 732-440-9650

Mobile: (b)(6)

e-mail: (b)(6)@va.gov

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From: Marc Sherman (b)(6)@gmail.com]

Sent: Thursday, March 15, 2018 10:54 AM

To: Blackburn, Scott R.

Cc: IP; Laura Perlmutter; Bruce Moskowitz; (b)(6) Windom, John H.; (b)(6)

Subject: [EXTERNAL] Re: VHA EHR - 2 calls that my assistant will set up

Scott and (b)(6)

I received a document download email with a password from

AMRDEC Safe Access File Exchange

However, Bruce has not received a similar email. Can you please get that to him?

Marc

On Mar 13, 2018 2:04 PM, "Blackburn, Scott R." <Scott.Blackburn@va.gov> wrote:

Marc/Bruce/Ike – thank you so much for the prompt replies. I just spoke to Bruce. We've got 100% participation (Stephanie Reel, Stan Huff, Jon Manis, Dr. Ko, Dr Karson, Dr. Cooper, and Dr. Shretha) and we are moving forward. (b)(6) (cc'd, our contracting officer) is making sure everyone has the right material. (b)(6) (my assistant, cc'd here) will be organizing a few phone calls in 2 steps:

Step 1 – Basic orientation to the government contract structure. This will be a 30-45 minute orientation so that folks know what they are looking at. John Windom and (b)(6) will host this and clue people into the parts to focus on and parts that are standard government things that are less relevant. This can be done in groups (ideally) or in one-offs to fit to accommodate people's busy schedules. (b)(6) has already scheduled 2 times in case these work for you. If they do not, she will work with your schedulers to find other times in the next 24-48 hours (sooner the better).

- \* Thursday 8:30-9:15am ET – Stephanie Reel confirmed
- \* Thursday 11:30am-12:15pm ET – Stan Huff confirmed

Step 2 – Feedback calls. Per Bruce's idea, we'll schedule 2 separate feedback calls for early next week. Both 90 minutes each. We are aiming for Monday, Tuesday or Wednesday at the latest. (b)(6) will set these up.

- \* CIOs (Reel, Huff, Manis, Shretha – and of course each of you are encouraged to join)
- \* Doctors (Dr. Karson, Dr. Ko, and Dr. Cooper – and of course each of you are encouraged to join)

Let me know how this sounds. Thank you again for your support and assistance on this critical matter.

Scott

From: Marc Sherman (b)(6)@gmail.com]  
Sent: Tuesday, March 13, 2018 1:40 PM  
To: Blackburn, Scott R.  
Cc: IP; (b)(6)@gmail.com; Bruce Moskowitz; (b)(6) Windom, John H.; DJS  
Subject: [EXTERNAL] Re: VA EHR NDA

Scott, (b)(6) and John

Thank you for the NDA draft that you sent along and the organized approach. I have attached the following to close the loop:

- 1.a marked up version of the NDA with a few necessary adjustments in red-line so you can see the changes that were made,
- 2.a blank copy of the amended NDA for Bruce and Ike to sign, and
- 3.a signed version by me of the amended NDA.

Thanks and happy to help as requested.

Marc

On Tue, Mar 13, 2018 at 10:31 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Ike, Bruce, Marc:

Thank each of you for agreeing to lend an extra set of outside eyes on the EHR contract. We appreciate your support and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
- 2) (b)(6) will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) (who is the government contracting officer) and John Windom (who is our EHR leader) will lead this from our side. I will ask (b)(6) (cc'd) here to help set up a time. We can either do this all together, if calendars match up, or separately if need be.

We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!

Scott



Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

From: Marc Sherman (b)(6)@gmail.com>  
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Cc: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; IP (b)(6)@frenchangel59.com>; Laura Perlmutter (b)(6)@gmail.com>; Bruce Moskowitz (b)(6)@mac.com>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: RE: [EXTERNAL] Re: VHA EHR - 2 calls that my assistant will set up  
Date: Thu Mar 15 2018 11:08:01 EDT  
Attachments: image001.jpg

---

Thanks (b)(6)

On Mar 15, 2018 8:01 AM, (b)(6)@va.gov wrote:

Mr. Sherman – The notice was just resent to Dr. Moskowitz. He should receive an email from the following address, usarmy.redstone.rdecom-amrdec.-mbx.safe-team@mail.mil.

Thanks,

(b)(6)

(b)(6)

Contracting Officer  
Department of Veterans Affairs  
Office of Procurement, Acquisition and Logistics  
Technology Acquisition Center  
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Eatontown, New Jersey 07724  
Office: 732-440-9650

Mobile: (b)(6)

e-mail: (b)(6)@va.gov

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From: Marc Sherman [mailto:mbsherman@gmail.com]  
Sent: Thursday, March 15, 2018 10:54 AM  
To: Blackburn, Scott R.  
Cc: IP; Laura Perlmutter; Bruce Moskowitz; Truex, Matthew; Windom, John H.; Callaghan, Elizabeth  
Subject: [EXTERNAL] Re: VHA EHR - 2 calls that my assistant will set up

Scott and Matt

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Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

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Bcc:  
Subject: RE: [EXTERNAL] Re: VHA EHR - 2 calls that my assistant will set up  
Date: Thu Mar 15 2018 11:01:08 EDT  
Attachments: image001.jpg

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Contracting Officer

Department of Veterans Affairs

Office of Procurement, Acquisition and Logistics

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Eatontown, New Jersey 07724

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Mobile: (b)(6)

e-mail: (b)(6)@va.gov

"For Internal VA Use Only – Working Draft, Pre-Decisional, Deliberative Document: This e-mail and any attachments are intended only for the use of the addressee(s) named herein and may contain privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail or telephone (732) 440-9650, and permanently delete the original and any copy of any e-mail and any printout thereof."

From: Marc Sherman (b)(6)@gmail.com]

Sent: Thursday, March 15, 2018 10:54 AM

To: Blackburn, Scott R.

Cc: IP; Laura Perlmutter; Bruce Moskowitz; (b)(6) Windom, John H.; (b)(6)

Subject: [EXTERNAL] Re: VHA EHR - 2 calls that my assistant will set up

Scott and (b)(6)

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However, Bruce has not received a similar email. Can you please get that to him?

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Department of Veterans Affairs

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Cc:  
Bcc:  
Subject: FW: [EXTERNAL] EMR documents  
Date: Thu Mar 15 2018 10:55:53 EDT  
Attachments:

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Please help Bruce...

Sent with Good (www.good.com)

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Sent: Thursday, March 15, 2018 10:51:08 AM  
To: Windom, John H.; Blackburn, Scott R.  
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Cc:  
Bcc:  
Subject: FW: [EXTERNAL] EMR calls  
Date: Thu Mar 15 2018 10:32:17 EDT  
Attachments:

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Sent: Thursday, March 15, 2018 9:52 AM  
To: Blackburn, Scott R.  
Cc: IP; (b)(6)@gmail.com; O'Rourke, Peter M.  
Subject: Re: [EXTERNAL] EMR calls

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> To: Blackburn, Scott R.

> Subject: [EXTERNAL] EMR calls

>

> To save time can you tell me if the Cerner contract has a provision to have the EMR that is in Intensive care units interact with a central monitoring system? Currently all major institutions have a command and control center staff that monitors intensive care units located in different hospitals in their system. The future is expanding this to monitor emergency rooms, recovery rooms and telemetry beds. If it is not in place which should be a standard part of the contract we will have billions in further costs to the system.

>

> Sent from my iPad

> Bruce Moskowitz M.D.



From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>; Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhupalzenooa>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>  
Bcc:  
Subject: RE: [EXTERNAL] EMR calls  
Date: Thu Mar 15 2018 09:25:08 EDT  
Attachments:

---

Thanks. I passed this on.

From: Short, John (VACO)  
Sent: Wednesday, March 14, 2018 8:45 PM  
To: Zenooz, Ashwini  
Cc: Blackburn, Scott R.; Windom, John H.  
Subject: RE: [EXTERNAL] EMR calls

Ash – Take a look at this DRAFT Response.

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From: Windom, John H.  
Sent: Wednesday, March 14, 2018 7:00 PM  
To: Zenooz, Ashwini; Blackburn, Scott R.; Short, John (VACO)  
Subject: RE: [EXTERNAL] EMR calls

I would it make the response overly complex.  
Jw

Sent with Good (www.good.com)

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To: Windom, John H.; Blackburn, Scott R.; Short, John (VACO)  
Subject: RE: [EXTERNAL] EMR calls

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To: Blackburn, Scott R.; Zenooz, Ashwini; Short, John (VACO)  
Subject: RE: [EXTERNAL] EMR calls

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Sent: Wednesday, March 14, 2018 9:37:42 AM  
To: Windom, John H.; Short, John (VACO); Zenooz, Ashwini  
Subject: FW: [EXTERNAL] EMR calls

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(b)(6)@mac.com>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] EMR calls  
Date: Thu Mar 15 2018 09:24:22 EDT  
Attachments:

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Bruce, thanks for raising this. Below is what I learned about what we have for intensive care units interacting with a central monitoring system. Let me know if this sounds right to you. Also you rattled off a couple of things (nutritional layout from Tufts, field to input the serial number for items in the device registry); if you could send me those I can hunt those down as well to save time. I just got off the phone with Stephanie Reel and she is excited to help; speaking to a few others at 11:30am ET.

The Cerner solution for ICU central monitoring, as part of the VA EHR, utilizes Cerner's CareAware iAware framework through the Apache Outcomes solution. This solution has the capability to configure dashboard views to enable monitoring of high acuity areas, specifically around performance and patient care. This capability is included in the scope of the Cerner acquisition as the Critical Care System, Cerner Apache Outcomes solution and End User License Agreement.

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Bcc:  
Subject: RE: [EXTERNAL] EMR calls  
Date: Wed Mar 14 2018 20:52:19 EDT  
Attachments:

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Thanks. This looks accurate.

Sent with Good (www.good.com)

From: Short, John (VACO)  
Sent: Wednesday, March 14, 2018 5:44:58 PM  
To: Zenooz, Ashwini  
Cc: Blackburn, Scott R.; Windom, John H.  
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Cc:  
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Subject: RE: [EXTERNAL] EMR calls  
Date: Wed Mar 14 2018 19:00:18 EDT  
Attachments:

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From: Zenooz, Ashwini </o=va/ou=visn21/cn=recipients/cn=vhapalzenooa>  
To: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] EMR calls  
Date: Wed Mar 14 2018 18:44:50 EDT  
Attachments:

---

John Short and I are working on a response. He should have something back from John Short by 8p.  
Thx

Sent with Good (www.good.com)

---

From: Windom, John H.  
Sent: Wednesday, March 14, 2018 3:31:07 PM  
To: Blackburn, Scott R.; Zenooz, Ashwini; Short, John (VACO)  
Subject: RE: [EXTERNAL] EMR calls

Ash  
Did you closeout this request from Mr Blackburn? I was not copied on anything. This is a doctor to doctor tasking.  
Thx  
Jw

Sent with Good (www.good.com)

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From: Blackburn, Scott R.  
Sent: Wednesday, March 14, 2018 9:55:20 AM  
To: Zenooz, Ashwini; Windom, John H.; Short, John (VACO)  
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From: Zenooz, Ashwini  
Sent: Wednesday, March 14, 2018 12:54 PM  
To: Windom, John H.; Blackburn, Scott R.; Short, John (VACO)  
Subject: RE: [EXTERNAL] EMR calls

That is correct. Through LightsOn and system config we would be able to view enterprise wide ICU, ED activity etc. at a central command.

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From: Windom, John H.  
Sent: Wednesday, March 14, 2018 9:50:28 AM  
To: Blackburn, Scott R.; Short, John (VACO); Zenooz, Ashwini  
Subject: RE: [EXTERNAL] EMR calls

This is part of contract and standard EHR implementation practices/solutions. The team will validate.  
John

Sent with Good (www.good.com)

---

From: Blackburn, Scott R.  
Sent: Wednesday, March 14, 2018 9:37:42 AM  
To: Windom, John H.; Short, John (VACO); Zenooz, Ashwini  
Subject: FW: [EXTERNAL] EMR calls

-----Original Message-----

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Wednesday, March 14, 2018 12:18 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] EMR calls

To save time can you tell me if the Cerner contract has a provision to have the EMR that is in Intensive care units interact with a central monitoring system? Currently all major institutions have a command and control center staff that monitors intensive care units located in different hospitals in their system. The future is expanding this to monitor emergency rooms, recovery rooms and telemetry beds. If it is not in place which should be a standard part of the contract we will have billions in further costs to the system.

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Tracking.  
Thx  
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From: (b)(6)  
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To: Windom, John H.; Blackburn, Scott R.  
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Office: 732-440-9650

Mobile: (b)(6)

e-mail: (b)(6)@va.gov

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Bcc:  
Subject: RE: VA EHR  
Date: Wed Mar 14 2018 12:56:12 EDT  
Attachments:

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Thanks so much, Stan!

From: Stan Huff (b)(6)@imail.org]  
Sent: Wednesday, March 14, 2018 11:52 AM  
To: Blackburn, Scott R.  
Cc: Windom, John H.; (b)(6) Foster, Michele (SES); (b)(6)  
Subject: [EXTERNAL] RE: VA EHR

Scott,

I have attached my signed NDA. I look forward to visiting tomorrow. Thanks, Stan

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
Sent: Monday, March 12, 2018 7:08 PM  
To: Stan Huff (b)(6)@imail.org>  
Cc: Windom, John H. <John.Windom@va.gov>; (b)(6)@va.gov>; Foster, Michele (SES) <Michele.FosterSES@va.gov>; (b)(6)@va.gov>  
Subject: RE: VA EHR

Stan:

Thank you for agreeing to be an extra set of outside eyes as we at VA finalize our EHR contract. We appreciate your vast experience and expertise; and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
- 2) Matt will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) will lead this from our side and has told me is available between tomorrow from 9:30-11am ET or I am sure he can also find other times if these don't work for you. I will ask (b)(6) (cc'd) here to help set up a time.

Thanks again!

Scott

From: Stan Huff (b)(6)@imail.org]  
Sent: Monday, March 12, 2018 4:34 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Re: VA EHR

Yes, I would be glad to help. What is the next step? Stan

Sent from Stan Huff's iPhone

On Mar 12, 2018, at 6:54 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Stan,

I hope this finds you well. On behalf of Secretary Shulkin I wanted to see if we could enlist your help. We are very close to finalizing our EHR deal with Cerner; however we want to make sure we get a few extra set of eyes on it to make sure we are doing right by Veterans, the country and taxpayers. Would you have the time/ability to conduct a quick high level review and provide input in the next week or so? You were referred to us by Dr. Bruce Moskowitz.



Thanks so much,

Scott

Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Stan Huff <stan.huff@imail.org>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Foster, Michele (SES) </o=va/ou=visn 03/cn=recipients/cn=vhaeasfostem>; (b)(6) <(b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: RE: VA EHR  
Date: Wed Mar 14 2018 12:56:12 EDT  
Attachments:

---

Thanks so much, Stan!

From: Stan Huff (b)(6)@imail.org]  
Sent: Wednesday, March 14, 2018 11:52 AM  
To: Blackburn, Scott R.  
Cc: Windom, John H.; (b)(6) Foster, Michele (SES); (b)(6)  
Subject: [EXTERNAL] RE: VA EHR

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Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs



From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Zenooz, Ashwini </o=va/ou=visn 21/cn=recipients/cn=vhapalzenooa>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] EMR calls  
Date: Wed Mar 14 2018 12:55:20 EDT  
Attachments:

---

Thanks. Can you guys write me a short response to Bruce that I can cut/paste? I want to nip these things in the bud so we can get this damn thing over the goalline! It is crunch time.

From: Zenooz, Ashwini  
Sent: Wednesday, March 14, 2018 12:54 PM  
To: Windom, John H.; Blackburn, Scott R.; Short, John (VACO)  
Subject: RE: [EXTERNAL] EMR calls

That is correct. Through LightsOn and system config we would be able to view enterprise wide ICU, ED activity etc. at a central command.

Sent with Good (www.good.com)

---

From: Windom, John H.  
Sent: Wednesday, March 14, 2018 9:50:28 AM  
To: Blackburn, Scott R.; Short, John (VACO); Zenooz, Ashwini  
Subject: RE: [EXTERNAL] EMR calls

This is part of contract and standard EHR implementation practices/solutions. The team will validate.  
John

Sent with Good (www.good.com)

---

From: Blackburn, Scott R.  
Sent: Wednesday, March 14, 2018 9:37:42 AM  
To: Windom, John H.; Short, John (VACO); Zenooz, Ashwini  
Subject: FW: [EXTERNAL] EMR calls

-----Original Message-----

From: Bruce Moskowitz [REDACTED]@mac.com]  
Sent: Wednesday, March 14, 2018 12:18 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] EMR calls

To save time can you tell me if the Cerner contract has a provision to have the EMR that is in Intensive care units interact with a central monitoring system? Currently all major institutions have a command and control center staff that monitors intensive care units located in different hospitals in their system. The future is expanding this to monitor emergency rooms, recovery rooms and telemetry beds. If it is not in place which should be a standard part of the contract we will have billions in further costs to the system.

Sent from my iPad  
Bruce Moskowitz M.D.

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Zenooz, Ashwini </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=806a9f90bf1401da07d9ba47abdfbb3-zenooz, ash>; Windom, John H. </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea188342-windom, joh>; Short, John (VACO) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=6208a46c9f2b4bcf87a442f085065189-short, john>  
Cc:  
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Cc: Foster, Michele (SES) </o=va/ou=visn 03/cn=recipients/cn=vhaeasfostem>  
Bcc:  
Subject: RE: any other NDAs come in?  
Date: Wed Mar 14 2018 12:47:37 EDT  
Attachments: image001.jpg

---

NDAs are a moot point after the public posting, correct?  
Jw

Sent with Good (www.good.com)

From: (b)(6)  
Sent: Wednesday, March 14, 2018 9:45:41 AM  
To: Blackburn, Scott R.  
Cc: Windom, John H.; Foster, Michele (SES)  
Subject: RE: any other NDAs come in?

Mr. Blackburn,

I have received NDAs for all individuals except Dr. Ko and Dr. Scott.

NDAs are in hand for Dr. Cooper, Dr. Huff, Dr. Moskowitz, Mr. Sherman, Mr. Perlmutter, and Ms. Reel. Those with signed NDAs have all been sent a link to the RFP files.

Thanks,

(b)(6)



Contracting Officer  
Department of Veterans Affairs  
Office of Procurement, Acquisition and Logistics  
Technology Acquisition Center  
23 Christopher Way  
Eatontown, New Jersey 07724  
Office: 732-440-9650

Mobile: (b)(6)  
e-mail: [redacted]@va.gov

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From: (b)(6)  
Sent: Tuesday, March 13, 2018 2:17 PM  
To: Blackburn, Scott R.; Windom, John H.; Foster, Michele (SES)  
Subject: RE: any other NDAs come in?

Mr. Blackburn – As you may have seen, NDAs were just received from Mr. Perlmutter and Mr. Sherman. I am in the process of providing Ms. Reel, Mr. Perlmutter and Mr. Sherman access to the RFP files via the Army’s SAFE site.

Thanks,

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Cc:  
Bcc:  
Subject: FW: [EXTERNAL] EMR calls  
Date: Wed Mar 14 2018 12:37:42 EDT  
Attachments:

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Cc:  
Bcc:  
Subject: [EXTERNAL] EMR calls  
Date: Wed Mar 14 2018 12:18:30 EDT  
Attachments:

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From: Stan Huff (b)(6)@imail.org  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Foster, Michele (SES) </o=va/ou=visn 03/cn=recipients/cn=vhaeasfostem>; (b)(6) (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: [EXTERNAL] RE: VA EHR  
Date: Wed Mar 14 2018 11:52:19 EDT  
Attachments: NDA EHRM Stan Huff signed 180314.pdf

---

Scott,

I have attached my signed NDA. I look forward to visiting tomorrow. Thanks, Stan

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
Sent: Monday, March 12, 2018 7:08 PM  
To: Stan Huff (b)(6)@imail.org  
Cc: Windom, John H. <John.Windom@va.gov>; (b)(6)@va.gov; Foster, Michele (SES) <Michele.FosterSES@va.gov>; (b)(6)@va.gov  
Subject: RE: VA EHR

Stan:

Thank you for agreeing to be an extra set of outside eyes as we at VA finalize our EHR contract. We appreciate your vast experience and expertise; and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
- 2) (b)(6) will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) will lead this from our side and has told me is available between tomorrow from 9:30-11am ET or I am sure he can also find other times if these don't work for you. I will ask (b)(6) (cc'd) here to help set up a time.

Thanks again!

Scott

From: Stan Huff [b)(6)@imail.org]  
Sent: Monday, March 12, 2018 4:34 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Re: VA EHR

Yes, I would be glad to help. What is the next step? Stan

Sent from Stan Huff's iPhone

On Mar 12, 2018, at 6:54 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Stan,

I hope this finds you well. On behalf of Secretary Shulkin I wanted to see if we could enlist your help. We are very close to finalizing our EHR deal with Cerner; however we want to make sure we get a few extra set of eyes on it to make sure we are doing right by Veterans, the country and taxpayers. Would you have the time/ability to conduct a quick high level review and provide input in the next week or so? You were referred to us by Dr. Bruce Moskowitz.

Thanks so much,

Scott

Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

From: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>  
To: VA CIO Executive Schedule  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocioexe>; Windom, John H.  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>;  
Blackburn, Scott R. </o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; (b)(6)  
</o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Carolyn@Bruce  
Moskowitz,MD (b)(6)@gmail.com>; Bruce Moskowitz  
(b)(6)@mac.com>  
Cc:  
Bcc:  
Subject: EHR VA Call  
Date: Wed Mar 14 2018 10:29:27 EDT  
Attachments:

---

StartTime: Wed Mar 21 15:00:00 Central Daylight Time 2018  
EndTime: Wed Mar 21 16:30:00 Central Daylight Time 2018  
Location: (b)(6)  
Invitees: Windom, John H.; Blackburn, Scott R.; (b)(6) Carolyn@Bruce Moskowitz,MD; Bruce  
Moskowitz  
Recurring: No  
ShowReminder: Yes  
ReminderMinutes: 15  
ReminderTime: Wed Mar 21 14:45:00 Central Daylight Time 2018  
Accepted: Yes  
AcceptedTime: Thu Mar 15 10:58:00 Central Daylight Time 2018



From: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>  
Bcc:  
Subject: RE: [EXTERNAL] RE: VA EHR  
Date: Wed Mar 14 2018 07:40:49 EDT  
Attachments:

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Good morning, I believe we have everyone scheduled for tomorrow here is the breakdown:

8:30AM

Reel

Ko

11:30AM

Huff

Karson

Cooper

I have yet to hear back from the three folks you emailed last night.

Thanks,

(b)(6)

From: Blackburn, Scott R.  
Sent: Tuesday, March 13, 2018 11:07 PM  
To: (b)(6)  
Cc: Windom, John H.  
Subject: FW: [EXTERNAL] RE: VA EHR

Importance: High

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Sent: Tuesday, March 13, 2018 11:04 PM  
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Cc: (b)(6)  
Subject: Re: [EXTERNAL] RE: VA EHR

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Department of Veterans Affairs

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Myklegard, Drew </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacomykled>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=ricci.mulligan>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Fwd: EMR  
Date: Wed Mar 14 2018 00:03:46 EDT  
Attachments:

---

Spoke to him today but Apple didn't come up. Might be good for you to join a call or two next week.

Sent with Good (www.good.com)

---

From: Myklegard, Drew  
Sent: Tuesday, March 13, 2018 11:56:51 PM  
To: (b)(6) Blackburn, Scott R.  
Subject: RE: [EXTERNAL] Fwd: EMR

Where are we with Dr. Moskowitz?

Sent with Good (www.good.com)

---

From: (b)(6)  
Sent: Tuesday, March 06, 2018 10:01:05 AM  
To: Myklegard, Drew; Blackburn, Scott R.  
Subject: RE: [EXTERNAL] Fwd: EMR

Agree, when? (b)(6)

Sent with Good (www.good.com)

---

From: Myklegard, Drew  
Sent: Tuesday, March 06, 2018 6:02:25 AM  
To: Blackburn, Scott R.; (b)(6)  
Subject: Re: [EXTERNAL] Fwd: EMR

Have a meeting where our VA team and Apple (Ricky and/or Jacky) walk Bruce through their slide deck that explains what they are doing. Use it as an opportunity for Shaman to build a relationship with him as VA gets closer to making our announcement.

Maybe an email like this:

We would like to get our team, Apple, and you on a phone call to walk you through the Veteran/patient experience and how it will improve their care. On this email is our clinical lead or the Apple engagement, Dr. Shaman Singh MD. He will take the lead for coordinating a meeting.

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>  
Date: Tuesday, March 6, 2018 at 5:42 AM  
To: (b)(6)@va.gov, "Myklegard, Drew" <David.Myklegard@va.gov>  
Subject: FW: [EXTERNAL] Fwd: EMR

See note below on Apple project. Thoughts on how to respond?

Sent with Good (www.good.com)

---

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Sent: Tuesday, March 06, 2018 7:09:43 AM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Fwd: EMR

Can we begin to address and then ill respond back?

Sent from my iPhone



Begin forwarded message:

From: Bruce Moskowitz (b)(6)@mac.com>  
Date: March 5, 2018 at 6:49:58 AM EST  
To: (b)(6)@gmail.com, (b)(6)@reagan.com  
Cc: (b)(6)@gmail.com, IP (b)(6)@frenchangel59.com>, (b)(6)@gmail.com  
Subject: EMR

I would like to underscore the importance of getting the "Cloud" correctly and the other four issues with the new CIO's. Also the composition of the physician input has to change immediately so that the EMR is patient centric and usable from the physician perspective.

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Sent from my iPad  
Bruce Moskowitz M.D.

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To: Myklegard, Drew </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=46555f3bdf3c47c0b36ecd6c3c149d90-myklegard,>; (b)(6) (Disabled) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=6cc21a7e86a541fa926f738debba0217-(b)(6)>  
Cc:  
Bcc:  
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Attachments:

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Cc: (b)(6)  
</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe  
7b33-callaghan,>;(b)(6) </o=exchangelabs/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=045f8eff429f45888be795fbaa1d  
9ef2(b)(6) >  
Bcc:  
Subject: Re: [EXTERNAL] RE: VA EHR  
Date: Tue Mar 13 2018 23:04:20 EDT  
Attachments:

---

Tomorrow or next Thursday? I am on the Big Sur coast now on vacation. Cell coverage spotty. Leslie Cooper

Sent from my iPhone

On Mar 13, 2018, at 1:46 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Leslie – thank you so much! 2 next steps.

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Thanks again!

Scott

From: Cooper, Leslie T., M.D. (b)(6)@mayo.edu]  
Sent: Tuesday, March 13, 2018 12:43 PM  
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Subject: Re: [EXTERNAL] VA EHR



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 To: Marc Sherman (b)(6)@gmail.com>  
 Cc: IP (b)(6)@frenchangel59.com>; (b)(6)@gmail.com (b)(6)@gmail.com>; Bruce Moskowitz (b)(6)@mac.com>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>; (b)(6) (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Fleck, Robert R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacofleckr>; Foster, Michele (SES) </o=va/ou=visn 03/cn=recipients/cn=vhaeasfostem>  
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 Date: Tue Mar 13 2018 17:04:27 EDT  
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Department of Veterans Affairs

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To: Cooper, Leslie T., M.D.  
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Cc: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>  
Bcc:  
Subject: RE: [EXTERNAL] VA EHR  
Date: Tue Mar 13 2018 16:46:42 EDT  
Attachments:

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To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: [EXTERNAL] Contract review  
Date: Tue Mar 13 2018 14:53:20 EDT  
Attachments:

---

Please call me at 561 3466269. I will be on call with the doctors and CIO's.

Sent from my iPad  
Bruce Moskowitz M.D.



From: (b)(6) </o=va/ou=visn03/cn=recipients/cn=vhaeastruexm>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>; Foster, Michele (SES) </o=va/ou=visn03/cn=recipients/cn=vhaeasfostem>  
Cc:  
Bcc:  
Subject: RE: any other NDAs come in?  
Date: Tue Mar 13 2018 14:17:15 EDT  
Attachments: image001.jpg

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Mr. Blackburn – As you may have seen, NDAs were just received from Mr. Perlmutter and Mr. Sherman. I am in the process of providing Ms. Reel, Mr. Perlmutter and Mr. Sherman access to the RFP files via the Army's SAFE site.

Thanks,

(b)(6)

Contracting Officer

Department of Veterans Affairs

Office of Procurement, Acquisition and Logistics

Technology Acquisition Center

23 Christopher Way

Eatontown, New Jersey 07724

Office: 732-440-9650

Mobile: (b)(6)

e-mail: (b)(6)@va.gov

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Sent: Tuesday, March 13, 2018 12:32 PM  
To: Blackburn, Scott R.; Windom, John H.; Foster, Michele (SES)  
Subject: RE: any other NDAs come in?

Absolutely, will do Mr. Blackburn. The only NDA I have received is from Ms. Reel, as stated yesterday.

(b)(6)

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Subject: any other NDAs come in?

Let me know if/when they do. The Secretary is monitoring very closely so I want to give him a little "here is where we are" by the end of the day.

Once again – thanks for your patience and support with this. I want to make sure we do this all in the right way so leaning on you guys for help. I do think this is important for external validation, buy-in, and maybe even a few slight course corrections before signing if they do find anything that we need to improve (extra sets of eyes and different perspectives is always good – especially on a contract of this significance and magnitude).

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Bcc:  
Subject: [EXTERNAL] RE: VA EHR NDA  
Date: Tue Mar 13 2018 14:07:06 EDT  
Attachments: Perlmutter.EHR NDA v2 mbs.pdf

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Department of Veterans Affairs

From: Marc Sherman (b)(6)@gmail.com>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc: IP (b)(6)@frenchangel59.com>; (b)(6)@gmail.com (b)(6)@gmail.com>; Bruce Moskowitz (b)(6)@mac.com>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>  
Bcc:  
Subject: [EXTERNAL] Re: VA EHR NDA  
Date: Tue Mar 13 2018 13:39:36 EDT  
Attachments: EHR NDA v2 mbs.pdf  
EHR NDA v2 RL.pdf  
EHR NDA v2.pdf

---

Scott (b)(6) and John

Thank you for the NDA draft that you sent along and the organized approach. I have attached the following to close the loop:

- 1.a marked up version of the NDA with a few necessary adjustments in red-line so you can see the changes that were made,
- 2.a blank copy of the amended NDA for Bruce and Ike to sign, and
- 3.a signed version by me of the amended NDA.

Thanks and happy to help as requested.

Marc

On Tue, Mar 13, 2018 at 10:31 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Ike, Bruce, Marc:

Thank each of you for agreeing to lend an extra set of outside eyes on the EHR contract. We appreciate your support and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

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We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!

Scott

Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

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Cc: (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>  
Bcc:  
Subject: VA EHR NDA  
Date: Tue Mar 13 2018 10:31:27 EDT  
Attachments: NDA\_blank EHRM for signature.pdf

---

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Bcc:  
Subject: RE: VA EHR  
Date: Mon Mar 12 2018 21:44:49 EDT  
Attachments:

---

Thanks Stan. We will make one of those times work. We will confirm tomorrow. Thanks so much for doing this.

Scott

From: Stan Huff (b)(6)@imail.org]  
Sent: Monday, March 12, 2018 9:25 PM  
To: Blackburn, Scott R.  
Cc: Windom, John H.; (b)(6) Foster, Michele (SES); (b)(6)  
Subject: [EXTERNAL] RE: VA EHR

Scott,

I am at the AMIA Joint Summit in San Francisco so it will be Wednesday morning before I can return the signed NDA. I am currently available for a call on Wednesday 11:00 am to noon, 2:00-2:30 pm, or 3:30-4:00 pm. If none of those times work I am free on Thursday morning. Let me know.  
Thanks, Stan

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Subject: [EXTERNAL] Re: VA EHR

Yes, I would be glad to help. What is the next step? Stan

Sent from Stan Huff's iPhone

On Mar 12, 2018, at 6:54 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

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Bcc:  
Subject: [EXTERNAL] RE: VA EHR  
Date: Mon Mar 12 2018 21:25:23 EDT  
Attachments:

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To: David Shulkin (b)(6)@gmail.com>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Fwd: Contact review  
Date: Mon Mar 12 2018 21:15:06 EDT  
Attachments: NDA\_blank EHRM for signature.pdf

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Attached is the NDA. Let me know if you'd like me to send it to Ike/Bruce/Marc directly. You can have them send it back to me directly and then I'll get someone from Windom's team to send them the package and walk them through it.

Stan Huff responded positively and we sent him the NDA. The only person that is yet to respond is Dr. Leslie Cooper from Mayo. My goal is for each of them to have the NDA signed, contract in hand, and someone has walked them through how to read the contract – by EOD tomorrow if possible.

From: David Shulkin (b)(6)@gmail.com]  
Sent: Monday, March 12, 2018 4:18 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Fwd: Contact review

Can we get them the nda as well?

Sent from my iPhone

Begin forwarded message:

From: IP (b)(6)@frenchangel59.com>  
Date: March 12, 2018 at 2:50:52 PM EDT  
To: David Shulkin (b)(6)@gmail.com>  
Cc: (b)(6)@gmail.com" (b)(6)@gmail.com>, (b)(6)@gmail.com" (b)(6)@gmail.com>, Bruce Moskowitz (b)(6)@mac.com>  
Subject: RE: Contact review

David,

How quick can you send the NDA to the people?

And why not send it to Bruce, Marc and myself so we can work around the clock to finish this?

Thank you.

-----Original Message-----

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Monday, March 12, 2018 2:03 PM  
To: David Shulkin (b)(6)@gmail.com>  
Cc: IP (b)(6)@frenchangel59.com>; (b)(6)@gmail.com; (b)(6)@gmail.com  
Subject: Re: Contact review

The following may be discussed on the review however if not, we need to be sure there is a platform for the planned device registry.

Separately there needs to be the ability to insert a mental health tracker, nutritional tracker and wellness tracker. We do not want to find out there is add on charges for these essential elements of the EMR. It also needs to be worked out how mental health records, treatments and appointments do not fall through the cracks during this lengthy implementation. The head of Columbia Psychiatry will Dr. Lieberman can assist with this aspect.

Thank you.

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 12, 2018, at 1:53 PM, David Shulkin (b)(6)@gmail.com> wrote:

Bruce- we got 4 of 6 on board so far plus one additional

Manis

Reel

Karson

Ko

Also got Rasu Shrestha from Pittsburgh

We are still waiting to hear from Dr Cooper and Huff and will add them if they agree

All will sign an NDA and will receive a package today and we will either bring in or video connect within the next 48 hours- we cannot have a group meeting because of federal rules so we must connect or meet separately

Thanks so much

David

Sent from my iPhone

On Mar 11, 2018, at 12:42 PM, Bruce Moskowitz (b)(6)@mac.com> wrote:

He is a cardiologist and administration

Sent from my iPhone

On Mar 11, 2018, at 12:31 PM, David Shulkin (b)(6)@gmail.com> wrote:

Great list

Is leslie cooper from mayo- i could not find him or her

Sent from my iPhone

On Mar 11, 2018, at 11:02 AM, Bruce Moskowitz (b)(6)@mac.com> wrote:

These are the individuals to review the contract; Stephanie Reel

CIO- hopkins Stan Huff CIO- intermountain Jonathan Manis CIO- suttr

Andrew Karson MD.- partners Leslie Cooper M.D.

Clifford Ko M.D.- american college surgeons Sent from my iPad Bruce

Moskowitz M.D.



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- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
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Thanks again!

Scott

From: Stan Huff [b)(6)]@imail.org]  
Sent: Monday, March 12, 2018 4:34 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Re: VA EHR

Yes, I would be glad to help. What is the next step? Stan

Sent from Stan Huff's iPhone

On Mar 12, 2018, at 6:54 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Stan,

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Thanks so much,

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Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Stan Huff (b)(6)@imail.org>  
Cc: Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john.h.e16>; (b)(6) </o=va/ou=visn 03/cn=recipients/cn=vhaeastruexm>; Foster, Michele (SES) </o=va/ou=visn 03/cn=recipients/cn=vhaeasfostem>; (b)(6) (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: RE: VA EHR  
Date: Mon Mar 12 2018 21:08:16 EDT  
Attachments: NDA\_blank EHRM for signature.pdf

---

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Thank you for agreeing to be an extra set of outside eyes as we at VA finalize our EHR contract. We appreciate your vast experience and expertise; and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

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To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: [EXTERNAL] Re: VA EHR  
Date: Mon Mar 12 2018 16:33:46 EDT  
Attachments:

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To: Windom, John H.  
</o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea18 8342-windom, joh>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Fwd: Contact review  
Date: Mon Mar 12 2018 16:23:10 EDT  
Attachments:

---

What do you think of having Ike/Bruce/Marc sign NDA's as well? Seems they are willing to "work around the clock to finish this".

From: David Shulkin [REDACTED]@gmail.com]  
Sent: Monday, March 12, 2018 4:18 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Fwd: Contact review

Can we get them the nda as well?

Sent from my iPhone

Begin forwarded message:

From: IP [REDACTED]@frenchangel59.com>  
Date: March 12, 2018 at 2:50:52 PM EDT  
To: David Shulkin [REDACTED]@gmail.com>  
Cc: [REDACTED]@gmail.com" [REDACTED]@gmail.com>, [REDACTED]@gmail.com" [REDACTED]@gmail.com>, Bruce Moskowitz [REDACTED]@mac.com>  
Subject: RE: Contact review

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Sent: Monday, March 12, 2018 2:03 PM  
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Cc: IP [REDACTED]@frenchangel59.com>; [REDACTED]@gmail.com; [REDACTED]@gmail.com

Subject: Re: Contact review

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Thank you.

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 12, 2018, at 1:53 PM, David Shulkin (b)(6)@gmail.com> wrote:

Bruce- we got 4 of 6 on board so far plus one additional

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From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: David Shulkin (b)(6)@gmail.com>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Fwd: Contact review  
Date: Mon Mar 12 2018 16:22:15 EDT  
Attachments:

---

NDA has been sent to all who have responded. We are already moving on that as of this morning.

We can absolutely send NDAs to Ike/Marc/Bruce as well. That shouldn't be a problem.

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To: David Shulkin (b)(6)@gmail.com>  
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Cc:  
Bcc:  
Subject: [EXTERNAL] Fwd: Contact review  
Date: Mon Mar 12 2018 16:17:39 EDT  
Attachments:

---

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From: IP (b)(6)@frenchangel59.com>  
Date: March 12, 2018 at 2:50:52 PM EDT  
To: David Shulkin (b)(6)@gmail.com>  
Cc: (b)(6)@gmail.com" (b)(6)@gmail.com>, (b)(6)@gmail.com" (b)(6)@gmail.com>, Bruce Moskowitz (b)(6)@mac.com>  
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Moskowitz M.D.



From: Clifford Ko [b] [redacted]@facs.org>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: [EXTERNAL] Re: VA EHR  
Date: Mon Mar 12 2018 10:47:05 EDT  
Attachments:

---

Dear Scott-I'd be happy to contribute. Clifford

On Mar 12, 2018, at 6:54 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Dr. Ko:

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Department of Veterans Affairs

From: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6)@mayo.edu  
(b)(6)@mayo.edu>  
Cc:  
Bcc:  
Subject: VA EHR  
Date: Mon Mar 12 2018 09:55:22 EDT  
Attachments:

---

Dr. Cooper:

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From: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6)@facs.org (b)(6)@facs.org>  
Cc:  
Bcc:  
Subject: VA EHR  
Date: Mon Mar 12 2018 09:54:47 EDT  
Attachments:

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From: Blackburn, Scott R. </o=va/ou=exchange  
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(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: (b)(6)@imail.org  
(b)(6)@imail.org>  
Cc:  
Bcc:  
Subject: VA EHR  
Date: Mon Mar 12 2018 09:54:06 EDT  
Attachments:

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Department of Veterans Affairs



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To: David Shulkin (b)(6) @gmail.com>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Fwd: Contact review  
Date: Sun Mar 11 2018 12:36:59 EDT  
Attachments:

---

Sounds good.

I understand no meeting in Florida this week, correct? If so, I'll let Manis know he has a little more time.

From: David Shulkin (b)(6) @gmail.com]  
Sent: Sunday, March 11, 2018 12:32 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Fwd: Contact review

Scott lets discuss tommorow

Sent from my iPhone

Begin forwarded message:

From: David Shulkin (b)(6) @gmail.com>  
Date: March 11, 2018 at 12:31:22 PM EDT  
To: Bruce Moskowitz (b)(6) @mac.com>  
Cc: IP (b)(6) @frenchangel59.com>, (b)(6) @gmail.com, (b)(6) @gmail.com  
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From: Colli, Jacqueline </o=va/ou=va  
martinsburg/cn=recipients/cn=vacocollij>  
To: (b)(6) </o=va/ou=va  
martinsburg/cn=recipients/cn=vacoalamm>; Blackburn, Scott R.  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; (b)(6)  
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(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Rinchack,  
Diane </o=va/ou=va martinsburg/cn=recipients/cn=vacosteved>;  
Llamas, Jose </o=va/ou=va  
martinsburg/cn=recipients/cn=vacollamaj>; Turner, Tanya T.  
</o=va/ou=va martinsburg/cn=recipients/cn=vacoturnert>  
Bcc:  
Subject: RE: SecVA  
Date: Fri Mar 09 2018 20:02:47 EST  
Attachments:

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Just confirming the SecVA flights and itinerary should go back to the original plans. Thank you.

JV.

---

From: (b)(6)  
Sent: Friday, March 09, 2018 1:10:18 PM  
To: Blackburn, Scott R.; (b)(6)  
Cc: Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
Subject: RE: SecVA

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

From: Blackburn, Scott R.  
Sent: Friday, March 09, 2018 4:09 PM  
To: (b)(6)  
Cc: Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner,  
Tanya T.  
Subject: RE: SecVA

Awesome! Thanks so much.

From: (b)(6)  
Sent: Friday, March 09, 2018 2:50 PM  
To: Blackburn, Scott R.  
Cc: Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
Subject: RE: SecVA

Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

From: Blackburn, Scott R.  
Sent: Friday, March 09, 2018 2:19 PM  
To: (b)(6)  
Cc: Colli, Jacqueline; (b)(6)  
Subject: RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good (www.good.com)

---

From: (b)(6)  
Sent: Friday, March 09, 2018 2:18:28 PM  
To: Blackburn, Scott R.  
Cc: Colli, Jacqueline; (b)(6)  
Subject: SecVA

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.

From: Llamas, Jose </o=va/ou=va  
martinsburg/cn=recipients/cn=vacollamaj>  
To: (b)(6) </o=va/ou=va  
martinsburg/cn=recipients/cn=vacoalamm>; Blackburn, Scott R.  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; (b)(6)  
(b)(6) </o=va/ou=va martinsburg/cn=recipients/cn=vacophamk>  
Cc: Colli, Jacqueline </o=va/ou=va  
martinsburg/cn=recipients/cn=vacocollij>; (b)(6)  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Rinchack,  
Diane </o=va/ou=va martinsburg/cn=recipients/cn=vacosteved>;  
Turner, Tanya T. </o=va/ou=va  
martinsburg/cn=recipients/cn=vacoturnert>  
Bcc:  
Subject: Re: SecVA  
Date: Fri Mar 09 2018 16:17:23 EST  
Attachments:

---

Roger that on our end.

From: (b)(6)@va.gov>  
Date: Friday, March 9, 2018 at 4:10 PM  
To: "Blackburn, Scott R." <Scott.Blackburn@va.gov>, (b)(6)@va.gov>  
Cc: Jacqueline Colli <Jacqueline.Colli@va.gov>, (b)(6)@va.gov>, "Rinchack, Diane" <Diane.Rinchack@va.gov>, vacollamaj <jose.llamas@va.gov>, Tanya Turner <Tanya.Turner3@va.gov>  
Subject: RE: SecVA

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Subject: RE: SecVA

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To: (b)(6)

Cc: Colli, Jacqueline; (b)(6)

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From: (b)(6) </o=va/ou=va  
martinsburg/cn=recipients/cn=vacoalamm>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; (b)(6)  
(b)(6) </o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=62f22a427be8442f8e8820c5cdcc  
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Cc: Colli, Jacqueline  
</o=exchangelabs/ou=exchange administrative group  
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administrative group  
(fydibohf23spdlt)/cn=recipients/cn=5b16ff55518e4f0dba3a3cfe5dc  
fba9-rinchack, d>; Llamas, Jose </o=exchangelabs/ou=exchange  
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(fydibohf23spdlt)/cn=recipients/cn=219c6e10b80149d19c7c95a830f1  
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</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=a47d9fe0f119447596064f83851a  
93e0-turner, tan>  
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From: (b)(6) </o=va/ou=va  
martinsburg/cn=recipients/cn=vacoalamm>  
To: Blackburn, Scott R. (DISABLED ACCT)  
</o=va/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>; (b)(6)  
(b)(6) </o=va/ou=va martinsburg/cn=recipients/cn=vacophamk>  
Cc: Colli, Jacqueline </o=va/ou=va  
martinsburg/cn=recipients/cn=vacocollij>; (b)(6)  
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(fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Rinchack,  
Diane </o=va/ou=va martinsburg/cn=recipients/cn=vacosteved>;  
Llamas, Jose </o=va/ou=va  
martinsburg/cn=recipients/cn=vacollamaj>; Turner, Tanya T.  
</o=va/ou=va martinsburg/cn=recipients/cn=vacoturnert>  
Bcc:  
Subject: RE: SecVA  
Date: Fri Mar 09 2018 16:10:18 EST  
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Subject: RE: SecVA

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To: (b)(6) </o=va/ou=va martinsburg/cn=recipients/cn=vacophamk>  
Cc: Colli, Jacqueline </o=va/ou=va martinsburg/cn=recipients/cn=vacocollij>; (b)(6) </o=va/ou=va martinsburg/cn=recipients/cn=vacoalamm>; (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Rinchack, Diane </o=va/ou=va martinsburg/cn=recipients/cn=vacosteved>; Llamas, Jose </o=va/ou=va martinsburg/cn=recipients/cn=vacollamaj>; Turner, Tanya T. </o=va/ou=va martinsburg/cn=recipients/cn=vacoturnert>  
Bcc:  
Subject: RE: SecVA  
Date: Fri Mar 09 2018 16:09:21 EST  
Attachments:

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Awesome! Thanks so much.

From: (b)(6)  
Sent: Friday, March 09, 2018 2:50 PM  
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Cc: Colli, Jacqueline; (b)(6) Rinchack, Diane; Llamas, Jose; Turner, Tanya T.  
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martinsburg/cn=recipients/cn=vacophamk>  
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</o=va/ou=va martinsburg/cn=recipients/cn=vacoalamm>;  
(b)(6) </o=va/ou=exchange administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacocallae2>; Rinchack,  
Diane </o=va/ou=va martinsburg/cn=recipients/cn=vacosteved>;  
Llamas, Jose </o=va/ou=va  
martinsburg/cn=recipients/cn=vacollamaj>; Turner, Tanya T.  
</o=va/ou=va martinsburg/cn=recipients/cn=vacoturnert>  
Bcc:  
Subject: RE: SecVA  
Date: Fri Mar 09 2018 14:49:32 EST  
Attachments:

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Cc: Colli, Jacqueline  
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(fydibohf23spdlt)/cn=recipients/cn=219c6e10b80149d19c7c95a830f1  
232f-llamas, jos>; Turner, Tanya T.  
</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=a47d9fe0f119447596064f83851a  
93e0-turner, tan>  
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</o=va/ou=va martinsburg/cn=recipients/cn=vacoalamm>;  
(b)(6) </o=va/ou=exchange administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: RE: SecVA  
Date: Fri Mar 09 2018 14:19:59 EST  
Attachments:

---

Perfect. Will let you know ASAP when we have details. Thanks!

From: Blackburn, Scott R.  
Sent: Friday, March 09, 2018 2:19 PM  
To: (b)(6)  
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Cc: Colli, Jacqueline  
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7b33-(b)(6)>  
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Cc: Colli, Jacqueline </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=9d21386fb099450d9a51ae5cdf06 dd2a-colli, jacq>; (b)(6) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=e04c02929f184bffbb82bbd27f5b c6ad-(b)(6)> </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe 7b33-(b)(6)>  
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</o=exchangelabs/ou=exchange administrative group  
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dd2a-colli, jacq>; (b)(6) </o=exchangelabs/ou=exchange  
administrative group  
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c6ad-(b)(6)  
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(fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe  
7b33-(b)(6)>  
Bcc:  
Subject: SecVA  
Date: Fri Mar 09 2018 14:18:28 EST  
Attachments:

---

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.



From: Bumpus, Meredith </o=va/ou=va  
martinsburg/cn=recipients/cn=vacomitchm1>  
To: O'Rourke, Peter M. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoorourp>; Bruce Moskowitz  
(b)(6)@mac.com>  
Cc: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>; Marc Sherman  
(b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>  
Bcc:  
Subject: RE: [EXTERNAL] Re: Apple vs Cerner  
Date: Thu Mar 08 2018 08:44:42 EST  
Attachments:

---

Good morning,

The conference call is scheduled for March 9th at 12:15pm.

Please use the following: (b)(6)

Thanks,  
Meredith  
202-461-5775

-----Original Message-----

From: O'Rourke, Peter M.  
Sent: Thursday, March 08, 2018 7:23 AM  
To: Bruce Moskowitz  
Cc: Sandoval, Camilo J.; Marc Sherman; IP; Bumpus, Meredith  
Subject: RE: [EXTERNAL] Re: Apple vs Cerner

Understood. I'll notify you today of a time and conference call in number.

Pete

-----Original Message-----

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Thursday, March 08, 2018 7:16 AM  
To: O'Rourke, Peter M.  
Cc: Sandoval, Camilo J.; Marc Sherman; IP  
Subject: Re: [EXTERNAL] Re: Apple vs Cerner

Thank you I have noon or after 4 or before 7 am. It will probably just be me on the call

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Bruce Moskowitz M.D.

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>>> Thank you.

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>>> Sent: Wednesday, March 07, 2018 7:26:08 PM  
>>> To: Sandoval, Camilo J.  
>>> Subject: FW: Apple vs Cerner

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>>>  
>>> Sent with Good (www.good.com)

>>>  
>>> From: Windom, John H.  
>>> Sent: Tuesday, March 06, 2018 6:18:26 AM  
>>> To: Blackburn, Scott R.  
>>> Cc: Short, John (VACO); Zenooz, Ashwini  
>>> Subject: FW: Apple vs Cerner

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>>> Sir,  
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>>> To: Blackburn, Scott R.; Sandoval, Camilo J.; Zenooz, Ashwini;  
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Cc: Marc Sherman (b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>  
Bcc:  
Subject: RE: [EXTERNAL] Re: Apple vs Cerner  
Date: Thu Mar 08 2018 07:34:46 EST  
Attachments:

---

Pete, I'm available anytime for this on Friday.

Thanks  
Camilo

---

From: Bruce Moskowitz  
Sent: Thursday, March 08, 2018 4:15:56 AM  
To: O'Rourke, Peter M.  
Cc: Sandoval, Camilo J.; Marc Sherman; IP  
Subject: Re: [EXTERNAL] Re: Apple vs Cerner

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> Bruce Moskowitz M.D.

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>> \_\_\_\_\_  
>> From: Windom, John H.  
>> Sent: Wednesday, March 07, 2018 7:26:08 PM  
>> To: Sandoval, Camilo J.  
>> Subject: FW: Apple vs Cerner

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>>  
>> Sent with Good (www.good.com)

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>> From: Windom, John H.  
>> Sent: Tuesday, March 06, 2018 6:18:26 AM  
>> To: Blackburn, Scott R.  
>> Cc: Short, John (VACO); Zenooz, Ashwini  
>> Subject: FW: Apple vs Cerner

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>> John

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>> John H. Windom, Senior Executive Service (SES) Program Executive for  
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>> the Under Secretary for Health  
>> 811 Vermont Avenue NW (5th Floor Suite 5080) Washington, DC 20420  
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>> Sent: Friday, January 26, 2018 3:24 PM  
>> To: Blackburn, Scott R.; Sandoval, Camilo J.; Zenooz, Ashwini; Short,  
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From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: O'Rourke, Peter M. </o=va/ou=exchange  
administrative group  
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Cc: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacosandoc>; Marc Sherman  
(b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>  
Bcc:  
Subject: Re: [EXTERNAL] Re: Apple vs Cerner  
Date: Thu Mar 08 2018 07:08:06 EST  
Attachments:

---

Thank you for your quick response. When convenient for you, let's set up a call to determine what can be done to rescue this very important initiative.

Sent from my iPad  
Bruce Moskowitz M.D.

> On Mar 8, 2018, at 7:04 AM, O'Rourke, Peter M. <Peter.ORourke@va.gov> wrote:

>  
> Bruce,  
>  
> What can I do to salvage that group's work and expertise and apply what we can to the developing product?

> Pete

> -----Original Message-----

> From: Bruce Moskowitz (b)(6)@mac.com]

> Sent: Thursday, March 08, 2018 6:45 AM

> To: Sandoval, Camilo J.

> Cc: Marc Sherman; IP; O'Rourke, Peter M.

> Subject: [EXTERNAL] Re: Apple vs Cerner

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To: Bruce Moskowitz  
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Cc: Marc Sherman (b)(6)@gmail.com>; IP (b)(6)@frenchangel59.com>  
Bcc:  
Subject: RE: [EXTERNAL] Re: Apple vs Cerner  
Date: Thu Mar 08 2018 07:04:39 EST  
Attachments:

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Bcc:  
Subject: [EXTERNAL] Re: Apple vs Cerner  
Date: Thu Mar 08 2018 06:45:13 EST  
Attachments:

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From: Marc Sherman (b)(6)@gmail.com>  
To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc: Bruce Moskowitz (b)(6)@mac.com>; IP (b)(6)@frenchangel59.com>; O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoorourp>  
Bcc:  
Subject: [EXTERNAL] Re: FW: Apple vs Cerner  
Date: Thu Mar 08 2018 00:40:48 EST  
Attachments:

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Thank you. I will review tomorrow.

Marc Sherman  
(202) 758-8700

On Mar 7, 2018 10:46 PM, "Sandoval, Camilo J." <Camilo.Sandoval@va.gov> wrote:

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Cc:  
Bcc:  
Subject: FW: Apple vs Cerner  
Date: Wed Mar 07 2018 22:52:39 EST  
Attachments: Apple App Background and Questions\_final.docx  
EHRM Cerner Apple Compare\_final.pptx

---

FYI... will update tracker.

Thanks

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From: Sandoval, Camilo J.  
Sent: Wednesday, March 07, 2018 7:46:02 PM  
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</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=2b3694bf8b8045e0a06e4797e30b  
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## 12. Final Negotiation Language

\* [ ... ]

\* Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

\* Understand how Cerner will provide the VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties. Panelists acknowledged this recommendation is a stretch goal.

\* RFP Section 5.8 address the support to business intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations.

However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.

\* Suggest adding to RFP Section 5.8: “h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable.”

Suggest adding to Section 5.10.4.1: “n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.”

Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.

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13.

\* [ ... ]

\* [ ... ]

14.

\* [ ... ]

\* [ ... ]

15.

\* [ ... ]

\* [ ... ]

16.

\* [ ... ]

\* [ ... ]

-----  
Camilo Sandoval

Senior Advisor to Under Secretary

Veterans Health Administration

U.S. Department of Veterans Affairs

Washington, D.C.

M:

O: 202-461-7359

<EHRTTracker\_ver-(03MAR2018).docx>



From: Bruce Moskowitz  
(b)(6)@mac.com>  
To: Sandoval, Camilo J. </o=va/ou=exchange  
administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacosandoc>  
Cc: (b)(6)@gmail.com  
(b)(6)@gmail.com>; O'Rourke, Peter M. </o=va/ou=exchange  
administrative group  
(fydibohf23spdl)/cn=recipients/cn=vacoorourp>  
Bcc:  
Subject: [EXTERNAL] Re: EHR Tracker  
Date: Wed Mar 07 2018 18:00:30 EST  
Attachments:

---

Thank you very helpful

Sent from my iPhone

On Mar 7, 2018, at 5:11 PM, Sandoval, Camilo J. <Camilo.Sandoval@va.gov> wrote:

Bruce/Marc,

I am working with Pete and Scott to help streamline all the questions and answers we are following up on. I have consolidated everything into a word document and also pasted below. I'll continue to update this document as new questions come in. Please feel free to CC when you send new questions. Either way, I'll work directly with Pete, Scott, and the EHR team to help get accurate answers as quickly as possible.

Thank you

Camilo

---

From: Blackburn, Scott R.  
Sent: Wednesday, March 07, 2018 4:51 PM  
To: Sandoval, Camilo J.  
Cc: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn  
Subject: RE: EHR - Tracker

I like the idea. That way he can refine the issues he is truly concerned with (so we aren't shooting at the wrong target). Please do.

Sent with Good (www.good.com)

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From: Sandoval, Camilo J.  
Sent: Wednesday, March 07, 2018 4:40 PM  
To: Blackburn, Scott R.  
Cc: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn  
Subject: RE: EHR - Tracker

Scott,

Okay if we also share tracker with Bruce, so we can hopefully help funnel question and catch any missing gaps?

---

From: Blackburn, Scott R.  
Sent: Wednesday, March 07, 2018 4:37 PM  
To: Sandoval, Camilo J.  
Cc: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn  
Subject: RE: EHR - Tracker

Thank you. Let me share with Team so we can populate.

Update - Rasu has taken a thorough scrub. Did raise a few issues that team is adjudicating. Rasu is awesome.

Manis jammed this week (everyone is at HIMSS) but doing it next week he says.

Sent with Good (www.good.com)

---

From: Sandoval, Camilo J.  
Sent: Wednesday, March 07, 2018 4:24:54 PM  
To: Blackburn, Scott R.  
Cc: O'Rourke, Peter M.; Hayes-Byrd, Jacquelyn

Subject: EHR - Tracker

Scott,

See my tracker below. What additional questions are we tracking and still outstanding?

EHR – Q&A

Tracker

Version: 3/7/2018 – 11:51am

Category

Question/Follow-up

Comments

1. Personnel

\* CIO Candidate Pool?

\* Separation of roles?

\* #1) Rasu— is all in as far as starting to help right away. I just got off the phone with him. He has UPMC commitments rest of this week and is Chairman of HiMSS Innovation committee (so we will all be at HiMSS together next week). However if he needs to come to Washington this week for something, he will find a way to do it (and we will use invitation travel to pay for it). He is willing to start engaging right away to help us. He said he doesn't have to wait for the IPA paperwork to come through for him to help.

2. Physician Input

\* Patient Centric?

\* Physician Usability Scope?

\* [ ... ]?

3. Apple Project

\* Who is POC?

\* Project update?

\* Mental Health Strategy and Portable EMR Solution that works with DOD & VA & Community?

\* [ ... ]?

#### 4. Mobile Capabilities

\* Device Registry?

\* [ ... ]?

#### 5. Voice Recognition

\* [ ... ]

\* [ ... ]?

#### 6. Data Graphing

\* How will all entered lab data from any source be available on a graph?

\* Graphs will be available in 2 spots. 1. Workflow MPage lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.

#### 7. Risk Management

\* Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact

\* All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.

#### 8. SOAP Notes

\* Streamlining SOAP notes?



\* Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

## 9. Cloud & Platform

\* Are we getting the cloud correctly?

\* Open Cloud vs. Comm. Cloud?

\* Open Platform vs. just AWS

a. Amazon Web Services

b. Cloud Providers?

c. AWS Partnerships?

d. DOD/CIO Team?

a. The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.

b. Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and Virtu Stream/Dell. At VA, we use both AWS and Azure right now. Again, the goal here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).

c. Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open could environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.

d. DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but service members still in uniform.

## 10. APIs

\* Are APIs cloud based?

\* The Open APIs that VA has access to from Cerner reside in their Commercial Cloud environment. This environment is designed to scale to accommodate Cerner's entire remote hosted customer base.

\* In a recent press release Cerner and Amazon announced that they would be working together in cooperation to accelerate HealthCare Innovations.

## 11. IP Language

\* Clarify contract IP language

\* This is what caused Aneesh Chopra (one of the experts on our MITRE panel) to jump out of his chair last week. He claims this is the holy grail that no other healthcare system has been able to get from either Cerner or Epic. Aneesh claims that as a result of what we've negotiated below, that other healthcare systems will be willing to join us in the attached pledge (shall we decide to go forward with it) and we could do this next week at HIMSS. When I spoke to Rasu, he told me Aneesh had already called him about this and that UPMC would be willing to sign this pledge.

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Veterans Health Administration

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<EHRTracker\_ver-(03MAR2018).docx>



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To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Fwd: EMR  
Date: Wed Mar 07 2018 02:44:40 EST  
Attachments:

---

I like it. Will do. Also just forwarded what we shared with Bruce last week. We are close. We will get there. Bruce seems positive. I am hopeful Rasu and Manis will help.

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Sent: Tuesday, March 06, 2018 7:12 PM  
To: Blackburn, Scott R.  
Subject: RE: [EXTERNAL] Fwd: EMR

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Can I offer a suggestion? Could we possibly create a tracker on all the incoming questions/answers? I believe this might clarify the question and help get a quicker reply and keep everyone on the same page. Example below based on what Bruce requested today.

Thoughts?

Question/Topic

Follow-Up Questions

Response/Comments

1. Cloud
  - Are we getting the cloud correctly
  - Document reference ?

- Strategy?

- POC?

2. CIO

- Candidate Pool?

- Key Qualifications?

- Separation of roles?

3. Physician Input

- Patient Centric?

- Physician Usability Scope?

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- Who is POC?

- Project update?

- Mental Health Strategy and Portable EMR Solution that works with DOD & VA & Community?

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From: Blackburn, Scott R.  
Sent: Tuesday, March 06, 2018 5:05 PM  
To: Sandoval, Camilo J.  
Subject: FW: [EXTERNAL] Fwd: EMR

Sent with Good (www.good.com)

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From: David Shulkin  
Sent: Tuesday, March 06, 2018 7:09:43 AM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Fwd: EMR

Can we begin to address and then ill respond back?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz (b)(6)@mac.com>  
Date: March 5, 2018 at 6:49:58 AM EST  
To: (b)(6)@gmail.com, (b)(6)@reagan.com  
Cc: (b)(6)@gmail.com, IP (b)(6)@frenchangel59.com>, (b)(6)@gmail.com  
Subject: EMR

I would like to underscore the importance of getting the "Cloud" correctly and the other four issues with the new CIO's. Also the composition of the physician input has to change immediately so that the EMR is patient centric and usable from the physician perspective. Second this is going to take years to implement and especially in mental health we need a portable EMR solution that works with the DOD, the VA and the private sector. No one at the VA got back to me on what the Apple project can and can not do in terms of solving this problem.

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Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu  
Date: Wed Mar 07 2018 02:43:22 EST  
Attachments:

---

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Wednesday, February 28, 2018 4:53 PM  
To: Blackburn, Scott R.  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; (b)(6)@gmail.com  
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you progress is being made but as my group keeps saying devil is in the details

Sent from my iPhone

On Feb 28, 2018, at 4:36 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – as promised here is more information on what we will have to address the other 4 issues you mentioned. I still owe you device registry. Let me know if this makes sense or not. Also happy to get you on the phone directly with my experts. - Scott

Voice Recognition.

Our new Cerner EHR platform includes Enterprise Dragon Nuance. VHA currently deploys the enterprise version which maintains people voice print and the Clinical Staff say it works very well (my primary care provider at the Washington VA Medical Center uses it). Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

How will all entered lab data, from any source, be available on a graph

Graphs will be available in 2 spots. 1. Workflow MPage lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they

would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.

Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact

All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.

Streamlined SOAP notes.

Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

From: Blackburn, Scott R.  
Sent: Wednesday, February 28, 2018 2:30 PM  
To: 'Bruce Moskowitz'  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6)@gmail.com  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the negotiation. Let me send you the specifics where we have landed to make sure that we got them right. Stand by...

Scott

From: Bruce Moskowitz (b)(6)@mac.com]



Sent: Wednesday, February 28, 2018 1:13 PM  
To: Blackburn, Scott R.  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP:(b)(6)@gmail.com  
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you my five CIO's had looked forward to tar and feathering  
me if the cloud is not done correctly!

The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad

Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this more this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning...

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DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.

Thanks again for the feedback and support. We are going to make sure this is crystal clear.

Scott

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Tuesday, February 27, 2018 9:29 PM  
To: Blackburn, Scott R.  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; (b)(6)@gmail.com  
Subject: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

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Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

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Panelists acknowledged this recommendation is a stretch goal.

RFP Section 5.8 address the support to business intelligence and data analytics.

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However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.

Suggest adding to RFP Section 5.8: "h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable."

Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies."

Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.

Cerner Concur, with requested change:

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Concur with Cerner edit, negotiated inclusion at no additional cost.

Cerner's edits consistent with intent of recommendation.

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<EHRM \_ National Interoperability Cooperative Commitment (NIC2) - DRAFT\_2.....pptx>

<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>



From: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
To: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacosandoc>  
Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu  
Date: Wed Mar 07 2018 02:43:22 EST  
Attachments:

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From: Bruce Moskowitz [(b)(6)]@mac.com]  
Sent: Wednesday, February 28, 2018 4:53 PM  
To: Blackburn, Scott R.  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP: [(b)(6)]@gmail.com  
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Thank you progress is being made but as my group keeps saying devil is in the details

Sent from my iPhone

On Feb 28, 2018, at 4:36 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – as promised here is more information on what we will have to address the other 4 issues you mentioned. I still owe you device registry. Let me know if this makes sense or not. Also happy to get you on the phone directly with my experts. - Scott

Voice Recognition.

Our new Cerner EHR platform includes Enterprise Dragon Nuance. VHA currently deploys the enterprise version which maintains people voice print and the Clinical Staff say it works very well (my primary care provider at the Washington VA Medical Center uses it). Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

How will all entered lab data, from any source, be available on a graph

Graphs will be available in 2 spots. 1. Workflow MPage lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review

flowsheet allows for 2 different lab values to be graphed together.

Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact

All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.

Streamlined SOAP notes.

Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

From: Blackburn, Scott R.  
Sent: Wednesday, February 28, 2018 2:30 PM  
To: 'Bruce Moskowitz'  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6)@gmail.com  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the negotiation. Let me send you the specifics where we have landed to make sure that we got them right. Stand by...

Scott

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Wednesday, February 28, 2018 1:13 PM

To: Blackburn, Scott R.  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6)@gmail.com  
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you my five CIO's had looked forward to tar and feathering

me if the cloud is not done correctly!

The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad

Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this more this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning...

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To: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoorourp>  
Cc: Hayes-Byrd, Jacquelyn </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacohayesj1>  
Bcc:  
Subject: FW: [EXTERNAL] Fwd: EMR  
Date: Tue Mar 06 2018 19:12:57 EST  
Attachments:

---

FYI...

From: Sandoval, Camilo J.  
Sent: Tuesday, March 06, 2018 7:12 PM  
To: Blackburn, Scott R.  
Subject: RE: [EXTERNAL] Fwd: EMR

Is Bruce's email one of the questions you think we've already answered in the past?

Can I offer a suggestion? Could we possibly create a tracker on all the incoming questions/answers? I believe this might clarify the question and help get a quicker reply and keep everyone on the same page. Example below based on what Bruce requested today.

Thoughts?

Question/Topic

Follow-Up Questions

Response/Comments

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\*\*\*\*\* Strategy?

\*\*\*\*\* POC?

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\*\*\*\*\* Key Qualifications?

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\*\*\*\*\*

\*\*\*\*\*

4.

\*\*\*\*\*

\*\*\*\*\*

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\*\*\*\*\* Project update?

\*\*\*\*\* Mental Health Strategy and Portable EMR Solution that works with DOD & VA & Community?

\*\*\*\*\*

6.

\*\*\*\*\*

\*\*\*\*\*

7.

\*\*\*\*\*

\*\*\*\*\*

From: Blackburn, Scott R.  
Sent: Tuesday, March 06, 2018 5:05 PM  
To: Sandoval, Camilo J.  
Subject: FW: [EXTERNAL] Fwd: EMR

Sent with Good (www.good.com)

---

From: David Shulkin  
Sent: Tuesday, March 06, 2018 7:09:43 AM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Fwd: EMR

Can we begin to address and then ill respond back?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz (b)(6)@mac.com>  
Date: March 5, 2018 at 6:49:58 AM EST  
To: (b)(6)@gmail.com, (b)(6)@reagan.com  
Cc: (b)(6)@gmail.com, IP (b)(6)@frenchangel59.com>, (b)(6)@gmail.com  
Subject: EMR

I would like to underscore the importance of getting the "Cloud" correctly and the other four issues with the new CIO's. Also the composition of the physician input has to change immediately so that the EMR is patient centric and usable from the physician perspective. Second this is going to take years to implement and especially in mental health we need a portable EMR solution that works with the DOD, the VA and the private sector. No one at the VA got back to me on what the Apple project can and can not do in terms of solving this problem.

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Bruce Moskowitz M.D.

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To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Fwd: EMR  
Date: Tue Mar 06 2018 19:12:29 EST  
Attachments:

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To: Myklegard, Drew </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacomykled>; Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Fwd: EMR  
Date: Tue Mar 06 2018 10:01:05 EST  
Attachments:

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Agree, when? (b)(6)

Sent with Good (www.good.com)

From: Myklegard, Drew  
Sent: Tuesday, March 06, 2018 6:02:25 AM  
To: Blackburn, Scott R.; (b)(6)  
Subject: Re: [EXTERNAL] Fwd: EMR

Have a meeting where our VA team and Apple (Ricky and/or Jacky) walk Bruce through their slide deck that explains what they are doing. Use it as an opportunity for Shaman to build a relationship with him as VA gets closer to making our announcement.

Maybe an email like this:

We would like to get our team, Apple, and you on a phone call to walk you through the Veteran/patient experience and how it will improve their care. On this email is our clinical lead or the Apple engagement, Dr. Shaman Singh MD. He will take the lead for coordinating a meeting.

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>

Date: Tuesday, March 6, 2018 at 5:42 AM

To: (b)(6)@va.gov, "Myklegard, Drew" <David.Myklegard@va.gov>

Subject: FW: [EXTERNAL] Fwd: EMR

See note below on Apple project. Thoughts on how to respond?

Sent with Good (www.good.com)

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From: David Shulkin  
Sent: Tuesday, March 06, 2018 7:09:43 AM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] Fwd: EMR

Can we begin to address and then ill respond back?

Sent from my iPhone

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From: Bruce Moskowitz (b)(6)@mac.com>  
Date: March 5, 2018 at 6:49:58 AM EST  
To: (b)(6)@gmail.com, (b)(6)@reagan.com  
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Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Fwd: EMR  
Date: Tue Mar 06 2018 10:01:02 EST  
Attachments:

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Scott, Drew and I will put something together, btw, Patty in VHA has been trying to set up the conversation with Bruce. Ricci

Sent with Good (www.good.com)

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From: Blackburn, Scott R.  
Sent: Tuesday, March 06, 2018 5:42:23 AM  
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On physician and patient centric EHR: creating workflows with front line providers in-mind and engaged is the core part of change management strategy. Business and Clinical Requirements for Phase 1 of the acquisition were provided by Integrated Teams comprised of 200+ front line clinicians. Phase 2: in-depth workflow development for Cerner to implement at each site with follow a similar model. We are NOT adopting run-of-the-mill Cerner workflows. They will be configured based on requirements set forth by VA Clinical teams and Clinical Practice Guidelines.

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Please let me know if there are questions.

I'll be at the Venetian all day. 202-695-9147 or 650-213-6204.

Ash

Sent with Good ([www.good.com](http://www.good.com))

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From: Windom, John H.  
Sent: Tuesday, March 06, 2018 6:16:13 AM  
To: Blackburn, Scott R.; Zenooz, Ashwini; Short, John (VACO)  
Subject: RE: [EXTERNAL] Fwd: EMR

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Mobile: (b)(6)

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Cc:  
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Subject: Re: [EXTERNAL] Fwd: EMR  
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Cc: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: RE: [EXTERNAL] RE: interoperability  
Date: Mon Mar 05 2018 16:31:37 EST  
Attachments:

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If helpful I can also send him a few bullet points that might be helpful before his speech tomorrow (on interoperable generally). Let me know.

Sent with Good (www.good.com)

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Bcc:  
Subject: RE: [EXTERNAL] RE: interoperability  
Date: Mon Mar 05 2018 16:14:49 EST  
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Bcc:  
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Date: Mon Mar 05 2018 12:06:04 EST  
Attachments:

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That is no problem!

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(fydibohf23spdl)/cn=recipients/cn=vacocallae2>  
Bcc:  
Subject: [EXTERNAL] RE: interoperability  
Date: Mon Mar 05 2018 11:29:23 EST  
Attachments:

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Great he will speak with you soon!

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Sent: Monday, March 5, 2018 11:14 AM  
To: Dumbauld, Cassidy M. EOP/WHO (b)(6)@who.eop.gov>  
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Yes – perhaps we can schedule for next week or the week after since I am travelling?

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
Sent: Monday, February 26, 2018 5:05 PM

To: Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov>  
Cc: Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov>  
Subject: interoperability

Jared,

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Scott

Scott Blackburn

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

From: Dumbauld, Cassidy M. EOP/WHO  
(b)(6)@who.eop.gov>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc: Berkowitz, Avrahm J. EOP/WHO  
(b)(6)@who.eop.gov>(b)(6)  
</o=exchangelabs/ou=exchange administrative group  
(fydibohf23spdlt)/cn=recipients/cn=42c421b369514c52855cd1d036fe  
7b33-callaghan,>  
Bcc:  
Subject: [EXTERNAL] RE: interoperability  
Date: Sun Mar 04 2018 11:30:23 EST  
Attachments:

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Hi Scott,

I apologize for the delay. It might be best for you to speak with Jared about this before he heads to Las Vegas to speak at the HiMMs conference. Would tomorrow afternoon around 3pm work?

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
Sent: Wednesday, February 28, 2018 9:15 PM  
To: Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov>  
Cc: Berkowitz, Avrahm J. EOP/WHO (b)(6)@who.eop.gov>; Liddell, Christopher P. EOP/WHO  
(b)(6)@who.eop.gov>; (b)(6)@va.gov>  
Subject: RE: interoperability

Great. We will find time.

From: Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov]  
Sent: Wednesday, February 28, 2018 7:56 AM  
To: Blackburn, Scott R.  
Cc: Berkowitz, Avrahm J. EOP/WHO; Liddell, Christopher P. EOP/WHO  
Subject: [EXTERNAL] RE: interoperability

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To: (b)(6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocallae2>; Windom, John H. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=windom, john h.e16>  
Cc:  
Bcc:  
Subject: FW: interoperability  
Date: Wed Feb 28 2018 21:15:40 EST  
Attachments:

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Lets discuss briefly tomorrow.

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Cc:  
Bcc:  
Subject: FW: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu  
Date: Wed Feb 28 2018 21:08:07 EST  
Attachments:

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From: Bruce Moskowitz [(b)(6)]@mac.com]  
Sent: Wednesday, February 28, 2018 4:53 PM  
To: Blackburn, Scott R.  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP: [(b)(6)]@gmail.com  
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49

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<EHRM \_ National Interoperability Cooperative Commitment (NIC2) - DRAFT\_2....pptx>

<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>



From: Bruce Moskowitz  
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To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
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Bcc:  
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu  
Date: Wed Feb 28 2018 16:53:27 EST  
Attachments:

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Date: Wed Feb 28 2018 16:53:27 EST  
Attachments:

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Sent from my iPhone

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<EHRM \_ National Interoperability Cooperative Commitment (NIC2) - DRAFT\_2....pptx>

<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>

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<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>

From: Short, John (VACO) </o=va/ou=va  
martinsburg/cn=recipients/cn=vacoshortj>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc: Windom, John H.  
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(fydibohf23spdlt)/cn=recipients/cn=43f78d00b4a04d0492dbbf83ea18  
8342-windom, joh>; Zenooz, Ashwini </o=exchangelabs/ou=exchange  
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(fydibohf23spdlt)/cn=recipients/cn=806a9f90fbf1401da07d9ba47abd  
fbb3-zenooz, ash>  
Bcc:  
Subject: RE: Open API - it is CLOUD + languge + Rasu... Update  
Date: Wed Feb 28 2018 15:04:15 EST  
Attachments:

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Two additional answers below.

From: Short, John (VACO)  
Sent: Wednesday, February 28, 2018 2:54 PM  
To: Blackburn, Scott R.  
Cc: Windom, John H.; Zenooz, Ashwini  
Subject: RE: Open API - it is CLOUD + languge + Rasu

I hadn't seen these other questions until now.

See below for one answer. I am working the others as well.

From: Blackburn, Scott R.  
Sent: Wednesday, February 28, 2018 2:33 PM  
To: Windom, John H.; Short, John (VACO); Zenooz, Ashwini  
Subject: FW: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Where did we land on the 4 topics below? I want to make sure they understand that you guys did a hell of a job so we have a warm and fuzzy that we are getting the best deal for Veterans.

From: Bruce Moskowitz [redacted]@mac.com]

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me if the cloud is not done correctly!

The other issues are:

Voice Recognition

\*\*The EHRM platform includes Enterprise Dragon Nuance. VHA already deployed the enterprise version which maintains people voice print and the Clinical Staff say it works very well. Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

All entering lab data on a graph from any source

\*\*Every lab has different reference ranges so graphing together can cause patient safety concerns. However, trending patterns can be built with alerts based off different lab source data.

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

\*\*Yes Cerner does this. At DoD Cerner has already prevented over 15,000 duplicate test at the three sites. Yes, at point of RX order Cerner will indicate if a duplicate RX is about to be ordered.

Streamlined SOAP notes

Sent from my iPad

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Cc:  
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Subject: FW: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu  
Date: Wed Feb 28 2018 15:00:34 EST  
Attachments:

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Bcc:  
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu  
Date: Wed Feb 28 2018 14:56:19 EST  
Attachments:

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One last thing so you are not talked on an additional fee. They need to have in the contract language to incorporate a device registry that the VA is working on

Sent from my iPad  
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Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the negotiation. Let me send you the specifics where we have landed to make sure that we got them right. Stand by...

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<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>

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Bcc:  
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu  
Date: Wed Feb 28 2018 13:13:19 EST  
Attachments:

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Thank you my five CIO's had looked forward to tar and feathering me if the cloud is not done correctly!  
The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad  
Bruce Moskowitz M.D.

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To: Short, John (VACO) </o=va/ou=va martinsburg/cn=recipients/cn=vacoshortj>; Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: RE:: Open API - it is CLOUD + language + Rasu  
Date: Wed Feb 28 2018 12:26:20 EST  
Attachments:

---

Concur.  
Jw

Sent with Good (www.good.com)

---

From: Short, John (VACO)  
Sent: Wednesday, February 28, 2018 9:24:15 AM  
To: Blackburn, Scott R.  
Cc: Windom, John H.  
Subject: RE:: Open API - it is CLOUD + language + Rasu

Validated by Cerner.

Cerner's Open API interfaces are hosted in a highly scalable cloud environment. In the case of Cerner's proposed services for VA, the APIs will be accessible by any application and from any cloud environment that meets the requisite security and privacy requirements to protect Veteran data.

Also, there have been public announcements about Cerner and Amazon's Cloud, but that is just one example of the open cloud environments that Cerner is working with. Cerner interfaces with many public and private clouds in the US and abroad.

From: Blackburn, Scott R.  
Sent: Wednesday, February 28, 2018 6:04 AM  
To: Windom, John H.; Short, John (VACO)

Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Ok

Sent with Good (www.good.com)

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From: Windom, John H.  
Sent: Wednesday, February 28, 2018 5:38:57 AM  
To: Short, John (VACO); Blackburn, Scott R.  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Sir  
None of what I read is hard. However, I cannot meet until after pentagon session. Metroing to the pentagon this morning.  
Vr  
John

Sent with Good (www.good.com)

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From: Short, John (VACO)  
Sent: Tuesday, February 27, 2018 7:04:56 PM  
To: Blackburn, Scott R.; Windom, John H.  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Roger that!

From: Blackburn, Scott R.  
Sent: Tuesday, February 27, 2018 10:05 PM  
To: Short, John (VACO); Windom, John H.  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Sure. I should be in the office around 7am. We can also ride over together.

Sent with Good (www.good.com)



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From: Short, John (VACO)  
Sent: Tuesday, February 27, 2018 10:03:32 PM  
To: Blackburn, Scott R.; Windom, John H.  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Do you want to meet before we go to the Pentagon?

Transpo leaves at 0730 from VACO.

From: Blackburn, Scott R.  
Sent: Tuesday, February 27, 2018 10:02 PM  
To: Short, John (VACO); Windom, John H.  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Let's talk in AM. I want to get this right so we can close and move forward.

Sent with Good (www.good.com)

---

From: Short, John (VACO)  
Sent: Tuesday, February 27, 2018 10:00:49 PM  
To: Blackburn, Scott R.; Windom, John H.  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

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(b)(6)@who.eop.gov>  
To: Blackburn, Scott R. </o=va/ou=exchange  
administrative group  
(fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc: Berkowitz, Avrahm J. EOP/WHO  
(b)(6)@who.eop.gov>; Liddell, Christopher P. EOP/WHO  
(b)(6)@who.eop.gov>  
Bcc:  
Subject: [EXTERNAL] RE: interoperability  
Date: Wed Feb 28 2018 07:56:11 EST  
Attachments:

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Yes – perhaps we can schedule for next week or the week after since I am travelling?

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Jared,

I just spoke to Secretary Shulkin and he mentioned you are looking for an update on where we are with interoperability. If so, let me know and I'll make time this week.

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Acting CIO & Executive-in-Charge, Office of Information & Technology

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I'm on the Metro and should meet you between 0700 & 0715

Warmest regards!  
Respectfully,

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Cell: (b)(6)  
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Cc: DJS; Marc Sherman; O'Rourke, Peter M.  
Subject: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

This is a problem it should say open cloud to all entities not commercial cloud

Second it should be open platform and not just Amazon

Sent from my iPhone

On Feb 27, 2018, at 6:09 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

David/Bruce/Marc – here are a few updates:

#1) Rasu is all in as far as starting to help right away. I just got off the phone with him. He has UPMC commitments rest of this week and is Chairman of HiMSS Innovation committee (so we will all be at HiMSS together next week). However if he needs to come to Washington this week for something, he will find a way to do it (and we will use invitation travel to pay for it). He is willing to start engaging right away to help us. He said he doesn't have to wait for the IPA paperwork to come through for him to help. I've attached Rasu's CV in case you need it.

#2) The APIs are cloud based. Here is the response from our Technical lead...

- The Open APIs that VA has access to from Cerner reside in their Commercial Cloud environment. This environment is designed to scale to accommodate Cerner's entire remote hosted customer base.
- In a recent press release Cerner and Amazon announced that they would be working together in cooperation to accelerate HealthCare Innovations.

#3) Below is the IP language that we negotiated. (b)(5)

(b)(5)

Of importance: Third[MJT1] party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative Contractor IP ownership when third parties consume Cerner terminology through open APIs.

Regarding the question on sharing development with others, see PWS Section 5.5.4 opening paragraph: To accelerate better and more responsive service to the Veteran, VA is making a deliberate shift towards becoming a standards[MJT2] -based API driven digital enterprise. A cornerstone of this effort is the setup of a strategic Open API Program, The Digital Veteran Platform API Gateway, that is adopting an outside-in, value-to-business driven approach to create API's that are managed as products to be consumed by developers within and outside of VA.

Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

49

Understand how Cerner will provide the VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties.

Panelists acknowledged this recommendation is a stretch goal.

RFP Section 5.8 address the support to business intelligence and data analytics.

Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations.

However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.

Suggest adding to RFP Section 5.8: "h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable."

Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies."

Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of

the data is computable; provide cost estimates for outside parties to access the data via this mechanism.

Cerner Concur, with requested change:

Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies."

Concur with Cerner edit, negotiated inclusion at no additional cost.

Cerner's edits consistent with intent of recommendation.

-Scott

<EHRM \_ National Interoperability Cooperative Commitment (NIC2) - DRAFT\_2....pptx>

<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>

From: DJS </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacodjs>  
To: Blackburn, Scott R. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoblacks1>  
Cc:  
Bcc:  
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu  
Date: Tue Feb 27 2018 22:24:26 EST  
Attachments:

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Thanks

You were great today

Sent with Good (www.good.com)

From: Blackburn, Scott R.  
Sent: Tuesday, February 27, 2018 7:22:11 PM  
To: DJS; O'Rourke, Peter M.  
Subject: FW: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

I'm just checking a few facts and will respond to Bruce in the morning. I want to make sure I get it right. But I think we are all set.

We do not have "it must be Amazon" but rather that is who they have partnered with as their cloud provider to start. I will clarify that. It is open to any cloud provider that meets the government security requirements (FISMA High). Right now only Amazon, Azure (Microsoft) and CSRA have that certification but others (eg VirtuStream by Dell) will eventually.

Sent with Good (www.good.com)

From: Bruce Moskowitz  
Sent: Tuesday, February 27, 2018 9:28:56 PM  
To: Blackburn, Scott R.  
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lperl2528@gmail.com  
Subject: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Apologize for the wording instead of their commercial cloud a cloud based system open  
To all entities and instead of Amazon it should be all platforms working to accelerate health care



initiatives

Sent from my iPad  
Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz <brucemoskowitzmd@mac.com> wrote:

To clarify further it states their commercial cloud instead a commercial cloud  
Open to all entities and of equal importance an open platform to all not just amazon but to all

Working on

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