CPE Information and Disclosures

- David W. Hardy, Angelica A. Klinski, Justin D. Lusk, and Keith A. Wagner declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

- Source of information and slides have been provided or previously presented by respective agencies and program offices: DHMS, DHA HIT, DHA POD, DMLSS

The American Pharmacist Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

CPE Information

- Target Audience: Pharmacists & Technicians
- ACPE#: 0202-0000-15-205-L04-P/T
- Activity Type: Knowledge-based

Learning Objectives

At the completion of this activity, participants will be able to:

1. Discuss innovative ways that federal pharmacies have implemented current technologies available to them.
2. Describe the impact of pharmacy technology and automation on the quality of patient care.

Self-Assessment Question 1

PITAC membership consists of:

A. Army pharmacy representation
B. Navy pharmacy representation
C. Air Force pharmacy representation
D. All of the above

Self-Assessment Question 2

What is DHMSM?

A. Inventory management system
B. Hazardous waste manual
C. New DoD electronic health record
D. A chinese appetizer
Self-Assessment Question 3

Which of the following vendors received the DHMSM contract?

- a. Leidos
- b. Epic
- c. AHLTA
- d. VistA

Outline

- PITAC Committee
- Pharmacy Technology Footprint
- Service Projects and Initiatives
- Enterprise Program Updates and Initiatives
- DHMSM and TSWAG
- Joint Legacy Viewer-Health Information Portal

Pharmacy Information Technology Advisory Committee

- Committee responsible for reporting to and advising the Pharmacy Workgroup (PWG) and MHS leaders on issues related to DoD pharmacy information technology
- Chaired by Branch Chief, Pharmacy Informatics Integration Branch, DHA Pharmacy Operations Division
- Members consist of tri-service representatives appointed by service consultants

PITAC Members

<table>
<thead>
<tr>
<th>Position</th>
<th>Member</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Henry Gibbs</td>
<td>DHA POD, DHHQ</td>
</tr>
<tr>
<td>Deputy</td>
<td>Matt York</td>
<td>DHA POD, DHHQ</td>
</tr>
<tr>
<td>Air Force Rep(s)</td>
<td>Justin Lusk, Maj (Primary)</td>
<td>JBSA-Randolph</td>
</tr>
<tr>
<td></td>
<td>Jeffrey Barns, Capt (Alternate)</td>
<td>AFT – UNC</td>
</tr>
<tr>
<td></td>
<td>Traci England, Tsgt (Alternate)</td>
<td>Malmstrom AFB</td>
</tr>
<tr>
<td>Army Rep(s)</td>
<td>Doreene Aguayo, LTC</td>
<td>SAMMC</td>
</tr>
<tr>
<td></td>
<td>Keith Wagner, COL</td>
<td>Eisenhower AMC</td>
</tr>
<tr>
<td>Navy Rep(s)</td>
<td>David Hardy, CDR</td>
<td>BUMED Det Bremerton</td>
</tr>
<tr>
<td></td>
<td>Angie Klinski, CDR</td>
<td>BUMED Det San Antonio</td>
</tr>
<tr>
<td>Section Chief PASS</td>
<td>Hector Morales</td>
<td>DHA POD, San Antonio</td>
</tr>
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Current Technology Footprint—Outpatient Systems

<table>
<thead>
<tr>
<th>Automation/Workflow</th>
<th>Air Force</th>
<th>Army</th>
<th>Navy</th>
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<tr>
<td>Innovations (Symphony, RDS)</td>
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<tr>
<td>Automated Technologies (Cytil, Fastfill)</td>
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<tr>
<td>Parata Systems (P2000, Max, Mini)</td>
<td></td>
<td></td>
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<tr>
<td>Scriptpro (SP Central, Datapoints)</td>
<td></td>
<td></td>
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<tr>
<td>Dispensing Solutions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pickpoint RDS</td>
<td>√</td>
<td></td>
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<tr>
<td>Asteres Scriptcenter</td>
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</table>

Current Technology Footprint—Outpatient Systems

<table>
<thead>
<tr>
<th>Will Call Solutions</th>
<th>Air Force</th>
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<th>Navy</th>
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<tbody>
<tr>
<td>GSL Intelicabs</td>
<td>√</td>
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</tr>
<tr>
<td>Pickpoint Will Call System</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innovation's Will Call System</td>
<td>√</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Interaction (Queuing)</th>
<th>Air Force</th>
<th>Army</th>
<th>Navy</th>
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<tbody>
<tr>
<td>QMATIC</td>
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<td></td>
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</tr>
<tr>
<td>ACF Qflow</td>
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</table>
### Current Technology Footprint—Inpatient Systems

<table>
<thead>
<tr>
<th>Automated Dispensing Cabinets</th>
<th>Air Force</th>
<th>Army</th>
<th>Navy</th>
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</thead>
<tbody>
<tr>
<td>Pyxis (Medstations, C2Safe)</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Omnicell (G4 cabinets, CSM)</td>
<td>√</td>
<td>√</td>
<td></td>
</tr>
</tbody>
</table>

Other technologies
- Counting devices
- Unit-dose packaging systems
- Barcode label printers
- Thermal and monograph printers

### Service Projects & Initiatives
- Automation/Workflow
- Telepharmacy
- Will Call Systems
- Queuing Systems
- Automated Dispensing Cabinet Modernization

### Navy Telepharmacy
- Outpatient module installed in over 120 pharmacies utilizing hub-spoke model
  - TRDVS
- Inpatient module in pilot phase and will support sites without 24/7 inpatient pharmacists
  - HMS

### Army Telepharmacy
- Multiple vendor verification system
- Regional remote verification for RHC-Europe
- Regional remote verification between RHC-Atlantic and Puerto Rico

### Will Call Systems (WCS)
- Army: standardized WCS for the Army
  - Currently reviewing utilization data for repurposing current assets
- Navy: one pilot site to be implemented in the next 6 months—this will be evaluated and considered for Navy-wide solution.
- Air Force: evaluating multiple vendors/multiple pilot sites for the various systems

### Queuing Systems
- Air Force Modernization to Windows 7 platform and regionalization
- Army Hospital Workflow
  - Ft Carson and Ft Riley
- Navy
  - Standardization and modularization efforts
  - OHI collection at kiosk
  - Front Window Dashboard/Analytics Initiative
Enterprise Program Updates & Initiatives

- E-prescribing Update
- Electronic Clinical Reference
- RxRefill Program
- Tricare Online
- Pharmacy Mobile Application Initiative
- Inventory Pilot
- DMLSS/Automation Interface

Electronic Prescribing Update

- 1.25 Million prescriptions processed
- Averaging around 40K per week
- Monitoring
- Top Pharmacies
- Open discussion: lessons learned

Electronic Clinical Reference

- Lexicomp in 6 month bridge (Dec 2016) with another 6 month option (Jun 2016)
- New Enhancements
  - UpToDate Linking*
  - Briggs' Pregnancy and Lactation Content
  - Linking to SDS
  - Pediatric Preparation for Administration
  - Improved Drug ID Search
  - Updated Detailed User Guide

RxRefill and Tricare Online

- New RxRefill contract
  - Vendor: AudioCARE Systems, Inc.
  - Award Date: 10 September 2015
  - 5 year contract (1- base year & 4 – option periods)
- Modules
  - AudioREFILL™ (w/ TMOP)
  - AudioOFFLINE™
  - AudioRxMINDER™
  - AudioREMINDER™
  - AudioCANCEL™
  - AudioCOMMUNICATOR™ & AudioCOMMUNICATOR-DM
- Contract does not include refill requests via internet
  - Enterprise solution is Tricare Online (TOL)

Tricare Online (TOL) Refills

- TOL Redesign: target go-live mid Jan 2016

Pharmacy Mobile Applications

- DHA HIT recently charted a tri-service Mobile Technology Workgroup
  - Goal: Identify, recommend and implement the standards, policies, and procedures necessary to incorporate mobile technology into the MHS
- Pharmacy Mobile Application Efforts
  - Past Navy effort to use Refill system/CHCS not scalable
  - Leverage TOL interface to process Refills and access medication profiles
  - Research funding approved for Army-led mobile application development
  - Coordinate with DHA HIT Innovation and Technology Development Division (IATD)
**Pharmacy Inventory Pilot**

- 18-month pilot of pharmacy inventory system at Tuttle AHC
- DMLSS/Automation Interface Initiative
  - 5 vendors to be tested
  - 26 Oct go-live at Tuttle
  - Followed by Madigan AMC
- Navy has enterprise initiative to develop supply/budget analytics

**MHS Requirements Process**

**DHA Governance Board Structure**

**Air Force**

- IA is not just annual training
- DIACAP, RMF
- ATO, ATC, ATD
- Timelines
- Reciprocity
- MEDCOI
- Lions and **TIGERS** and Bears...
- FSS, ECAT, SS

**Army**

- Transfer of MEDCOM IT Program Manager
- Regional consolidate support agreements

**Navy IT Portfolio**

- NAVMISSA disestablished 30 Sep 15 and transferred most programs to DHA Health Information Technology Directorate
- Navy Pharmacy Portfolio transferred to DHA Pharmacy Ops Division/Informatics Integration Branch
- ADC refresh
- Continue standardization efforts
DHA Vision

“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”

DHMSM

Source of information: DHMSM Program Office

DHMSM Mission

• To efficiently improve healthcare for the active duty military, veterans, and beneficiaries by:
  • Establishing seamless medical data sharing between DoD, the VA, and the private sector
  • Modernizing the Electronic Health Record (EHR) for the MHS

DHMSM Pharmacy POCs

<table>
<thead>
<tr>
<th>Team</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHMSM</td>
<td>SFC Joel Colon</td>
</tr>
<tr>
<td>DHA</td>
<td>Henry Gibbs</td>
</tr>
<tr>
<td>TSWG</td>
<td>Maj Justin Lusk</td>
</tr>
<tr>
<td>DDWG</td>
<td>Maj Justin Lusk</td>
</tr>
<tr>
<td>AF</td>
<td>Lt Col Robert Rainey</td>
</tr>
<tr>
<td></td>
<td>Maj David Jarot</td>
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<tr>
<td>Army</td>
<td>MAJ Todd Schwarz</td>
</tr>
<tr>
<td>Navy</td>
<td>CDR David Hardy</td>
</tr>
<tr>
<td></td>
<td>CDR Angie Klinski</td>
</tr>
</tbody>
</table>

Collaborative Delivery of a Modernized EHR

To deliver a modernized EHR to the military garrison and operational points of care, and transform how the military health system provides healthcare, the Services, DHA and Acquisition Teams will collaboratively work with the care locations to configure, test, train and deploy the new solution.

Where We Came From...

- February 2013: DoD and VA announce EHR programs
- June 2013: Defense Healthcare Management Systems Modernization (DHMSM) Program Office Stand up
- December 2013: Interoperability capabilities enhanced, including an integrated display of data
- July 2014: EHR Draft RFP #5 Released
- May 2013: DoD announces it will buy an off-the-shelf EHR USD AT&L directed to oversee acquisition
- October 2013: First DoD EHR Modernization Industry Day
- January 2014: Defense Medical Information Exchange (DMIX) formed to enhance legacy interoperability tools
**EHR Modernization Guiding Principles**

- Standardization of clinical and business processes across the Services and the MHS
- Design a patient-centric system focusing on quality, safety, and patient outcomes that meet readiness objectives
- Flexible and open, single enterprise solution that addresses both garrison and operational healthcare
- Clinical business process reengineering, adoption, and implementation over technology
- Configure not customize
- Decisions shall be based on doing what is best for the MHS as a whole—not a single individual area

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**Top 10 Reasons ERP Implementations Fail**

- Governance - No single person in charge who reports directly to senior executives
- Scope - The implementation contract doesn’t align with an enterprise solution, but is aligned with programs, systems, or other non-enterprise artifacts
- Change Management - Insufficient investment in Change Management initiatives
- Skills - Implementation team doesn’t have a thorough understanding of enterprise technologies
- Decision Making - Consensus decision making as opposed to rapid decision making

---

**Organizational Structure/Governance**

- The MHS EHR Functional Champion (FC) serves as the Single “Voice of the Customer”
- Communicates issues involving garrison and operational medicine requirements, configuration, and implementation to the DHSM and JOMIS program offices
- Leads the Functional Champions Leadership Group (FCLG) and utilizes the FCLG governance body to:
  - Consolidate and align requirements related to workflow and performance
  - Validate garrison and operational requirements

---

**Single Voice of the Customer to PEO DHMS Programs**

- Decision-making and design will be driven by frontline care delivery professionals
- Drive toward rapid decision making to keep the program on time and on budget
- Provide timely and complete communication, training, and tools to ensure a successful deployment
- Build collaborative partnerships outside the MHS to advance national interoperability
- Enable full patient engagement in their health

---

**Approved by the ASD (HA) and Surgeons General July 2014**
**TriService Workflow Advisory Groups (TSWAGs)**

- Multidisciplinary groups representing all three Services
- Leverage current TSWF (TriService Workflow) and CAG (Content Advisory Group) expertise to accomplish optimized clinical standardization
- Includes operational medicine, as well as fixed facilities
- TSWAGs will continue to govern standardization past DHMSM full deployment
- All clinical TSWAGs include inpatient and outpatient unless otherwise stated

**Challenge: Staying Focused**

It is up to all of us to put the past behind us and not let future things out of our control distract us from being successful today.

**What is DHMSM?**

DHMSM will deliver an Electronic Health Record (EHR) System and related services to a complex, geographically dispersed, global enterprise in an extremely dynamic environment.
What is DHMSM?

- Unify and increase accessibility of integrated, evidenced-based healthcare delivery and decision-making
- Collaboration with the DoD/Department of Veterans Affairs (VA) Interagency Program Office (IPO) and the Defense Medical Information Exchange (DMIX) program
- Will replace DoD legacy healthcare systems

State-of-market Off-the-Shelf (OTS) EHR System Features

- Clinically Focused
- Ongoing upgrades
- Open architecture
- Most advanced, Best of Suite system
- Best of Breed as required to meet mission requirements
- Standards-compatible

Evaluation Process

Service Provider Integrator (SPI)

- Functional replacement for DoD legacy MHS clinical systems
- Best of Suite
- Best of Breed as required
- Targeted tailoring to meet approved DoD unique requirements
- Licenses
- Maintenance agreements

Cost / Price Evaluation Criteria

- Best Value/Best Integrator
- Cost/Price
- Technical Approach
- Interoperability & Open Systems Architecture (OSA)
- Cybersecurity
- Product

Deployment Regions and Scope

<table>
<thead>
<tr>
<th>Region</th>
<th>Clinics</th>
<th>Dental</th>
<th>Hospitals</th>
<th>Platforms</th>
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<tbody>
<tr>
<td>Air Force</td>
<td>73</td>
<td>72</td>
<td>37</td>
<td>278</td>
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<tr>
<td>Army</td>
<td>163</td>
<td>148</td>
<td>22</td>
<td>78</td>
</tr>
<tr>
<td>Navy</td>
<td>112</td>
<td>60</td>
<td>18</td>
<td>278</td>
</tr>
<tr>
<td>NCR</td>
<td>422</td>
<td>200</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>352</td>
<td>282</td>
<td>55</td>
<td>278</td>
</tr>
</tbody>
</table>

The deployment regions consist of approximately 153,936 FTEs in 16 countries.

What Did We Buy?

DHMSM will be an Off the Shelf Best of Suite augmented by Best of Breed solutions as needed to fulfill DoD requirements

SOFTWARE

- Functional replacement for DoD legacy MHS clinical systems
- Best of Suite
- Best of Breed as required
- Targeted tailoring to meet approved DoD unique requirements
- Licenses
- Maintenance agreements

DESIGN & DEVELOPMENT

- Modular approach
- Scalable solution
- Maximum reutilization of existing infrastructure
- Modular Open Architecture – No “vendor lock”
- Focus on managing modular inputs, outputs, and interfaces leveraging commercial standards

TEST & EVALUATION

- Government Approved Lab (GAL) mockups of Fixed Facilities and Operational Medicine environments to enable verification of all requirements in the RTM by testing under operationally and technically realistic conditions
- Test Data Center to emulate the infrastructure required for the IT components of the DHA domain and its connectivity to the DHMSM EHR system

Fixed Facilities Scope

- Replace Military Health System (MHS) legacy clinical systems
- Deploy the EHR System to all fixed facilities worldwide, approximately
  - 55 Inpatient Hospitals and Medical Centers
  - 352 Ambulatory Care Clinics
  - 282 Dental Clinics

Deployment Regions and Scope

- Air Force
- Army
- Navy
- NCR
- Total
**Initial Operating Capability (IOC) Sites**

- Bremerton, WA - Naval Hospital Bremerton (Hospital)
- Everett, WA - NHSC Everett (Medical/Dental Clinic)
- Spokane, WA - 20th Medical Group (Medical Clinic)
- Tacoma, WA - Madigan AMC (Hospital)
- Omahy-Playpen Medical Home (Medical Clinic)
- Oak Harbor, WA - Naval Hospital Oak Harbor (Hospital)
- Silverdale, WA - NHSC Bangor (Medical/Dental Clinic)
- Ft. Dix, NJ (Operational Medicine)

There are 8 facilities located in the following 6 installations with an estimated 7,000 total FTEs.

**Operational Medicine Scope**

- DHMSM will provide the Operational Medicine Gold Disk to deploy the EHR System to permanent and temporary operational environment platforms to meet required capabilities.
- The EHR System Gold Disk is the final tested product following OT&E Phase 2 Testing (IOC) of Operational Medicine.

**Operational Military Treatment Facilities (current):**

- 8 facilities located in the following 6 installations with an estimated 7,000 total FTEs.
  - 225 Naval ships (Role 1 & 2)
  - 75 submarines (Role 1)
  - 2 Hospital ships (Role 3)
  - 6 Theater Hospitals (Role 3)
  - 450+ Forward & Resuscitative Sites (Role 2)
  - 3 Aeromedical Staging Facilities (ASF) and numerous aeromedical evacuation teams to support military operations abroad (En route)

**DHSM Road to Full Deployment**

**Fixed Facilities IT Infrastructure Overview**

- **IT SERVICE**
  - **CAPABILITY**
    - Network Security Management Service (NSMS)
      - Seamless integrated Wide, Local, and Wireless Network (Medical Community of Interest (Med-COI) WAN & LAN/WLAN)
    - Desktop as a Service (DaaS)
      - Centralized and secure access and authentication capability to network resources
    - Global Service Center (GSC)
      - Consolidated MHS enterprise IT service desk

- **Acronyms:**
  - ASD (Assistant Secretary of Defense for Health Affairs)
  - ATP (Acquisition, Technology, & Logistics)
  - TSWAG (Theater Support Wing, Aircrew, and Ground Operations)
  - DAA (Designated Accrediting Authority)

- **Rest of CONUS and OCONUS**

- **West Region (1)**
  - DHMSM Road to Full Deployment
  - Rest of CONUS and OCONUS

This is our opportunity to change the way healthcare is delivered to all Operational, Marine, Reserves, and shore-based units.
Current Activities, Milestones and Deliverables

- Assessed through integrated T&E and systems Engineering Technical Reviews
- Bulk of work to demonstrate readiness occurs during OT&E (with Government observations)
- DT&E and OT&E serve as Government due diligence

Stakeholder Engagement Activities Throughout Implementation

**Key Take-Aways**

- Critical factor in MHS’ journey to High Reliability
- This Business Transformation and EHR implementation will have the greatest impact on DoD Medicine of any undertaking in the past 10 years
  - Its effects will be felt for the next 10-20 years
- Leadership support and focus is critical to success
- Implementation of the new EHR and related transformation fundamentally affects the entire healthcare mission
  - There will be many clinical and business workflow changes as we move to the new EHR
  - This effort must remain an important Command level concern until successful completion
- Successful implementation requires good coordination between IT and End Users and continuous bi-directional communication between the Implementation Team and Commands

Joint Legacy Viewer (JLV) – Health Information Portal (HIP)

- JLV-HIP provides an integrated, read-only view of healthcare data from DoD, VA and community health care partners in a common viewer.
- JLV-HIP may be configured by clinicians through the use of mini applications called “widgets” to match their workflow.

Final Thought

“Coming together is a beginning. Keeping together is progress. Working together is success.”

-Henry Ford
DMIX is working to make JLV an Enterprise tool with more complete data for the benefit of clinicians in every MTF. The priority areas are:

- Expand JLV User Base – Enterprise Capability
- Retire Duplicative Tools – Viewers and Adaptors
- Increasing Access to Private Sector Health Data

If you have any questions please contact:
- Malissa Smith – malissa.k.smith2.civ@mail.mil

Key Points

1. Technology solutions are transitioning from individual MTF initiatives to joint standardized solutions
2. DHMSM has a milSuite site dedicated to the replacement EHR

Answer To Self-Assessment Question 1

Pharmacy Information Technology Advisory Committee (PITAC) membership consists of:

a. Army pharmacy representation
b. Navy pharmacy representation
c. Air Force pharmacy representation

**d. All of the above**

Answer To Self-Assessment Question 2

What is DHMSM?

a. Inventory management system
b. Hazardous waste manual
   **c. New DoD electronic health record**
   d. A chinese appetizer

Answer To Self-Assessment Question 3

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a. Leidos
b. Epic
c. AHLTA
d. VistA
Closing Remarks-Air Force

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JBSA-Randolph Pharmacist
JBSA-Randolph Pharmacy Flight Commander
Air Force Pharmacy Technology and Informatics Chief
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Attendance Code

[FOR APHA USE ONLY]

To obtain CPE credit for this activity, you are required to actively participate in this session. You will need this attendance code in order to access the evaluation and CPE form for this activity. Your CPE must be filed by November 18, 2015, at 1700 EST in order to receive credit.

DHMSM Back Up Slides

Contract Strategy

• Gate (Go / No-Go) criteria prior to best value consideration that allows for trade-offs
  – Offerors’ proposed team’s solution must meet all gate criteria for consideration in trade-off analysis
• CLIN Types – Cost Type and Fixed Price
  – Integration, Configuration, Testing, and Initial Operational Capability (IOC) Deployment
  – Cost w/ Fixed Price Elements
  – Post-IOC Deployment for Fixed and Non-Fixed Facilities – Fixed Price w/ Cost Elements
• Ordering Periods – 10 year contract
  – Base Period – two (2) year ordering period (through IOC)
  – Deployment Option Period – option for two (2) three (3) year ordering periods to allow for deployment task orders from post-IOC through Full Deployment (FD)
  – Sustainment Award Term – up to 24 months for sustainment support post-FD
    – Earned through exceptional deployment
• Incentives
  – Cost plus Incentive Fee (CPIF) and Fixed Price Incentive (FPI) – utilized to incentivize contractors adherence to cost schedule and performance parameters throughout IOC and deployment phases
  – Award Term – utilized to incentivize quality of work during IOC and deployment phases; final two (2) years of contract earned through quality of performance
A user can access JLV via the AHLTA Folder List, if they are using AHLTA 3.3.8 Client File 6.1 or later and have been assigned JLV SnareWorks Key.

If a user does not have access or does not use AHLTA frequently and requires access to JLV, JLV can be accessed via

Access to JLV & VLER

<table>
<thead>
<tr>
<th>User Type</th>
<th>Pre 19 Sep 2015</th>
<th>Post 19 Sep 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>JLV</td>
<td>JLV in AHLTA; Joint Legacy Viewer SnareWorks Key</td>
<td>JLV in Web Browser: EDPI registered with DMIX and CHCS User Name and Password</td>
</tr>
<tr>
<td>VLER Option In Opt Out</td>
<td>VLER OptInOptOut; SnareWorks Key</td>
<td>VLER OptInOptOut; SnareWorks Key</td>
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</tbody>
</table>

- If the user does not have an AHLTA account, but a CHCS account, your System Admin can "assign the AHLTA Flag" within CHCS, then add the JLV SnareWorks Key.

- If the user does not have access or does not use AHLTA frequently and requires access to JLV, JLV can be accessed via https://jlv.health.mil/JLV and requires the user to have a CHCS User Name and Password.