From:	VA CIO Executive Schedule
Sent:	Fri, 31 Jan 2025 13:33:04 +0000
To:	VA CIO Executive Schedule; Worthington, Charles; Brazell, Karen L.
Cc:	(b)(6)
Subject:	SECVA Advisor 1:1 Chief Technology Office (CTO) Meeting
Attachments:	OCTO_Office Service Line Overview_2025-01-14.pptx, Worthington SES Official Bio 2025.docx

_____

Microsoft Teams Need help?

Join the meeting now

Meeting ID: (b)(6)

Passcode: (b)(6)

_____

For organizers: Meeting options

_____

OCTO OVERVIEW

Charles Worthington
Chief Technology Officer

25-08493-F 0335

Office of the Chief Technology Officer

Who We Are

The Office of the CTO (OCTO)'s mission is to *improve Veterans' lives with better software*. We execute this mission by working closely with core program portfolios across VA to understand their needs, and identifying and filling technology gaps impacting VA's ability to deliver services to Veterans and other beneficiaries.

What We Do

Digital Experiences

(b)(5)

Emerging Technologies

(b)(5)

Architecture, Strategy and Eng Services

(b)(5)

25-08493-F 0336

Challenges, Opportunities, Areas for Support

- Challenges

  (b)(5)

- Opportunities

  (b)(5)

- Areas for VA Executive Leadership Support

  (b)(5)

Digital Experience Highlights

Vision: To create the best digital experience in the federal government, on par with private sector health care and financial service peers
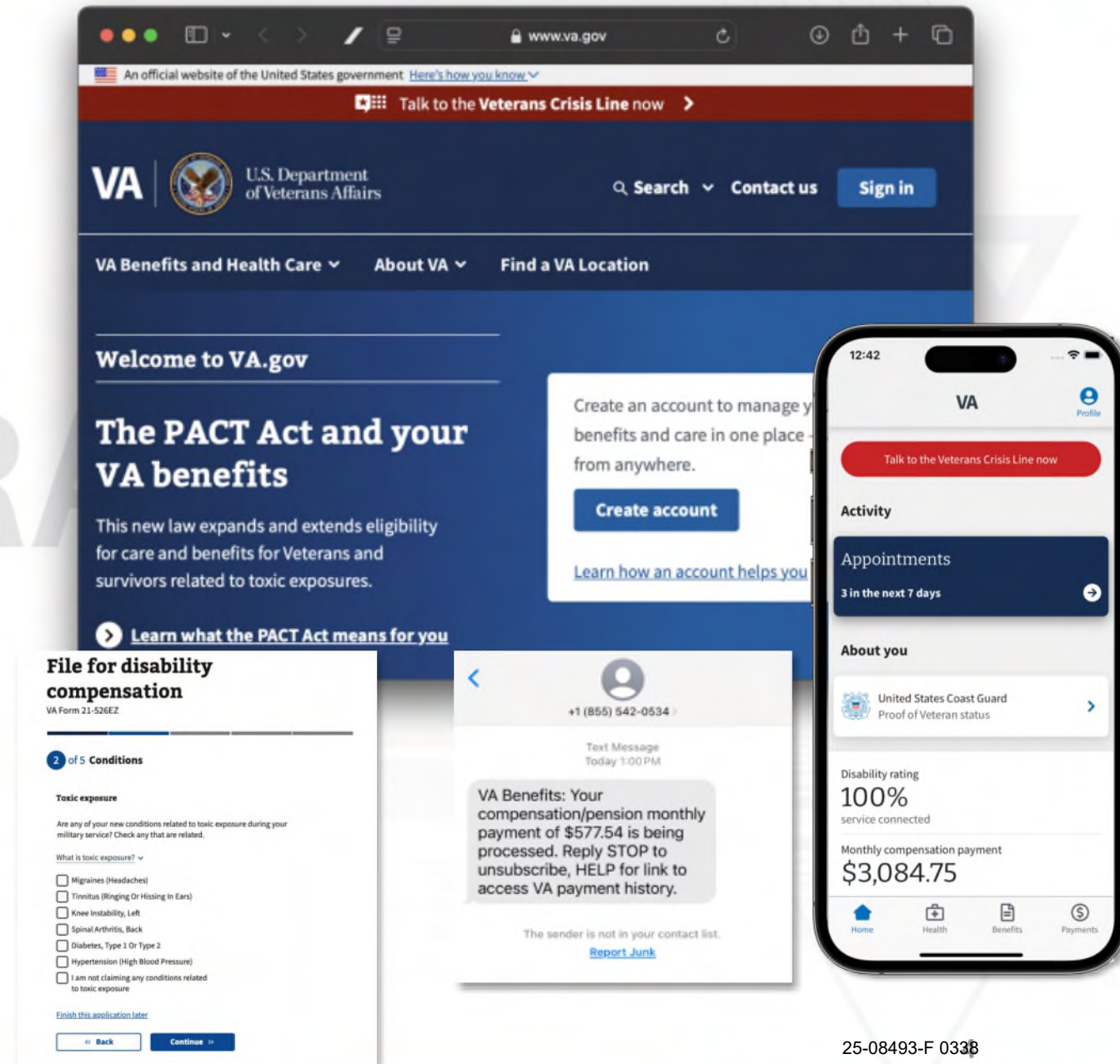
Web:

- 17 million unique visitors/mo

- 2.3 million logged in users/mo

- 2.3 million digital form submissions / year

- Supporting expansion of benefits under PACT Act, Elizabeth Dole Act

Mobile App:

- 2.8 million downloads

- 1.2 million monthly active users

- 4.8 / 5.0 star rating in Apple app store

- 4.7 / 5.0 star rating in Google Play store

Digital Notifications:

- 20 million email, SMS, and push notifications / month

25-08493-F 0338

Emerging Technology Highlights

Artificial Intelligence Oversight:

- (b)(5)

-

AI Pilots

- (b)(5)

-

-

Innovation Unit

- (b)(5)

-

Clinical Decision Support

- (b)(5)

-

VA TryOpenAI (Prod)   Show chat history   Share   Settings

Start chatting

This chatbot is configured to answer your questions

Identify the top three sources of failures identified in these transcripts from the last 30 days of Major Incident Management calls. In these calls, incidents are reviewed one by one.

VA STORM Patient Detail Report
Stratification Tool for Opioid Risk Mitigation

Figure 1: The STORM dashboard.

25-08493-F 0339

Technology Strategy & Standards Highlights

Enterprise Architecture & Solutions

(b)(5)

-
-

Common Developer Tools

(b)(5)

-
-
-

Collaboration and Community Engagement

(b)(5)

-
-
-

Engineering Excellence

(b)(5)

-

Critical-100 System Reliability Oct. 2022 – Dec. 2024

25-08493-F 0341

Questions / Open Forum

Appendix

Organizational Structure and Profile

CTO

Business Office / CoS
Technology Transformation Office

Portfolios
- Digital Experience
- Health
- Benefits
- Artificial Intelligence
- Innovation

Communities
- Product
- Engineering
- Design
- Data / AI

Chief Architect
- Enterprise Architecture
- Solution Architecture
- Engineering Services
- Operations

CTO Organizational Profile

Organization Structure and FTEs

(b)(5)

25-08493-F 0344

2025 OCTO Objectives	Key Results
(b)(5)	

OCTO Portfolios

When/How to Engage

Portfolios

- Digital Experience
- Healthcare Delivery
- Benefits Delivery
- Artificial Intelligence
- Innovation

(b)(5)

25 08493 F 0346

12

Communities of Practice

Current Focus Areas

When/How to Engage

Communities of Practice

- UX Design
- Engineering/ Technical
- Product
- Artificial Intelligence

(b)(5)

Architecture and Engineering Services

Current Focus Areas

When/How to Engage

(b)(5)

Chief Architect / Architecture and Engineering

- Enterprise Architecture
- Solution Architecture
- Engineering Services

25-08493-F 0348

Business Office/CoS/Technology Transformation

Current Focus Areas

When/How to Engage

Business Office/CoS

TTO

(b)(5)

Overview of Compliance and Reporting Requirements

(Describe any compliance, statutory requirements, laws, executive orders, OMB, etc.)

Program/Initiative	Compliance and Reporting Requirement
Pub. L. 115-336. 21st Century Integrated Digital Experience Act	(b)(5)
Pub. L. 117-168. Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022	
VA Directive 6404. VA Systems Inventory (VASI)	
Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence	
OMB M-11-24. Implementing Executive Order 13571 On Streamlining Service Delivery and Improving Customer Service	

25-08493-F 0350

Recap / Key POCs

- **Digital Experience:** (b)(6) @va.gov)

- **Health:** (b)(6) @va.gov)

- **Benefits:** (b)(6) @va.gov)

- **Innovation:** (b)(6) @va.gov)

- **Artificial Intelligence:** (b)(6) @va.gov)

- **Chief Architect:** (b)(6) @va.gov)

- **Chief of Staff:** (b)(6) @va.gov)

- **TTO:** (b)(6) @va.gov)

Questions / Open Forum

Charles Worthington

Chief Technology Officer & Chief Artificial Intelligence Officer
Office of Information & Technology

Charles Worthington is a software developer and product designer who has been helping the government adopt modern digital service delivery best practices since 2013. He is currently serving as the Chief Technology Officer and Chief Artificial Intelligence Officer at the U.S. Department of Veterans Affairs where he guides the agency's technology strategy and leads a team of technical experts who use modern technology best practices improve VA's services. He directs efforts to improve the experience Veterans have when interacting with VA online, to streamline benefits processing, to increase health data interoperability, to accelerate VA's safe adoption of Artificial Intelligence, and to help OIT adopt modern engineering best practices.

Since joining VA in May 2017, he has guided VA's Digital Modernization initiative, which resulted in the successful relaunch of the VA.gov homepage in November 2018 and the launch of VA's flagship mobile app in 2021. His efforts include the development of the agency's Digital Strategy, supporting VA's adoption of commercial cloud infrastructure, supporting the transformation of VA.gov into a modern customer-facing platform, and driving engineering excellence across the Office of Information and Technology's 1000+ products.

Prior to joining VA in May 2017, Charles helped create the U.S. Digital Service. Charles co-authored the Digital Services Playbook, led the recruiting effort for 150+ software engineers, designers and managers from top technology companies, and executed digital service engagements at USCIS, SBA, DOT, and Interior. Before his federal service, Charles built software products for private sector clients and was a strategy consultant in the tech & telecom sectors. Charles has taught graduate-level courses on digital government as an adjunct professor at the Harvard Kennedy School of Government and the Georgetown School of Foreign Service. Charles holds a B.A. from Harvard University.

CAREER CHRONOLOGY:

2017 – Present	Chief Technology Officer, OIT, Dept. of Veterans Affairs, Washington, DC
2014 – 2017	Director of Product, Strategy & Operations, U.S. Digital Service, Executive Office of the President, Washington, DC
2014	Senior Advisor to the U.S. Chief Technology Officer, Office of Science & Technology Policy, Executive Office of the President, Washington, DC
2013 – 2014	Presidential Innovation Fellow, Department of Energy, Washington, DC
2012 – 2013	Founder & Principal, Gray Duck Labs LLC, Boston, MA
2006 – 2012	Engagement Manager, Altman Vilandrie & Co, Boston, MA

EDUCATION:

2006	Bachelor of Arts in Social Studies, Harvard University, Cambridge, MA

From:	Worthington, Charles
Sent:	Fri, 31 Jan 2025 16:53:46 +0000
To:	Brazell, Karen L.
Subject:	Efficiency Opportunities at VA
Attachments:	Efficiency Opportunities at VA - 2025-01-31.pdf

Hi Karen – thanks for your time today. Attached is the document I gave you outlining some opportunities to improve VA's services with a combination of technology and process improvements.

I will send some more information on USDS when I have it.

Charles

Top opportunities for improving VA efficiency with technology and process improvements

January 2025

Background

(b)(5)

Health Care

1. Beneficiary Travel Claims:
   a. Current Policy: (b)(5)
      (b)(5)
   b. Issue (b)(5)
   c. Suggested Change (b)(5)
      (b)(5)

2. Appointment Scheduling Policies:
   a. Current Policy: (b)(5)
      (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change (b)(5)
      (b)(5)

3. Telehealth Agreements:
   a. Current Policy: (b)(5)
      (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change: (b)(5)
      (b)(5)

4. Community Care Self-Scheduling:
   a. Current Policy (b)(5)
      (b)(5)
   b. Issue (b)(5)
   c. Suggested Change: (b)(5)
      (b)(5)

5. VHA/VBA Separation:
   a. Current Policy: (b)(5)
      (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change: (b)(5)
      (b)(5)

6. Registration at VA Medical Centers:
   a. Current Policy: (b)(5)
      (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change: (b)(5)
      (b)(5)

Benefits Processing

7. Claims Processing:
   a. Current Policy: (b)(5)
      (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change: (b)(5)
      (b)(5)

8. Claims Exam Ordering:
   a. Current Policy: (b)(5)
      (b)(5)
   b. Issue: (b)(5)
      (b)(5)

   c. Suggested Change: (b)(5)
      (b)(5)

9. Disability Compensation Evaluation Critiera:
   a. Current Policy: (b)(5)

      b. Issue: (b)(5)

(b)(5)

      c. Suggested Change: (b)(5)

(b)(5)

10. PDF as Source of Truth:
      a. Current Policy: (b)(5)
      b. Issue: (b)(5)
      c. Suggested Change: (b)(5)

(b)(5)

AI Platforms and Tools

11. FDA-approved Medical devices:
      a. Current Policy (b)(5)

(b)(5)

      b. Issue: (b)(5)

(b)(5)

      c. Suggested Change: (b)(5)

(b)(5)

12. Acquisition Rules for AI Tools:
      a. Current Policy (b)(5)

(b)(5)

      b. Issue: (b)(5)
      c. Suggested Change: (b)(5)

(b)(5)

From:	(b)(6)
Sent:	Mon, 3 Feb 2025 21:12:08 +0000
To:	Worthington, Charles
Subject:	FW: VA IAA Reconciliation
Attachments:	VA Reconciliation_DEC 24.xlsx

From (b)(6) va.gov>
Sent: Wednesday, January 22, 2025 7:33 AM
To: (b)(6) -@va.gov> (b)(6) she/her/hers)
(b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: VA IAA Reconciliation

Hello OCTO,

Attached is the current burn rate for the IAA with OMB USDS thru 12/31/2024. After review, please advise if you see discrepancies.

Thanks,

(b)(6)

IT Specialist (PLCYPLN)
Budget & Contracts Team
Executive Services - Office of People Science (OPS)
Office of Information & Technology (OIT)
GFE: 202-577 (b)(6)

Executive Services (ES) Survey Link: https://www.research.net/r/R9TYR6J

USDS Project Number	SPEI24S005XXX	
Agreement Name	USDS OMB / VA OIT/ RWA for VA OIT Modernization	
Agreement Start Date		9/23/2024
Agreement End Date		9/30/2025
Report through		12/31/2024

Line Item	GT&C Amount	Sum of Orders	Obligations	Expenditures	Total to Date	Remaining	Actual Burn Rate	Target Burn Rate
Direct Costs			$ -	$ 906,748				
Salaries			$ -	$ 682,987	$ 906,748	$ 2,327,252		
Benefits	$ 3,234,000	$ 3,234,000	$ -	$ 223,761				
Travel			$ -	$ -			27%	26%
Other			$ -	$ -				
Overhead expensed to date	$ 808,500	$ 808,500	$ -	$ 180,178	$ 181,350	$ 627,150		
Pending reclasses to overhead			$ -	$ 1,171				
Total	$ 4,042,500	$ 4,042,500	$ -	$ 1,088,098	$ 1,088,098	$ 2,954,402		

Team Roster				
USDS Project Name	USDS Employee Name	Allocation Percentage	Actual Start Date	Actual End Date
VA: Apply and Patient Portal Experiences	(b)(6)	100%	2/8/2024	1/10/2025
VA: Apply and Patient Portal Experiences		100%	10/31/2023	1/10/2025
VA: Artificial Intelligence (AI)/Machine Learning		100%	5/30/2024	10/18/2024
VA: Benefits Portfolio		100%	4/12/2023	1/10/2025
VA: Benefits Portfolio		100%	8/9/2024	1/10/2025
VA: Health and Benefits Mobile App and Mobile Platform		100%	3/14/2024	1/10/2025
VA: Health and Benefits Mobile App and Mobile Platform		100%	11/15/2023	1/10/2025
VA: Office of the CTO (OCTO)		100%	7/29/2024	11/7/2024
VA: Office of the CTO (OCTO)		100%	12/2/2024	
VA: Office of the CTO (OCTO)		100%	9/30/2024	11/4/2024
VA: Office of the CTO (OCTO)		100%	1/10/2025	
VA: Office of the CTO (OCTO)		100%	1/10/2025	
VA: Office of the CTO (OCTO)		100%	1/10/2025	
VA: Office of the CTO (OCTO)		100%	1/10/2025	
VA: Office of the CTO (OCTO)		50%	9/30/2024	
VA: Office of the CTO (OCTO)		100%	1/10/2025	
VA: Office of the CTO (OCTO)		100%	1/10/2025	
VA: Office of the CTO (OCTO)		100%	1/10/2025	
VA: Office of the CTO (OCTO)		100%	1/10/2025	
VA: VA.gov Platform		100%	10/30/2023	1/10/2025
VA: VA.gov Platform		100%	10/30/2023	1/10/2025
VA: VA.gov Platform		100%	4/29/2022	1/10/2025

From:	Worthington, Charles
Sent:	Tue, 4 Feb 2025 19:21:32 +0000
To:	(b)(6)
Subject:	FW: ACTION REQUESTED: Explore OIT & OIT LDP Service Line Presentation
Attachments:	OCTO_Office Service Line Overview_2025-01-14.pptx

Thank you!

Here is the overview I am using for Presidential transition

cw

From: (b)(6) @va.gov>
Date: Tuesday, February 4, 2025 at 8:59 AM
To: Worthington, Charles (b)(6) va.gov>
Subject: Re: ACTION REQUESTED: Explore OIT & OIT LDP Service Line Presentation

Sure, happy to! (I think I may have done it last year too?)

From: Worthington, Charles (b)(6) @va.gov>
Date: Monday, February 3, 2025 at 11:58 AM
To: (b)(6) @va.gov>
Subject: FW: ACTION REQUESTED: Explore OIT & OIT LDP Service Line Presentation

Would you be interested in giving this presentation?

From: (b)(6) @va.gov>
Date: Monday, February 3, 2025 at 9:21 AM
To: Worthington, Charles (b)(6) @va.gov>
Cc: (b)(6) (governmentcio Llc) (b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>
Subject: ACTION REQUESTED: Explore OIT & OIT LDP Service Line Presentation

Hello, Mr. Worthington!
We are launching the Explore OIT program in April in coordination with the 2025 OIT Leadership
Development Program's introduction to the offices and service lines of OIT. Similar to the request you
received in 2024 for the OIT LDP, I am contacting the leaders of each of the service lines and the offices
of the PDAS, Chief of Staff, and Chief Technology Officer to inquire about presenters who may be
knowledgeable and available to provide an overview of the service line and/or office to the
participants. If you would like to be the presenter for your office, we would love to have you join
us! However, if you are unable or would prefer another member, or members, of your office to give the
presentation, please provide the name(s) and I will be happy to contact them with the request. Multiple
presenters are welcome. To provide guidance on what information is requested for the overview and

how to structure the presentation, I have attached a slide deck template with a service line example for your convenience.

The designated date and time for the **Chief Technology Officer** overview is **Tuesday, April 8, 2025 from 11:30am – 12:00pm (ET)**.

If you need additional information about this request or have any questions, please feel free to contact me.
Thank you for your time and consideration of this request.

Dr. (b)(6) ACC, PMP
IT Specialist
Leadership and Employee Programs
People Readiness (PR) – Office of People Science (OPS)
Office of Information and Technology (OIT)
239 Lowe Drive, Suite 100
Shepherdstown, WV 25443
http://vaww.peoplereadiness.va.gov

OCTO OVERVIEW

Charles Worthington
Chief Technology Officer

25-08493-F 0362

Office of the Chief Technology Officer

Who We Are

The Office of the CTO (OCTO)'s mission is to *improve Veterans' lives with better software*. We execute this mission by working closely with core program portfolios across VA to understand their needs, and identifying and filling technology gaps impacting VA's ability to deliver services to Veterans and other beneficiaries.

What We Do

Digital Experiences

(b)(5)

Emerging Technologies

Architecture, Strategy and Eng Services

(b)(5)

25-08493-F 0363

Challenges, Opportunities, Areas for Support

- Challenges

  (b)(5)

- Opportunities

  (b)(5)

- Areas for VA Executive Leadership Support

  (b)(5)

Digital Experience Highlights

Vision: To create the best digital experience in the federal government, on par with private sector health care and financial service peers

Web:

- 17 million unique visitors/mo
- 2.3 million logged in users/mo
- 2.3 million digital form submissions / year
- Supporting expansion of benefits under PACT Act, Elizabeth Dole Act

Mobile App:

- 2.8 million downloads
- 1.2 million monthly active users
- 4.8 / 5.0 star rating in Apple app store
- 4.7 / 5.0 star rating in Google Play store

Digital Notifications:

- 20 million email, SMS, and push notifications / month

25-08493-F 0365

Emerging Technology Highlights

Artificial Intelligence Oversight:

- (b)(5)

-

AI Pilots

- (b)(5)

-

-

Innovation Unit

- (b)(5)

Clinical Decision Support

- (b)(5)

-

-

VA TryOpenAI (Prod)   Show chat history   Share   Settings

Start chatting

This chatbot is configured to answer your questions

Identify the top three sources of failures identified in these transcripts from the last 30 days of Major Incident Management calls. In these calls, incidents are reviewed one by one.

VA STORM Patient Detail Report
Stratification Tool for Opioid Risk Mitigation

Figure 1: The STORM dashboard.

25-08493-F 0366

Technology Strategy & Standards Highlights

Enterprise Architecture & Solutions

- (b)(5)

-

Common Developer Tools

- (b)(5)

-

-

Collaboration and Community Engagement

- (b)(5)

-

Engineering Excellence

- (b)(5)

Critical-100 System Reliability Oct. 2022 – Dec. 2024

25-08493-F 0368

Questions / Open Forum

Appendix

Organizational Structure and Profile

25-08493-F 0371

2025 OCTO Objectives	Key Results
(b)(5)	

OCTO Portfolios

Portfolios

- Digital Experience
- Healthcare Delivery
- Benefits Delivery
- Artificial Intelligence
- Innovation

(b)(5)

25-08493-F 0373

12

Communities of Practice

Current Focus Areas

When/How to Engage

Communities of Practice

- UX Design
- Engineering/Technical
- Product
- Artificial Intelligence

(b)(5)

Architecture and Engineering Services

Current Focus Areas

When/How to Engage

(b)(5)

Business Office/CoS/Technology Transformation

Current Focus Areas

When/How to Engage

Business Office/CoS

TTO

(b)(5)

Overview of Compliance and Reporting Requirements

(Describe any compliance, statutory requirements, laws, executive orders, OMB, etc.)

Program/Initiative	Compliance and Reporting Requirement
Pub. L. 115-336. 21st Century Integrated Digital Experience Act	(b)(5)
Pub. L. 117-168. Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022	
VA Directive 6404. VA Systems Inventory (VASI)	
Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence	
OMB M-11-24. Implementing Executive Order 13571 On Streamlining Service Delivery and Improving Customer Service	

Recap / Key POCs

- **Digital Experience:** (b)(6) @va.gov)

- **Health:** (b)(6) @va.gov)

- **Benefits:** (b)(6) va.gov)

- **Innovation:** (b)(6) @va.gov)

- **Artificial Intelligence:** (b)(6) va.gov)

- **Chief Architect:** (b)(6) @va.gov)

- **Chief of Staff:** (b)(6) @va.gov)

- **TTO:** (b)(6) va.gov)

Questions / Open Forum

From:	Worthington, Charles
Sent:	Sun, 9 Feb 2025 13:36:31 +0000
To:	Fulcher, Justin L.
Subject:	Ideas for Quick Wins
Attachments:	Opportunities for Early Tech Wins - 2025-02-08.pdf

Hi Justin –

Attached is some light Sunday reading for you: a short document with some ideas things that can be announced quickly, and other things we could make progress on fast.

Looking forward to connecting on this tomorrow!

Charles

Early Tech Win Possibilities at VA

February 2025

Background

(b)(5)

Artificial Intelligence

1. (b)(5)

2. (b)(5)

(b)(5)

3. (b)(5)

Talent

4. (b)(5)

5. (b)(5)

6.

(b)(5)

Security

7. (b)(5)

8. (b)(5)

(b)(5)

Efficiency

9. (b)(5)

(b)(5)

1(

(b)(5)

Other Opportunities Identified for Further Exploration:

(b)(5)

(b)(5)

From:	Worthington, Charles
Sent:	Sun, 9 Feb 2025 19:59:33 +0000
To:	(b)(6) EOP/OMB
Subject:	Written Ideas
Attachments:	Opportunities for Early Tech Wins - 2025-02-08.pdf, Efficiency Opportunities at

VA - 2025-01-31.pdf

Hi Ben, I am sharing two documents in case they are helpful examples.

1. "Efficiency Opportunities" Is a document I put together in advance of the presidential transition. I passed it along to our beachhead team representative that focuses on tech, and then to a DOGE rep when he arrived.
2. "Opportunities for Early Wins" is a document I wrote after the DOGE rep reacted positively to document number 1 and asked what we could do <u>fast</u> to make progress.

I think USDS is well positioned to (b)(5)

(b)(5)

Please share with other leaders as helpful, but keep close hold beyond that since these are not designed for wide distribution (especially the second document).

Charles

Early Tech Win Possibilities at VA

February 2025

Background

(b)(5)

Artificial Intelligence

1. (b)(5)

2.

(b)(5)

3.

Talent

4. (b)(5)

5. (b)(5)

6.

(b)(5)

Security

7. (b)(5)

8. (b)(5)

(b)(5)

Efficiency

9. (b)(5)

(b)(5)

10.

(b)(5)

Other Opportunities Identified for Further Exploration:

(b)(5)

1.   (b)(5)

2.

3.

(b)(5)

4.

Top opportunities for improving VA efficiency with technology and process improvements

January 2025

Background

(b)(5)

Health Care

1. Beneficiary Travel Claims:
   a. Current Policy: (b)(5)
      (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change: (b)(5)
      (b)(5)

2. Appointment Scheduling Policies:
   a. Current Policy (b)(5)
      (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change: (b)(5)
      (b)(5)

3. Telehealth Agreements:
   a. Current Policy (b)(5)
      (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change: (b)(5)
      (b)(5)

4. Community Care Self-Scheduling:
    a. Current Policy: (b)(5)
       (b)(5)
    b. Issue: (b)(5)
    c. Suggested Change: (b)(5)
       (b)(5)

5. VHA/VBA Separation:
    a. Current Policy: (b)(5)
       (b)(5)
    b. Issue (b)(5)
    c. Suggested Change: (b)(5)
       (b)(5)

6. Registration at VA Medical Centers:
    a. Current Policy (b)(5)
       (b)(5)
    b. Issue: (b)(5)
    c. Suggested Change: (b)(5)
       (b)(5)

Benefits Processing

7. Claims Processing:
    a. Current Policy: (b)(5)
       (b)(5)
    b. Issue: (b)(5)
    c. Suggested Change: (b)(5)
       (b)(5)

8. Claims Exam Ordering:
    a. Current Policy: (b)(5)
       (b)(5)
    b. Issue: (b)(5)
       (b)(5)
    c. Suggested Change: (b)(5)
       (b)(5)

9. Disability Compensation Evaluation Critiera:
    a. Current Policy: (b)(5)

b. Issue: (b)(5)

(b)(5)

c. Suggested Change: (b)(5)

(b)(5)

10. PDF as Source of Truth:
   a. Current Policy: (b)(5)
   b. Issue: (b)(5)
   c. Suggested Change (b)(5)

(b)(5)

AI Platforms and Tools

11. FDA-approved Medical devices:
   a. Current Policy: (b)(5)

(b)(5)

   b. Issue: (b)(5)

(b)(5)

   c. Suggested Change: (b)(5)

(b)(5)

12. Acquisition Rules for AI Tools:
   a. Current Policy: (b)(5)

(b)(5)

   b. Issue: (b)(5)
   c. Suggested Change (b)(5)

(b)(5)

From:	OSVA Conference Rooms
Sent:	Wed, 12 Feb 2025 20:38:49 +0000
To:	OSVA Conference Rooms; Bartrum, John J.; Smith, Nadia; (b)(6)
(b)(6)	
Cc:	Lieberman, Steven; Enobakhare, Yettalevette E.; OSVA Schedulers; (b)(6)
(b)(6)	Love Holmon, Shana Y.; Burch, Jennifer A.; Suh, Ryung
Subject:	Sr. Advisor Bartrum - VHA Digital Health
Attachments:	DHO_DeepDiveBriefing_OSVA_Feb2025__vFinal.pdf, OSVA Meeting Request Form 2025_DHO_Feb2025.docx, Prince-Weeler_ Latriece, Senior Advisor Bio .pdf, Nadia Smith Bio 2025-02-13 19_16_53.pdf, DHO_Exec Overview Slick Sheet_Feb 2025_v1.pdf, Prince-Weeler_ Latriece BIO VA (003).pdf
Categories:	Briefs

Please provide bio, EBS and slides/additional materials by 3pm the day prior to the meeting. Thank you.

VHA Deep Dive Briefing

Nadia Smith, Acting Chief Digital Health Officer
Latriece Prince-Wheeler, Acting Deputy Chief Digital Health Officer

Digital Health Office
February 2025

Agenda

- # Introductions

- # Deep Dive
  - Background
  - Priorities
  - Needed Executive Leader Support (30-60-90 Days)
  - Q&A
  - Supporting Slides

Introductions

Executive– Nadia Smith

Role: Acting Chief Officer, VHA Digital Health Office

Deputy– Latriece Prince-Wheeler

Role: Acting Deputy Chief Officer, VHA Digital Health Office

Digital Health Office (DHO) Journey

VA defines digital health as the application of modern, innovative technologies and data solutions to deliver a world-class health care experience for Veterans and their care teams.

MISSION

Deliver modern, innovative, and human-centered digital health solutions to create outstanding health care experiences for Veterans and their care teams.

VISION

Set the gold standard for Veterans health care through trusted, high-quality, and accessible digital health solutions.

INITIATE	**IMPLEMENT**	**OPERATIONALIZE**	**WHAT IS NEXT?**
Jul 2023 – Dec 2023	Dec 2023 – Jun 2024	Jun 2024 – Dec 2024	2025 and Beyond

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Digital Health Office Organization

Nadia Smith
Acting Chief Digital Health Officer

Latriece Prince-Wheeler
Acting Deputy Chief Digital Health Officer

(b)(6) **Interim Director*, Digital Health Experience and Product Delivery**

- (b)(6) Digital Experience & Strategy
- *Vacant* Research, Design & Experience Mgmt.
- *Vacant* Product Delivery

USDS Leads*
- (b)(6) Research, Design & Experience Management
- (b)(6) Product Delivery
- (b)(6) Product Delivery

(b)(6) **MD (A) Executive Director, AI & Emerging Tech**

- (b)(6) VHA Chief Technology Officer, Digital Innovation & Partnership
- (b)(6) **PhD** (A) Director, National Artificial Intelligence Institute
- (b)(6) **PharmD** Executive Director, Strategic Initiatives Lab

(b)(6) **Chief Informatics Officer, Health Informatics**

- (b)(6) (A) Executive Director, Health Information Governance
- (b)(6) **MD** (A) Executive Director, Data Management Office
- (b)(6) **DNP** Chief Nursing Informatics Officer
- (b)(6) **MD** Executive Director, Clinical Informatics
- (b)(6) **MD PhD** Executive Director, Pop. Health Informatics

(b)(6) **MD (A) Chief Officer, Connected Care**

- (b)(6) **MD** Executive Director, Telehealth
- (b)(6) **MD, MPH** Executive Director, Connected Health

Vacant Director, Business Support

- (b)(6) (A) Director, Workforce Mgmt. and Employee Administration
- (b)(6) (A) Director, Finance & Acquisition
- (b)(6) Director, Communications
- (b)(6) (A) Director, Correspondence & Congressional Affairs

*United States Department of Government Efficiency Services (USDS) team members are serving as interim leads with DHxp.

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Digital Health Office Functions

Digital Health Experience

Coordinates the VHA digital health strategy, prioritization of resources, and supporting architectures.

- Policy
- Strategy
- Comms/Change Management

Integrated Product Delivery

Execute Lean portfolio management and provide resources to rapidly stand up and hand off special projects.

- Product/Project Management
- User Centered Design
- Training

Health Informatics

Focuses on clinical staff experience. Provides policy, subject matter expertise, and training to ensure the appropriate collection, use, exchange, and disposition of health information.

- Nursing Informatics
- Health Info Governance
- VHA Data Management
- Clinical Informatics
- Population Health Informatics

Connected Care

Delivers and advances health IT solutions that help Veterans access care, communicate with VA care teams, and manage their health from any location.

- Telehealth
- Connected Health

AI & Emerging Technologies

Integrates emerging technologies by establishing partnerships across industries to enable VA to test and adopt more innovative products on an enterprise scale.

- Digital Innovation and Partnership
- Artificial Intelligence
- Strategic Initiatives Lab

Business Support

Includes standard business support functions required for VHACO programs to work effectively for its internal and external customers.

- Communications and Correspondence
- Contracting
- Finance
- Human Resources

DHO Collaborates Across VA

Deep collaboration focused on experience – not process

DHO operates as an **integrator** between VEO, VA OIT, EHRM-IO, and various VHA Program Offices and the field who use and benefit from digital health solutions every day.

VEO

EHRM-IO

Care Team & Patient Experience

DHO

OIT
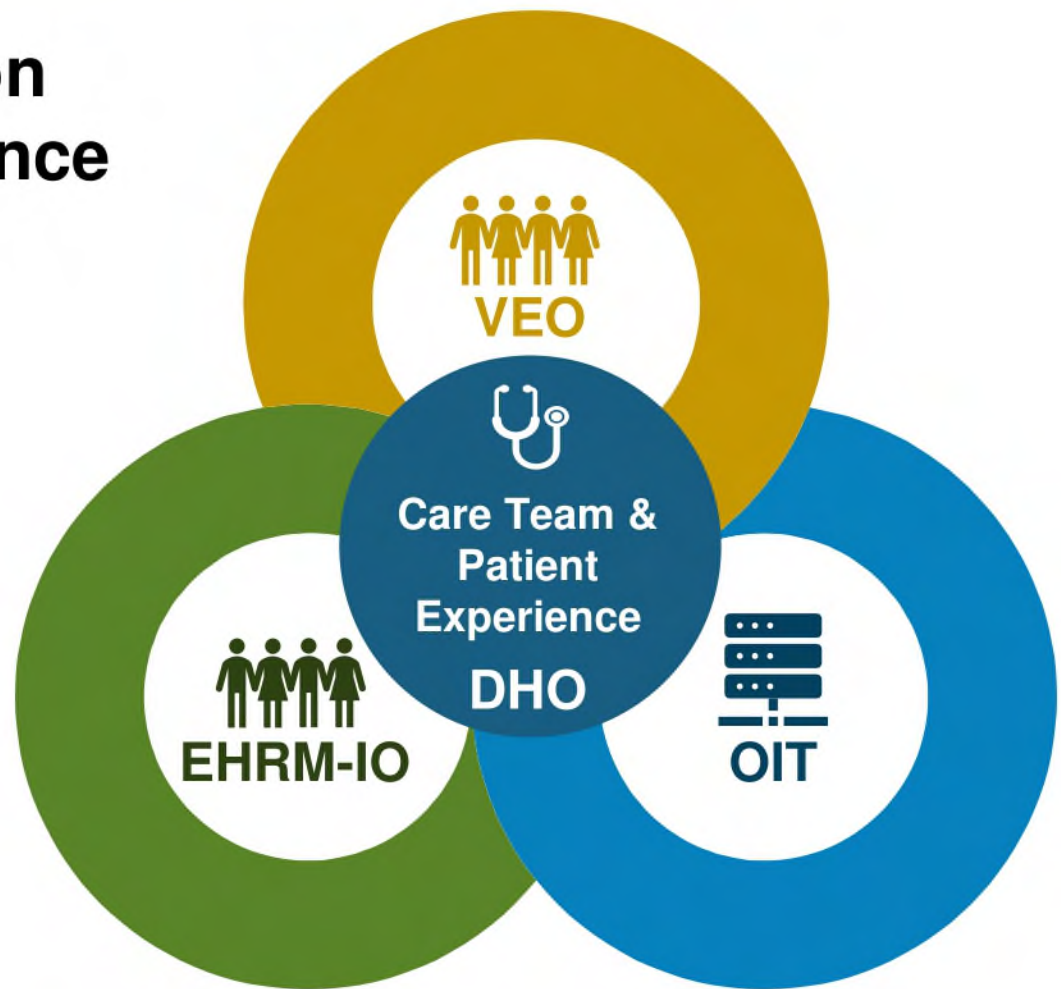
Funding Authorities

As a new office, DHO leverages the existing authorities for health information technology (IT) solutions.

1 VHA IT Governance

DHO follows VHA IT Governance, which supports the needs of the Multi-Year Program (MYP) planning process led by VHA Strategic Investment Management (SIM).

2 Non-IT Funds

Mobile health application projects that meet Food and Drug Administration (FDA) definition of a medical device can be funded with non-IT funds.

3 OIT Standards and Guidance

Applications and IT solutions bought and built within DHO abide by OIT rules, including cyber security rules, Federal Information Technology Acquisition Reform Act (FITARA) compliance, and using OIT platforms.

*The basis of the determination of use of non-IT funds is detailed in VA Memorandum (VAIQ 7375141): Use of Medical Care Funds for Development, Procurement and/or Support of Mobile health Applications and Supporting Mobile Devices

Digital Health, By the Numbers

DHO's portfolio of digital health tools, products, and services ranges from patient engagement solutions to clinical workflow optimization tools. The impact of a selection of these in the last fiscal year (FY) are captured below.

2.7M
Veterans using VA Telehealth Services (>40% of VA population)

19.2M
Community Documents Opened in Joint Longitudinal Viewer (JLV)

50+
Clinical specialties available through VA Telehealth

888K
Unique Patients Accessed by Providers in CDS Apps

91%
Veteran Satisfaction with VA Telehealth Services

104K
Provider Sites engaged through the VA Exchange

> " **VA Health Chat** allows me to chat with VA staff privately without having to talk on the phone. Even if I'm in a public setting, I'm not afraid of anyone listening to my conversation. Besides it being convenient, it offers more privacy.
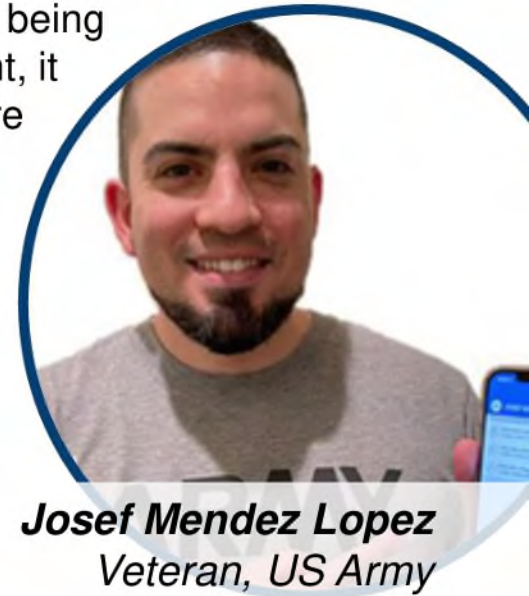
Josef Mendez Lopez
Veteran, US Army

Digital Health Innovations

DHO is focused on delivering modern, innovative, and human-centered digital health solutions to create outstanding health care experiences for Veterans and their care teams. A selection of DHO innovations and pilots are summarized below.

" **VA Immersive** is going to save lives. It really will literally save lives.

Kari Shulman
Veteran, Women's Army Corps

1 VA IMMERSIVE

(b)(5)

2 AMBIENT SCRIBE

(b)(5)

3 PROVIDER CONNECT

(b)(5)

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Key DHO Priorities for FY 2025

Active Collaboration Across VHA and VA

Priority	DEAN	Clinical Services	PCS	SIM	IVC	Support	Field	VA OIT	EHRM IO
Goal 1: Veterans choose VHA as their health care provider and coordinator, built on trusted long-term relationships									
My HealtheVet: Move to an untethered patient portal and have VA own the patient portal experience.							✓	✓	
Goal 2: VHA delivers high-quality, accessible, and integrated health care									
Expanding Clinical Services via Connected Care: Includes Real Time Access, Virtual Health Resource Centers, etc.		✓	✓				✓		
Accessing Telehealth through Local Areas Stations: Implement Telehealth access stations to support Veterans in Community.		✓	✓		✓		✓		
Patient Generated Health Data and Patient Facing Clinical Reminders: Foster Veteran health and wellbeing by developing solutions that integrate into clinical workflows. Provide Veterans with the ability to asynchronously provide health information directly to medical records.		✓	✓				✓		✓
Goal 3: VHA maximizes performance through shared ownership and is on the forefront of innovation									
Artificial Intelligence: Implement AI solution pilots automating clinical administrative tasks to mitigate provider burnout (i.e., ambient scribe) and support VHA's development, acquisition, and use of AI systems.	✓		✓				✓	✓	
Scaling Emerging Technologies: Includes an intake mechanism and VA immersive scaling efforts.	✓	✓	✓		✓		✓	✓	
Clinical Decision Support (CDS) Console: A standards-based, context aware technology platform that takes data from EHR databases to build/host CDS apps, offering common user experiences across clinical apps, EHRs.		✓	✓				✓		✓
Goal 4: VHA Optimizes Assets Across the Enterprise									
Enterprise Standardization: Improve business efficiency, health outcomes, and Veteran choice, with an initial focus on referrals and prosthetics.		✓	✓	✓	✓	✓	✓	✓	✓
EHRM: Enterprise structure for functional EHRM issue escalation, with end-to-end strategies for readiness and training.		✓	✓	✓	✓	✓	✓	✓	✓

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Executive Leadership Support Needs

Actions Required	Team / POC	Date
30-Days		
(b)(5)	(b)(6)	FY 2025 Q2
		FY 2025 Q2
60-Days		
(b)(5)	(b)(6)	FY 2025 Q2
		FY 2025 Q2
90-Days		
(b)(5)	(b)(6)	FY 2025 Q3

NOTE: This would not expand the scope of practice of any health care professional.

Questions

Supporting Slides

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DHO Provides Value to the Field and VHA

DHO operates as an integrator and accelerator for VHA's digital health care system, spanning the full scope of functions for the office, but also in supporting the field and other program offices.

Care Teams

Program Offices

Health Informatics

Health informatics workforce training, Health Information Governance (HIG) coding metrics and audits, clinical documentation and productivity tools

Integrated Health Management Board, supporting Integrated Clinical Communities in defining new clinical workflows

Connected Care

National Telehealth Hubs, Virtual Health Resource Center cohorts, Digital Divide Consult, Telehealth Management Platform (TMP)

50+ Telehealth programs with Primary Care, Mental Health, and Specialty Care Services, including TeleMental health, Teleradiology, Telestroke, and more

AI & Emerging Tech

Ambient Scribe pilot, Immersive Community of Practice, AI@VA Community of Practice, VISN AI and Innovation Summit Leadership

Digital partnerships (e.g., Inter-Agency collaboration for AI), pilot design for clinical application of extended reality interventions

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Major Challenges/Risks and Mitigations

Challenge/Risk	Proposed Mitigation(s)
Standardization of processes and tools. (b)(5)	(b)(5)
Variation in scaling innovation. (b)(5)	• • •
Integration of human centered design (HCD) principles. (b)(5) (b)(5)	• •

Digital Health Office Legacy

DHO will deliver modern, innovative, and human-centered digital health solutions to create outstanding health care experiences for Veterans and their care teams, summarized below.

1	Delivering on patient and care team needs with high-impact digital products.
2	Strengthening the health care product portfolio.
3	Fostering cross-VA digital innovation and scale solutions.
4	Standardizing efficient operational processes with accountable owners.

DHO Across VA

DHO has visited several facilities and attended multiple VA events, helping spread the word of DHO's functions across the organization.
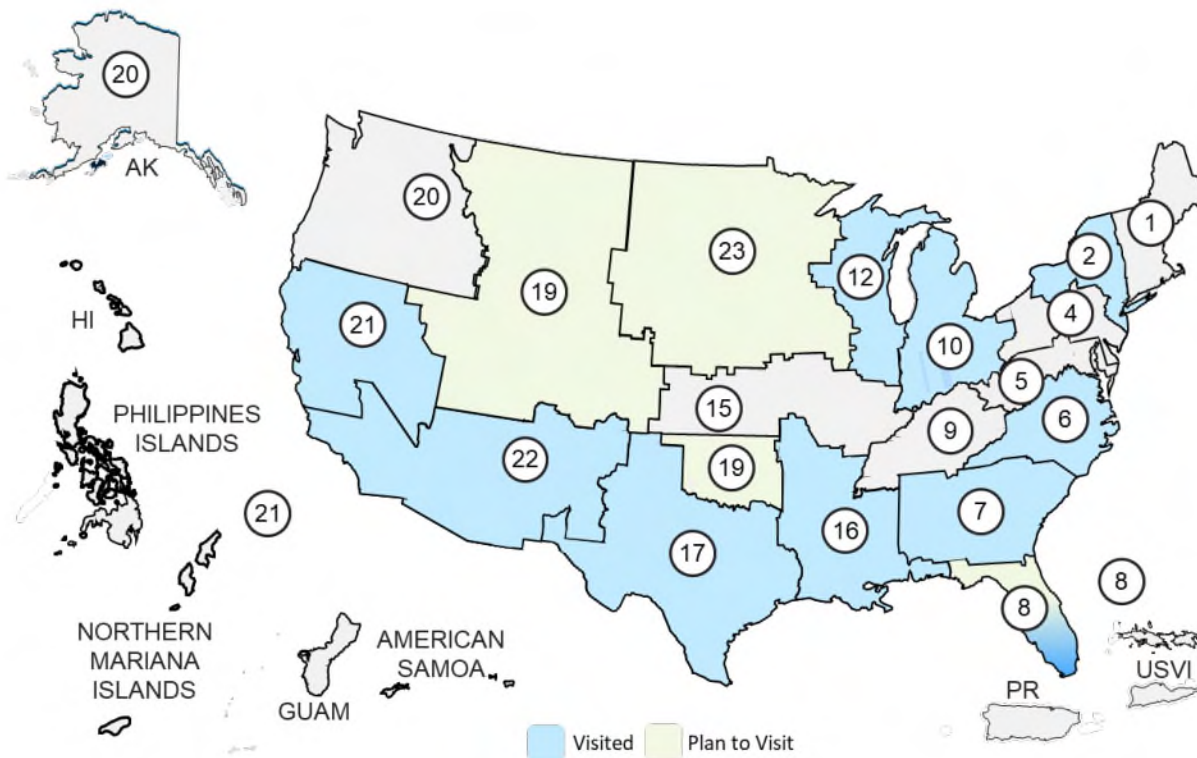
DHO Visits and Events

- New Orleans Discovery Visit
- Cleveland Discovery Visit
- San Diego Road Show
- Bronx VAMC Discovery Visit
- Chicago VAMC Discovery Visit
- Wilmington HCC Discovery Visit
- V21 AI Summit
- Dallas Discovery Visit
- SimCenter and Orlando VAMC
- Atlanta Discovery Visit
- *Upcoming:* V8 AI Summit
- *Upcoming:* V19 AI Summit
- *Upcoming:* V23 AI Summit

Visited   Plan to Visit

Enterprise-Wide Engagement Efforts

There are several ongoing engagement efforts led by DHO focused on the field and other VHA Program Offices, summarized below.

Digital Health Field Advisory Committee
Serves as a sounding board for new products and services by funneling information directly to the frontline, including opportunities to provide field perspectives, share best practices, and reinforce DHO field structure.

DHO Discovery Visits
Site visits for DHO Leadership to connect with VAMC Leadership and staff, listen to clinical and non-clinical care teams feedback, gain a better understanding of how to improve digital health technologies, and learn how DHO can support care teams.

VISN Artificial Intelligence and Innovation Summits
Forums for local AI professionals and stakeholders to address AI's role in improving health outcomes and health care services for Veterans.

Digital Health Council
Forums that promote strategic alignment for high-priority digital health services, products, and initiatives by leveraging the collective knowledge of empowered product teams and leaders.

Digital Health Experience
Quarterly demonstrations of digital health products with opportunities to learn new features, application uses, and ask questions, to better support Veterans and clinical care teams.

Difference in Available Funds

- **Information Technology Funds.** (b)(5)

  (b)(5)

- **Medical Support and Compliance Funds.** (b)(5)

  (b)(5)

Patient Experience Journey

Understanding and improving the Veteran patient experience with digital health products and services is critical to operationalizing DHO's mission, vision, and goals. The example journey map below focuses on patients, specifically on how they may plan, manage, and receive care, and aligns existing digital products to their experience while embodying DHO guiding principles.

"I have a really bad cough. I should check in with my care team."

"Do I need any prescriptions refilled during my appointment?"

"I almost forgot about my appointment. Great text reminder"

"I showed my doc a skin spot that looked suspicious and they snapped a picture to document it."

"Let me check my results from my lab work"

Planning My Care	Managing/Receiving My Care

Receive care from VA without stepping foot into a clinic or hospital. The **VA Health Chat** app provides easy, online access to chat with VA staff when you have minor health questions and more.

Request VA prescription refills, send secure messages, review health appointments and more from their mobile phone using the **VA Health and Benefits** app.

VEText provides users with appointment reminders and other updates about VA health care via text message.

Staff Image Capture allows VA clinicians to capture clinical images with a VA-issued iPhone or iPad and save the images to a Veteran's Electronic Health Record (EHR).

My HealtheVet VA's private and secure online patient portal for Veterans. Create an account to have access to VA health records, prescriptions, messages, appointments, and more.

Products and services are not exhaustive and subject to change or iteration

Care Team Experience Journey

Understanding the care team experience is critical to identify opportunities to improve continuity of care, address burden, and innovate against unmet needs. The journey map below focuses on care teams, specifically on how they deliver ambulatory care, and aligns existing digital products to improve their experience while embodying DHO guiding principles.

"I see I have 8 appointments today. What health issues need to be addressed?"

"Veteran lives in rural area and needs a consult that does not require in-person."

"I'm seeing the Veteran and need easy access to medical resources and risk assessments that use the Veteran's health data to inform care decisions.

"I just finished a consultation and need to order additional care and update their health record."

"Send a message to the Veteran with a reminder on managing care"

Delivering Ambulatory Care

Plan	Consult	Decide	Document	Follow Up
My Workweek	VA Health	**VA**	**VA | EHR**	
CDSP application with the goal of simplifying how care teams can view the appointments they have scheduled with patients for the week, while providing a brief snapshot of the patient's health.	VA's secure video-conferencing app (**VA Video Connect**) is designed to help caregivers quickly and easily meet with Veterans through live video on any computer or mobile device with an internet connection.	Clinical Decision Support (CDS) applications are clinician-facing products, integrated and interoperable with VA EHRs, offering clinicians an enhanced user experience as they provide clinical care.	VA's EHR captures Veteran medical history and health data. CPRS Booster Clinician-designed software to assist clinical users in transforming multi-step actions in CPRS into single-step actions. This is Class III software with no formal OIT or Facility support.	Annie for Clinicians is a VA text messaging service that empowers Veterans to take an active role in their health care by sending various automated self-care reminders

Products and services are not exhaustive and subject to change or iteration

New Ways of Working

(b)(5)

Enhance the patient experience

(b)(5)

Improve care team experience

*Journey areas are not exhaustive and subject to change or iteration

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MEETING/BRIEFING EXECUTIVE SUMMARY
(2-pages MAX – can include attachments)

VHA Deep Dive Briefing | Digital Health Office
February 14, 2025
1:00 PM ET
VA Central Office, Conference Room 802

☐ Decisional	X Informational	☐ Pre-Event
☐ Remarks	☐ Courtesy Call	☐ Other

ATTENDEES:

- Nadia Smith, Acting Chief Officer, VHA Digital Health Office
- Latriece Prince-Wheeler, Acting Deputy Chief Officer, VHA Digital Health Officer

OVERVIEW OF MEETING/BRIEFING:

- Issue/Situation: (b)(5)

  (b)(5)

BACKGROUND:

- (b)(5)

ASSESMENT:

- (b)(5)

RECOMMENDATION:

- (b)(5)

LIST OF ATTACHMENTS:

- **Talking Points** - Talking points are short, clear statements of major issues to be covered in the meeting. They should: 1) Focus on the objectives of the meeting; and 2) cover any downstream issues and impacts.

- **Agenda** - should include focus areas for discussion.

- **Supporting Documents** - List and attach supporting documents. (e.g. issue briefs, bios, agendas, recommendations from prior meetings on the subject)

POINT OF CONTACT: (b)(6)

Latriece Prince-Wheeler, FACHE

Senior Advisor to the Deputy Under Secretary for Health
Veterans Health Administration

Latriece Prince-Wheeler, FACHE was appointed as a Senior Advisor, Deputy Under Secretary for Health returning to public service in November 2023. As Senior Advisor, Latriece advises the Deputy Under Secretary for Health with the formulating and overseeing the implementation of enterprise programs and policies across the Administration. Prior to returning to public service, Latriece served as a Senior Business Executive and Chief of Staff for Oracle Health Government Services.

Previously she served as the Chief Operating Officer for the physician enterprise at Ascension Providence Health System, located in Washington, D.C. Latriece oversaw all support services, business development and management of clinical service lines including Primary Care, Behavioral Health, Diagnostic Imaging, Urgent Care, Retail Pharmacy and Care Management.

Latriece also served in various leadership roles within the Department of Veterans to include the Associate Director for Support Services at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia. In this role, she provided operational oversight to ancillary and support departments, business intelligence, and process improvement. Additionally, Latriece spent seven years in VA Central Office in multiple leadership roles, including Chief of Staff for the Office of Management, Chief Administrative Officer, and Special Advisor to the Secretary of Veterans Affairs.

Latriece is a native of Cleveland. She completed her Bachelor of Science degree in exercise science from Michigan State University, East Lansing, and a Master of Business Administration from Cleveland State University. She is a Fellow of the American College of Healthcare Executives and a Project Management Professional.

CAREER CHRONOLOGY:

2023 – Present	Senior Advisor, Deputy Undersecretary for Health, Washington, DC
2022 – 2023	Chief of Staff and Senior Business Executive, Oracle Health Government Services, Washington, DC
2020 – 2022	Chief Operating Officer, Ascension, Washington, DC
2020 – 2018	Associate Director, Crescenz VA Medical Center, Philadelphia, PA

EDUCATION:

2010 Masters of Business Administration, Cleveland State University, Cleveland, Ohio
2008 Bachelor of Science in Kinesiology, Michigan State University, East Lansing, MI

Nadia Smith, MBA

Acting Chief Digital Health Officer
Veterans Health Administration

Ms. Smith is the Acting Chief Digital Health Officer for the Veterans Health Administration. She leads and manages the planning and execution for the establishment of a new Digital Health Office, at the direction of the Undersecretary, and coordinates with all key officials and stakeholders involved. Ms. Smith is an executive with over 25 years of management and technology consulting experience serving commercial and federal government clients. She has experience leading large and small teams to modernize programs, systems, and applications using user-centered design, product management, data-driven and agile delivery methods. Ms. Smith holds a Masters in Business Administration (MBA) and is a Certified Scrum Master (CSM).

CAREER CHRONOLOGY:

2023 – Present	Senior Advisor/Acting Chief Digital Health Officer, VHA, Washington, DC
2020 – 2023	CEO, Athena Federal Solutions, McLean, VA
2018 – 2020	VP Digital Solutions, Atlas Research, Washington, DC
2015 – 2016	Chief of Staff, CapGemini Government Solutions, Reston, VA
1998 – 2015	Senior Associate, Booz Allen Hamilton, McLean, VA

EDUCATION:

2005	Masters in Business Administrations, Johns Hopkins University, Baltimore, MD
1996	Bachelor in Business Administration, The George Washington University, Washington, DC

The Digital Health Office (DHO) serves as the central coordination function for VHA to set the enterprise strategy and prioritize investments for digital health, enhance partnerships with programs and facilities in scaling digital innovations, and provide the infrastructure and support needed to deploy the digital health innovations.

DHO's vision is to set the gold standard for Veterans health care through trusted, high-quality, and accessible digital health solutions. Digital health capabilities include categories such as mobile health (mHealth), health information technology (IT), health data management, artificial intelligence (AI), immersive technology, wearable devices, telehealth and telemedicine, personalized medicine, and advanced care delivery products for Veterans.

MY HEALTH*E*VET

My Health*e*Vet (MHV) is VA's original patient portal — amongst the first health care systems to offer this experience.

- There have been over **5.7 million accounts created** in MHV's history. That includes over 5.1 million current registered accounts and over 3.5 million distinct users who logged in during fiscal year (FY) 2024.
- In FY 2024, MHV processed **over 34 million VA prescription refills** — breaking last year's record.
- Veterans and their VA care teams exchanged over **40 million secure messages**, 5 million more than last year — also a record.

VA is moving the MHV and My VA Health portals to a new, unified home on VA.gov: My HealtheVet on VA.gov. This will offer Veterans web and mobile options for managing their health.

> "When VA first came out with a way to access records online, I was all in… You used to have to request records and just wait. Fast-forward to now. My HealtheVet is extremely user-friendly…I was so glad I didn't have to drive to visit in person. They made it so easy for me."
> - Lara Storke, Army Veteran

ENSURING INTEROPERABILITY

The **Veteran Interoperability Pledge** developed a framework to allow VA and community providers to securely exchange information to assist in the care of Veterans receiving treatment inside and outside VA.

In September 2024, VA announced that **Epic and Oracle Health customers can access VA's Veteran application programming interface (API).** This enables their health system and hospital customers to identify Veterans in their care to help VA identify who may not be accessing their earned VA benefits.

Phase 2 will expand more health providers that provide Veteran care. Included in this interoperability pledge is the implementation of a **new Electronic Health Record (EHR)** solution shared across VA, DoD, and the Department of Homeland Security's U.S. Coast Guard (USCG) that is interoperable with community care providers, enabling the seamless sharing of records from active duty to Veteran status. The electronic health record modernization (EHRM) initiative deployment is planned throughout FY 2025 and FY 2026.

BRIDGING THE DIGITAL DIVIDE

The Digital Divide Consult connects Veterans lacking internet access or an internet-connected device with the resources needed for VA telehealth. Veterans are referred to a VA social worker who then determines the Veteran's eligibility for a **VA-lent tablet with internet connectivity** and other programs that offer **free or discounted internet services**. Over **188,000 Digital Divide Consults** have been completed since inception, and over **80,000 iPads** are currently loaned to Veterans.

The Federal Communications Commission's **Lifeline** program offers discounts on home internet and phone services to eligible households. AT&T, T-Mobile, and Verizon waive data charges when using VA Video Connect on their networks. Enabling Veterans and their caregivers to access VA care while reducing worries about data fees.

ATLAS (Accessing Telehealth through Local Area Stations) teamed up with public organizations in Veterans' communities to create telehealth access points that offer private, comfortable spaces with the necessary technology for VA Video Connect. ATLAS enhances the accessibility of VA care and helps to bridge the digital divide.

Over 500 encounters with more than 175 Veterans have been completed at 18 national ATLAS sites. Veterans Experience Office (VEO) has reported that many participants are enthusiastic and positive about their ATLAS experience citing that it comparable to an in-person visit.

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ACCESS TO CARE – BRINGING VA TO THE VETERAN THROUGH TELEHEALTH

Between FY 2019 and FY 2024, VA dramatically expanded telehealth services for Veterans. This is exemplified by a 410% increase in overall telehealth use and a 3505% increase in use of video services to the home during this time. From FY 2020 quarter (Q) 4 to FY 2024 Q4, there was an 8.6% increase in Veteran Satisfaction (83.9% to 91.1%) and a 10.9% increase in Confidence/Trust (79.3% to 88%).

In FY 2024, through September 30, more than **2.7 million Veterans** took part in over **13.3 million episodes of care** through all telehealth modalities. This is a 13% increase compared to FY 2023.

- **Video telehealth visits to the Veteran's home or mobile device:** Over 2 million Veterans received VA care through more than 10.5 million video telehealth visits using **VA Video Connect**, VA's secure videoconferencing app. This is a 12% increase in episodes of care compared to FY 2023.
- **TeleMental Health video visits:** Over 1.1 million Veterans received VA TeleMental Health care through more than 6.5 million video visits, an increase of more than 8% compared to FY 2023.
- **Asynchronous Telehealth:** Over 602,000 Veterans received VA care through more than 679,000 visits across 29 clinical specialties.
- **Remote Patient Monitoring:**
  - **Home Telehealth program:** Over 139,000 Veterans enrolled to use remote monitoring technologies to regularly share their vital signs and other health information with VA care teams. RPM-HT saw a 7% increase in fiscal 2024 Veteran enrollment.
  - **Other** Remote Patient Monitoring Programs (e.g., Remote Temperature Monitoring for the Prevention of Diabetic Foot Ulcers, Continuous Positive Airway Pressure Monitoring for Sleep Apnea): Over 189,000 Veterans received more than 471,000 episodes through "other" remote patient monitoring programs. VA realized an increase of more than 57% in FY 2024 through program expansion.

> "Telehealth is a dynamic tool that gives Veterans access to the soonest and best care. Providing the best care also means offering the caregivers who support Veterans a platform to collaborate with VA health care teams."
> - Dr. Colleen Richardson, Caregiver Support Program (CSP) Executive Director, VA

Telehealth can be used to enhance *all* VA health care services. VA delivers care through telehealth in **over 50 clinical specialties**. Across these specialties, VA uses synchronous telehealth (e.g., real-time video), asynchronous telehealth (e.g., image, video, or data exchange), and remote patient monitoring to complement and extend traditional in-person care.

DESIGNING CLINICAL EXCELLENCE

> Dr. Juang was so pleased he emailed Ms. Barnett about the excellent data quality, stating that there was, "no need to waste time faxing," and that he "could get real notes/documentation." "This is the best connection I've seen so far," Juang said.
> - Dr. Derek Juang, Chief of Hospital Medicine and Acting Chief Health Informatics Officer (CHIO) at the VA San Diego Healthcare System

Integrated Health Management Board: The Office of Health Informatics (OHI) established the **Integrated Health Practice Management Board (IHPMB),** uniting clinical and informatics leaders to deliver the highest priority clinical solutions. This ensures a safe, consistent Veteran experience, facilitates rapid information flow, and supports the development of the Veterans Health Administration (VHA) as a Learning Organization.

Standardizing Nursing Clinical Workflow: The OHI Nursing Informatics division is focused on streamlining nursing data in EHRs, reducing documentation burden, and improving quality outcomes. The VHA is implementing Oracle Health with standardized workflows and data definitions across the agency. Efforts continue in the legacy Computerized Patient Record System (CPRS) to standardize nursing workflows and data collection, especially for high-utilization tasks, to support evidence-based practices and prepare for the transition to Oracle Health.

Clinical Documentation: The Office of Health Information Management (HIM) uses tools such as:

- **Enterprise-Wide Speech Recognition:** Dragon One Medical transcribes spoken clinical notes into written documentation
- **Coding and Billing Software:** Ensures advanced coding services of clinical documentation for accurate billing
- **Scanning Solutions:** Converts paper records into electronic formats making it easier to store, retrieve, and manage health records

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SAMPLE VIRTUAL CARE CAPABILITIES AND OFFERINGS

VA Health Chat enables Veterans to connect with VA staff in a real-time online chat using any smart device. Veterans can use the app to receive medical advice, schedule VA appointments, refill prescriptions, and more. VA Health Chat is available to Veterans in all 18 Veterans Integrated Services Network (VISNs) with 12 sites offering Clinical Triage, Pharmacy Support, Scheduling and Administration, and Virtual Clinic Visit (Urgent Care).

Share My Health Data is a mobile application that allows Veterans to view data from health tracking devices all in one place and share it with VA care teams. Data can be shared from personal fitness gadgets such as a Fitbit, Garmin, or Apple Watch, and Bluetooth-enabled devices such as weight scales and glucose meters.

Provider Connect is a stand-alone pilot application that enables front-line professionals to instantly chat, video, or call specialists in real time.

"VA Health Chat allows me to chat with VA staff privately without having to talk on the phone. Even if I'm in a public setting, I'm not afraid of anyone listening to my conversation. Besides, it being convenient, it offers more privacy."

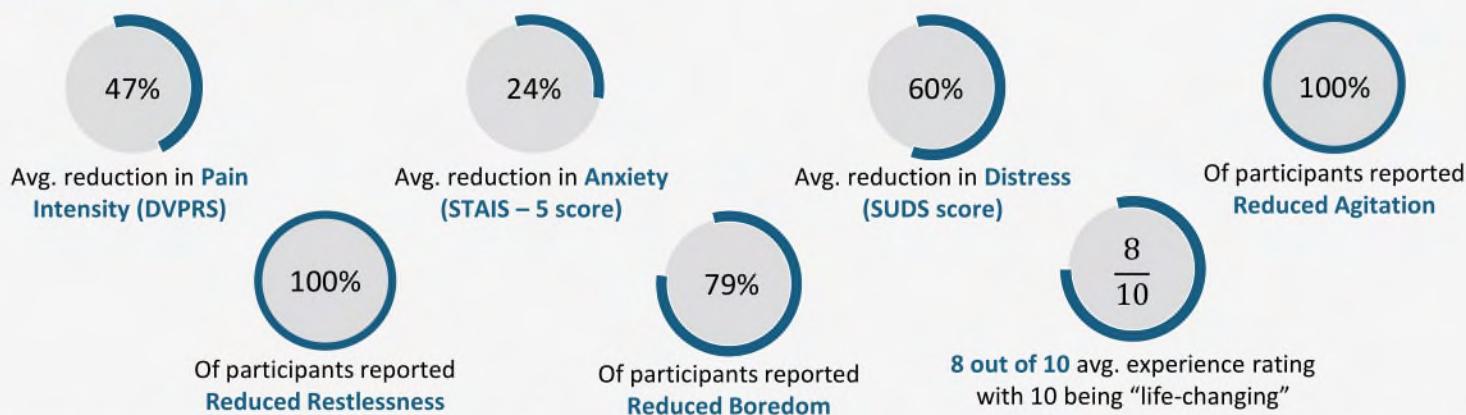- Josef Mendez Lopez, Army Veteran

Impact to Front Line Providers and Specialists:
- Gives VA front-line providers access to VA specialists via video call, chat, or phone callback.
- Reduces the need for in-person consults and associated wait times.
- Allows acquisition of specialty guidance in real-time.
- Reduces workload burden across scheduling and in-person resources.

Impact to Veterans:
- Reduces and, in some cases, eliminates the need to meet with a specialist in person.
- Reduces time to obtain guidance from a specialist.
- Reduces barriers of access to specialty care.
- Provides immediate answers and path forward for treatment.

IMMERSIVE TECHNOLOGY

VA Immersive is redefining Veteran care with immersive technology, enhancing engagement through sight, sound, and touch. Over **3,700 virtual reality (VR) headsets have been deployed across 170+ VA centers** and clinics in all U.S. states, Puerto Rico, Guam, and American Samoa, engaging more than 3,000 VA staff and supporting various health conditions. To date, VA Immersive has launched numerous multi-site pilots assessing extended reality use cases such as falls risk assessment, pain management, anxiety, Post Traumatic Stress Disorder (PTSD), physical and occupation therapy, employee education, and more.

- **Chronic pain**: 28% reduction in pain intensity (n=72)
- **Stress and anxiety**: 31.1% reduction in stress (self-report, n=600), 18% reduction in anxiety (STAIS-5, n=600)
- **Treatment-resistant depression** (with ketamine infusions): 2–3-point reduction in anxiety (STAIS-5), decreased provider obligation from 1 provider per patient to 1:4
- **Substance use disorder**: 66.2% reduction in anger ($p=0.05$), 73.2% reduction in tension and stress ($p<0.01$)

Initial Data Collected from VA using Mynd Immersive:

47%	24%	60%	100%
Avg. reduction in **Pain Intensity (DVPRS)**	Avg. reduction in **Anxiety (STAIS – 5 score)**	Avg. reduction in **Distress (SUDS score)**	Of participants reported **Reduced Agitation**

100%	79%	8/10
Of participants reported **Reduced Restlessness**	Of participants reported **Reduced Boredom**	8 out of 10 avg. experience rating with 10 being "life-changing"

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Source: Data collected by VA Immersive during the first year of a national pilot (Nov. 2022 – Nov.2023), involving 171 Veterans and 358 sessions using Mynd Immersive in VISN 4 Community Living Centers

Latriece Prince-Wheeler, FACHE

Acting Deputy Chief Digital Health Officer
Senior Advisor to the Deputy Under Secretary for Health
Veterans Health Administration

Latriece Prince-Wheeler, FACHE was appointed as the VHA Acting Deputy Chief Digital Health Officer in June 2024. In this role, Latriece provides oversight of the implementation and the operations of the newly established Digital Health Office that brings together Connected Care, Health Informatics, Artificial Intelligence and Emerging Technology and Digital Health Experience and Integrated Product Management. Latriece returned to public service in November 2024 as the Senior Advisor, Deputy Under Secretary for Health. As Senior Advisor, Latriece advises the Deputy Under Secretary for Health with the formulating and overseeing the implementation of enterprise programs and policies across the Administration. Prior to returning to public service, Latriece served as a Senior Business Executive and Chief of Staff for Oracle Health Government Services.

Previously she served as the Chief Operating Officer for the physician enterprise at Ascension Providence Health System, located in Washington, D.C. Latriece oversaw all support services, business development and management of clinical service lines including Primary Care, Behavioral Health, Diagnostic Imaging, Urgent Care, Retail Pharmacy and Care Management.

Latriece also served in various leadership roles within the Department of Veterans to include the Associate Director for Support Services at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia. In this role, she provided operational oversight to ancillary and support departments, business intelligence, and process improvement. Additionally, Latriece spent seven years in VA Central Office in multiple leadership roles, including Chief of Staff for the Office of Management, Chief Administrative Officer, and Special Advisor to the Secretary of Veterans Affairs.

Latriece is a native of Cleveland. She completed her Bachelor of Science degree in exercise science from Michigan State University, East Lansing, and a Master of Business Administration from Cleveland State University. She is a Fellow of the American College of Healthcare Executives and a Project Management Professional.

CAREER CHRONOLOGY:
2023 – Present Senior Advisor, Deputy Undersecretary for Health, Washington, DC
2022 – 2023   Chief of Staff and Senior Business Executive, Oracle Health, Washington, DC
2020 – 2022   Chief Operating Officer, Ascension Providence Health System, Washington,DC
2020 – 2018   Associate Director, Crescenz VA Medical Center, Philadelphia, PA

EDUCATION:
2010 Master of Business Administration, Cleveland State University, Cleveland, Ohio
2008 Bachelor of Science in Kinesiology, Michigan State University, East Lansing, MI

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From:	Tibbits, Paul A.
Sent:	Thu, 13 Feb 2025 01:52:29 +0000
To:	Fulcher, Justin L.
Subject:	Seeking efficiencies
Attachments:	Notes for VA's Office of Information Technology (OIT) v2.docx, VA DOGE: A framework for radical improvement in operational efficiency and service to Veterans , Tibbits_Paul Jan 2025.docx

Justin,

Congratulations on your selection as a special advisor to the Secretary. I wish you every success.
I want to take the opportunity to offer you some insights from my perspective on ways to find opportunities for efficiency while improving service to Veterans.

- For background, I have attached a paper authored by the last CIO with my comments/critique added.
- For a framework to find opportunities, I have included a letter I send to the Secretary with my suggestions.
- For ideas we have developed a SP site with many ideas collected over time (BIOS Cost Avoidance Opportunities - Cost Avoidance Proposal Tracker - All invoices (sharepoint.com))
- FYI, I have included my Bio.

In summary, OIT needs to focus on:

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Happy to discuss if you like.
Tnx!
PT

MLKing: "…When scientific power outruns moral power, we end up with guided missiles and misguided men…"

Dr. Mae Jemison, the first African American woman to travel into space, said that we must "Never be limited by other people's limited imaginations."

Paul Tibbits, MD
Executive Director
OPS Workforce and Organization Development
VA Office of Information and Technology (OI&T)
Department of Veterans Affairs
     810 Vermont Ave NW
     Room 552
     Washington DC 20420

Office: 202-461-(b)(6)

I CARE

VA Core Values: **I**ntegrity **C**ommitment **A**dvocacy **R**espect **E**xcellence
VA Core Characteristics: Trustworthy | Accessible | Quality | Innovative | Agile | Integrated

Notes for VA's Office of Information Technology (OIT)

Introduction:

Over the past three years, OIT has been driving a transition from a traditional IT organization to a modern IT organization that is patterned after how a high-tech product development organization operates.

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This model is a strong fit for a highly functioning IT organization that is responsible for delivering a broad range of "products" to internal and external stakeholders/consumers. In such a world, the following things are important:

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- **Vision Driven:** The organization is divided into largely unique portfolios of products and services that are delivered to stakeholders/users. Portfolio owners are responsible to articulate a forward-looking vision for the products and services they deliver to their stakeholders/users that aligns with the goals of those stakeholders and with the needs of the users. So, for example, the Health Portfolio leader and team must be able to articulate their vision for tech-enabled healthcare delivery, in alignment with the goals and vision of VHA, and the needs of the clinicians who use the software. They must further be able to articulate a roadmap that delivers this vision over time. That roadmap is frequently changing, as the teams make progress in delivering on the vision and the situation changes.

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- So, the teams have a current roadmap but practice agile development in the delivery of that roadmap. In contrast to a legacy IT organization focused on project management, we do not view adjustments to the roadmap over time as a sign of a problem.

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- **Execution Excellence:** Delivering technology, software and services to over a half million internal users and over ten million veterans is highly complex.

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- For example,
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  - We provide desktop services to over 650,000 end users. The situation here has improved substantially in recent years, with most users having modern PCs with up-to-date operating systems and applications. They make use of networks that in most cases are adequate for the load.

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The only way to accomplish this task is through relentless focus on Execution Excellence. Every important service must run with a reliability of at least three 9's (99.9% uptime). To accomplish this, the teams build rigor in our coding execution and resiliency into our systems. We inspect every incident that occurs to determine why it occurred and how we can prevent it from occurring in the future.

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We exercise similar precision in managing our desktop computing fleet of PCs. We run telemetry on all our desktops, looking for ones that are not delivering a good user experience, so that we can target our efforts on improving those experiences before the user calls to report poor performance.

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We are metrics driven. We define metrics for the performance of all systems and services. Each portfolio defines their OKRs (Objective and Key Results) twice a year (in semesters) and drive towards attaining those goals. We roll up a set of OKRs across the organization that are OIT's OKRs and we review these monthly as a leadership team.

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[ ]

- **Exceptional User Experiences:** People in their consumer world have developed a set of expectations on how easy software systems are to use. The pinnacle of this can be thought of as a "Delightful User Experience". Our systems have developed over many years, and many do not yet hit this level of excellence, but exceeding our user's expectations is what we strive for. We are pushing for measurements of end user satisfaction in all the services that we provide, including supporting the desktop. Most importantly, when we build software that will be used by veterans directly, such as va.gov and the VA mobile application, we seek to make these experiences intuitive and accessible, and we measure how close we come to achieving this goal.

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- **People Excellence:** We can only accomplish the above if we have great people who care deeply about the mission and have the skills necessary to accomplish it. We strive to make OIT a sought-after place to work for people with the right skills to make an impact. We do everything

we can to ensure the pay is competitive. We build career ladders and training to enable people to build their skills over time and take on new, more challenging roles as they grow.

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More information on how we operate can be found in the CIO Blog(https://digital.va.gov/cio-blog/), which goes over the above operating model as well as other critical elements of how we function. I highly recommend reading it:

Organizational Structure:

The OIT organization is designed specifically to accomplish our mission of delivering high quality products and services to internal users, veterans, their caregivers, and their survivors. We restructured the team almost three years ago to create teams that have clear, complementary, and non-overlapping missions.

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Almost all the organization reports to the Principal Deputy Assistant Secretary (PDAS) to ensure a continuum of leadership across administrations. The two exceptions are the CTO's office, which plays a tech leadership role at the VA and therefore reports directly to the CIO, and the Chief of Staff and their offices. (b)(5)

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It's important to stress that while the teams report to the PDAS, the CIO has taken a very active role in leading the team over the past three years and has been deeply involved in the most important details of the team's work.

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In the remainder of this section, we'll describe the high-level charter of each team and some of the issues they have been working on over the past several years:

End User Services (EUS):

EUS serves two primary functions – they provision and support the end user compute environment for our end users in all our VA locations, and they provision and support the IT infrastructure in those locations, in coordination with the relevant OIT group that owns that infrastructure (e.g., they will unbox and connect equipment for platform and network teams that manage and configure the devices to national standards). EUS members are geographically deployed across the US to accomplish their mission. They typically have a standing presence in large sites like the VA Medical Centers (VAMCs), and VBA regional offices, and they have a "territory" responsibility for smaller locations, where they must travel when a problem occurs. In addition to this field staff, EUS also manages our end user helpdesk. Tier 1 is outsourced to contractors, with strict performance metrics, which has been running without serious issues. Tier 2 and above is staffed by government FTE.

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The services EUS provides have enjoyed a very strong end user satisfaction over the past several years. For example, monthly American Customer Satisfaction Index (ACSI) scores over the past year have all exceeding 80%. Below is a chart showing our improvement in customer satisfaction over the last several years, along with a comparison to other consumer-oriented services.

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OIT Customer Satisfaction 14-Year Trend
American Customer Satisfaction Index (ACSI)

Based on 30,000 survey responses, OIT's ACSI is above the Industry Affinity Group ACSI score, and it has been consistently above the Affinity Group score for the last four years.
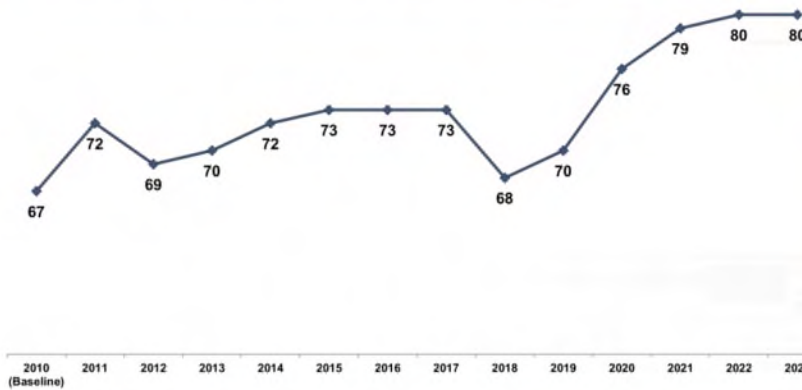
Selected Organizations from the Affinity Group	Last Reported Period	Affinity Group ACSI: 73
Apple	6/2023	83
Dell	6/2023	81
HP	6/2023	81
VA-OIT	11/2023	80
Netflix	3/2023	78
Charles Schwab	12/2022	78
Google	6/2023	75
Microsoft	2023	73
AT&T	3/2023	72
IRS – E-filers	9/2022	71
Century Link	3/2023	60

Chart values by year:
- 2010 (Baseline): 67
- 2011: 72
- 2012: 69
- 2013: 70
- 2014: 72
- 2015: 73
- 2016: 73
- 2017: 73
- 2018: 68
- 2019: 70
- 2020: 76
- 2021: 79
- 2022: 80
- 2023: 80

FOR INTERNAL DEPARTMENT OF VETERANS AFFAIRS USE ONLY. THIS IS A WORKING DRAFT, PRE-DECISIONAL, DELIBERATIVE DOCUMENT.

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This is a tribute to the commitment of the team to provide outstanding end user support.

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To further improve our responsiveness and to be more proactive in our response, we have deployed Tachyon, a PC telemetry system, on each desktop that reports on critical measures of system health. From this data, we can determine any trends we're seeing in end user responsiveness or system issues, and we can proactively address any issues that are emerging, such as increased system boot time. This is a critical investment in becoming a modern, data-driven end user support organization.

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The fleet of end user PCs is relatively modern in aggregate. This is due to recent funding of Infrastructure Modernization funds for the VA. However, austerity in FY25 budget puts this progress at risk. We have intentionally reduced our infrastructure modernization plans by approximately $100MM in FY25 to meet budget limits. If this reduced investment level continues in FY26 and beyond, we risk losing the gains we've made recently and once again struggle operating an antiquated fleet that delivers a substandard experience to end users – delaying care and benefits.

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The modernization of the fleet over the past several years has enabled us to get current on the operating system of those PCs, standardizing on Windows 10. We are now just beginning an OS upgrade from Windows 10 to Windows 11, because of end-of-life deadlines for Windows 10. Early indications are that this upgrade will be largely smooth, in part because OIT has taken a very rigorous approach in our rollout plans.

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There are features still needed to make everyone happy, but we're on a good path here.

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Business Integration and Outcomes Service (BIOS):

BIOS is OIT's Product Planning function.

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They interact with stakeholders to understand their requirements and turn them into BTDRs (Business Technology Driven Roadmaps), which are in essence intended to be Vision and Roadmap docs.

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Much as there's a Product Planning and Product Management/Development function in most software development organizations, BIOS is intended to be our Product Planning organization, and Product Delivery Services (PDS – discussed below) is intended to be our Product Management/Development organization. BIOS takes input from stakeholders on needs and understands the technology space to both triage the need and build technology roadmaps. These are, in turn, interpreted by PDS and built into delivered products and services.

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We strive to be great at this function in OIT, and we are still in the development phases of that effort.

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We strive for a Product Planning function where stakeholder needs are combined with an understanding of the industry and technology into a vision of the portfolio (e.g., a vision of healthcare IT) and a well-prioritized roadmap. This is our North Star across BIOS and PDS.

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As part of their role, BIOS manages the intake process for requests for new systems and capabilities. Unmanaged

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While BIOS has made progress, three years on, the maturity of the capability is not where we would like it to be. To accelerate the process and ensure the resources are allocated efficiently, it may become necessary to fold BIOS into the PDS organization.

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Product Delivery Services (PDS):

PDS is responsible for building and delivering IT systems in service of VA's mission.

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It was recently reorganized into a single team from two different ones that shared this mission.

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Underneath the DCIO, the team is organized into Portfolios, which in turn include Product Lines, just as you'd expect from a modern IT delivery organization. As discussed above, PDS takes as it's north star the vision articulation of the BTDR, delivered by BIOS. "

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 They translate that into release roadmaps and further into agile scrum "Epics", which define specific functionality that will be delivered in a particular release cycle.

Product development within PDS is divided between internal developers and external contractors, with most development being done by contract teams. As such, PDS plays a critical role in ensuring that this

external development is well defined, the releases are well structured, the deliverables happen with high quality, and the services operate with high reliability. The team and leadership realize that to do this effectively, our FTE must transition from just managing the outsourced contract work to leading it as highly effective Product Managers.

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They must define the work to be done well, define the schedule, manage the technical approach, manage the dependencies, and keep alert for all important issues that arise during development. They must understand and appreciate that they are managing software development that embodies a business process and understand that business process well. They must work both on the minute details of the project as well as the context of the larger business process in which it lives.

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A great example of the importance of understanding the business process and what occurs when a team doesn't consider the business process in their planning is issues that arose with the Program Integrity Tool (PIT), a database that enables the VHA to bill for community care visits and detect fraud waste and abuse on such billings. Under the pressure of restricted budgets, this tool was designated for "deep sustainment", where the tool was essentially on life support. Errors crept into the tool because of this neglect, resulting in billing issues and degrading our capability to do fraud, waste, and abuse analysis. Had the team kept the important business process this tool supported top of mind, they would have recognized its criticality and would have proactively managed the operation and evolution of the tool itself as well as the revenue pipeline that it's a part of. The team would have been closely tracking how well VA was performing on the financial targets the tool supported. This is a critical skill for a first-rate Product Manager.

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The PDS team has learned from this experience and embraced how important it is to become exceptional at Product Management.

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They have put the transformation from project to product management at the center of the commitment to become a world class product and services delivery team. That means defining in detail what the role is, training folks in that role, leading by example, and honing our approach over time. We're still in the early stages of this transformation from PMs that manage the process of acquiring software to ones that deeply manage the development process itself. The great news is that in many parts of PDS we're seeing strong examples of this sort of product-centric leadership for others to observe and emulate, and leadership is very energized by moving in this direction.

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There have been several critical investments in PDS in recent years:

- The demand intake pipeline discussed above that determines the best solution for new demands from systems and focusing on execution excellence for each pipeline.

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- As part of the intake process and portfolio rationalization, we have primarily focused on three low code/no code solutions, each of which has a large footprint at VA: Salesforce, Microsoft Dynamics, and ServiceNow. Salesforce and Dynamics are used for typical "CRM-style" applications, while ServiceNow is deployed for its typical IT services and workflow solutions.

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- Major investments, include the following:
  - A new scheduling system for VHA that consolidates scheduling into an intuitive, web-based user interface. This system will integrate Oracle Cerner-based sites in upcoming releases and enable a single scheduling solution across all VHA sites.

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  - VA Health Connect: A new call center CRM solution for VHA that includes all health care delivery modalities, including Tele-EC care.

The following are some important issues facing PDS:

- Scheduling:
  - What is the long-term strategy for scheduling in VHA? Oracle sites use Oracle's scheduling software, but Oracle EHR is only deployed across a small number of sites. Also, should VHA give up their ability to innovate in scheduling as they deliver VA-specific care approaches like Tele-EC?

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  - Community care scheduling relies upon WellHive, a commercial scheduling provider. Its adoption depends upon community healthcare providers subscribing to WellHive and

agreeing to put their availability into the tool. Uptake is improving, but slowly. If this capability takes off, it can be integrated into VA's scheduling tools as well as veteran self-scheduling via the VA.gov website and mobile app.

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- VA Health Connect: This call center tool has been well received but has had modest reliability issues (overall reliability runs between 95% and 99.9% vs. a goal of > 99.9%). This is in part due to the tool's dependency on other infrastructure components to perform its actions, such as signing progress notes. The team has been investment in resilient functionality paths to address these issues.

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- Community Care Billing and Fraud Detection Pipeline: The billing pipeline for community care visits is a complex one, including systems owned by the TPAs that process and pay claims, the Vista EHR, and a series of systems that represent the full billing pipeline. OIT erroneously placed one of those systems, the PIT (Program Integrity Tool) into "deep sustainment", resulting in errors creeping into its logic over time. Those errors have now been corrected over an 18-month period. Moving forward, the entire pipeline needs to be considered holistically and key modernization needs addressed.

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Communications and Collaboration Services (CCS):

CCS's two primary functions are 1) to provide telephony and networking connectivity and services to our roughly 3,000 locations and 2) and provide productivity software in the form of Microsoft 365 (email, Office productivity suite, and Teams). They provide all elements of telecom and networking connectivity, including our TIC (Trusted Internet Connection) connectivity, PBXs, call center telephony solutions (including movement to cloud-based solutions), networking switches, routers, and access points.

They deliver this mission with a very high level of reliability. While the connectivity they support represents the largest number of major incidents that OIT triages each day, this is due to the vastness of the VA infrastructure and the sensitivity of telecom and networking services to outages from our providers (pedestrian incidents like a backhoe severing a fiber cable up the street from a hospital, or a construction crew renovating a clinic accidentally cutting power to a server closet). This highlights a critical need in our telecom and networking infrastructure – provider resiliency. Industry best practice dictates that large, mission critical facilities like many of ours (particularly our medical centers) should have redundant last mile providers as well as redundant ingress to the facility. We have recently installed digital ring technology in a small number of sites to provide this redundancy, but funding does not yet enable this technology to be deployed in all key facilities. In smaller facilities, SIP-based equipment is replacing POTS (Plain Old Telephone Services) equipment to allow us to easily terminate networking via different transport modalities, providing a modicum of redundancy for those facilities.

Overall, here are some of the key issues faced by the CCS team that rise to critical issues for OIT overall:

- Infrastructure redundancy, as described above. This issue is known to VA leadership, OMB, and VA congressional oversight, but the current austerity environment has precluded us from making any more than very modest progress.

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- Microsoft ELA Cost: This is a very significant cost for OIT overall ($360mm/year?). This cost is very sensitive to the total number of employees VA supports since it is primarily billed 'per seat.' VA employee growth has been over 10% from 2020 – 2025, while OIT's budget has only increased at a much lower rate. OIT's budget simply has not kept pace with VA's growth. One approach to addressing this asymmetry could be to consider adjusting appropriations language and practice so that other appropriations could be charged for the per user costs of IT endpoints and the software licenses that run on them. This would allow the IT budget to expand as the supported user base does.

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- Metrics: We operate highly reliable networking and telephony services. While we have metrics on that reliability, we haven't yet developed a good metric for overall data and telephony reliability and "cost per" metrics for those services that would allow us to measure whether we're getting more efficient in that service delivery. This is one of the areas that best lends itself to such measurements. Along with the desktop.

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Infrastructure Operations (IO):

Infrastructure Operations manages core environments for VA's computing infrastructure. This includes our data centers and cloud computing environments, as well as our identity management systems, which are integral to these environments. There have been critical efforts in this area in the past several years:

- Data Center Consolidation: We have consolidated into a small number of large data centers, chief among them the Austin data center. We are ahead of administration and congressional mandates on this consolidation.

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- Cloud Migration: Our cloud investments are centered on two cloud providers, Amazon Web Services and Microsoft Azure, both of which have large footprints (AWS is roughly 60% of the total).
- Identity Management Modernization: VA's identity management is based on Microsoft Active Directory. We have built on top of AD an internal Single Sign-On system (SSOi) and external Single Sign-on (SSOe) system. We have added geographical redundancy to our cloud based SSOi system, which has increased its resiliency to the point where it regularly achieves it's 99.9% uptime goal. We have recently started a pilot to modernize our identity system based on Azure-based EntreID. We are also in the process of rolling out OKTA as an alternative authentication system to enable Multi-Factor Authentication (MFA) for users who forget their PIV card.

The following are important issues in the IO organization:

- VAPO (VA Platform One) and Platform Uniformity: VA Platform One was envisioned as a single cloud platform built on RedHat OpenShift that would enable system developers to write to a single platform and deploy on-premises or in either of the VA's two cloud providers. It has struggled with an "if you build it, they will come" fallacy, however. Most of VA's largest systems like VBMS (which supports claims processing) are designed to run on the cloud platform that we've chosen for that system (AWS in the case of VBMS). This issue of leveraging cloud-specific platform capabilities vs. being cloud agnostic is one that the entire industry wrestles with. At present, there isn't strong alignment that VAPO is our preferred platform for future cloud development. Moreover, we haven't made significant strides in standardizing our mandated cloud platform choices across the cloud environments we use. This results in people too often building from scratch and precludes us from building rich software development and operations capabilities on top of a common platform. This is a very difficult issue to get alignment on since each team would rather not take on the dependency of aligning environments with other teams.

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Office of Information Security (OIS):

OIS is responsible for securing VA from Cyber threats, working in concert with their peer organizations to accomplish their mission. Their responsibilities include at least the following (this isn't an exhaustive list):

- Defining security policies that must be adopted by VA and across OIT to guard against cyber threats.
- Running our CSOC (Cyber Security Operations Center) which monitors our environment for potential attacks and conducts forensic analysis on indicators of compromise.
- Managing the ATO (Authority to Operate) process, where IT system owners request an Authorizing Official (typically one of the PDAS's direct reports) to award an ATO for a specified period.
- Assess our overall threat posture and develop risk-based, prioritized actions to improve our risk posture.
- Conduct proactive threat hunting exercises to identify weaknesses.
- Represent VA and our Cyber security efforts to external parties, including, other federal agencies, OMB, Congress, and industry.

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OIT uses the Zero Trust framework as the guiding principle behind our cybersecurity efforts. This framework is being promoted by OMB as well, and they have mandated efforts for administrations to grow in their zero-trust maturity. In short, Zero Trust assumes that an organization's network boundary is inadequate to fully protect the organization from a cyber-attack. Because of this, protections must be multilayered and assume that attacks can come from within the network boundary. Zero Trust means you don't implicitly trust anything or anyone trying to connect. It means you build strong capabilities to detect an intrusion. You deploy multi factor authentications everywhere. You make sure you're running the most recent antivirus. You have rich threat detection analytics, looking for "indicators of compromise" across vast amounts of real time log data from your enterprise. You make sure that only those with a need to connect to a system can do so and that they have only the rights needed to do the work they need to do (aka, you deploy "least privileged access"). This is a complicated, multidimensional approach that is both very complex to get right and very expensive to implement.

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Role-Based Access Control (RBAC) plays a critical role in implementing a Zero-Trust Architecture by enforcing the principle of "least privilege" and minimizing the attack surface within an organization. RBAC contributes to Zero-Trust:

- *a. Granular Access Management*
- *b. Minimizing Insider Threats*
- *c. Simplified Policy Enforcement*
- *d. Enhanced Audit and Compliance*
- *e. Support for Dynamic Access Decisions*

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On top of a foundation of Zero Trust, OIT emphasizes following a risk-based approach to our cyber protection. It's impossible to prove that an environment is fully secure. The best you can do is to implement broad, disciplined policies that set out must-dos to system owners and assess how we're doing overall to create a secure environment. We have increased our own red team exercises to attack ourselves to identify vulnerabilities before our adversaries do. In all we do, we maintain a 1-N list of the highest risk situations we have in our organization and develop proactive plans to reduce or eliminate those risks.

Here are some of the most difficult issues facing OIS and OIT overall in our cybersecurity efforts:

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Office of the Chief Technology Officer (OCTO):

The Chief Technology Officer and his team have three responsibilities in OIT:

1) Drive technical direction for the organization.

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2) Build world-class veteran digital experiences to the most important services veterans need from VA.

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3) Assess and scale emerging technologies and local innovations.

(b)(5)

This is very much a split mission that has evolved over time. The first of driving technical direction is manifested in two major efforts that they lead, our Engineering Excellence efforts, and our cross-VA Artificial Intelligence investment coordination. The Engineering Excellence efforts seek to standardize and enhance the engineering practices we employ across the organization. Today, each team mostly determines for themselves how a product should be built and what infrastructure should be deployed to support the product. This results in inconsistencies in the quality of our engineering practices. E.g., there is no standard software build pipeline that can do things like checking for secrets in code. We have recently added this requirement as part of moving to Github as our standard code repository, but a state-of-the-art product development organization would have a standard build pipeline that enforced coding, check-in, and testing methodologies. Similarly, teams choose different architectures and software environments for their products, which can result in duplications of capabilities and lost opportunities to have shared, highly robust underlying software execution environments that are richly monitored and optimized, such as a single standard containerization model. EE seeks to create these standard ways of operating, so that we can reap these benefits. It's a long journey and must start with small wins to build momentum. Even mega-scale commercial software and systems providers have difficulty accomplishing this.

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The second large effort in OCTO is building and operating the digital experiences Veterans use to interact with VA, such as the VA.gov website and underlying integration platform, the Health and Benefits mobile app, and the VA Notify platform. They are focused on incrementally adding functionality to these user experiences in an order prioritized by veteran feedback. E.g., we are investing in greater appointment scheduling capabilities in response to feedback from veterans that they would ideally like to self-schedule medical appointments at VA facilities and with community providers. Both VA.gov and the mobile app are highly functional today and well received by users, so we are building on a real strength here.

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The largest effort in the "emerging technology" remit is OCTO's efforts to drive VA's AI strategy. The OIT CTO is dual hatted as the agency's "Chief Artificial Intelligence Officer" and co-chairs the agency's AI Governance Council with the VA Deputy Secretary. This AI effort is in its early stages and focuses on inventorying our AI efforts, assuring they meet AI standards of efficacy and safety, charting an AI

implementation course in collaboration with the VA agencies, and creating shared resources for the research and development of AI capabilities.

Some issues that OCTO faces in executing their mission include the following:

- VA.gov transaction tracing: We have found issues over the past year where transactions initiated on VA.gov can fail to make it all the way to the correct downstream system of record, without sufficient error handling. We have stood up a "Code Yellow" process to ensure that we have communicated with most users who had such a failed transaction and build monitoring and corrective capabilities into the system to ensure these cases are captured and corrected in the future. This effort is ongoing.

- Delegate access: Caregivers must log on as the user if they want to take actions on that veteran's behalf. This is better handled via "work on behalf of" capabilities, where the caregiver is properly represented as such. We need to build these capabilities into our systems. To date, "delegate access" has been achieved informally by Veterans sharing passwords with caregivers, but this approach is not compatible with our push to use secure identity-proofed credentials.
- AI staffing and funding levels: Investment levels for OCTO's AI efforts are modest but largely adequate for our first year of this effort. They will need to scale in the future as our AI investments and deployments grow. Failure to do so will result in us not being able to take advantage of the promise of AI and/or not addressing risks from AI deployments.

- Transition from DSLOGON as login method: DSLOGON is a login method for active-duty members of the miliary and veterans. We are transitioning away from DSLOGON in favor of Login.gov, the cross-government login method, and id.me, a widely supported commercial secure login service. This is because these two methods are the ones expected to be most broadly supported moving forward, and because of ongoing reliability issues with DSLOGON, which is supported by DOD. This transition is scheduled to complete next year with the removal of DSLOGON as a supported login method. We need to continue to be proactive in reaching out to veterans to aid their journey from DSLOGON, which can have some complexities as the new service implements processes to positively verify the applicant. Moreover, we have agreement with DOD to move away from the service, but we could expect some more conversation on the topic as they make progress. It's great that we have a shared plan here, although VA should be able to turn off DSLOGON on our side without a hard dependency on DOD.

Office of People Sciences (OPS):

OPS provides HR functions for OIT in concert with HRA. During this administration, certain administrative functions like job classification that were removed from OIT over ten years ago in response to lack of rigorous execution of those functions by OIT were returned from VHA's HR organization, HRMACS, to OIT.

Since this occurred in April 2024, OPS has been diligently working through the backlog of HR administrative tasks that were delayed during HRMACS's tenure. They have made great progress on these, resulting in more timely action on important HR actions like processing bonus awards and reorganization actions.

Leveraging authorities granted to VA in the PACT Act, OPS led OIT's effort to establish a Special Salary Rate (SSR) for technical talent in OIT, whose salaries have been well below industry comparables. They took an analytic approach to compare technical salaries by pay level against commercial IT equivalents. The SSR resulted in an average of 17% increase in salaries for 2210 positions. The SSR doesn't fully make up for the salary gap compared to commercial equivalents, but it gets our pay rates much closer, for less senior staff in the lower GS-levels. IT has been a powerful tool in retaining personnel in a tight tech labor model and making VA a sought-after government employer. The authority for the VA Secretary to

establish new special salary rates expires in 2027, the special salary rates themselves do not expire once established.

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Some of the important issues facing OPS are the following:

- Employee Actions: We need to continue making progress on employee actions, especially pay-impacting actions.
- Training: We have done important work in establishing career ladders for OIT employees during this administration. We need to improve the training and defined competencies associated with job levels in our career ladders, so that employees have clarity on how to develop their technical skills while in OIT.

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Information Technology Budget and Finance (ITBF):

ITBF is the financial management organization for OIT, led by our CFO. In the reorganization at the beginning of the administration, we made it a peer organization to the other product and service delivery organizations, in respect for the critical role ITBF plays in the effective execution of OIT's mission.

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Over this administration, ITBF has been improving the rigor of our financial management.

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We are aligning our statement of accounts, so that they better reflect what work is being done and paid for within each account. We are working to reflect these changes in our outward reporting of our finances.

(b)(5)

FY24 and FY25 budgets have been significantly constrained, which has necessitated assiduous focus on spending.

(b)(5)

ITBF works with each of the teams to create baseline budgets, and items that cannot fit within those budgets are placed on a prioritized 1-N list of unfunded requests.

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These lists are in-turn shared with stakeholders, so that we're transparent in what work will and will not get done. OIT suffers from insufficient funding in system development, cybersecurity, and infrastructure

modernization, all of which add risk to our ability to execute on our mission. In addition, headcount growth has been limited, despite the addition of personnel in agencies that we support. This has forced us to use contractor funding for field support, further restricting funding for core systems development, infrastructure, and cybersecurity.

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Compliance Risk and Remediation (CCR):

CCR coordinates our compliance efforts across OIT. This includes 508 compliance, OIG and OMB compliance efforts, VA's privacy office, and VA's FIOA office, and coordinating our FISMA/FISCAM audits by OIG.

Important issues within CCR include he following:

- Improving 508 compliance: During this administration, we have greatly increased our attention to VA's 508 (accessibility) requirements through monthly review of our progress, investments in auditing of software applications and services, and using the FITARA process to ensure that progress on projects that have a usability and accessibility requirement are making progress on conforming to 508 requirements. We have made significant progress on ensuring our content like documents and web pages are accessible. Static documents are largely compliant. Forms are challenged because many are based on Adobe Acrobat, which has accessibility issues we're working to resolve with Adobe. Systems and software are making progress, but it is a long journey to improve the accessibility of our large fleet software capabilities. Leadership needs to continue this focus and intensity if we are to continue to make progress in the future.

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- Streamlining OIT's governance process?

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Office of Strategic Sourcing (OSS):

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OSS manages our relationship with our vendors, in coordination with VA's OALC. As part of this function, they run our FITARA process, whereby all commitment of funds for IT projects are reviewed. Actions under $15MM are handled within the organization, and actions above $15MM are reviewed by the CIO.

Important issues within OSS include the following:

- FITARA Coverage: FITARA is by law supposed to cover review of all IT spend within an administration, which includes IT spend within VHA, VBA, NCA, and the staff offices. Many

times, spending outside of OIT fails to go through this FITARA review because the acquiring organization doesn't coordinate this review with OSS. This was flagged in a recent OIG report, where they took a sample of IT acquisitions from VA and reviewed whether they went through the required review. OSS has been working with the administrations and with OALC to improve our compliance with the FITARA review requirements. In a place as vast as the VA, this is a challenging task.

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Office of the Chief of Staff (OCoS):

OCoS provides management support to the CIO and PDAS offices and manages shared functions such as legislative affairs, public relations, and strategy.

Rhythm of the Business:

In addition to the work that goes on within the teams, there are several regular meetings that represent the governance of OIT. The purpose of each from my vantage point is described below:

Meeting	Chair	Frequency	Purpose/Discussion
Daily Operational Stand-Up	CIO/PDAS	Daily/ 30min	We meet every weekday to review major incidents since the last meeting, their cause, and how we are remediating the issue. We also review any system-wide issues that require attention, such as extreme weather events that impact VA and for which a coordinated response is required. This meeting is a critical part of promoting a culture of "embrace the red", where team members feel like they can raise issues in an environment where we focus on how to resolve the issue and improve moving forward rather than who is to blame (b)(5) (b)(5)
Daily OIT Executive Standup	PDAS	Daily/ 15min	Daily meeting of the PDAS and his directs to discuss important topics
FITARA	OSS	Weekly	All IT spend over $15MM must be approved by the CIO. OSS leads a weekly process where every proposed IT spend in need of FITARA approval is presented to the CIO, questions are addressed, and the action is approved/rejected. We have refined this process to be a gate where IT spending can be reviewed for appropriateness, and requirements like cybersecurity protections and 508 compliance can be reviewed. (b)(5) (b)(5)
PIT (Program Integrity Tool)	PE/SPM	Bi-weekly	This meeting was stood up weekly to review the engineering and process efforts to recover from the PIT system issues. It has recently moved to Bi-weekly as PIT

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			has gotten under control. It is transitioning over time to look at the entire community care billing pipeline.
Senior Leadership Team Meeting	OCoS	Monthly	Monthly meeting with senior leaders across OIT to review key progress and issues in each org in OIT as well as CIO top of mind. Agenda curated by CoS
Finance & Budget Briefing	ITBF	Monthly	Review status of budget, unfunded 1-N list, and all other important finance topics, led by OIT CFO.
Human Capital Review	OPS	Monthly	Review of all important human resources topics, let by the DCIO of People Sciences team.
Information Security	OIS	Monthly	Review of security incidents, 1-N list of key cyber security risks, and all other high priority cybersecurity issues. (b)(5) (b)(5)
OpStat	IO/EUS	Monthly	Review of resiliency statistics for all critical and bedrock systems, focus on systems that aren't meeting 99.9% uptime objective, and additional hot topics in operating our systems with high reliability
Engineering Review	OCTO	Monthly	Review and prioritize improvements in our engineering processes. This is where the VA way of doing software and systems engineering is discussed and initiatives to improve are proposed.
CIO-OKR	OCoS	Monthly	Regular review of our progress against OIT-level OKRs (Objectives and Key Results), which are set twice a year as Semester goals.
Portfolio Reviews (BAM, Health, Corporate, ITIN, VES)	BIOS/PE/SPM/Service Lines	Monthly (each portfolio will present quarterly)	These are rotating reviews of the different product portfolios, where we review the portfolio's vision, roadmap, and issues that need addressing. These are a work-in-progress as portfolio leaders learn what these reviews should look like. In time they should be the primary strategy review cycle for the major work in the organization.
Voice of the Customer	OCTO	Monthly	Review of customer feedback from each portfolio. This review is intended to drive an increase in our measuring of customer feedback across all end-user facing portfolios and plans to improve.
Scheduling	PE/SPM	Monthly	Scheduling is a critical investment for VHA, and is important to keep an eye on. We are building a new more modern solution that is beginning deployment, and there are initiatives for community care scheduling and veteran self-scheduling. This review goes through all key projects and issues in the Scheduling space.
VAHC	PE/SPM	Monthly	VA Health Connect is a critical new CRM system for our VHA call centers that enables triage of incoming calls to multiple different patient functions. This is a critical

			investment, and this meeting walks through our progress in development and deployment
Red Team Updates	OIS	Monthly	We have ramped up our cybersecurity red teaming efforts as an essential part of assessing our cybersecurity posture and remediating any issues. This meeting is to review progress on the red teaming and the issues that they identify.
VistA	PE/SPM	Monthly	This meeting is to review ongoing investment plans for Vista, which is our primary EHR and will be for some time until we've fully transitioned to Oracle Cerner. [Has done nothing to expose VistA data and logic through APIs. (b)(5) (b)(5)
CCS	CCS	Quarterly/ 90min	Regular review of our network, telecom, and collaboration investment plans (b)(5) (b)(5)
EUS	EUS	Quarterly/ 90	Regular review of our end user and facility support efforts, which is a very large part of our investment as well as our headcount.
508 Compliance	CRR	Bi-Monthly	This meeting reviews our efforts to improve our 508 accessibility compliance. It's critical to keep the pressure on to improve our compliance. This review goes through our current status and improvement plans

Governance Beyond OIT:

The following is a set of meetings that OIT participates in, along with commentary on how they fit into our own and VA's governance efforts, from the CIO's perspective:

Meeting	Chair	Frequency	Purpose/Discussion
SecVA Morning Huddle	VA Sec	Daily	Each day, the Secretary solicits any important issues from all the admistrations and staff offices, including OIT. The CIO attends this meeting and raises issues for OIT, unless unavailable, in which case the PDAS attends. Typically, any important IT incidents, including cyber incidents are reported out here. It's important that the CIO understand the details of these incidents and the implications. The CIO should be on all MIM (Major Incident Management) email, which alert the recipients on the status of all major incidents, and the CIO Daily Standup is an effective way to understand these incidents more deeply. It is highly recommended that the CIO attend the daily standup, so they are well prepared for the Morning Huddle.

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			Monday's Morning Huddle is typically different, comprising a walkthrough of "the week ahead". While the CIO participates, it's rare that they have content for the Monday week ahead meeting.
VA Operations Board	DepSec	Adhoc	Issues that need concurrence across VA come to the VAOB. Some are concluded in the VAOB and others are approved for submission to the VAEC for the Secretary's consideration. Most IT issues do not end up needing to go to the VAOB or VAEB for resolution, but some do on occasion, such as the decision to move away from DSLOGON. In addition, many issue have an IT component to them where the opinion or concurrence by OIT will be required. All parts of the organization are expected to participate in VAOB meetings. This responsibility typically falls to the PDAS with the CIO participating in some topics of particular interest or when the PDAS is unavailable.
VA Executive Board	VA Sec	Adhoc	As noted above, issues can be approved to move from the VAOB to the VAEB for consideration by the Secretary. The CIO typically participates in this meeting or, if unavailable, the PDAS. As noted above, not that many IT issues end up getting adjudicated in the VAEB, but many issues have a tech component where OIT's views are solicited.
JEC	VA DepSec and DOD UDPR	Quarterly	The JEC is a joint meeting between DOD and VA where issues of shared interest are reviewed and resolved. The CIO and PDAS both participate to represent IT issues, which most often represent data interop between DOD and VA, typically to support programs that smooth a veteran's transition from active service or to support a veteran in received entitled service from the VA. The PDAS is a co-chair of the ITEC, a subcommittee of the JEC, where such issues are discussed and resolved. The PDAS will most often co-present on such issues in the JEC with their DOD counterpart. (b)(5) (b)(5)
IRC	VA CFO, CIO for IT Issues	Adhoc	This meeting is convened to discuss challenging funding decisions across the VA. When there's an IT issue, the CIO chairs this meeting. Our supply chain strategy was one example of an issue that came to the IRC for clarity (b)(5)
EBPC	VA CoS	Monthly	This forum considers the evidence supporting policy changes at the VA, such as whether a condition should be considered for presumptive acceptance for benefits. The PDAS regularly attends this meeting.

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EHRM CIO Council	CIO	Monthly	This meeting briefs the CIO on progress on the EHRM project, which is managed under a separate organization called EHRM-IO. There is close coordination between EHRM-IO and OIT, whereby EHRM-IO leads the project and OIT focuses on infrastructure deployments required to support the implementation.
FEHRM EXCOM	FEHRM Director	Quarterly	The FEHRM was established to coordinate implementation of the EHR project across DOD and VA. They convene a meeting of their leadership, VA's leadership, and DOD's leadership quarterly to review progress.

Top Worries/Key Issues to Tackle:

Many of the issues confronting OIT are described in the above narrative. Below is a list of some of the most important ones from the CIO perspective that deserve particular attention:

- **Inadequate Budget:** As noted, the current budget levels are insufficient, especially in the areas of product development, cybersecurity, activations, and end user support. It's tempting to look at the past and see how difficult budgets have been absorbed and conclude that this can continue. However, in the past several years, we have tightened our spending, and there is little room to do so further. Systems capabilities and cybersecurity preparedness will be compromised unless adequate funding is provided. My belief is that funding growth should match the rate of IT inflation in coming years. This means increases of at least 5% per annum just to maintain current capabilities. New, costly initiatives like Zero Trust require incremental spending beyond this average.

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- **Cybersecurity Preparedness:** The complexity of the VA infrastructure coupled with a historic focus on security via compliance (vs. conducting deep analysis and prioritization of the risks) has created an environment that doesn't yet have enough real time, detailed, prioritized visibility into our cybersecurity risk. We are making good progress with our efforts to create a 1-N list of our cybersecurity risks and action plans to address them. This needs to have intensive focus in the coming years to really ingrain this approach into the entire OIT team. In addition, the strength of the ISSO role as our "boots on the ground" that really know the true risks of a system or facility must be strengthened.

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Business-led IT Systems (BLITS) compounds these worries, as the administrations and staff offices have contracted out significant systems capabilities without sufficient visibility into the outsourcers' security posture. We are working to drive clarity that the first responsibility to secure these environments rests with the outsourcing organization, since we aren't directly managing these systems. Ultimately the CISO and CIO also are responsible, but we cannot be

effective in that duty without the business owner feeling this first line responsibility and having staff that can operationalize it.

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- **"Product Delivery Thinking":** The IT industry must move from an acquisition mentality to a product delivery mentality. In an acquisition mentality, IT people specify what they want to purchase, select a vendor, and specify in contracts the details of what they want to purchase, including penalties if it is not delivered. Once the contract is done, they manage the contractor to make sure that what they specified was delivered. This is a poor model for IT. It is impossible to fully specify the idea product you want to buy up-front, including the cost to buy it. As you get into a project, the details become clearer, and changes must be made. These could be made via contract changes, but there are so many of them that this isn't practical. This is why "waterfall" software development has largely been abandoned in favor of agile system development, where the team sets the long-term direction but gets there incrementally and iteratively. Schedules and costs are adjusted with each iteration. Stakeholders must embrace this by not holding teams accountable to Lifetime Cost Estimates (LCEs) beyond being rough estimates of the predicted cost of the project.

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- They should hold teams accountable for whether they've exercised sufficient due diligence along the way and consider whether the current and predicted capabilities are still worth the predicted costs.

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Instead of managing IT as an acquisition, teams must transition to a world where they think of themselves as delivering the essential IT functions to enable the business to achieve excellence in execution. This means understanding the business and the systems that support them deeply, and from this understanding developing a rich view of where the IT capabilities need to go to meet the business need.

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OIT is early in this transformation. We need to develop the product management and technical capabilities needed to do this effectively. It is imperative that this transformation continue in the future years instead of reverting back to an acquisition mentality. Leadership must ask the right questions of the teams to keep them thinking in this new way. They must be clear on their expectations that the teams will develop clear visions for their areas connected to roadmaps

that deliver on these visions over time. They must highlight places where we didn't have enough visibility into details of our systems that we should have had if we are to be true product-oriented leaders.

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From:	Tibbits, Paul A.
Sent:	Thu, 6 Feb 2025 18:32:49 +0000
To:	Collins, Doug
Cc:	(b)(6)
Subject:	VA DOGE: A framework for radical improvement in operational efficiency and service to Veterans
Attachments:	Tibbits_Paul Jan 2025.docx

Mr. Secretary,
Congratulations on your designation as our Secretary. Very nice remarks at the townhall this morning.
I see much opportunity to improve the efficiency with which we offer benefits and services to Veterans.
Please see attached and below.
Tnx for your considerations.
PT

Paul Tibbits, MD
Executive Director
OPS Workforce and Organization Development
VA Office of Information and Technology (OI&T)
Department of Veterans Affairs
    810 Vermont Ave NW
    Room 552
    Washington DC 20420
    Office: 202-461-(b)(6)

VA Core Values: **I**ntegrity **C**ommitment **A**dvocacy **R**espect **E**xcellence
VA Core Characteristics: Trustworthy | Accessible | Quality | Innovative | Agile | Integrated

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From: Tibbits, Paul A.
Sent: Wednesday, January 29, 2025 10:00 AM
To: Mason, Cheryl L. (b)(6) @va.gov>; Brazell, Karen L. (b)(6) va.gov>
Subject: A framework for radical improvement in operational efficiency and service to Veterans

Cheryl,
Karen,
Congratulations on your roles in VA leadership. To make a long story short, I would like to due my part in carrying out the President's agenda in a meaningful way by running the VA DOGE Service. Resume attached.

The Executive Order establishing DOGE states:

"…Sec. 4. Modernizing Federal Technology and Software to Maximize Efficiency and Productivity. (a) The USDS Administrator shall commence a Software Modernization Initiative to improve the quality and efficiency of government-wide software, network infrastructure, and information technology (IT) systems. Among other things, the USDS Administrator shall work with Agency Heads to promote inter-operability between agency networks and systems, ensure data integrity, and facilitate responsible data collection and synchronization…"

For your consideration I propose a framework for radical improvement in operational efficiency and service to Veterans - moving to the zero latency organization by

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Tnx in advance for your consideration.
PT

MLKing: "…When scientific power outruns moral power, we end up with guided missiles and misguided men…"

Dr. Mae Jemison, the first African American woman to travel into space, said that we must "Never be limited by other people's limited imaginations."

Paul Tibbits, MD
Executive Director
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VA Office of Information and Technology (OI&T)

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VA Core Values: **I**ntegrity **C**ommitment **A**dvocacy **R**espect **E**xcellence

VA Core Characteristics: Trustworthy | Accessible | Quality | Innovative | Agile | Integrated

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]

# Department of Veterans Affairs

## Senior Executive Resume

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## *Paul Tibbits, MD*

***Executive Director, Workforce and Organization Development***
***Office of People Science***
***Office of Information and Technology***

Paul Tibbits was inducted into Senior Executive Service in February 2004 in Department of Defense (DoD), where he served as Director of the Business Management and Modernization Program and Transformation Support Office until September 2005, and then as Deputy Director of Military Health System (MHS) Office of Transformation. In December 2006, Dr. Tibbits came to VA to serve as Deputy Chief Information Officer for Enterprise Development. He served as the Executive Director, Office of Technical Integration, within the Business Integration and Outcome Service until June 2023. Previously, he served as Executive Director, Electronic Health Record Modernization Integration; Program Executive Officer, Financial Management Business Transformation; and Deputy Chief Information Officer for Architecture, Strategy, and Design. In April 2024, Dr. Tibbits was elected as Co-chair of the ACT-IAC Artificial Intelligence Working Group.

Dr. Tibbits served as Program Executive Officer of $400M Defense medical IT enterprise, with 18 yrs leading change management, process re-engineering, and IT initiatives supporting MHS health care of 8.5M people, 50M visits, 1M admissions annually. He developed and implemented two worldwide electronic medical record systems in DOD; restructured IT management, and regularly represented IT projects to highest DOD executives and Congress. He implemented first and largest change management program in support of largest medical IT program in DOD. Dr. Tibbits developed life-cycle cost-benefits model for $1.6B IT initiative, largest medical IT program in DOD. Before taking over as program manager, Dr. Tibbits led operational test and evaluation for this initiative in 14 military hospitals and associated clinics; he developed the approach to link user satisfaction with system performance and life-cycle cost. Dr. Tibbits led IT operations for 100+ hospitals, 500 clinics, 100 data centers, associated networks, and 125,000 desktops; he implemented controls to manage total ownership costs.

Dr. Tibbits served on active duty in the US Navy Medical Corps, retiring with rank of Captain (1975-2001). He was the Commanding Officer, Navy Medical Information Management Center and CIO Navy Medicine, 1995 – 1998, leading IT operations for all Navy hospitals, clinics, and fleet operations. Dr. Tibbits is Board-certified in Internal Medicine & Cardiology; qualified in Undersea Medicine and a Defense Acquisition Professional (DAWIA Level III), and was a member of the Navy Acquisition Corps. He is also former Associate Editor, American Journal of Cardiology.

**CAREER CHRONOLOGY:**

| | |
|---|---|
| 2024 - date | Executive Director (ED) of Workforce and Organizational Development |
| 2018 - 2024 | Executive Director for Office of Technical Integration and Electronic Health Record Modernization Integration |
| 2017 – 2018 | Program Executive Officer for Financial Management Business Transformation |
| 2010 – 2017 | Deputy Chief Information Officer for Architecture, Strategy, and Design |
| 2006 – 2010 | Deputy Chief Information Officer for Enterprise Development |
| 2005 – 2006 | Deputy Director of Military Health System (MHS) Office of Transformation |
| 2004 – 2005 | Director of the Business Management and Modernization Program and Transformation Support Office |
| 2001 – 2004 | Principal and Founding Member of MAPA Ventures |

**Awards**

**2018**

- *FedHealthIT 100*
- *FedHealthIT Lifetime Achievement Award*
- *Eagle Force Foundation Veteran Services Award*

**2017**

- *FedHealthIT 100*

**2015**

- *OSEHRA Lifetime Achievement Award*

**Military Awards**

- *Defense Superior Service X2*
- *Legion of Merit*

**EDUCATION:**

UC Berkeley <u>Artificial Intelligence</u>: Business Strategies and Application Certificate Nov 2024
Cornell University Certificate: <u>Generative AI</u> for Business Transformation June 2024
M.D.    Tulane Medical School, New Orleans, LA
B.S.    Biology, Loyola University, New Orleans, LA
Board Certified – Internal Medicine
Fellow of the American College of Cardiology

| From: | Tierney, Nathan W. |
|---|---|
| Sent: | Wed, 19 Feb 2025 22:27:33 +0000 |
| To: | Beard, Dewaine L.; Worthington, Charles; Orr, Martha |
| Subject: | EO: Department of Government Efficiency" Workforce Optimization and Draft OIT Organizational Design |
| Attachments: | OIT Law and Statute_Worksheet_2.19.2025_vb2 1.xlsm, 250219 To Be OIT Org Chart.pptx |

Attached is updated deck with and without names for COA#6. I also included the analysis of laws, which is a do-out for compliance with the Executive Order. Bottom line, the Executive Order mandates a comprehensive reevaluation of federal agencies' workforce and operational strategies to enhance efficiency and reduce redundancy.

Executive Order for "Department of Government Efficiency" Workforce Optimization Initiative Key Takeaways:

1. **Hiring Constraints**:
    o **Hiring Ratio**: (b)(5)
    (b)(5)

    o **Hiring Approval Process**: (b)(5)
    (b)(5)

2. **Reductions in Force (RIFs)**:
    o (b)(5)

3. **Revised Hiring Suitability Criteria**:
    o (b)(5)

4. **Reorganization Plans**:
    o (b)(5)

5. **Enhanced Oversight and Reporting**:
    o (b)(5)

Please let me know if you have questions, thank you.

Very respectfully,
Nathan W. Tierney
DCIO, Chief People Officer
Office of Information Technology
Cell: (202) 360-(b)(6)

NOTE: If you need me to sign or formally process an item, please include my Executive Assistant,(b)(6) Otherwise, mail volume and scheduling conflicts may cause delays in processing.

COA #6

The new CIO converts actings to permanent roles and CCS
merges into IO and OPS & ITBF report to CIO



Organization chart:

- **CIO**
  - **PDAS**
    - Health (Waters)
    - Benefits (Orifici)
    - Corporate (Waddington)
    - Memorials (Kilmer)
    - Platforms (Galvin)
    - EUO (VanBemmel)
    - IO (Krebs)
      - Franchise Fund/CCS (Poole)
    - Veteran Experience (Lee)
  - **CoS**
    - ECO (Cunningham)
  - **HR (Tierney)**
    - Training (Tibbits)
  - **ITBF (Puetz)**
    - OSS (Jones)
      - Contracts (Carter)
      - Category Mgmt (Padal)
    - Planning/Analysis (Roy)
  - **CISO (Scherrill)**
    - Policy & Strategy (Pearson)
    - Security Operations (Spaeth)
  - **CTO (Worthington)**
    - CRO/508 (Larson)
    - Enterprise Arch (Kaldawi)

| Allocated Positions | # Onboard | DRP/ Retiring | % Reduction | Recommend Allocation | Total % Reduction |
|---|---|---|---|---|---|
| 35 SES | 31 | 8 SES | 26% | 25 | 29% |
| 7 SL | 5 | 1 SL | 14% | 0 | 100% |

- SES represent 0.003% of total IT Appropriated Workforce (8,150)
- ** FOIA/ Records SES position under CoS is option given National impact

25-08493-F 0470

COA #6

The new CIO converts actings to permanent roles and CCS merges into IO and OPS & ITBF report to CIO



| Allocated Positions | # Onboard | DRP/ Retiring | % Reduction | Recommend Allocation | Total % Reduction |
|---|---|---|---|---|---|
| 35 SES | 31 | 8 SES | 26% | 25 | 29% |
| 7 SL | 5 | 1 SL | 14% | 0 | 100% |

- SES represent 0.003% of total IT Appropriated Workforce (8,150)
- ** FOIA/ Records SES position under CoS is option given National impact

25-08493-F 0471

| Factor | If… | Then explore options to… |
|---|---|---|
| **Duplicative** | (b)(5) | |
| **Non-Essential** | | |
| **Federalism (Appropriate Federal role)** | | |
| **Cost-Benefit** | | |

| Factor | If... | Then explore options to... |
|--------|-------|----------------------------|
|  | (b)(5) |  |
| **Efficiency and Effectiveness** |  |  |
| **Customer Service** |  |  |

- Duplicative – (b)(5)
  - (b)(5)
  -
  -
- Non-Essential – (b)(5)
- Cost-Benefit: (b)(5)
  (b)(5)
- Efficiency / Effectiveness: (b)(5)
  - (b)(5)
  -
  -
  -
  -
  -
- Customer Service – (b)(5)
  - (b)(5)
  -
  -

25-08493-F 0474

| From: | Brazell, Karen L. |
|---|---|
| Sent: | Thu, 20 Feb 2025 03:19:55 +0000 |
| To: | Christy, Phillip (SES); Fulcher, Justin L. |
| Subject: | FW: Quick Review of Contracts to be awarded in next 7 days. |
| Attachments: | 01 PWS SP Passive Digital Phenotyping Final v3.docx, 01_PWS_Post Discharge Followup Final.docx, PWS_Secure Firearm Storage and App_Final - 2-12.docx, 01 PWS SP Anonymous Peer Groups FINAL.docx, P01 PWS_Fireram Movement Detection System BB (b)( edits.docx, 01_PWS SP_SMS for Non-VHA Vets 2-13-25.docx, 01_PWS_Talking Circles for Native Veterans.docx, 01_PWS_VR for SP Training Revised.docx |
| Importance: | High |

Phil/Justin – I have reviewed the attachments and based on the scope recommend we continue with the award for the following contracts.

1. **Passive Digital Phenotyping** for clinical assessment of Veterans for mental health treatment.
   (b)(5)

2. **Post Discharge Followup** for post-discharge suicide prevention among Veterans transitioning from inpatient behavioral health care to outpatient settings leveraging emergent technologies.
   (b)(5)

3. **Secure Firearm Storage and App** to promote secure firearm storage for Veteran suicide prevention. (b)(5)

4. **Virtual Reality SP Training** proposed solution is intended to empower VA practitioners to recognize suicidality signs and determine necessary actions, regardless of how the Veteran receives care.

**For SAC/VHA Innovation Ecosystem Review**

1. **Anonymous Peer Groups enhancements and Subject Matter Expertise** to the existing Cabana system (Apple IOS) by developing a production-ready version of the Cabana system for the Android operating system. The Cabana system (Apple IOS) is currently available from the Apple Library. The contractor shall offer the production ready version for Android on the Google Play Library once available. (b)(5)

   (b)(5)

2. **Firearm Movement Detection System BB** to promote secure firearm storage for Veteran suicide prevention. Firearm ownership and storage practices vary among Veterans seems duplicative of number 3 above. (b)(5)
   (b)(5)

3. **SMS for Non-VHA Vets 2** Early Alert proposes to advance the state of the art by serving as an intermediary service that builds trust through consistent, confidential engagement and enables incremental exposure to VHA services. The solution is not a mobile application but rather operates entirely through text messaging – thus, smartphones are not required, just devices capable of sending and receiving text messages. Deidentified, aggregated data is visualized in a real-time wellness dashboard that enables viewing of wellness challenges reported by Veterans.
   (b)(5)

4.

5. **Talking Circles for Native Veterans** for an unmet medical, ethical, and moral need for tailored approaches to peer support that integrate community competence, address specific social and economic contexts, and leverage community resources to improve social connections and overall health. This solution will address engagement and culturally competent resources for American Indian/Alaska Native (AI/AN) Veteran populations Veterans and women Veterans. This proposed work will focus on the expansion of the HSP solution to additional partners and locations as well as a more robust evaluation of HSP, including associated Virtual Talking Circles and low-tech connection to resources. (b)(5)

(b)(5)

6.

Best regards,

**Karen L. Brazell, PMP**
Senior Advisor to the Secretary
Department of Veterans Affairs

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**From:** Christy, Phillip (SES) <(b)(6) @va.gov>
**Sent:** Wednesday, February 19, 2025 10:52 AM
**To:** Fulcher, Justin L.(b)(6) @va.gov>
**Cc:** Brazell, Karen L. va.gov>
**Subject:** Quick Review of Contracts to be awarded in next 7 days.
**Importance:** High

Justin—can you take a quick peak at these—although (b)(5)

(b)(5)

Phil

Phillip W. Christy *EJD, CMRP, CFCM, PMP, FACHE*
Interim Principal Executive Director/Chief Acquisition Officer
Office of Acquisition, Logistics & Construction
U.S. Department of Veterans Affairs
810 Vermont Ave NW, Washington, DC 20420
(b)(6) @va.gov

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**From:** (b)(6) va.gov>
**Sent:** Wednesday, February 19, 2025 10:38 AM
**To:** Christy, Phillip (SES) <(b)(6) @va.gov>
**Subject:** FW: 1VA+ PWS to (b)(6)

I know that (b)(5)

(b)(5) These are all Veteran Facing, suicide prevention. Must be awarded by the end of the month due to funding.

Help, please. Do you want me to send them up to Justin?

**From** (b)(6) @va.gov>
**Sent:** Thursday, February 13, 2025 5:56 PM
**To** (b)(6) @va.gov>
**Cc:** (b)(6) va.gov>; (b)(6) @va.gov>
**Subject:** Fw: 1VA+ PWS to (b)(6)

(b)(6)

Would you mind taking a look at these per (b)(6) s request?  They are all primed for award very soon to support pilots of different innovative solutions for Veteran suicide prevention.

Thanks for your help.

(b)(6)

Executive Director, VHA Innovation Ecosystem
Phone: (650) 690- (b)(6)

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**From:** (b)(6) @va.gov>
**Sent:** Thursday, February 13, 2025 2:47:08 PM
**To:** (b)(6) va.gov>; (b)(6) @va.gov>
**Cc:** (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:** RE: 1VA+ PWS to (b)(6)

(b)(6)

Please see the most up to date version I'm tracking for all 6 PWS for 1VA+ attached.
I've included two requirements (VR for SP Training and Firearm Movement Detection System) that are part of the same set of projects but are funded through 2237 to confirm they are also approved.

(b)(6)

---

**From:** (b)(6) va.gov>
**Sent:** Thursday, February 13, 2025 5:28 PM
**To:** (b)(6) @va.gov>
**Cc:** (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>; (b)(6)
(b)(6) @va.gov>
**Subject:** 1VA+ PWS to (b)(6)

Hello (b)(6)

For the 1VA+ requirements that you have Mr (b)(6) is requesting you sent the PWS's to (b)(6)
(b)(6)    (b)(6)

(b)(6) for his "read" on the PWS's to see if they are something that can move forward. Today

(b)(5)

Regards,

(b)(6)

(b)(6) **Click here to IM me**
U.S. Department of Veterans Affairs
Office of Procurement, Acquisition and Logistics (OPAL)
Strategic Acquisition Center (SAC)
Supervisory Contracting Officer/Division Chief - Acquisition Service 2C
Phone: 202-536-(b)(6)
Email: (b)(6) @va.gov

**"Driving Innovation, Delivering Excellence: Strategic Solutions for Veterans' Futures."**

Internal VA Customers - Please tell us **how we're doing** by taking our short survey. We appreciate your feedback.

- **CLICK HERE to Search SAC's Contract Catalog… Faster, Better, Easier!!**
- **Cut-off Dates - Office of Procurement, Acquisition and Logistics (OPAL) (va.gov)**

# Table of Contents

**SECTION B - CONTINUATION OF SF 1449 BLOCKS**

**B.1  GOVERNING LAW**

Federal law and regulations, including the Federal Acquisition Regulations ("FAR"), shall govern this Order.  Commercial license agreements may be made a part of this Order but only if both parties expressly make them an addendum.  If the commercial license agreement is not made an addendum, it shall not apply, govern, be a part of or have any effect whatsoever on the Order; this includes, but is not limited to, any agreement embedded in the computer software (clickwrap) or any agreement that is otherwise delivered with or provided to the Government with the commercial computer software or documentation (shrinkwrap), or any other license agreement otherwise referred to in any document.  If a commercial license agreement is made an addendum, only those provisions addressing data rights regarding the Government's use, duplication and disclosure of data (e.g., restricted computer software) are included and made a part of this Order, and only to the extent that those provisions are not duplicative or inconsistent with Federal law, Federal regulation, the incorporated FAR clauses and the provisions of this Order.; those provisions in the commercial license agreement that do not address data rights regarding the Government's use, duplication and disclosure of data shall not be included or made a part of the Order.  Federal law and regulation, including without limitation, the Contract Disputes Act (41 U.S.C. §601-613), the Anti-Deficiency Act (31 U.S.C. §1341 et seq.), the Competition in Contracting Act (41 U.S.C. §253), the Prompt Payment Act (31 U.S.C. §3901, et seq.) and FAR clauses 52.212-4, 52.227-14, 52.227-19 shall supersede, control and render ineffective any inconsistent, conflicting or duplicative provision in any commercial license agreement.  In the event of conflict between this clause and any provision in the Order or the commercial license agreement or elsewhere, the terms of this clause shall prevail.  Claims of patent or copyright infringement brought against the Government as a party shall be defended by the U.S. Department of Justice (DOJ).  28 U.S.C. § 516. At the discretion of DOJ, the Contractor may be allowed reasonable participation in the defense of the litigation.  Any additional changes to the Order must be made by order modification (Standard Form 30).  Nothing in this Order or any commercial license agreement shall be construed as a waiver of sovereign immunity.

B.3  PRICE SCHEDULE

**B.4 PERFORMANCE WORK STATEMENT**



**PERFORMANCE WORK STATEMENT (PWS)**
**DEPARTMENT OF VETERANS AFFAIRS**
Veterans' Health Administration (VHA)
**VHA Innovation Ecosystem (14HIL1)**

Passive Digital Phenotyping

**Date: 10 February 2025**
**PWS Version Number:  1.5**

## 1.0    BACKGROUND

As an innovation engine within the Department of Veterans Affairs, the vision of the Veterans Health Administration's Innovation Ecosystem (VHAIE) is a VA continuously innovating at the forefront of science and research, service delivery and implementation of solutions, and employee empowerment. VHAIE leads this vision by fostering organizational capability, delivering operational and clinical breakthroughs, and driving futures. VHAIE is committed to developing and employing agile mechanisms that allow VA to source incremental and transformational innovations to best serve Veterans and their families.

This Broad Agency Announcement (BAA) opportunity seeks to source and fund early-stage research, development, prototyping, field testing, and implementation piloting with an overall goal of moving forward the state of the art.

Through this BAA, VHAIE invites all potential offerors (including private sector companies, non-profits, and institutions of higher learning) to contribute ideas for innovations in SUICIDE prevention, care coordination, and treatment that significantly increase Veteran access to services, reduce or control costs of delivering those services, enhance the performance of VA operations, and improve the quality of service that Veterans and their families receive.

The significant and unprecedented challenges this country faced in 2021 fuel the continued call to action related to a whole-of-government and whole-of-nation approach to suicide prevention. Suicide is a complex problem requiring a full public health approach involving community prevention and clinical intervention. VA services are a critical part of this public health approach.

The data spanning 20 years reveals that Veterans engaged in VHA care have shown a less sharp rise in suicide rates, underscoring the importance of VHA care. Over 20 years of Veteran suicide data also reveal a substantial reduction in suicide rates, specifically for Recent Veteran VHA Users with mental health or substance use disorder diagnoses (77.8 per 100,000 in 2001 to 58.2 per 100,000 in 2021), falling 32.9% for Veterans with depression, 27.6% for those with posttraumatic stress disorder, 26.9% for those with anxiety and 40.4% for those with sedative use disorder. Comparing Veterans with Recent VHA use to other Veterans, we also find notable trends. While overall rates of Veteran suicide rose across the 20 years, age-adjusted suicide rates rose 24.5% for male Veterans with Recent VHA use compared to 62.6% for male Veterans without Recent VHA use. While less notable for women Veterans, the age-adjusted suicide rates rose 87.1% for female Veterans with Recent VHA use and 93.7% for female Veterans without Recent VHA use. Likewise, when looking more specifically across 2020 and 2021, we find the greatest increase in unadjusted rates for Veterans who were neither engaged with VHA nor with VBA. From 2020 to 2021, there were also notable decreases for particular subpopulations of Veterans with Recent VHA use, including those between ages 55- and 74-years-old (overall suicide rate -2.2%, -0.6% for men, -24.9% for women), males between ages 18- and 34-years-old (overall suicide rate -1.9%) and males aged 75-years-old and older (overall suicide rate -8.6%). These findings underscore the importance of continuing to expand access to and engagement

of Veterans in VHA and VBA services, as over 50% of Veterans who died by suicide in 2021 had not been engaged in either service. Yet, in order to address the complex interweaving of individual, relational, community and societal risks, VA must continue to fully engage with other federal agencies; public-private partnerships; government at the local, state and 32 As noted above, Veterans receiving VHA care show evidence of higher risk with being more likely to have lower annual incomes, poorer self-reported health status, more chronic medical conditions, and self-reported disability due to physical or mental health factors, greater depression and anxiety, and greater reporting of trauma, lifetime psychopathology, and current suicidality. 10 national levels; VSOs; and local communities to reach all Veterans to support the implementation of a full public health approach, as outlined in the White House Strategy Reducing Military and Veteran Suicide (2021) 33 and VA's National Strategy for Preventing Veteran Suicide (2018). 34 These guiding documents have been operationalized through SP 2.0; Suicide Prevention Now initiative (SP Now); new laws, including the 2020 Commander John Scott Hannon Veterans Mental Health Care Improvement Act; the Veterans Comprehensive Prevention, Access to Care and Treatment Act (COMPACT) of 2020; the National Suicide Hotline Designation Act of 2020; and emerging innovations combined with research and program evaluation. As 2021 has again shown, this public health approach must include both community-based prevention and clinical interventions to reduce suicide in the Veteran population. As we reflect on the core of what we learned about Veteran suicide in 2021, 7 themes emerge for our call to action (see summary listing and description below). While no one solution can address the complexity of all factors involved in suicide, the data clearly outlines that significant reductions in Veteran suicide will not occur without meaningful focused effort to address Veteran firearm suicide. While we vigorously pursue enhanced policies, research, and programs to effectively address the broader socioecological and individual risk and protective factors which speak to "why" a Veteran may consider suicide, we must address directly the "how" of Veteran suicide. It is inescapable that the "how" in 72% of Veteran suicide deaths is firearm compared to 52% of non-Veteran U.S. adult suicides.

VHAIE, therefore, begins our call to action with a focus on primary topic areas that take into account the many facets of suicide prevention, including topics like the "how" of suicide, the importance of a community-led approach to preventing suicide, improved training, or increased access to care. To address the need for innovation in Suicide Prevention, VA seeks innovations across 7 primary topic areas:

- Promote firearm secure storage for Veteran suicide prevention.
- Implement and sustain community collaborations focused upon community-specific Veteran suicide prevention plans.
- Continue expansion of readily accessible crisis intervention services.
- Improve tailoring of prevention and intervention services to the needs, issues, and resources unique to Veteran subpopulations.
- Advance suicide prevention meaningfully into non-clinical support and intervention services, including financial, occupational, legal, and social domains.
- Increase access to and utilization of mental health across a full continuum of care.
- Integrate suicide prevention within medical settings to reach all Veterans.

## 3.0    SCOPE OF WORK

This contract and proposed solution focus on the following topic:

- Topic Number 0007: Integrate suicide prevention within medical settings to reach all Veterans.

**Topic Details**: Data showed that a significant percentage of VHA Veterans who died by suicide did not have a VHA mental health or substance use disorder diagnosis. We need to creatively address the needs of those at risk who may never seek mental health services and who may have other risk factors outside of mental health (e.g., pain, cancer, sleep disturbance) through expansion of suicide screening, assessment, and safety planning into all medical settings, within VHA and within community care.

## 3.1    Specific Problem to Address with this Solution

VA employs several programs and tools to predict and manage suicide risk, such as the REACH VET program, which identifies high-risk Veterans based on historical electronic health data, including previous diagnoses, healthcare usage, and medication history. While valuable, these tools depend on retrospective information and often lack the ability to detect emerging or sudden-onset risk factors. This predictive strategy, while highly effective, also lacks sensitivity among Veterans who are infrequent utilizers of the healthcare system. Furthermore, many Veterans who die by suicide do not have a documented mental health or substance use diagnosis within the VA system, highlighting gaps in the current methods that rely heavily on a Veteran's history within the healthcare system. This limitation is particularly concerning given that some high-risk Veterans may remain undiagnosed or lack active engagement with VA mental health services, thereby eluding detection by retrospective tools.

Structured clinical check-ins and the use of standardized self-report measures like the Columbia-Suicide Severity Rating Scale (C-SSRS) and the Patient Health Questionnaire (PHQ-9) offer important information for assessing suicide risk. However, these tools rely on the Veteran's willingness to participate and self-disclose, which may not always happen consistently or accurately. Many Veterans may underreport symptoms due to stigma or reluctance to acknowledge mental health struggles. Some fear the increased attention often associated with answering positively to questionnaires. Lastly, patient- reported outcomes only offer a snapshot in time, missing critical data from between visits. For example, the C-SSRS is generally administered only annually, and the positivity rate is very low. This can result in missed opportunities for intervention, especially if the Veteran disengages from mental health services between scheduled visits. For Veterans with PTSD, symptoms such as hypervigilance, isolation, and emotional numbing may further hinder their engagement with mental health resources, making periodic check-ins insufficient for comprehensive risk management.

## 3.2    Proposed Solution

The Contractor shall initiate a partnership between Behavidence, Inc. (the Contractor) and the VISN 4 MIRECC at the Crescenz VA Medical Center for a VA IRB-approved research study. The Contractor shall continue to provide expertise in the development and refinement of the mobile application, which continuously detects behavioral risk factors associated with Suicide and PTSD in Veterans. The application data will be supplied to the VA for validation. The VISN 4 MIRECC (Principal Investigator Dr. David Oslin) will assist in regulatory compliance, recruitment, and consent of subjects, sending and collection of the patient-reported outcomes, and data analysis. Funding for staff at the VISN4 MIRECC will be a subcontract through the non-profit (Philadelphia Research and Education Foundation). No funds of this contract will directly support VA staff.

The Contractors shall introduce a passive monitoring solution through digital phenotyping that can continuously detect behavioral risk factors associated with suicide and PTSD in Veterans by utilizing non-intrusive smartphone data collected via our Behavidence app. The app provides real-time continuous monitoring of behavioral health symptoms passively and unobtrusively.

The contractor shall validate and add measures of suicidal-related behavior and PTSD phenotypes specifically adapted to Veterans. This approach is a proactive alternative to traditional, episodic mental health screenings, offering continuous, real-time insights into mental health risk indicators and potentially identifying critical high-risk periods for timely intervention. Digital phenotyping captures subtle but crucial indicators of suicide risk, such as changes in social engagement and sleep patterns, providing an up-to-date and comprehensive picture of mental health regardless of engagement with VA services.

Digital phenotyping enables passive data collection through smartphone sensors and behavior patterns to quantify mental health risk factors in real time. Monitoring for symptoms of depression, stress, and anxiety are the focal points.

This project includes two additional phenotypes:
- High-Risk Veteran Phenotype: Targets behaviors predictive of suicide risk, such as social withdrawal, sleep disturbances, and reduced daily engagement.
- PTSD Phenotype: Detects patterns related to PTSD, including sensitivity to stressors, disrupted sleep, and behaviors reflecting hypervigilance or isolation.

The Contractor shall validate these phenotypes against clinical scales collected at the VA to ensure alignment with established high-risk and PTSD profiles, using:
- Suicide Behaviors Questionnaire (SBQ14) for suicidal ideation.
- Patient Health Questionnaire (PHQ-9) for depression severity, and
- PTSD Checklist for DSM-5 (PCL-5) for PTSD assessment\

The primary outcomes of this project are a fully validated phenotypes for clinical use, clinician-oriented reporting tools, and a field test report detailing usability, feedback, and outcome metrics. The report will cover clinician feedback, including insights on data integration, ease of interpretation, and practical application within VA clinical workflows. Additionally, the field test will document any modifications needed for full-scale deployment, assessing the feasibility of integrating continuous digital phenotyping within the VA to improve suicide prevention and PTSD monitoring outcomes.

### 3.2.1 Project Metrics and Data Collection

Contractor shall collaborate with VA Program Manager on project metric determinations aligned with the REAIM evaluation framework for all phases of this project. VA PM must approve metrics prior to beginning user testing. The contractor shall detail the testing strategy, agreed-upon metrics and method of tracking, and proposed timeline in the Evaluation Plan and must be approved by VA Program Manager.

Contractor shall include measures from different sources, including patient self-assessments, provider interview data, and electronic health record data. The VA has had tremendous success collecting measures via smartphone, computer, or tablet using a commercial software program, BHL Software, which texts and emails self-assessments to Veterans. Our main outcomes for validation are the PTSD Checklist for DSM-5 (PCL-5), the Patient Health Questionnaire 9 item (PHQ-9), and the Suicidal Behavior Questionnaire (SBQ14 - 14 item). The SBQ14 is a self-report measure of past and future suicidal ideation, past suicide threats, likelihood of future attempts, and risk for death by suicide. The respondents' behaviors are scored using a weighted summary across each time interval.

Additional data will be captured by the Behavidence application, including behavioral data (frequency of category of app open and closes) which will be continuously collected and application will analyze this data to detect patterns indicating elevated suicide risk or PTSD symptoms.

### 3.2.2 Phase 1

Prototype/Test Phase shall validate and refine digital signatures for high-risk suicidal behavior and PTSD phenotypes. Contractor shall recruit a new sample of 300 Veterans (150 in each group, PTSD and high-risk suicidal behavior) to validate the learning models. Participants will be consented to enroll and asked to download the Behavidence app (for free) on their smartphone. Simultaneously, we will collect standard patient-reported outcome measures (PHQ-9, PCL and SBQ14) at regular 2-week intervals for 4 months. We will use this cohort to compare the Behavidence app passive monitoring to standard measures. This cohort may also allow refinement of the digital phenotypes using results from the PROM measures. The Veteran does not need to carry their phone everywhere for this data to be valid.

- **Technical Process:** Machine learning models (random forest, CNN, and clustering algorithms) will identify behavioral markers correlated with scores on the C-SSRS, PHQ-9, and PCL-5.
- **Validation**: Sensitivity, specificity, and predictive power of the digital phenotypes will be evaluated by comparing model outputs with clinical assessment data collected at the VA.

**Deliverables**: The primary deliverables for this phase will include validated digital phenotypes for high-risk suicide and PTSD profiles, along with documentation of the predictive accuracy and alignment with clinical standards. This documentation will detail the model's sensitivity, specificity, and overall performance when tested against clinical assessments. This phase will also produce preliminary reports on user engagement and clinician feedback, which will inform further adjustments in preparation for the Field Test/Pilot Phase.

### 3.2.3 Phase 2

Field Test/Pilot Phase shall be based on success in the base period. Contractor shall test and develop a business model for implementation and deployment. Contractor shall continue to passively monitor the 300 Veterans recruited in Phase 1 along with previously recruited sample of 400 Veterans to create a pilot monitoring group totaling a minimum of 700 Veterans. The goal of Phase 2 is to integrate the phenotypes to be used in a VA clinical setting for real-time monitoring. The deployment will be validated with selected VA medical centers.

- **Deployment**: Contractor shall simultaneously deploy the mobile application to 400 new Veterans and work with a clinician on receiving alerts and how to incorporate the app results into their workflow.
- **Provider Feedback and Tool Refinement**: Feedback will refine the reporting tools to ensure usability and workflow compatibility.
- **Evaluation and Scalability**: Field test results will inform broader implementation.

**Deliverables**: The primary deliverables from the Field Test/Pilot Phase include fully validated phenotypes for clinical use, an agreed mechanism for transfer of data from the tool to the VA clinical environment, clinician-oriented reporting tools, and a field test report detailing usability, feedback, and outcome metrics. The report will cover clinician feedback, including insights on data integration, ease of interpretation, and practical application within VA clinical workflows. Additionally, the field test will document any modifications needed for full-scale deployment, assessing the feasibility of integrating continuous digital phenotyping within the VA to improve suicide prevention and PTSD monitoring outcomes.

Initiation of Phase 2 is dependent on satisfactory performance in Phase 1.

The contractor shall complete software testing including automated testing, requirements gathering and analysis, user/stakeholder research, project management, technical writing, develop training material and application demonstrations.

The contractor shall maintain the software to include fixing defects, improving capabilities, and related functionality in support of the user community, VHA stakeholders.

### 3.3 INTENDED BENEFITS OF THE SOLUTION

The goal of digital phenotyping is to provide both the Veteran and the provider real-time

continuous markers of mental health. If validated, the Behavidence app can serve to alert

Veterans and providers of periods of high-risk behavior as well as provide longitudinal charting of clinical progress. Data like this could be profoundly helpful in adjusting treatments when they aren't hitting the mark or providing positive feedback as Veterans navigate changes in getting well. We envision the data from the app to be made available to providers with Veteran permission to incorporate into treatment decision-making.

- **Veterans Impacted**: Provides continuous monitoring for Veterans who may struggle to consistently engage with mental health services.
- **Cost Savings**: Early risk identification can reduce emergency interventions and hospital admissions, offering a preventive strategy that lowers long-term healthcare costs.
- **Quality of Care**: Offers a continuous view of each Veteran's mental health, enabling clinicians to make informed decisions and timely interventions when indicators suggest risk. And positive feedback with continued progress.
- **Outcome Measurement**: Future success will be evaluated based on reduced suicide rates, fewer emergency interventions, and increased clinician satisfaction with mental health monitoring.

## 4.0 PERFORMANCE DETAILS4.1 PERFORMANCE PERIOD

The period of performance (PoP) is one 12-month Base Year with Optional Tasks.

Any work at the Government site shall not take place on Federal holidays or weekends unless directed by the Contracting Officer (CO).

There are 10 Federal holidays set by law (USC Title 5 Section 6103) that VA follows:

Under current definitions, four are set by date:

| | |
|---|---|
| New Year's Day | January 1 |
| Independence Day | July 4 |
| Veterans Day | November 11 |
| Christmas Day | December 25 |

If any of the above falls on a Saturday, then Friday shall be observed as a holiday. Similarly, if one falls on a Sunday, then Monday shall be observed as a holiday.

The other six are set by a day of the week and month:

| | |
|---|---|
| Martin Luther King's Birthday | Third Monday in January |
| Washington's Birthday | Third Monday in February |
| Memorial Day | Last Monday in May |
| Labor Day | First Monday in September |
| Columbus Day | Second Monday in October |
| Thanksgiving | Fourth Thursday in November |

## 4.2   PLACE OF PERFORMANCE

Tasks under this PWS shall be performed in VA facilities located at or associated with:

VISN 4 MIRECC
Corporal Michael J. Crescenz VA Medical Center (Philadelphia)
VA Pittsburgh Healthcare System
3900 Woodland Avenue
Philadelphia, PA 19104-4551
215-823-5800

VA Point of Contact and Study Principal Investigator
(b)(6)         M.D.
Director, VISN 4 MIRECC
Philadelphia VAMC
215-823-(b)(6)
(b)(6)         )va.gov

Work may be performed at remote locations with prior concurrence from the Contracting Officer's Representative (COR).

The bulk of the tasks under this PWS shall be performed at Contractor facilities.  The Contractor shall identify the Contractor's place of performance in their proposal and as stated below:

Behavidence
99 Wall Street #4004, New York, NY 10005

POINT OF CONTACT
(b)(6)              CSO  +1-847-722-(b)(6)
(b)(6)         behavidence.co


## 4.3   TRAVEL

The Government anticipates travel may occur under this effort to perform associated tasks, throughout the PoP.  Include all travel costs in your firm-fixed price line items. These costs will be directly reimbursed by the Government if approved by the COR.

## 5.0   SPECIFIC TASKS AND DELIVERABLES

The Contractor shall perform the following:

## 5.1   PROJECT MANAGEMENT

## 5.1.1   TECHNICAL KICKOFF MEETING

The Contractor shall hold a project kickoff meeting within ten days after contract award. This meeting should be held via teleconference and/or web meeting. The Contractor shall present, for review and approval by the Government, the details of the intended approach, work plan, and project schedule for each specific task and deliverable. The Contractor

shall specify date, virtual meeting information, agenda (shall be provided to all attendees at least five calendar days prior to the meeting), and meeting minutes shall be provided to all attendees within three calendar days after the meeting.  The Contractor shall invite the CO, Contract Specialist (CS), COR, VA Project Manager (PM), and any other attendees deem necessary by VA personnel.

**Deliverable:**
    A.  Project Kickoff Meeting Agenda
    B.  Project Kickoff Meeting Minutes

## 5.1.2  CONTRACTOR PROJECT MANAGEMENT PLAN

The Contractor shall deliver a Contractor Project Management Plan (CPMP) that lays out the Contractor's approach, timeline, and tools to be used in execution of the contract.  The CPMP should take the form of both a narrative and graphic format that displays the schedule, milestones, risks, and resource support.  The CPMP shall be in electronic form in Microsoft Word and Excel or Project formats.  The CPMP shall also include how the Contractor shall coordinate and execute planned, routine, and ad hoc data collection reporting requests as identified within the PWS.  The initial baseline CPMP shall be concurred upon and updated in accordance with Section B of the contract. The Contractor shall update and maintain the VA PM approved CPMP throughout the PoP.

**Deliverable**:
    A.  Contractor Project Management Plan

## 5.1.3  REPORTING REQUIREMENTS

The Contractor shall provide the COR with Monthly Progress Reports in electronic form in Microsoft Word and Excel or Project formats.  The report shall include detailed instructions/explanations for each required data element, to ensure that data is accurate and consistent.  These reports shall reflect data as of the last day of the preceding Month.

The Monthly Progress Reports shall cover all work cumulatively completed during prior reporting periods, the current reporting period, and work planned for the subsequent reporting period, to include a summary of the progress made, project milestone schedule, challenges, successes, proposed changes, and next steps. The report shall also identify any problems that arose and a description of how the problems were resolved.  If problems have not been completely resolved, the Contractor shall provide an explanation including their plan and timeframe for resolving the issue.  The report shall also include an itemized list of all Electronic and Information Technology (EIT) deliverables and their current Section 508 conformance status.  The Contractor shall monitor performance against the CPMP and report any deviations.  It is expected that the Contractor will keep in communication with VA accordingly so that issues that arise are transparent to both parties to prevent escalation of outstanding issues.

The Contractor shall attend an up to weekly teleconference meeting, cadence to be determined by the VA Program Manager, to be held at a time convenient for both the government and the Contractor.  The Contractor shall provide Teleconference Progress

Meeting Minutes within two business days after the teleconference meeting. The Contractor shall provide weekly emails with the progress, issues, and mitigations to the VA Program Manager and additional VA team members as designated by the VA PM. This team will be introduced in the kickoff meeting.

**Deliverables:**
- A. Cumulative Monthly Progress Report
- B. Teleconference Progress Meeting Minutes
- C. Email Weekly to VA Program Manager

## 5.2  PROTOTYPING & TEST PHASE (BASE PERIOD)

### 5.2.1 DEVELOP ADDITIONAL DIGITAL PHENOTYPES

The Contractor shall develop digital phenotypes that identify high suicide risk and PTSD among Veterans through passive data monitoring.  The Contractor shall leverage existing foundational models for depression and anxiety to develop targeted phenotypes specific to suicide risk and PTSD, use machine learning algorithms, including supervised learning (random forests, deep convolutional neural networks) and unsupervised clustering, to identify behavioral markers from passive smartphone data and focus on markers such as social withdrawal, disrupted sleep, and reduced engagement for suicide risk, and hypervigilance and isolation patterns for PTSD.

Contractor shall provide freely downloadable Behavidence application with initial digital phenotypes for high-risk suicide and PTSD. This application shall be accessible to all recruited Veterans and to any VA employees as needed to fulfill the tasks and deliverables of this contract and associated VA IRB-approved research study.

Contractor shall develop an Initial Digital Phenotype Technical Report for high-risk and suicide and PTSD phenotypes, documenting the development process, selected markers, and initial predictive accuracy.

**Deliverables:**
- A. Initial digital phenotypes for high-risk suicide and PTSD.
- B. Initial Digital Phenotype Technical Report

### 5.2.2  EVALUATION PLAN

The contractor shall provide to VA Program Manager an evaluation plan to be implemented in Phase 1 and Phase 2 testing using the REAIM framework. This should align with proposed IRB-approved research protocol should include plan for recruiting Veterans for Phase 1 additional participants. Contractor shall collaborate with VA Program Manager and other designated VA employees on project metric determinations aligned with the REAIM evaluation framework for all phases of this project. The Contractor shall detail the testing strategy, agreed-upon metrics and method of tracking, and proposed timeline in the Evaluation Plan and must be approved by VA Program

Manager prior to beginning testing. Any needed changes to the Evaluation Plan must also be approved by the VA PM.

**Deliverables:**
    A. Evaluation Plan

## 5.2.3 USER TRAINING AND TECHNICAL SUPPORT

The Contractor shall conduct user training with all VA employees who need access to this solution for the purpose of completing this contract and associated VA IRB-approved research study protocol. Contractor shall complete training within one month of VISN 4 MIRECC obtaining regulatory approval to start research subject enrollment. Contractor shall train clinical staff on the use of the application and any associated data visualization tools or clinician interfaces, data interpretation, and response protocols. The Contractor shall develop and provide Training Materials and Guides for clinicians, and clinician feedback will be used to make iterative changes to training materials and guides as needed. Initial training will be conducted virtually, and Contractor shall provide ongoing support for the duration of contract and associated pilot. A copy of all Training Materials and Guides will be provided to VA Program Manager for review and approval prior to dissemination.

The Contractor shall provide technical support, and maintenance of Behavidence System for all VA employees or other individuals as needed to fulfill the tasks and deliverables of this contract, for the duration of the contract and associated VA IRB-approved research study, at the discretion of the VA PM or designated VA employee project team. Technical support can be performed remotely via video/teleconference or onsite if the remote support is unable to meet the support needed. Technical support shall be provided for support and maintenance for all Behavidence software, hardware (excluding the Behavidence Server) and monitoring devices throughout the duration of this contract. This includes the installation of software patches or updates developed by the vendor during the period of performance, at no additional cost to the Government. Support shall include the diagnosis of problems, recommendation of solutions, and implementation of fixes or workarounds. The Contractor shall provide the status of all pending and completed support and maintenance services in the Monthly Progress Report, to include location, issue description, action required, and status. The Contractor shall provide the Government's Project Manager, COR, and Principal Investigators with the telephone and email address for technical support pertaining to this PWS within five business days after contract award.

**Deliverables**:
    A. Training Materials and Guides

## 5.2.4 PHASE 1 TESTING AND REFINEMENT OF PHENOTYPES

The Contractor shall validate the digital phenotypes against clinical assessments collected by VA VISN 4 MIRECC VA (SBQ14, PHQ-9 for depression, and PCL-5 for PTSD) within a cohort of 300 Veterans. Contractor shall deploy the phenotypes to a randomized cohort of Veterans, following approved Evaluation Plan, with known suicide risk or PTSD based on responses to clinical assessments. The Contractor shall use separately collected assessment responses to evaluate the model's accuracy in identifying risk markers, refining the phenotypes to enhance sensitivity and specificity. The Contractor shall analyze the correlation between passive data markers and clinical scores, adjusting algorithms based on findings to improve predictive capability. Contractor shall recruit 150 unique Veterans into the High-risk suicide group and 150 unique Veterans into the PTSD group for phenotype validation testing.

Contractor shall provide to VA PM a Phase 1 Validation Report detailing model performance and accuracy against clinical assessments.

Contractor shall provide the VA with updated versions of the digital phenotypes, refined based on validation results. Contractor shall provide a Refinement Summary Report of all refinements made to the model parameters based on validation results and clinician and/or Veteran feedback received.

**Deliverables**:
    A. Phase 1 Validation Report
    B. Updated digital phenotypes, refined based on validation results.
    C. Refinement Summary Report

### 5.2.5 CLINICIAN FEEDBACK AND INITIAL DATA REPORT VISUALIZATION

Contractor shall gather feedback from enrolled and consented VA clinicians on the relevance, usability, and clinical applicability of the digital phenotypes and on tools in development that would allow access to these data for clinicians. Contractor shall engage a group of VA clinicians to review initial results from the phenotypic models, conduct structured feedback sessions and surveys to gather insights on data presentation, interpretability, and integration within clinical workflows, and use clinician feedback to make targeted adjustments to data interpretation and reporting formats. Contractor shall provide Initial Reporting and Data Visualization Tool(s), with adjustments made based on clinician insights, to VA PM for review.

Contractor shall provide to VA PM a Phase 1 Clinician Feedback Report with recommendations for enhancing data presentation and usability.

**Deliverables:**

    A. Phase 1 Clinician Feedback Report
    B. Initial Reporting and Data Visualization Tool(s)

### 5.2.6 FINAL PHASE 1 REPORT

At the completion of Phase 1, Contractor shall provide to the VA Program Manager a Phase Summary Report, inclusive of all work completed during Phase 1 and all data analytics required to meet project goals and determination of innovation value.

**Deliverables:**
    A. Final Phase 1 Summary Report

### 5.3 OPTIONAL TASK

If VA exercises the Optional Task the Contractor shall perform tasks identified in Sections 5.1 and all subsections, except 5.1.1. The period of performance for this optional task is 12 months. In reference to the deliverables in these sections, if the task has generated a document during the base period, the Contractor shall provide updates only. If VA exercises the Option Task, the Contractor shall also perform the following:

### 5.3.1 REAL-TIME DATA ACCESS AND VISUALIZATION

Building on Initial Reporting and Data Visualization Tool(s) developed in Phase 1, Contractor shall work with VA PM and designated VA project team to develop a fully functional and secure real-time interface or report for the successful transfer and visualization of Behavidence scores accessible by any necessary VA employees or clinicians. Tool developed should also generate individual reports for clinicians on demand or as needed when a particular alert must be pushed for patient safety, focusing on changes in suicide risk and PTSD markers. The interface should include daily and historical trends for Mood, Stress, Worry, and Focus scores to aid clinical interpretation and intervention. All data transmission must meet VA Privacy and Information Security requirements. As part of development, Contractor shall facilitate regular feedback loops with clinicians to assess the practical utility of the reports/interface and adjust data access and visualization as needed to ensure integration with clinical workflows and usability of data for clinicians.

This task may include identifying data requirements for VA systems integration, at the discretion of VA PM and other participating VA stakeholders (e.g., electronic health record systems) to ensure compatibility with Behavidence-generated metrics. This includes defining data formats, secure transfer protocols, and relevant integration points within the VA infrastructure. Contractor shall collaborate with VA OIT teams, if relevant.

Contractor shall provide to VA PM a Data Access and Visualization Report inclusive of any technical processes, data security measures, and compatibility results, as well as clinician feedback, usage patterns and recommendations for further improvements.

**Deliverables:**
    A. Final Reporting and Data Visualization Tool
    B. Data Access and Visualization Report

### 5.3.2 PHASE 2 TESTING

The Contractor shall continue to monitor the 300 additional participants recruited in Phase 1, in addition to originally recruited 400 participants, during Phase 2. The