

1 **US Departments of Defense and Veterans Affairs (DOD/VA)**
2 **integrated Electronic Health Record (iEHR) Strategy for**
3 **Electronic Health Record Management and Preservation (EHR-MP)**

4 *For CODATA Conference Session on*
5 **Electronic Health Record Management and Preservation (EHR-MP)**

6 **October 28 - 31, 2012, Taipei, Taiwan**

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10 **Interagency Program Office Standards and Interoperability Branch (IPO-S&I)**

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12 **Key Dates**

13 **Abstract submission:** September 1, 2012

14 **Notification to authors:** September 15, 2012

15 **Paper submission:** October 20, 2012

16 **Conference dates:** October 28 - 31, 2012

17 **Camera ready papers:** November 10, 2012 for ACM publication

18 **EHR-MP website:** <http://ehrmp.nist.gov>

19 **CODATA website:** <http://www.codata2012.com>

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21 **Abstract**

22 The Department of Defense (DoD) and the Department of Veterans Affairs (VA) operate two of the nation's
23 largest health care systems, providing health care to service members and veterans at estimated annual costs
24 of about \$49 billion and \$48 billion, respectively. To do so, both departments rely on electronic health record
25 systems to create, maintain, and manage patient health information. By February 2011, the Deputy Secretary
26 of Veteran Affairs, the Deputy Secretary of Defense, and the Vice Chairman of the Joint Chief of Staff agreed to
27 an approach for a joint VA–DoD iEHR, formally establishing the Interagency Program Office (IPO) in support of
28 the following joint goals:

- 29 ✓ Improve the quality and accessibility of health care, benefits, and memorial services while optimizing
30 value
- 31 ✓ Optimize workflow for healthcare providers Increase service member and veteran satisfaction

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33 Key to establishing a joint iEHR, including improvement of quality of care while conserving resources through
34 identifying and utilizing commonality, is the establishment of a robust infrastructure. Loosely defined as the
35 information technology components, this infrastructure will enable the delivery of new clinical capabilities to
36 the end user. This iEHR infrastructure capability set will enable the effective, efficient delivery of capabilities
37 while leveraging a shared services Service Oriented Architecture (SOA) paradigm.

38 The iEHR is intended to document, manage and seamlessly exchange each patient's health information,
39 regardless of patient or provider location or situation by using common data standards, common information
40 models, common terminology models, information exchange specifications, translation services, and Virtual
41 Lifetime Electronic Record (VLER) requirements for sharing data.

42 The paper discusses Electronic Health Record Management and Preservation (EHR-MP) accomplished by the
43 iEHR HSP (Healthcare Services Platform) and its Common Information Interoperability Framework (CIIF).

END OF ABSTRACT

This abstract is based on publically available information at www.tricare.mil/iEHR

The paper must be approved for public release, prior to submission

Call for Paper and Participation

CODATA Conference Session on

Electronic Health Record Management and Preservation (EHR-MP)

October 28 - 31, 2012, Taipei, Taiwan

The CODATA (Committee on Data, established since 1966), an interdisciplinary Scientific Committee of the International Council for Science (ICSU), which works to improve the quality, reliability, management and accessibility of data of importance to all fields of science and technology, is happy to host the conference sessions on Electronic Health Record on Management and Preservation at its 23rd Conference in Taipei, Taiwan, Oct. 28 – 31, 2012. Please help to circulate the attached flyer.

Background

The ability to apply standard and interoperable solutions to manage and preserve electronic health records (lab test results, CT scans, physician notes, pharmacies, long-term care, etc.) and migrate, distribute, replicate, and access these records from legacy formats and platforms to advanced standard formats and operating systems are vital for clinical care and medical research. However, management and systems interoperability for preservation, storage, and accessibility of such health data has not yet fully defined for electronic health records (EHRs). If management and preservation of clinical information are not addressed, valuable and irreplaceable information will become inaccessible, or disappear over time with disastrous consequences for patient safety, care and research value. Replacing lost data even if possible, will entail huge costs for patients, clinicians, administrators, pharmacists, and potentially, the entire country's economy.

The conference session focuses on underlying models, methods, systems, and application areas, with a strong emphasis on clinical information modeling, system performance, and behavior (backward and forward compatibility).

The list of topics of interest includes, but is not limited to:

- Clinical Knowledge Modeling
- Universal Representation for Clinical Information
- EHR Management, Archival, and Preservation
- EHR System Architecture and Workflow
- EHR Harmonization
- EHR Format Migration Strategy
- EHR DICOM and Multimedia Management
- EHR/PHR Mobile Application
- EHR Systems for Clinical Research
- EHR Security, and Access Control
- EHR Metadata and Ontologies
- EHR Semantic Interoperability
- EHR Query Language
- Web Services to EHR Repositories

Paper Submission and Proceedings Publication

Full-length papers between 4 and 6 A4 pages are solicited. Detailed submission instructions will be posted on the EHR-MP website in due time. Each submission will go through peer-review process. The conference proceedings potentially be published by the ACM International Conference Proceedings Series.

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