

2026
DEFENSE HEALTH INFORMATION
TECHNOLOGY SYMPOSIUM

AUGUST 11-13, 2026
HYATT REGENCY NEW ORLEANS
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Technical Governance and Infrastructure Operating the Federal Electronic Health Record (EHR) Ecosystem

MAJ Nathan Wu, Systems Integration Deputy Director, Federal Electronic Health Record Modernization (FEHRM) Office

James Edison, Chief Engineer, FEHRM

Brandon Lowe, Operations Support Lead, FEHRM

Marc Waterloo, Identity and Access Management (IAM) and Informatics Subject Matter Expert (SME) (CTR), FEHRM

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Agenda

- 1** Introduction to the FEHRM and the Federal EHR
- 2** Configuration Management and Change Control Boards
- 3** Identity and Access Management
- 4** Oracle Cloud Infrastructure Migration
- 5** Joint Site Support: Integrated Ticketing Dashboards
- 6** Radiology Mission Optimization and Support

Moderator and Speaker Introduction

Moderator



MAJ Nathan Wu

Deputy Director,
Systems Integration
FEHRM

Speakers



James Edison

Chief Engineer
FEHRM



Brandon Lowe

Operations Support
Lead
FEHRM



Marc Waterloo

IAM and
Informatics SME
FEHRM

Learning Objectives

- 1** Differentiate between the distinct infrastructure layers of the Federal EHR ecosystem, from the physical point of care to the Federal Enclave
- 2** Appraise how technical governance directly translates into operational change and facilitates organizational growth
- 3** Devise a foundational plan for a new technical project, ensuring it aligns with the core principles of system reliability and scaled capabilities

The FEHRM Mission

The National Defense Authorization Act for Fiscal Year 2008 (NDAA FY2008), as amended by the NDAA FY2020, gives the FEHRM delegated decision-making authority within the joint space¹, and mandates multiple FEHRM requirements and responsibilities².

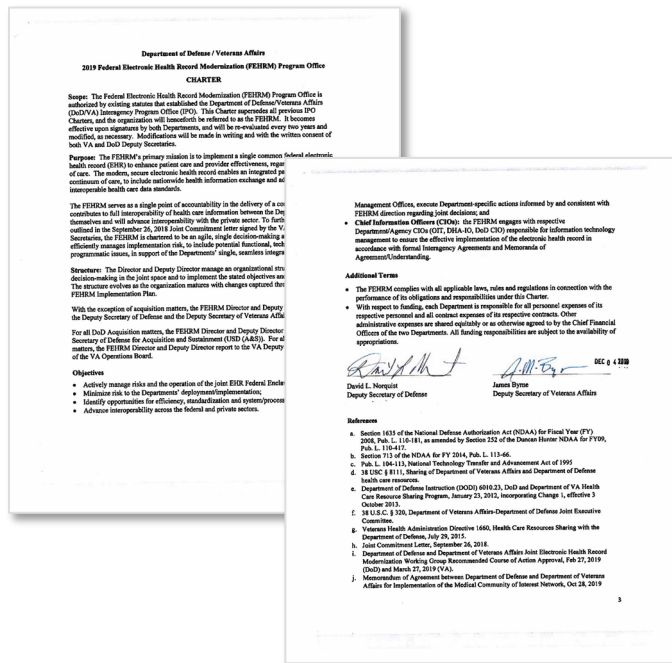
The FEHRM Charter states the FEHRM's mission and objectives in more detail.

MISSION

The FEHRM's primary mission is to implement a single, common Federal EHR to enhance patient care and provider effectiveness, wherever care is provided.

OBJECTIVES

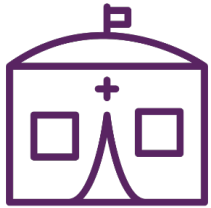
- Actively manage risks and the operation of the joint Federal Enclave.
- Minimize risk to EHR deployment and implementation.
- Identify opportunities for efficiency, standardization, and optimization of systems and processes.
- Advance interoperability across the federal and private sectors.



¹ The NDAA FY2020 specifies that “the Office shall carry out decision making authority delegated to the Office by the Secretary of Defense and the Secretary of Veterans Affairs with respect to the definition, coordination, and management of functional, technical, and programmatic activities that are jointly used, carried out, and shared by the Departments” and that the FEHRM Director should “report directly to the Deputy Secretary of Defense and Deputy Secretary of Veterans Affairs.”

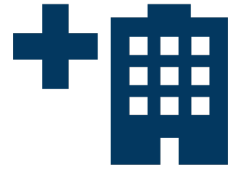
² Responsibilities include Joint Configuration Management/Change Control, Joint Access Management, Schedule Integration, and Joint Risk Management

Federal EHR Status as of July 2026



138 of 138

**Parent Military
Treatment Facilities**
(3,628 DOW Locations)
(100% Complete)



14 of 170

VA Medical Centers
(75 associated clinics and
231 remote services)
(8% Complete)



110

USCG Sites
(100% Shoreside Complete)



7

NOAA Sites
(100% Complete)



223,000+
Federal EHR Users
(Clinicians, Nurses, Etc.)
(Total Number of
Users Fluctuates)

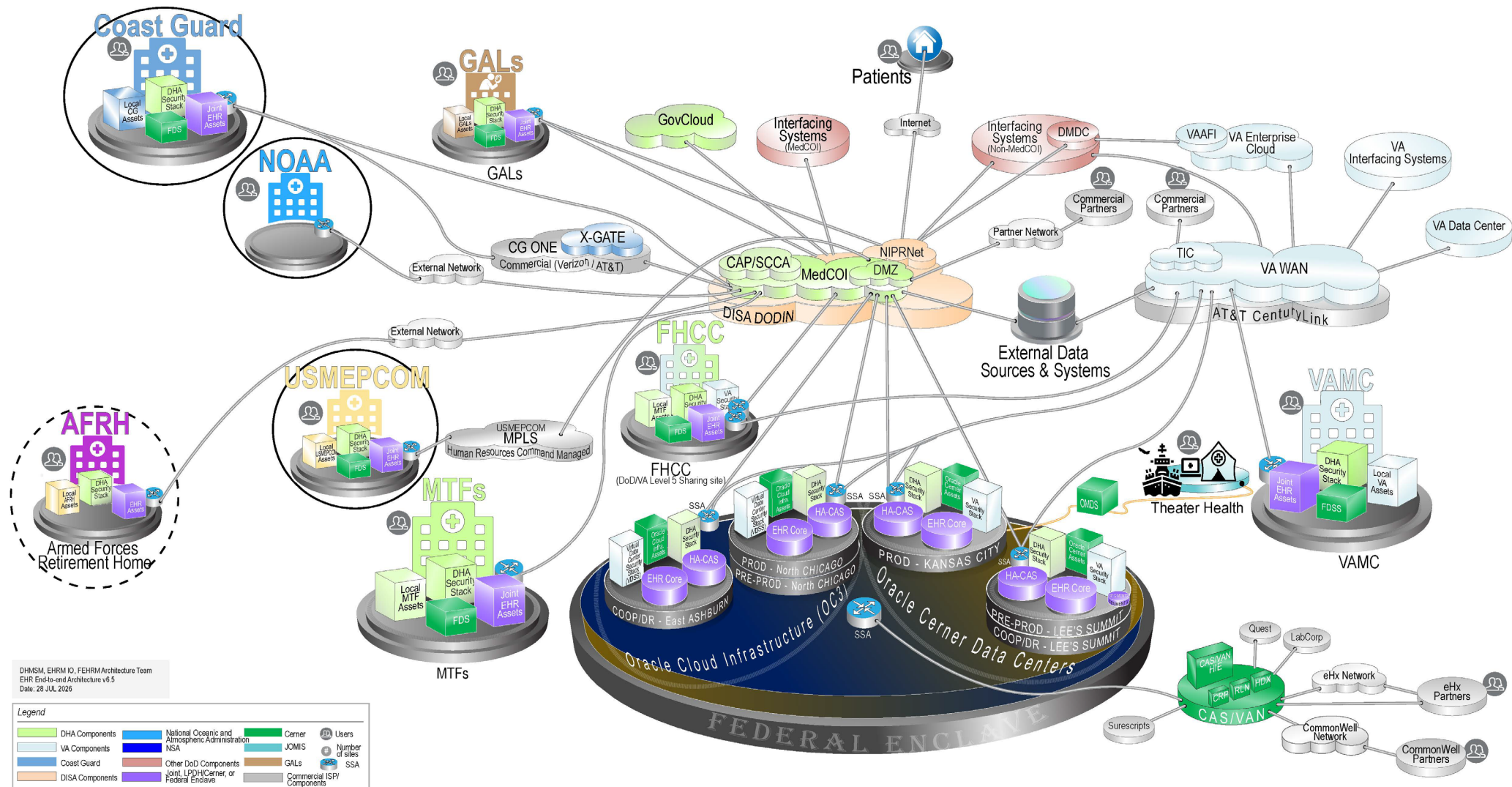


8.8M+
**Unique Patients
Currently in the
Federal EHR**

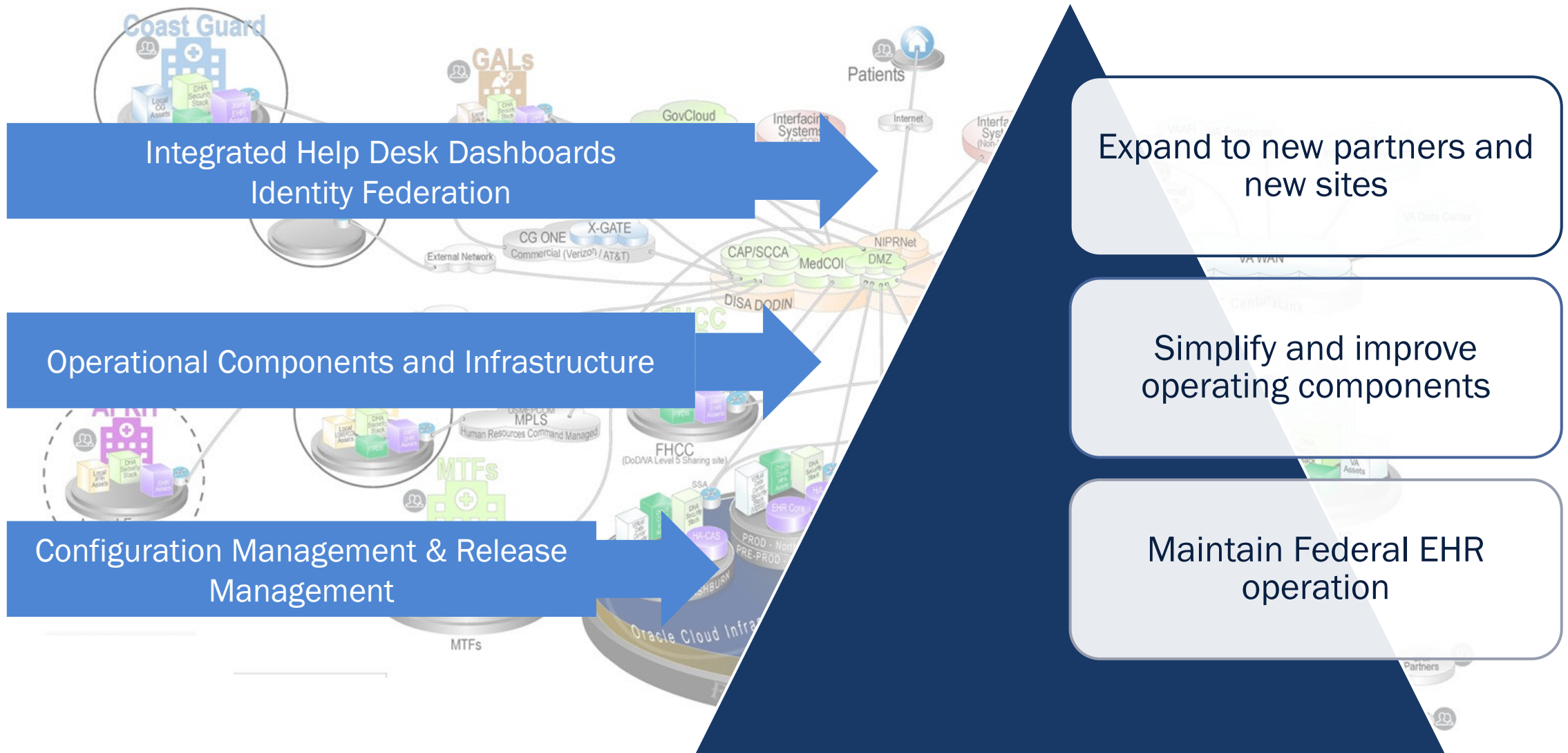


2 of 17
**Highly Integrated
Joint Sharing Sites**

The Federal EHR Ecosystem



FEHRM Functions to Support the Federal EHR



Configuration Management: Change Control Boards

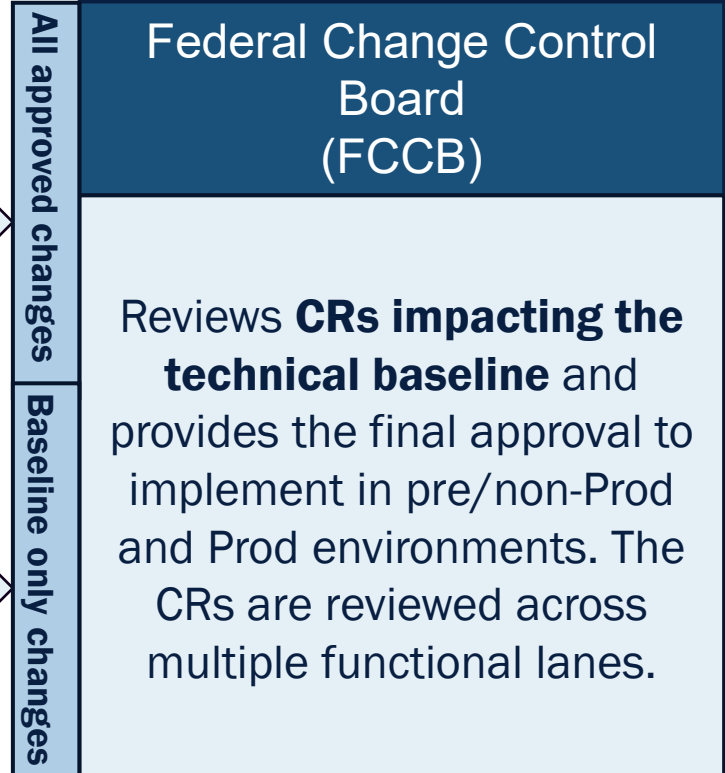
Configuration Control is the process by which DoD Healthcare Management System Modernization (DHMSM) vendor and Government program offices manage preparation, justification, evaluation, coordination, disposition, and implementation of proposed engineering changes and deviations to baselined configuration documentation.

Vendor Partner (VP) CCB

- The VP CCB reviews change requests (**CRs**) **impacting the technical baseline** to ensure that all requested changes to the enterprise baseline have documented impact analysis, testing, requirements, release management and include adequate impact and risk assessments.

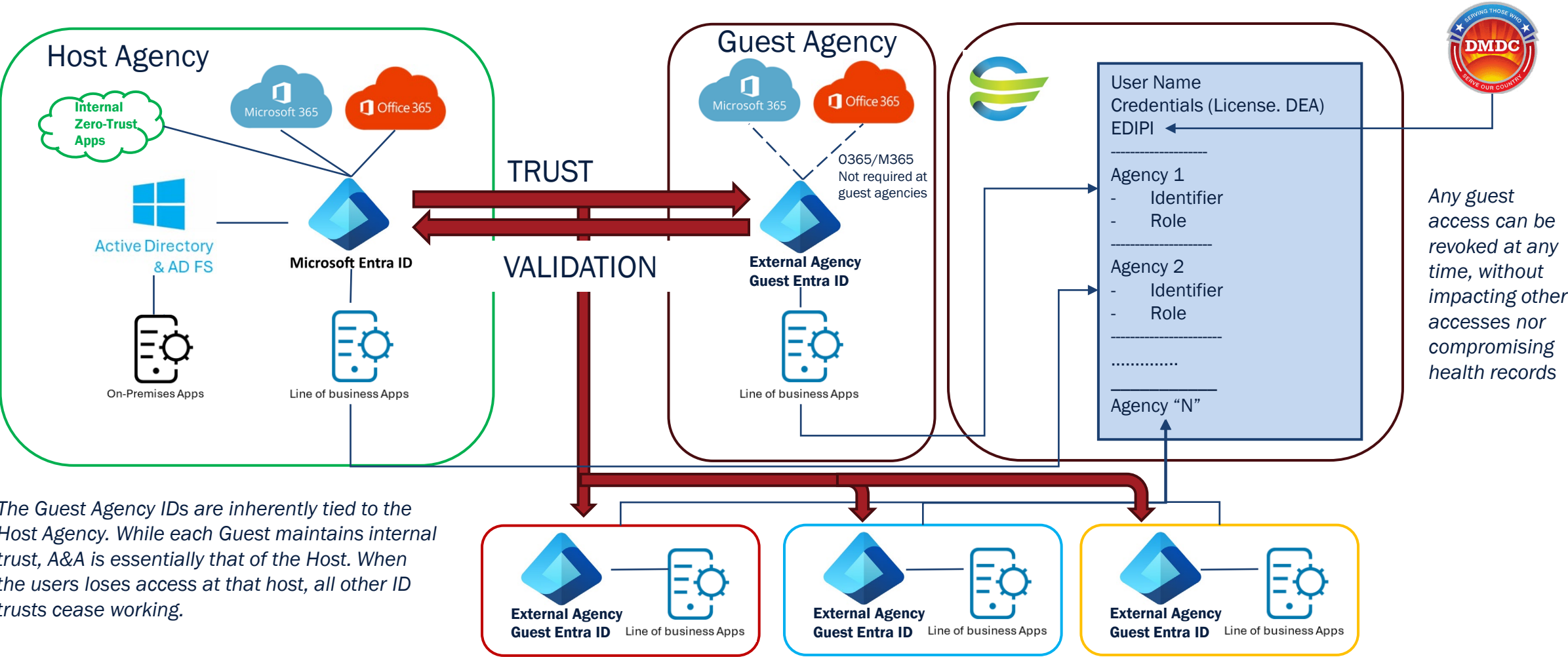
Joint Sustainment and Adoption Board

- The Joint Sustainment and Adoption Board (JSaAB) is responsible for the evaluation of **content and configuration CRs** that have minimal/no effect on the technical baseline.
- Changes to the baseline are routed to the FCCB for approval.



The primary objective of configuration control is to introduce change in a managed and methodical way.

The Entra ID Trust Model



The Guest Agency IDs are inherently tied to the Host Agency. While each Guest maintains internal trust, A&A is essentially that of the Host. When the users loses access at that host, all other ID trusts cease working.

Federated Access

Need: DOW and VA share a common patient population, but have different IT and access systems, workflows, and needs in a single Federal EHR. Joint access is where providers and clinical staff use the opposite agencies workflows to see patients.

Examples

Alaska Market
Anchorage VAMC sends patients to JBER for studies, labs and referrals

Lovell FHCC (North Chicago)
Joint DOW/VA, sharing clinics, ancillaries, dental, and logistics

Tripler AMC and VA CBOCs
VA staffs the orthopedics clinics, shared ancillaries

Wright Patterson AFB
Dayton VAMC has a PACT clinic to refer VA patients to WPAFB for services

1st Site: Lovell Federal Health Care Center

- Original plan - Identify users who need to access both systems, and issue them CAC and PIV

 - Required twice the devices (VA and DHA EUDs)
 - Training and clearance investigation complexity
 - User complexity and dissatisfaction
 - No flow of documents, orders, processes
 - Heavy infrastructure needs
- Solution - Microsoft Guest Identities (formerly called B2B)

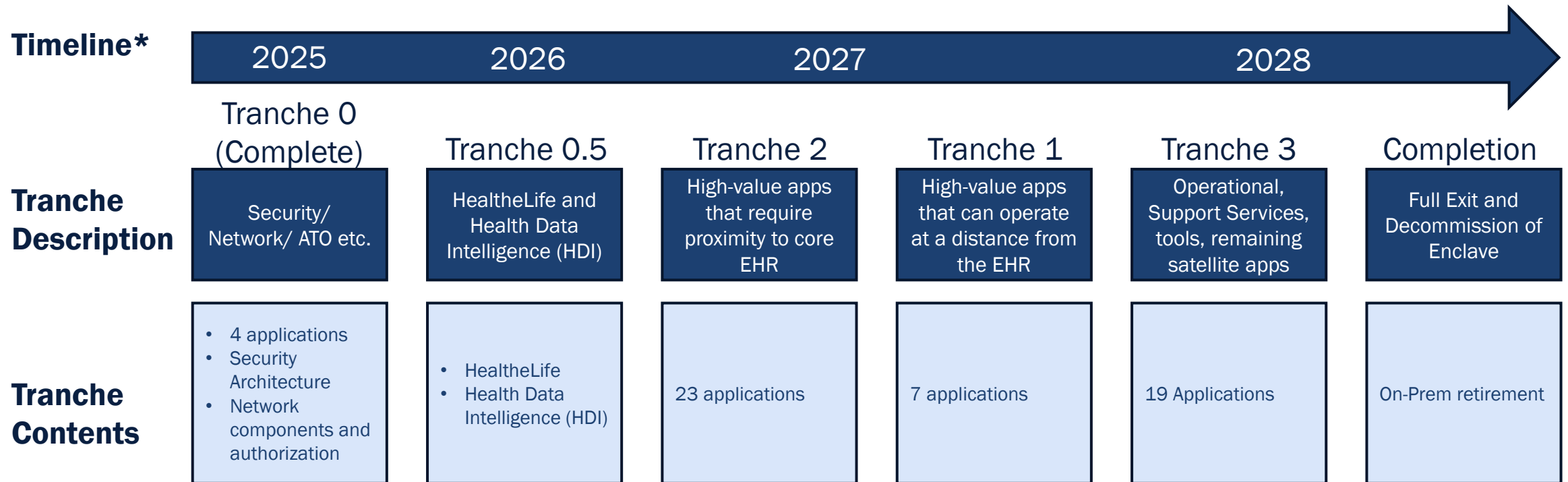
 - Users maintain their agency identity (CAC or PIV)
 - Federal EHR Storefront access via URL; device independent
 - Users can use either agency computers, with GPO updates; lowers infrastructure and device needs
 - Users dictate their access, not location of network

Lovell FHCC B2B User totals (as of Feb 2026)			
	At Kickoff**	Total Over Time	Active (Today)
Va.gov Guest Users	585	784	142
.mil Guest Users	5	183	183

** Initial Kickoff was Lovell FHCC, Approximately July 2024

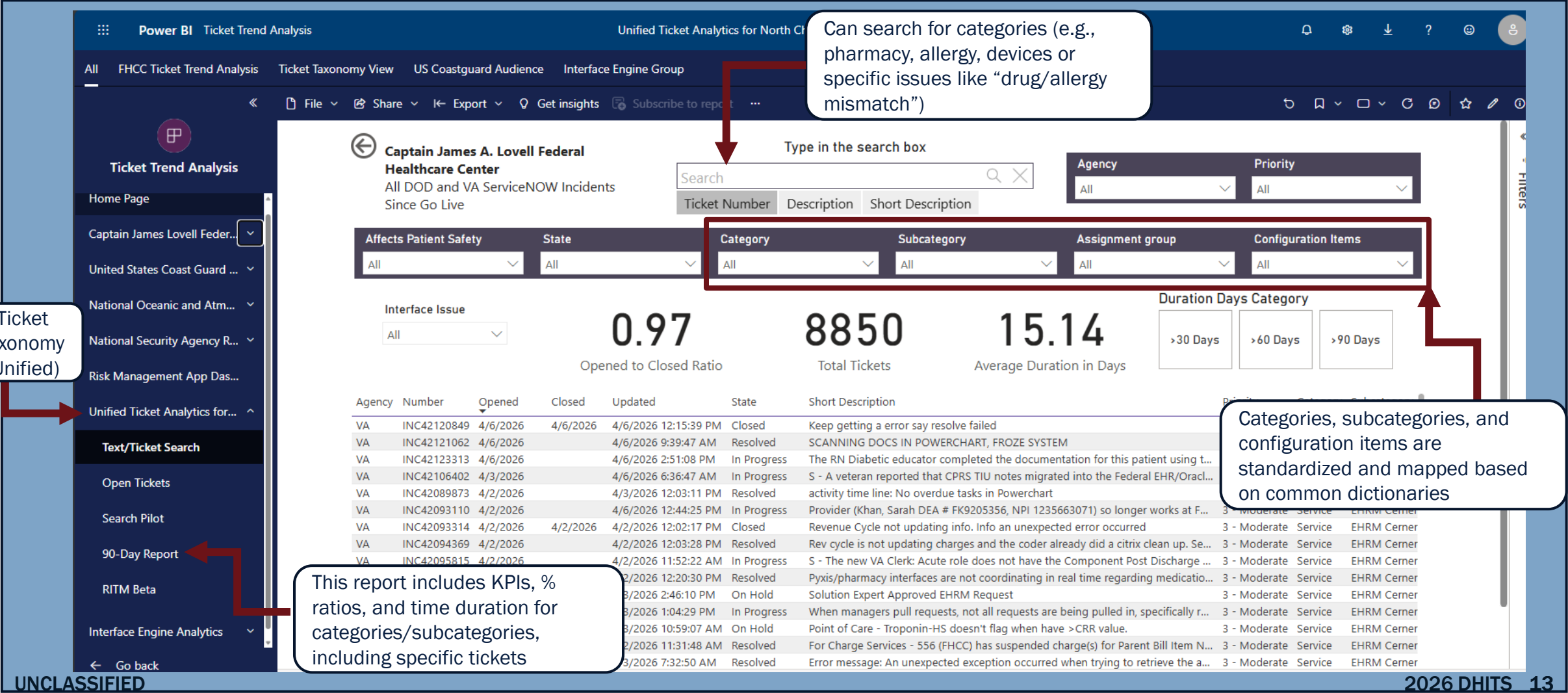
Oracle Cloud Infrastructure Migration

This multi-year effort is divided into tranches, each with their own design, testing, and cutover planning.



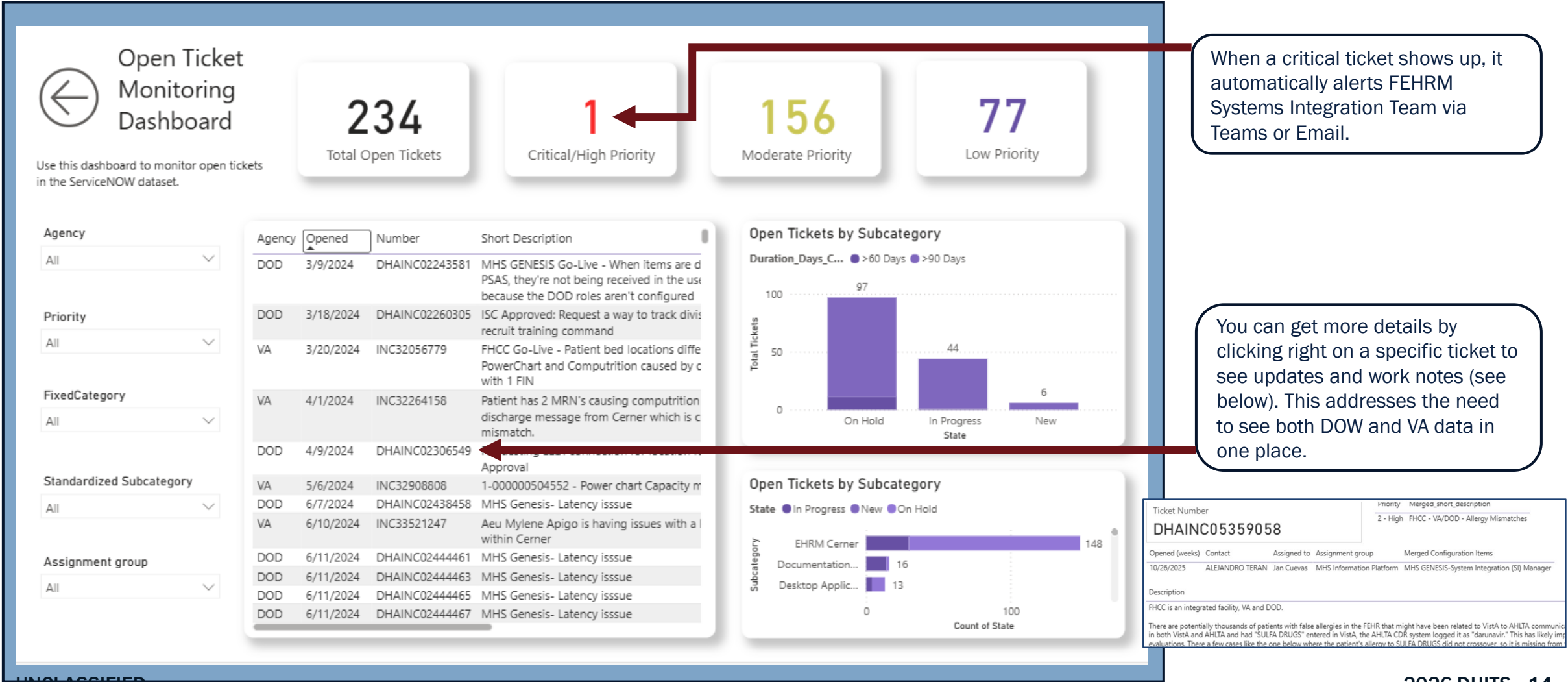
**Timeline is approximate*

Integrated Ticket Trend Analysis: Lovell FHCC Dashboard



Integrated Ticket Trend Analysis: Lovell FHCC

Open Tickets



When a critical ticket shows up, it automatically alerts FEHRM Systems Integration Team via Teams or Email.

You can get more details by clicking right on a specific ticket to see updates and work notes (see below). This addresses the need to see both DOW and VA data in one place.

Ticket Number

DHAINC05359058

Priority

Merged_short_description

2 - High FHCC - VA/DOD - Allergy Mismatches

Opened (weeks)

Contact

Assigned to

Assignment group

Merged Configuration Items

10/26/2025

ALEJANDRO TERAN

Jan Cuevas

MHS Information Platform

MHS GENESIS-System Integration (SI) Manager

Description

FHCC is an integrated facility, VA and DOD.

There are potentially thousands of patients with false allergies in the FEHR that might have been related to VistA to AHLTA communic in both VistA and AHLTA and had "SULFA DRUGS" entered in VistA, the AHLTA CDR system logged it as "darunavir." This has likely imp evaluations. There are a few cases like the one below where the patient's allergy to SULFA DRUGS did not crossover, so it is missing from

Digital Imaging and Communications in Medicine (DICOM)

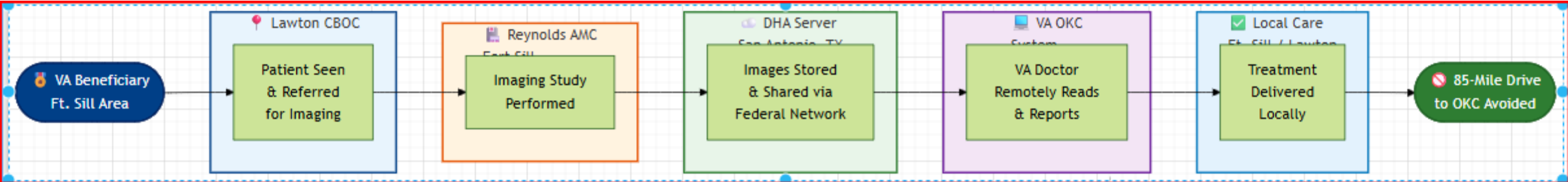
Image Sharing Mission Optimization and Support

Problem A critical disruption in patient data sharing has occurred between the DOW and VA.

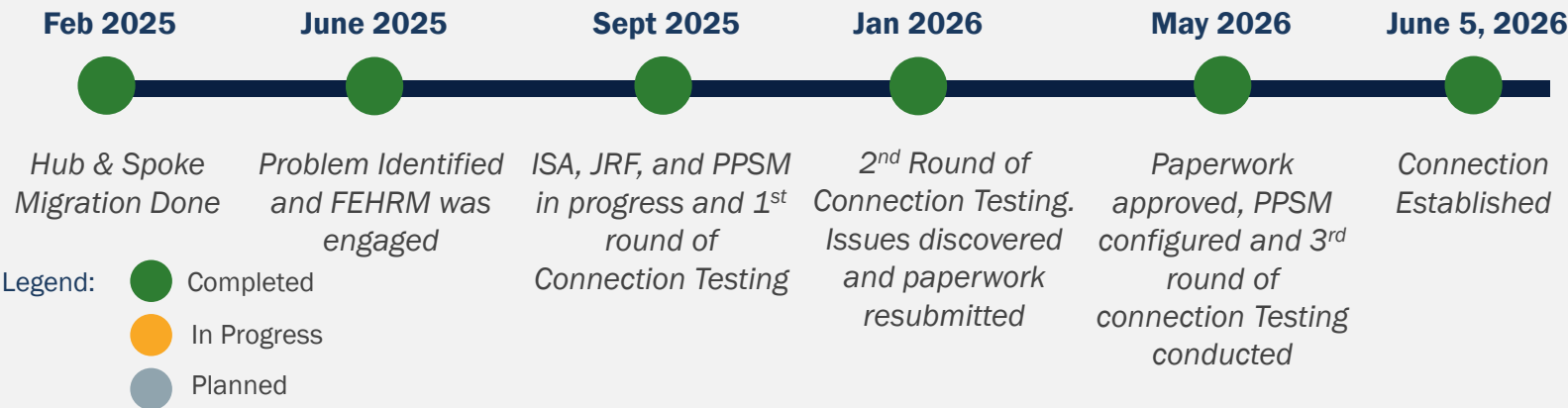
- **Broken Interconnection**
- **Severe Impact on Patient Care**
- **Outdated Security Authorization**

Solution A multi-faceted technical and administrative solution is being implemented to restore the flow of critical clinical data.

- **Establish New Connection Pathway**
- **Modernize Security Agreement**
- **Technical Implementation**
- **End-to-End Testing**



BAMC/OKC Project Milestones & Timeline



Key Milestone Details

Objective: Restore radiology image sharing between OKC VAMC and Reynolds AMC via BAMC hub

Current Status: Connection established
Next Step: Performance testing

DICOM Mission: Anchorage and Tripler

Anchorage and Joint Base Elmendorf-Richardson:

- Problems
 - Image sharing requires manual rad tech processing to bring back studies to VA; dual entry of data
 - Large population for DHA and VA going to outside radiology studies
- Solutions
 - Improved workflows from
 - Upcoming Federal EHR Deployment
 - Hub-and-spoke improvements (Madigan as Hub)
 - Migration off legacy Picture Archiving and Communication System at VA

Hawaii and Tripler:

- Problems
 - Manual process for Urology patients seen at Tripler Army Medical Center (TAMC)
 - Pre-fetch and system latency
 - Siloed DOW/VA scheduling creates idle capacity in one system while the other faces backlogs
- Solutions
 - Establish pre-fetch rules with CVIX solution
 - Stand up bi-directional image/report exchange (PUSH/PULL)
 - Enable reciprocal viewing and comparison; one radiology ecosystem with shared helpdesk and DICOM routing
 - Adopt a “first-available, any site” radiology scheduling model across VA and TAMC

Future Support of the Federal EHR and Tenants

[illegible]

Key Takeaways

- The Federal EHR operates at massive scale that demands rigorous, structured governance. The FEHRM's layered configuration management framework, including the FCCB, JSaAB, and VP CCB, ensures that every change to the EHR baseline is evaluated, tested, and implemented in a managed and methodical way—protecting system integrity and patient safety across the entire federal health enterprise.
- The implementation of Microsoft Entra ID (B2B) Guest Identities represents a transformative solution to one of the Federal EHR's most complex challenges—enabling DOW, VA, and other federal agency providers to access each other's workflows using their own agency credentials (CAC or PIV), without requiring duplicate devices or redundant infrastructure.
- The FEHRM's investment in integrated support capabilities—including joint help desk dashboards, and identity federation—demonstrates that technical governance is not just about policy, but about operationalizing collaboration in real time. By providing unified visibility across agency boundaries and enabling coordinated incident response, the FEHRM ensures the Federal EHR functions as a true system of systems.

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Contact

MAJ Nathan Wu

Deputy Director, Systems Integration

✉ Nathan.h.wu.mil@health.mil

Brandon Lowe

Operations Support Lead

✉ brandon.s.lowe2.civ@health.mil

James Edison

Chief Engineer

✉ james.b.edison.civ@health.mil

Marc Waterloo

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Thank You!



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