

Exhibit 300: Part I: Summary Information and Justification (All Capital Assets)

I.A. Overview

1. Date of Submission:	
2. Agency:	Department of State
3. Bureau:	M/MED Medical Director
4. Name of this Capital Asset:	Electronic Medical Record (EMR)
5. Unique Project (Investment) Identifier: (For IT investment only, see section 53. For all other, use agency ID system.)	014-00-01-05-01-1163-00
6. What kind of investment will this be in FY2008? (Please NOTE: Investments moving to O&M ONLY in FY2008, with Planning/Acquisition activities prior to FY2008 should not select O&M. These investments should indicate their current status.)	Steady State
7. What was the first budget year this investment was submitted to OMB?	FY2003

8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap:

The Electronic Medical Record (EMR) System establishes the essential medical record infrastructure that the Department of State must have to provide quality health care services for all U.S. Foreign Affairs agencies worldwide. The EMR provides a single, electronic, authoritative source of information that is retrievable by multiple providers for patient care, medical evacuations and hospitalizations, medical clearance decisions, medical record release actions, and medical program planning and management. The EMR also provides a standard, rapid and secure way to enter new medical record information into a patient's Department of State medical record. The EMR is an integration of commercial off-the-shelf (COTS) medical record software; unique State Department medical applications (e.g. medical clearances); and scanned medical records, which are currently being integrated with web-based development software. This investment was developed to create a single authoritative source of information that is readily retrievable for: patient care, medevac and hospitalizations, clearance, record release, program planning and management and immunization tracking.

9. Did the Agency's Executive/Investment Committee approve this request?	Yes
a. If "yes," what was the date of this approval?	8/4/2006
10. Did the Project Manager review this Exhibit?	Yes
12. Has the agency developed and/or promoted cost effective, energy efficient and environmentally sustainable techniques or practices for this project.	Yes
a. Will this investment include electronic assets (including computers)?	Yes
b. Is this investment for new construction or major retrofit of a Federal building or facility? (answer applicable to non-IT assets only)	No
1. If "yes," is an ESPC or UESC being used to help fund this investment?	

2. If "yes," will this investment meet sustainable design

principles?

3. If "yes," is it designed to be 30% more energy efficient than relevant code?	
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13. Does this investment support one of the PMA initiatives?	Yes
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If "yes," check all that apply:	Human Capital, Expanded E-Government
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13a. Briefly describe how this asset directly supports the identified initiative(s)?	eRecords management and Health IT MED's EMR system supports the PMA initiative by creating a business process solution that takes existing paper medical record information and data, and converts it to an electronic format. EMR will provide the clinicians with a state-of-the-art EMR that allows them to efficiently and effectively provide health care for DoS employees and their families worldwide. EMR provides MED a single authoritative source of patient information.
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14. Does this investment support a program assessed using the Program Assessment Rating Tool (PART)? (For more information about the PART, visit www.whitehouse.gov/omb/part .)	No
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a. If "yes," does this investment address a weakness found during the PART review?	No
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b. If "yes," what is the name of the PART program assessed by OMB's Program Assessment Rating Tool?	
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c. If "yes," what PART rating did it receive?	
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15. Is this investment for information technology?	Yes
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If the answer to Question: "Is this investment for information technology?" was "Yes," complete this sub-section. If the answer is "No," do not answer this sub-section.

For information technology investments only:

16. What is the level of the IT Project? (per CIO Council PM Guidance)	Level 2
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17. What project management qualifications does the Project Manager have? (per CIO Council PM Guidance):	(1) Project manager has been validated as qualified for this investment
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18. Is this investment identified as "high risk" on the Q4 - FY 2006 agency high risk report (per OMB's "high risk" memo)?	No
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19. Is this a financial management system?	No
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a. If "yes," does this investment address a FFMI A compliance area?	No
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1. If "yes," which compliance area:	N/A
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2. If "no," what does it address?	
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b. If "yes," please identify the system name(s) and system acronym(s) as reported in the most recent financial systems inventory update required by Circular A-11 section 52	
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20. What is the percentage breakout for the total FY2008 funding request for the following? (This should total 100%)	
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Hardware	10
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Software	10
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Services	80
Other	
21. If this project produces information dissemination products for the public, are these products published to the Internet in conformance with OMB Memorandum 05-04 and included in your agency inventory, schedules and priorities?	N/A
23. Are the records produced by this investment appropriately scheduled with the National Archives and Records Administration's approval?	Yes

I.D. Performance Information

In order to successfully address this area of the exhibit 300, performance goals must be provided for the agency and be linked to the annual performance plan. The investment must discuss the agency's mission and strategic goals, and performance measures must be provided. These goals need to map to the gap in the agency's strategic goals and objectives this investment is designed to fill. They are the internal and external performance benefits this investment is expected to deliver to the agency (e.g., improve efficiency by 60 percent, increase citizen participation by 300 percent a year to achieve an overall citizen participation rate of 75 percent by FY 2xxx, etc.). The goals must be clearly measurable investment outcomes, and if applicable, investment outputs. They do not include the completion date of the module, milestones, or investment, or general goals, such as, significant, better, improved that do not have a quantitative or qualitative measure.

Agencies must use Table 1 below for reporting performance goals and measures for all non-IT investments and for existing IT investments that were initiated prior to FY 2005. The table can be extended to include measures for years beyond FY 2006.

Performance Information Table 1:

Fiscal Year	Strategic Goal(s) Supported	Performance Measure	Actual/baseline (from Previous Year)	Planned Performance Metric (Target)	Performance Metric Results (Actual)
2003	Management and Organizational Excellence: Ensure a high quality workforce supported by modern and secure infrastructure and operational capacities.	Reduce the number of days for a clearance exam to be processed.	Medical clearance exams are processed within an average of 45 days.	Days to complete a clearance exam have been reduced by 11 days.	Days to complete a clearance exam were reduced by 24.4%.
2004	Management and Organizational Excellence: Ensure a high quality workforce supported by modern and secure infrastructure and operational capacities.	Reduce the number of days for a clearance exam to be processed.	Medical clearance exams are processed within 34 days	Reduce the number of days for a clearance exam to be processed within nine (9) days.	Days to complete a clearance exam were reduced by 26.5%.
2004	Management and Organizational Excellence: Ensure a high quality workforce supported by modern and secure	Increase the number of overseas medical files that are scanned into the EMR system.	Overseas medical files are not being scanned into the Electronic Medical Record (EMR) system.	Increase the number of overseas medical files that are scanned into the EMR system, by 20%.	Guidance was issued that overseas medical records to Med Washington for electronic scanning, had to cease due to

infrastructure and operational capacities.				the expense involved.
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All new IT investments initiated for FY 2005 and beyond must use Table 2 and are required to use the Federal Enterprise Architecture (FEA) Performance Reference Model (PRM). Please use Table 2 and the PRM to identify the performance information pertaining to this major IT investment. Map all Measurement Indicators to the corresponding "Measurement Area" and "Measurement Grouping" identified in the PRM. There should be at least one Measurement Indicator for at least four different Measurement Areas (for each fiscal year). The PRM is available at www.egov.gov.

Performance Information Table 2:

Fiscal Year	Measurement Area	Measurement Category	Measurement Grouping	Measurement Indicator	Baseline	Planned Improvement to the Baseline	Actual Results
2005	Customer Results	Service Coverage	Frequency and Depth	To be determined by number of complaints.	To be established - Will be based on data gathered from Jan 05 to Nov 05.	Once Baseline is established. Reduce the number of complaints by 2% percentage	Reduced number of complaints by 3%.
2005	Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information/status is available within 24 hours.	Providing clearance information/status will be reduced to 12 hours or less.	Hours to provide clearance information/status has been reduced by twelve (12) hours.
2005	Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is ninety percent (90%).	Accuracy of EMR scanned images will improve by five percent (5%).	Accuracy of EMR scanned images has improved by five percent (5%).
2005	Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety (90%).	EMR system availability will improve by three Percent (3%).	EMR system availability has improved by three percent (3%).
2006	Customer Results	Service Coverage	Frequency and Depth	To be determined by number of complaints. Post integration.	To be established - based on data gathered after integration phase	Reduce the number of complaints by 5%	The improved performance goals and measures are contingent upon findings.
2006	Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information/status is available within 12 hours.	Providing Clearance and/or status will be reduced to six (6) hours or less.	The improved performance goals and measures met goals. Clearance Status reduced to approximately 5.5 hours.
2006	Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is ninety five percent (95).	Accuracy of EMR scanned images will improve by two percent (2%).	Improved performance goals and measures improved by two Percent (2%).
2006	Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety three (93%).	EMR system availability will improve 95%.	The improved performance goals and measures improved three percent (3%)
2007	Customer Results	Service Coverage	Frequency and Depth	To be determined by number of complaints.	To be established - based on data gathered from May 07 to May 08.	Reduce the number of complaints by 10%	performance goals and measures are contingent upon findings.
2007	Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information and/or status is available within ten (10) hours.	Providing clearance information and/or status will be reduced to five (5)	The improved performance goals and measures are contingent upon findings.

						hours or less.	
2007	Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is ninety six percent (96%).	Accuracy of EMR scanned images will improve by one point (1%).	The improved performance goals and measures are contingent upon findings.
2007	Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety three (96%).	EMR system availability will improve by three percent (1%).	The improved performance goals and measures are contingent upon findings.
2008	Customer Results	Customer Benefit	Customer Complaints	To be determined by number of complaints.	Baseline determined by total number of complaints over period of time.	Reduce complaints by forty percent (5%).	The improved performance goals and measures are contingent upon findings.
2008	Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information and/or status is available within eight (8) hours.	Clearance information/status is available within four (4) hours.	The improved performance goals and measures are contingent upon findings.
2008	Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is ninety nine percent (98.5%).	Accuracy of EMR scanned images will improve by one half point (.5%).	The improved performance goals and measures are contingent upon findings.
2008	Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety three (97%).	EMR system availability will improve by one percent (1%).	The improved performance goals and measures are contingent upon findings.

I.E. Security and Privacy

In order to successfully address this area of the business case, each question below must be answered at the system/application level, not at a program or agency level. Systems supporting this investment on the planning and operational systems security tables should match the systems on the privacy table below. Systems on the Operational Security Table must be included on your agency FISMA system inventory and should be easily referenced in the inventory (i.e., should use the same name or identifier).

All systems supporting and/or part of this investment should be included in the tables below, inclusive of both agency owned systems and contractor systems. For IT investments under development, security and privacy planning must proceed in parallel with the development of the system/s to ensure IT security and privacy requirements and costs are identified and incorporated into the overall lifecycle of the system/s.

Please respond to the questions below and verify the system owner took the following actions:

1. Have the IT security costs for the system(s) been identified and integrated into the overall costs of the investment:	Yes
a. If "yes," provide the "Percentage IT Security" for the budget year:	14
2. Is identifying and assessing security and privacy risks a part of the overall risk management effort for each system supporting or part of this investment.	Yes

5. Have any weaknesses related to any of the systems part of or supporting this investment been identified by the agency or IG? No

a. If "yes," have those weaknesses been incorporated agency's plan of action and milestone process?

6. Indicate whether an increase in IT security funding is requested to remediate IT security weaknesses? No

a. If "yes," specify the amount, provide a general description of the weakness, and explain how the funding request will remediate the weakness.

8. Planning & Operational Systems - Privacy Table:

Name of System	Is this a new system?	Is there a Privacy Impact Assessment (PIA) that covers this system?	Is the PIA available to the public?	Is a System of Records Notice (SORN) required for this system?	Was a new or amended SORN published in FY 06?
EMR	No	Yes.	Yes.	Yes	No, because the existing Privacy Act system of records was not substantially revised in FY 06.

I.F. Enterprise Architecture (EA)

In order to successfully address this area of the business case and capital asset plan you must ensure the investment is included in the agency's EA and Capital Planning and Investment Control (CPIC) process, and is mapped to and supports the FEA. You must also ensure the business case demonstrates the relationship between the investment and the business, performance, data, services, application, and technology layers of the agency's EA.

1. Is this investment included in your agency's target enterprise architecture? Yes

a. If "no," please explain why?

2. Is this investment included in the agency's EA Transition Strategy? Yes

a. If "yes," provide the investment name as identified in the Transition Strategy provided in the agency's most recent annual EA Assessment. Electronic Medical Record (EMR)

b. If "no," please explain why?

3. Service Reference Model (SRM) Table:

Identify the service components funded by this major IT investment (e.g., knowledge management, content management, customer relationship management, etc.). Provide this information in the format of the following table. For detailed guidance regarding components, please refer to <http://www.whitehouse.gov/omb/egov/>.

Agency Component Name	Agency Component Description	Service Domain	FEA SRM Service Type	FEA SRM Component	FEA Service Component Reused Name	FEA Service Component Reused UPI	Internal or External	BY Funding Percentage
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								Reuse?	
Data Integration	EMR's relational database integrates data from different data sources into a single source and its data modules also allow for capture of new information into a single system.	Back Office Services	Development and Integration	Data Integration				No Reuse	0
Document Imaging and OCR	HighView Imaging System is used to scan and index external medical record. The scanned documents/images become part of Electronic Medical Record (EMR).	Digital Asset Services	Document Management	Document Imaging and OCR				No Reuse	0
Indexing	Scanned images are categorized by category and subcategory for easy retrieval of information.	Digital Asset Services	Document Management	Indexing				No Reuse	0
Library/Storage	EMR database has automatic archiving and storage capability.	Digital Asset Services	Document Management	Library / Storage				No Reuse	0
Information Sharing	EMR is accessible in a multi-user environment (overseas and domestic) for use by its stakeholders (medical providers).	Digital Asset Services	Knowledge Management	Information Sharing				No Reuse	0
Information sharing (Interoperability)	MED is looking into adoption of a set of existing health information interoperability standards both health vocabulary and messaging in order for its EMR to speak the same language and share clinical information with other federal health agencies. This is a new activity for the Office of MED. This effort has not been projected in the FY08 budget.	Digital Asset Services	Knowledge Management	Information Sharing				No Reuse	0
Record Linking/Association	The Electronic Medical Record database support the link of rational data with data sets.	Digital Asset Services	Records Management	Record Linking / Association				No Reuse	0

Use existing SRM Components or identify as "NEW". A "NEW" component is one not already identified as a service component in the FEA SRM.

A reused component is one being funded by another investment, but being used by this investment. Rather than answer yes or no, identify the reused service component funded by the other investment and identify the other investment using the Unique Project Identifier (UPI) code from the OMB Ex 300 or Ex 53 submission.

'Internal' reuse is within an agency. For example, one agency within a department is reusing a service component provided by another agency within the same department. 'External' reuse is one agency within a department reusing a service component provided by another agency in another department. A good example of this is an E-Gov initiative service being reused by multiple organizations across the federal government.

Please provide the percentage of the BY requested funding amount used for each service component listed in the table. If external, provide the funding level transferred to another agency to pay for the service.

4. Technical Reference Model (TRM) Table:

To demonstrate how this major IT investment aligns with the FEA Technical Reference Model (TRM), please list the Service Areas, Categories, Standards, and Service Specifications supporting this IT investment.

FEA SRM Component	FEA TRM Service Area	FEA TRM Service Category	FEA TRM Service Standard	Service Specification (i.e. vendor or product name)
Data Integration	Component Framework	Data Interchange	Data Exchange	XML/Html (Cold Fusion - Macromedia)
Data Integration	Component Framework	Data Management	Database Connectivity	Open Database Connectivity (ODBC)
Graphing / Charting	Component Framework	Presentation / Interface	Dynamic Server-Side Display	Active Server Pages (ASP.Net - Sun,MS)
Identification and Authentication	Component Framework	Security	Certificates / Digital Signatures	Secure Sockets Layer (SSL-Verisign/DS)
Record Linking / Association	Service Access and Delivery	Access Channels	Web Browser	Microsoft (MS) Internet Explorer 5.5
Data Integration	Service Interface and Integration	Interface	Service Description / Interface	Microsoft Application Program Interface (API) / Protocol
Library / Storage	Service Platform and Infrastructure	Database / Storage	Database	Oracle 9i/9iAS
Knowledge Distribution and Delivery	Service Platform and Infrastructure	Delivery Servers	Web Servers	Microsoft Internet Information Server (11S4/5)

Service Components identified in the previous question should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications

In the Service Specification field, Agencies should provide information on the specified technical standard or vendor product mapped to the FEA TRM Service Standard, including model or version numbers, as appropriate.

5. Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)? No

a. If "yes," please describe.

6. Does this investment provide the public with access to a government automated information system? No

a. If "yes," does customer access require specific software (e.g., a specific web browser version)?

1. If "yes," provide the specific product name(s) and version number(s) of the required software and the date when the public will be able to access this investment by any software (i.e. to ensure equitable and timely access of government information and services).

Exhibit 300: Part II: Planning, Acquisition and Performance Information

II.A. Alternatives Analysis

Part II should be completed only for investments identified as "Planning" or "Full Acquisition," or "Mixed Life-Cycle" investments in response to Question 6 in Part I, Section A above.

In selecting the best capital asset, you should identify and consider at least three viable alternatives, in addition to the current baseline, i.e., the status quo. Use OMB Circular A- 94 for all investments, and the Clinger Cohen Act of 1996 for IT investments, to determine the criteria you should use in your Benefit/Cost Analysis.

1. Did you conduct an alternatives analysis for this project?
 - a. If "yes," provide the date the analysis was completed?
 - b. If "no," what is the anticipated date this analysis will be completed?
 - c. If no analysis is planned, please briefly explain why:

4. What specific qualitative benefits will be realized?

II.B. Risk Management

You should have performed a risk assessment during the early planning and initial concept phase of this investment's life-cycle, developed a risk-adjusted life-cycle cost estimate and a plan to eliminate, mitigate or manage risk, and be actively managing risk throughout the investment's life-cycle.

1. Does the investment have a Risk Management Plan? Yes
 - a. If "yes," what is the date of the plan? 7/31/2006
 - b. Has the Risk Management Plan been significantly changed since last year's submission to OMB? Yes
 - c. If "yes," describe any significant changes:
EMRV2 has been completed. It will soon be transitioned from DME to O&M.
2. If there currently is no plan, will a plan be developed?
 - a. If "yes," what is the planned completion date?
 - b. If "no," what is the strategy for managing the risks?
3. Briefly describe how investment risks are reflected in the life cycle cost estimate and investment schedule: