May XX, 2018

The Honorable Thomas Bowman
Deputy Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, D.C. 20420

Dear Deputy Secretary Bowman:

We are deeply concerned by the malign neglect within the Department of Veterans Affairs' (VA) efforts to achieve electronic health record (EHR) modernization. This is evident through the failure to obtain qualified leadership for the Office of Information Technology (OIT), reports of political interference hindering EHR implementation, as well as the rampant vacancies for positions that ensure proper oversight of a new EHR system. We ask that you act to swiftly resolve our concerns and ensure an interoperable VA EHR system with the Department of Defense expeditiously comes to fruition.

As you are aware, OIT is responsible for carrying out the VA's multibillion dollar overhaul of its outdated EHR system which will improve care for veterans by ensuring interoperability with the Department of Defense and private sector. We are troubled to learn of the temporary appointment of Mr. Camilo Sandoval – a former Trump campaign crony – to serve as Chief Information Officer (CIO). This appointment raises serious data security concerns stemming from Mr. Sandoval's previous position as the Director of Data Operations in 2016 while the Trump campaign was contracting with Cambridge Analytica. Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust. As such, Mr. Sandoval's role in these activities must be thoroughly examined and he should be put nowhere near veterans' health and benefits data.

Furthermore, there are serious character concerns that should disqualify Mr. Sandoval for this position. According to recent reports, Mr. Sandoval is the subject of a $25 million lawsuit charging that he "slandered, harassed and sexually discriminated against [a campaign colleague] in violation of New York City's human rights laws." Likewise, his previous conflicts while working at the Department of Treasury and Veterans Health Administration raise serious red flags and indicate a history of rampant interpersonal conflicts with co-workers. Mr. Sandoval should be removed from his temporary position as CIO and replaced with a first class leader who is capable of implementing the VA's EHR modernization and fulfilling the VA's obligation to our nation's heroes.

In addition to VA's inability to secure a qualified, capable professional to spearhead EHR modernization, we are aware that members of the President's inner circle are inappropriately delaying the contract to begin EHR modernization with the VA. This $16 billion contract requires input from specialized professionals who fully understand the intricacies that go into transforming the VA's medical record system. Reports that the President is taking advice from his personal friend and member of his Mar-a-Lago circle, Dr. Bruce Moskowitz, to delay this previously announced contract are alarming. As an internist with no government experience, Dr. Moskowitz simply does not have the expertise to provide the Administration with reputable insight. As such, we ask that you provide an update on the status of this contract, including information on all collaborations with Dr. Moskowitz or any other individual who has provided input to this contract outside of VA.

The VA has 33,000 vacancies agency wide, including 553 within OIT. In the last four months alone, nearly 40 senior staffers have resigned, effectively stalling operations in essential areas such as information technology. As such, we urge you to take immediate action to implement a specific initiative

1

to rapidly hire the expertise necessary to address the VA's pervasive vacancies. In order to provide world-class service to our veterans, the VA must be fully staffed with driven, capable leaders. Current VA employees, who are dedicated to serving and honoring our veterans, are forced to shoulder the work of former-colleagues – contributing the low morale among the VA workforce. The historic overhaul of the VA's outdated health record system requires adequate staffing levels to ensure this project succeeds. Anything less than a robust workforce is a disservice to veterans, VA employees, and tax payers.

The need for VA's EHR modernization cannot be overstated. We ask that you take meaningful action to ensure transparency and accountability as VA seeks to establish a new EHR system. We look forward to hearing from you.

Sincerely,

_____

RICHARD BLUMENTHAL
United States Senate

X
United States Senate

From: (b) (6)
Sent: 14 May 2018 15:25:55 -0700
To: Windom, John H.
Cc: Rychalski, Jon J.
Subject: RE: Talking Points for EHRM Signing Day

Did the DEPSEC concur on the disbursement of funds? Thanks!

Sent with Good (www.good.com)

From: Windom, John H.
Sent: Monday, May 14, 2018 3:10:29 PM
To: (b) (6) ; (b) (6) ; (b) (6) ; Hutton, James; (b) (6) Ullyot, John; (b) (6) ; (b) (6) O'Rourke, Peter M.; (b) (6) Rychalski, Jon J.; (b) (6) ; (b) (6) ; (b) (6) ; (b) (6) (b) (6) ; Sandoval, Camilo J.; Zenooz, Ashwini
Cc: (b) (6) @who.eop.gov); (b) (6) (b) (6) @who.eop.gov); (b) (6) (b) (6) @who.eop.gov)
Subject: RE: Talking Points for EHRM Signing Day

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 (b) (6)
Washington, DC 20420
(b) (6) @va.gov
Office: (b) (6)
Mobile: (b) (6)
Executive Assistant: (b) (6) - Appointments and Scheduling
(b) (6) @va.gov Office: (b) (6)

From: (b) (6)
Sent: Monday, May 14, 2018 5:09 PM
To: (b) (6) ; (b) (6) ; Hutton, James; (b) (6) ; Ullyot, John; (b) (6) ; Windom, John H.; (b) (6) ; O'Rourke, Peter M.; (b) (6) Rychalski, Jon J.; (b) (6) ; (b) (6) ; (b) (6) ; (b) (6) ; (b) (6) ; Sandoval, Camilo J.; Zenooz, Ashwini

Cc: (b) (6) @who.eop.gov); (b) (6)
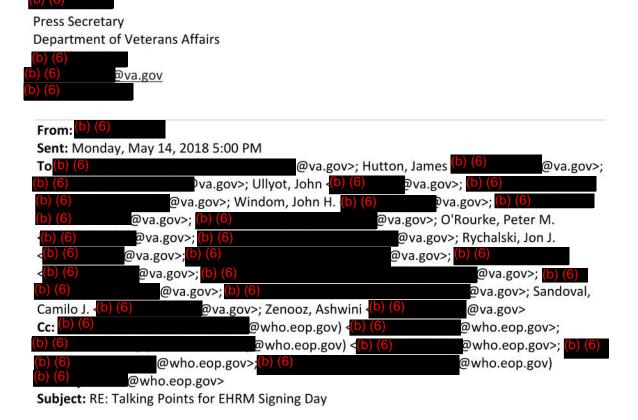(b) (6) @who.eop.gov); (b) (6); (b) (6)
(b) (6) @who.eop.gov)
Subject: RE: Talking Points for EHRM Signing Day

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.

(b) (6)
Press Secretary
Department of Veterans Affairs
(b) (6)
(b) (6) @va.gov
(b) (6)

From: (b) (6)
Sent: Monday, May 14, 2018 5:00 PM
To: (b) (6) @va.gov>; Hutton, James (b) (6) @va.gov>;
(b) (6) va.gov>; Ullyot, John (b) (6) @va.gov>; (b) (6)
(b) (6) @va.gov>; Windom, John H. (b) (6) va.gov>; (b) (6)
(b) (6) @va.gov>; (b) (6) @va.gov>; O'Rourke, Peter M.
(b) (6) @va.gov>; (b) (6) @va.gov>; Rychalski, Jon J.
(b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6)
(b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6)
(b) (6) @va.gov>; (b) (6) @va.gov>; Sandoval,
Camilo J. (b) (6) @va.gov>; Zenooz, Ashwini (b) (6) @va.gov>
Cc: (b) (6) @who.eop.gov) (b) (6) @who.eop.gov>;
(b) (6) @who.eop.gov) <(b) (6) @who.eop.gov>; (b) (6)
(b) (6) @who.eop.gov>; (b) (6) @who.eop.gov)
(b) (6) @who.eop.gov>
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,
(b) (6)

From: (b) (6)
Sent: Monday, May 14, 2018 12:05 PM
To: Hutton, James; (b) (6) Ullyot, John; (b) (6) Windom, John H.; (b) (6)
(b) (6) (b) (6) O'Rourke, Peter M.; (b) (6) Rychalski, Jon J.; (b) (6)
(b) (6) (b) (6) (b) (6) (b) (6) (b) (6)
(b) (6) Sandoval, Camilo J.; Zenooz, Ashwini
Cc: (b) (6) @who.eop.gov); (b) (6)
(b) (6) @who.eop.gov); (b) (6) (b) (6)
(b) (6) @who.eop.gov)
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,
(b) (6)

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.

PMO Support
EHRM PEO
(b) (6) Mobile)

From: Hutton, James
Sent: Monday, May 14, 2018 9:54 AM
To: (b) (6) @va.gov>; Ullyot, John (b) (6) @va.gov>; (b) (6) @va.gov>; Windom, John H. (b) (6) @va.gov>; (b) (6) @va.gov>; Cashour, Curtis (b) (6) @va.gov>; O'Rourke, Peter M. (b) (6) @va.gov>; (b) (6) @va.gov>; Rychalski, Jon J. (b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6) @va.gov>
Cc: (b) (6) @who.eop.gov) (b) (6) @who.eop.gov>; (b) (6) @who.eop.gov) (b) (6) @who.eop.gov>; (b) (6) @who.eop.gov>; (b) (6) @who.eop.gov) (b) (6) @who.eop.gov>
Subject: RE: Talking Points for EHRM Signing Day

(b) (6)

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?

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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: (b) (6)
Email (b) (6) **@va.gov**
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

Choose VA

From: (b) (6)
Sent: Friday, May 11, 2018 3:27 PM
To: Ullyot, John <(b) (6) @va.gov>; (b) (6) @va.gov>;
Windom, John H. <(b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6)
(b) (6) @va.gov>; O'Rourke, Peter M. <(b) (6) @va.gov>; (b) (6)
(b) (6) @va.gov>; Hutton, James <(b) (6) @va.gov>; Rychalski, Jon J.
<Jon.Rychalski@va.gov>; Murray, Edward <edward.murray@va.gov>;(b) (6)
<(b) (6) @va.gov>; (b) (6) @va.gov>; (b) (6)
(b) (6) @va.gov>;(b) (6) @va.gov>;(b) (6)
(b) (6) @va.gov>;(b) (6) @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.

(b) (6)

(b) (6)

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

(b) (6)

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

(b)
(6) nd 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!

(b) (6)
(b) (6)

<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:	Hutton, James
Sent:	14 May 2018 09:11:13 -0700
To:	Zenooz, Ashwini
Cc:	(b) (6)
Subject:	RE: Talking Points for EHRM Signing Day

Thanks.

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b) (6)
Email (b) (6) **@va.gov**
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

Choose VA

From: Zenooz, Ashwini
Sent: Monday, May 14, 2018 11:11 AM
To: Hutton, James <(b) (6) @va.gov>
Cc: Gabbert, Jeffrey A. (Mission) <(b) (6) @va.gov>
Subject: RE: Talking Points for EHRM Signing Day

Got it. I am tracking on this. We have 3 areas we are focusing TPs on and should have something back to you by this afternoon. My cell is (b) (6) if you need anything earlier and I'm cc'ing (b) (6) who is tracking closely for me.

-Ash

Ashwini Zenooz, MD
Chief Medical Officer
Electronic Health Record Modernization
Department of Veterans Affairs
O: (b) (6)
Assistant (b) (6) *@va.gov*

Web: https://vaww.ehrm.va.gov/

From: (b) (6)

Sent: 1 May 2018 11:57:06 -0700

To: Windom, John H.

Subject: RE: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Sounds good. Thank you!

Regards,

(b) (6)

Executive Administrative Support to
Mr. John H. Windom, Program Executive Officer
VA Electronic Health Record Modernization (EHRM)
811 Vermont Ave, Washington, DC 20420
O: (b) (6)
Web: https://vaww.ehrm.va.gov/
Time Zone: Eastern Standard Time

From: Windom, John H.
Sent: Tuesday, May 01, 2018 2:48 PM
To: (b) (6)
Subject: RE: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Don't want you t reply to them at all. I got it.
Thx
John

Sent with Good (www.good.com)

From: (b) (6)
Sent: Tuesday, May 01, 2018 11:30:55 AM
To: Windom, John H.
Subject: RE: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Oh. Not at all. I just wanted to give you the opportunity to say no. I will make them go away. ☺

Regards,

From: Windom, John H.
Sent: Tuesday, May 01, 2018 2:28 PM
To: (b) (6)
Subject: RE: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Did it sound like I was anxious to meet with these folks?

Sent with Good (www.good.com)

From: (b) (6)
Sent: Tuesday, May 01, 2018 11:27:30 AM
To: Windom, John H.
Subject: RE: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

I did. Did I miss something?

Regards,

(b) (6)

Executive Administrative Support to
Mr. John H. Windom, Program Executive Officer
VA Electronic Health Record Modernization (EHRM)
811 Vermont Ave, Washington, DC 20420
O: **(b) (6)**
Web: https://vaww.ehrm.va.gov/
Time Zone: Eastern Standard Time

From: Windom, John H.
Sent: Tuesday, May 01, 2018 2:17 PM
To: (b) (6)

Subject: RE: [(b) (6)] spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Did you read the email chain?

Sent with Good (www.good.com)

From: (b) (6)
Sent: Tuesday, May 01, 2018 11:10:44 AM
To: Windom, John H.
Subject: RE: [(b) (6)] spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

(b) (6) **s who called/emailed me:**
CELL: (b) (6)
EMAIL: (b) (6) @dssinc.com

(b) (6) is the CEO for DSS Inc.
(b) (6) **| President**
OFFICE: (b) (6)
DIRECT: (b) (6)
CELL: (b) (6)
EMAIL: (b) (6) @dssinc.com

Regards,

(b) (6)
Executive Administrative Support to
Mr. John H. Windom, Program Executive Officer
VA Electronic Health Record Modernization (EHRM)
811 Vermont Ave, Washington, DC 20420
O: (b) (6)
Web: https://vaww.ehrm.va.gov/
Time Zone: Eastern Standard Time

From: Windom, John H.
Sent: Tuesday, May 01, 2018 2:06 PM
To: (b) (6)
Subject: RE: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Please send me a POC and I will handle myself.
Thx
John

Sent with Good (www.good.com)

From: (b) (6)
Sent: Tuesday, May 01, 2018 10:57:38 AM
To: Windom, John H.
Subject: FW: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Sir,

I received a phone call and the subsequent forwarding of this email requesting to meet with you. Given the context, they seem to think you want to see them. If this is the case, they are proposing/requesting an interaction Friday, May 4th when their CEO is in town. Please let me know how I should proceed.

Regards,

Kelli Ware
Executive Administrative Support to
Mr. John H. Windom, Program Executive Officer
VA Electronic Health Record Modernization (EHRM)
811 Vermont Ave, Washington, DC 20420
O: (b) (6)
Web: https://vaww.ehrm.va.gov/
Time Zone: Eastern Standard Time

From: (b) (6) @dssinc.com]
Sent: Tuesday, May 01, 2018 1:51 PM
To: (b) (6)
Subject: [EXTERNAL] FW: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

FYI

From: Windom, John H. (b) (6) @va.gov>
Sent: Monday, April 30, 2018 4:49 PM
To: (b) (6) @dssinc.com>; Short, John (VACO) (b) (6) @va.gov>; (b) (6) @va.gov>; Zenooz, Ashwini (b) (6) @va.gov>
Subject: RE: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

(b) (6)

The questioning would imply that we are putting our Veterans and Active duty service members at risk, and everyone on this e-mail chain takes incredible pride in supporting the men and women that are counting on us. Mission one remains our Veterans and not compromising the quality of care they are entitled to. I and many of family members including my Father are Veterans depending on our success. We are performing the requisite technical and functional due diligence to ensure our plan is achievable, including utilization of an IOC deployment process in advance of full deployment. If DSS leadership would like to come in and see me, they should do so. These types of emails and interactions with the press do not help our Veterans, nor our cause.

Thx

John

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

811 Vermont Avenue NW **(b) (6)**

Washington, DC 20420

(b) (6) @va.gov

Office: **(b) (6)**

Mobile: **(b) (6)**

Executive Assistant: **(b) (6)** – Appointments and Scheduling

(b) (6) @va.gov Office: **(b) (6)**

From: **(b) (6)** @dssinc.com]
Sent: Monday, April 30, 2018 4:41 PM
To: Windom, John H.; Short, John (VACO); **(b) (6)** ; Zenooz, Ashwini
Cc: **(b) (6)** ,
Subject: [EXTERNAL] RE: Jennifer spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Thanks John! I appreciate your feedback and will share with **(b) (6)** He constantly brings these up….
(b) (6)

From: Windom, John H. **(b) (6)** @va.gov>
Sent: Monday, April 30, 2018 4:29 PM
To: **(b) (6)** @dssinc.com>; Short, John (VACO) **(b) (6)** @va.gov>; **(b) (6)** @va.gov>; Zenooz, Ashwini **(b) (6)** @va.gov>
Cc: **(b) (6)** @va.gov>
Subject: RE: **(b) (6)** spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project
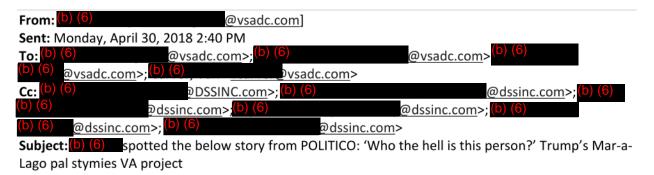
Who said these questions are good? I find these questions to be insulting. These questions have been answered many times over as part of our overall technical and functional reviews. We understand the complexity, scalability, and other parameters influencing the success of this implementation.

John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)

811 Vermont Avenue NW (**(b) (6)**)
Washington, DC 20420
(b) (6) @va.gov
Office: **(b) (6)**
Mobile **(b) (6)**
Executive Assistant **(b) (6)** - Appointments and Scheduling
(b) (6) @va.gov Office: **(b) (6)**

From: **(b) (6)** @dssinc.com]
Sent: Monday, April 30, 2018 4:04 PM
To: Short, John (VACO); Windom, John H.; **(b) (6)**
Cc: **(b) (6)**
Subject: [EXTERNAL] FW: **(b) (6)** spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

(b) (6) the CEO of DSS INC is asking some very good questions here! Thanks, **(b) (6)**

From: **(b) (6)**
Sent: Monday, April 30, 2018 2:51 PM
To: **(b) (6)** @vsadc.com>; **(b) (6)** @vsadc.com>; **(b) (6)** <**(b) (6)** @vsadc.com>; **(b) (6)** @vsadc.com>; **(b) (6)** @vsadc.com>
Cc: **(b) (6)** @dssinc.com>; **(b) (6)** @dssinc.com>; **(b) (6)** **(b) (6)** @dssinc.com>; **(b) (6)** @dssinc.com>; **(b) (6)** **(b) (6)** @dssinc.com>
Subject: RE: **(b) (6)** spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

What no one asks about this project is how in the hell are they going to run the VA, DoD and Coast Guard out of one system. Over 270 hospitals, over 2,000 medical and dental clinics, and over 140 VA long term care facilities. How are they going to get it running out of one database? How are they going to achieve and maintain sub-second response times? How are they going to upgrade it without any downtime? How are they going to failover to another data center in case of an outage? How are they going to pilot and implement changes to the system? Cerner hasn't released a major upgrade in over 2 years. The last time their install base experienced at least 6 hours of down time to implement it. Will this work for the VA, DoD and Coast Guard? What will this amount of risk do to innovation?

(b) (6) | President

OFFICE: (b) (6)
DIRECT: (b) (6)
CELL: (b) (6)
EMAIL: (b) (6) @dssinc.com

12575 U.S. HIGHWAY 1 | SUITE 200 | JUNO BEACH, FL 33408

DSS INCORPORATED

From: (b) (6) @vsadc.com]
Sent: Monday, April 30, 2018 2:40 PM
To: (b) (6) @vsadc.com>;(b) (6) @vsadc.com>(b) (6) (b) (6) @vsadc.com>;(b) (6) @vsadc.com>
Cc: (b) (6) @DSSINC.com>;(b) (6) @dssinc.com>;(b) (6) (b) (6) @dssinc.com>;(b) (6) @dssinc.com>;(b) (6) (b) (6) @dssinc.com>;(b) (6) @dssinc.com>
Subject: (b) (6) spotted the below story from POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

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

The intercession of a well-connected Florida doctor infuriated those overseeing the $16B contract.

By **ARTHUR ALLEN**

04/30/2018 05:01 AM 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

000072

technology project in history — the transformation of the VA's digital records system.

Dr. Bruce Moskowitz, an internist and friend of Trump confidant Ike Perlmutter, who advises the president informally on vet issues, objected to the $16 billion Department of Veterans Affairs 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's 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 homegrown 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, Democratic 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 last 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."

From: (b) (6)
Sent: Monday, April 30, 2018 1:14 PM
To: (b) (6) @vsadc.com>
Subject: FW: POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

Should we share with DSS?

From: (b) (6)
Sent: Monday, April 30, 2018 12:51 PM
To: (b) (6) @vsadc.com>; (b) (6) @vsadc.com>; (b) (6) <(b) (6) @vsadc.com>; (b) (6) @vsadc.com>
Subject: POLITICO: 'Who the hell is this person?' Trump's Mar-a-Lago pal stymies VA project

In case you did not already see this story...

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

The intercession of a well-connected Florida doctor infuriated those overseeing the $16B contract. Read the full story

Shared from Apple News

Sent from my iPhone

From: Sandoval, Camilo J.
Sent: 2 Apr 2018 22:38:23 -0500
To: Windom, John H.;Zenooz, Ashwini;Short, John (VACO)
Subject: FW: [EXTERNAL] How is patient-centric interoperability leading the revolutionary healthcare transformation?

-----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.

From: Windom, John H.
Sent: 2 Apr 2018 06:52:25 -0700
To: Zenooz, Ashwini
Subject: FW: Contract Language

Fyi.

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 (b) (6)
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Mobile: (b) (6)
Executive Assistant: (b) (6) - Appointments and Scheduling
(b) (6) @va.gov Office: (b) (6)

From: Blackburn, Scott R.
Sent: Monday, April 02, 2018 9:41 AM
To: Sandoval, Camilo J.
Cc: Windom, John H.
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 (b) (6) 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 (b) (6)
(b) (6)   . 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:	Windom, John H.
Sent:	2 Apr 2018 11:32:47 +0000
To:	Blackburn, Scott R.
Subject:	RE: Contract Language

Negative Sir.
Vr
John

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Sunday, April 01, 2018 7:26:06 PM
To: Windom, John H.
Subject: FW: Contract Language

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

Excellent, I'll touch base with Windom tomorrow morning.

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To: Sandoval, Camilo J.

Cc: Windom, John H.
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I'll leave it to John to weigh in.

From: Sandoval, Camilo J.
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To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: Re: Contract Language

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Hope you had a great Easter Sunday.

Thank you.
Camilo

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

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)

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.
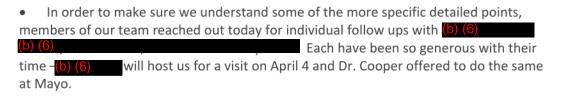
I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, 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.
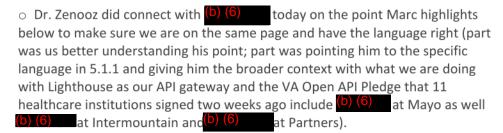
I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the 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. <(b) (6)   @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 (b) (6)
(b) (6)   Each have been so generous with their
time – (b) (6)   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 (b) (6)   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 (b) (6)   at Mayo as well
  (b) (6)   at Intermountain and (b) (6)   at Partners).

  o We will also follow up with (b)   on some of the issues he raised as well. For
  example: (b)   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 (b)   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 (b)   mentioned.

- Per (b) (6)   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 (b) (6)   etc. (b) (6)   (Mayo), (b) (6)
or (b) (6)   Cleveland Clinic), (b) (6)   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 Trumps 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 <u>change management</u> in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. **(b) (6)** 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 or 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 [mailto:**(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 **(b) (6)** 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 (b) (6), 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 (b) (6) 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 (b) (6) view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. (b) (6) 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. <(b) (6)   @va.gov>
wrote:
No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [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
(b) (6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <(b) (6)   @va.gov> wrote:

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

We have (b) (6)   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 (b) (6) (very busy calendar). We will
trying.

Scott

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

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:08:22 PM
To: Windom, John H.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

I agree. Please connect with the Secretary today to make sure we are all on the same page.

This is a case of continuing to talk past each other (given Marc doesn't understand the context of government nor does he understand the contract). We can do an interoperability sandbox/test platform, but we still need to sign the contract. In fact, I think we need to sign the contract in order to do this. Not signing the contract essentially kills the deal.

From: Windom, John H.
Sent: Friday, March 23, 2018 1:55 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
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

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(b) (6) @va.gov Office: (b) (6)

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. (b) (6)   @va.gov>
wrote:
No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:(b) (6)   @gmail.com]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: (b) (6)

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
(b) (6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <(b) (6)   @va.gov> wrote:

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

We have (b) (6)   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
trying.

Scott

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

From: Zenooz, Ashwini
Sent: 23 Mar 2018 11:36:42 -0500
To: Blackburn, Scott R.;Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Will do

Sent with Good (www.good.com)

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

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

Interesting. Btw, I think (b) (6) questions were answered in 5.5.1 but I will double check.

(b) (6) was very happy we had drilled down into medical devices and integration. I had forwarded you the sections I discussed with him.

I know Short was connecting with (b) (6) and (b) (6) on technical elements but you saw my note that Cerner will stand up the FHIR term server.

(b) (6) 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.

Ash

Sent with Good(www.good.com)

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)