

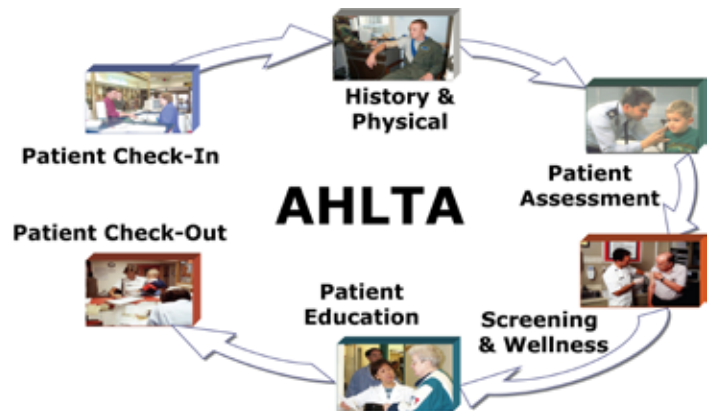
# Armed Forces Health Longitudinal Technology Application (AHLTA)

## Executive Summary

- The Army Test and Evaluation Command (ATEC) and the Army Medical Department Board (AMEDDBD) completed the operational assessment of the Local Cache capability in February 2006 at Fort Gordon, Georgia, and Goodfellow AFB, Texas. The assessment results showed that the Local Cache capability enabled health care providers to continue electronic patient encounter documentation during wide area network outages.
- ATEC and AMEDDBD observed system acceptance testing of the Clinical Data Repository/Health Data Repository (CHDR) data exchange capability at DoD and Veterans Affairs medical facilities at Fort Bliss, Texas, during July and September 2006. After the functional proponents validated required capabilities and the project manager improved the software, the second round of testing showed that CHDR met the requirements.
- The Program Management Office revised the program schedules during 4QFY06. Block 3 milestones and decision review dates have yet to be determined.

## System

- The Armed Forces Health Longitudinal Technology Application (AHLTA), formerly Composite Health Care System II, is a Major Automated Information System that is used in military medical treatment facilities worldwide to support patient care.
- AHLTA links multiple commercial off-the-shelf medical products and introduces new techniques and procedures for recording patient encounters. It standardizes medical and dental information and makes it immediately available to military health care professionals worldwide.
- AHLTA consists of three major functional blocks:
  - Block 1 provides outpatient encounter documentation, order entry, and medical information retrieval.
  - Block 2 integrates medical, dental, and optometry information.
  - Block 3 will replace legacy functions such as pharmacy, laboratory, and radiology functionality. It will also provide inpatient charting and documentation.



- In addition to the three major functional blocks, AHLTA also provides a Local Cache capability and a CHDR interface. The Local Cache capability enables health care providers to continue electronic patient encounter documentation during wide area network outages. The CHDR interface is a joint venture that provides two-way data exchange between DoD's Clinical Data Repository and Veterans Affairs' Health Data Repository.

## Mission

- The military health care providers equipped with AHLTA can create and maintain a uniform, comprehensive, legible, secure, electronic health record for all beneficiaries of the Military Health System.
- A comprehensive, integrated electronic medical and dental record is critical to satisfy readiness requirements and provide quality health care services.
- The system manages and records patient encounters, enables calculation of third party billing, and performs or integrates various clinical operations that include order entry, order monitoring, and results retrieval.
- AHLTA is a key enabler to the DoD's Force Health Protection Initiative.

## Activity

- ATEC and AMEDDBD conducted the operational assessment of the Local Cache capability during 1QFY06 and 2QFY06. That test was conducted in accordance with the DOT&E-approved Test and Evaluation Master Plan and system assessment plan.
- ATEC and AMEDDBD observed system acceptance testing of the CHDR capability at DoD and Veterans Affairs medical facilities at Fort Bliss, Texas, during July and September 2006.

# DOD PROGRAMS

- The Program Management Office revised AHLTA schedules during 4QFY06, resulting in slippage of the Block 2 Dental Module OT&E further into FY07. Block 3 milestones and decision review dates are yet to be determined.

## Assessment

- The operational assessment of Local Cache was completed in February 2006 at Fort Gordon, Georgia, and Goodfellow AFB, Texas. During the assessment, AHLTA was placed under both simulated and actual failover modes to determine whether Local Cache would enable health care providers to continue electronic patient encounter documentation during wide area network outages. The operational assessment confirmed that it could, but differences in implementation procedures and standards among the Services, including strict Air Force “firewall” configurations, complicated the rollout of Local Cache. Working with the Services, the program manager satisfactorily addressed these challenges, including the Air Force firewall issues.
- The CHDR capability was not envisioned when the existing Operational Requirements Document was developed. However, the functional proponents determined and validated

its required capabilities. After the project manager improved the software based on the first round of testing, the second round of testing showed that CHDR met the requirements established by the functional proponents.

- The rebaselining of Block 3, with critical milestone and decision dates undetermined, effectively put test planning for Block 3 on hold. Once development resumes in earnest and schedules are established, work on the Block 3 Test and Evaluation Master Plan will resume.

## Recommendations

- Status of Previous Recommendations. The program manager has taken action on all of the FY05 DOT&E recommendations.
- FY06 Recommendations.
  1. The AHLTA program manager should ensure that the Block 2 Dental Module successfully completes rigorous developmental testing before declaring its readiness for OT&E.
  2. The AHLTA program manager should continue to work with Veterans Affairs to increase CHDR data exchange rates for medication and allergies.