

**DENISE** Hello, everyone. Thank you for joining us. We still have a fair amount of people

**KENNEDY:** logging on. So we're going to get started in just two minutes. Thank you.

Hello, everyone. I know it is 2 o'clock. We still have a lot of people signing on. So we're going to give it one more minute. And then we'll get started. Thank you so much.

Hello, everyone. Welcome. And thank you for attending our VA Mobile Health Discussion Series webinar today about contracting for VA Mobile Apps. My name is Denise Kennedy. And I'll be your moderator.

You have the option to use your computer or the phone. If you want to dial in using your phone, please dial 201-479-4598 and enter passcode 28934406. This information was just pasted into the chat feature on the lower right hand side of your screen. If the chat box is not visible on your screen, click the blue chat button bubble located at the bottom right, and the chat box will appear. Your phone lines are muted. But if you are experiencing any technical difficulties, use the chat function, and some will be in touch.

Today we have two presenters from VA's Web and Mobile Solutions team, which is part of the Connected Health Office. Brent Dalton, Program Manager, will be presenting today. Also on the line to assist with questions is Project Manager Butch Hollyfield.

To respect everyone's schedules, we'll keep this moving so the session ends on time. If you have any questions, please use the chat feature. And we will get to them as time allows. If we don't get to your question, we will send out an email following this webinar with any relevant answers. If you'd like to participate on Twitter, please use the hashtag #vamobilehealth.

To download the presentation, please copy and paste the link that's in the chat box. You will also receive an email with the link at the end of the presentation. Now for

one last reminder, please note that we cannot answer any specific questions about a specific solicitation. If you have a question about a specific solicitation, please call or email the designated contracting officer. With that, I'll turn this over to you, Brent.

**BRENT DALTON:** Hi, everybody. My name is Brent Dalton, as she introduced. I'm the program manager for Web Mobile Solutions in the Connected Health office.

As we know today, there's a very diverse group of folks on the call today. So I wanted to point out briefly that there's a lot of information here that pertains to how the VA staff can contract out for mobile application development and life cycle stuff. However, I do feel there's a lot of information for vendors as well, which will allow them to better understand what goes on from our end, and when we try to get into an acquisition out the door, specifically for mobile application implementation contract.

So I wanted you to understand that it might seem at certain points that it's geared towards VA staff contracting things out. But it does include a lot of information for our vendors as well. So I think everybody will have at least something to take away from here.

Today we're going to discuss the contracted elements of application development, the template used for that contract, requirements for the contracting process, and then throughout the presentation, there's going to be time for questions. So with that, I will jump to slide three.

This slide shows how Connected Health is really addressing access to care. The access to care in VA is, as everybody knows, a very strong point. It's a very strong emphasis. One of the major things we're trying to accomplish is getting the data and information closer to the point of care for both providers and Veterans, whether that be a mobile device or on an in-person visit. Getting that information close to the point of care makes things-- it engages the Veteran. It allows the Veteran to be engaged more often than just once or twice a year when they're sitting in the doctor's office.

These boxes here are representative in nature. They're continuously evolving as the VA progresses with the new models of business and restructuring throughout the organization. So understand that what happens to be in one of these boxes now isn't always going to remain in that box. Things might be shifting. But this is, in general, a snapshot in time, how we are parsing things out as far as access to care goes.

What types of work do we do in Connected Health? What types of work do we contract out? Typically, we contract out a lot of-- we contract out for the life cycle support for implementing patient care apps. And we're talking about apps that are related to direct patient care. And that could be on the Veteran side. It could be on the caregiver side. Or it could be on the provider side or staff, even for nursing.

We also contract out several things related to support activities such as training materials, marketing, communications, project management, project management support, release management, software quality assurance testing, and then infrastructures and surveys. So sometimes we also have a help desk and maintenance and sustainment activities as well.

So these are some of the things we contract out. We already have contracts in place for many of these things-- actually, for all of these things. And as we continuously go through the life cycle of these, things will shift and move around. And we'll continue to contract out for these areas as the VA changes.

Product life cycle. This is a slide that many of you have probably seen in many of our presentations at Connected Health. So I won't read it to you directly. But what I will cover is the high level things.

A lot of people start out with just the life cycle development piece. And that's number three on this slide. That's number three in the far right side. But you have to think of all the things that come before and after a product is implemented. So you have to think about the market analysis, when the app is going to sunset, whether it needs to be integrated with new products coming out like eHMP, MyVA.

Product strategy and planning. You have to strategize. Architecturally, does it match? Business requirements, complexity.

And then you have to go into the-- after you get something implemented, then you have the product release and readiness. You have to go into a product launch. And then you have to maintain the app, cost of ownership. A lot of people misunderstand or mis-estimate the cost of ownership. After an app is already implemented, it does take money, time and money and resources, to keep it maintained.

And with that, I think we wanted to stop for questions. Right, Denise?

**DENISE** Yes. Thanks. So we have one question here. "Would appreciate a comment on VHA

**KENNEDY:** VA progress on patient generated data management from the patient device to the EHR."

**BRENT DALTON:** OK. So the patient generated data contract is back end work, is database work, a lot of it. And we are working with our integrative partners in OIT. That work is being done by our OIT partners. And they have a contract in place for that currently. And there's new contracts being put in place all the time for different things that have to happen on a patient generated database.

We are coordinating with all the data repositories. I don't know which one specifically, at this point. I can get back to you on that one. But I do know that we are coordinating efforts with the CDW and the HDR and all those places that have Vista data.

So I think that the PGD stuff is-- well, I know the PGD stuff is OIT. But we are using it currently in many of our apps. And as that changes, right now it's in, I think it's in MongoDB. It was in Oracle. We migrated to Mongo. And that's the technology that's being used currently. Does that answer the question? Or do I--

**DENISE** Excellent. Thanks, Brent. Just to let you know, Brent, you're breaking up a little bit. I

**KENNEDY:** don't know if you've moved, possibly. We were hearing you fine. And now you're breaking up.

But yes. Jack has said that that does answer his question. Just a reminder to all the participants, please use the chat feature to log in. And Brent, we'll turn it back over to you and let you know if we have any other questions pop up.

**BRENT DALTON:** OK. So what we'll talk about next is the mobile application development prerequisite. So when you're getting ready to develop a mobile app, one of the things you need to consider are things that-- what are the activities that you need to do in your organization in order to get ready to implement a mobile app?

So you want to gather and document business requirements. That's always a good thing to do. As part of the Agile process, you'll probably hear that you don't have to do full BRD at certain points. And sometimes we do have an iteration in the contract, in our contract templates. You have the vendor help you with requirements gathering.

It's always nice to have it up front, so that what the vendor's helping you do is clean it up and make sure it's valid instead of starting from scratch. It's very costly. It's very expensive. And to have the vendor do it rather than you guys do it internally, using our RDM staff, is a little bit expensive. It can be done. But it's one of those things that you probably need to have at least an idea of what capabilities you want to include.

You need to conduct an architectural review. You need to get with your IT partners. And you need to make sure, even though it might be a development effort for direct patient care act, which is a program funded contract, you will need to still do a technical and architectural review in order to determine if the work you want to accomplish is even feasible.

Does it work on the existing, approved platforms and tools within the VA? Because we still have to follow the OIT guidelines. We still have to follow what's on TRN. If it's approved, if it's not approved, we have to go through all those process. So we're not changing the policies and processes just because it's program funded. We still have to follow those. So we want to do a technical and architectural review to make sure the feasibility of the app is going to go.

Then you're going to connect the market analysis research to make sure that, what you want to do, is there a third party product already out on the market? Are there several? Are they doing what we want them to do? Can they integrate easily into a VA system?

We don't want to reinvent the wheel here. So if there's a product on the market already, then what we want to do is try to see how to procure-- or give all these vendors a chance to come in and look and say, here's what we do. So even though we can't preselect-- you can't preselect a product in most cases, unless it's the only one on the market that can do the work-- we can conduct industry days. We can have discussions. We can request information. We can do RFIs.

We can send all this stuff out in order to determine the best approach to the problem. If we have a third party tool out there, we can we can get a lot of information up front so that we can write over requirements and get it out the door. So that one option. It doesn't have to just be developed. It can be a third party product integration. That's something to consider.

You want to review the compliance body requirements, the non-functional requirements, such as patient safety, security, 508, privacy, et cetera. These are documented. They're out on the portal, our development portal. There's a website at the end of this presentation that'll show you how to get to there.

However, there's a lot of them. But it's important to start planning up front, to say, here's all the stuff that they're going to expect us to have in our app. And if some of that stuff is going to conflict with your business requirement, then you need to reconsider certain elements. You're going to want to be involved. You're going to want to get those compliance bodies involved early in your process so that proper planning happens and there's no surprises later in life cycle. It makes the last part of the life cycle much smoother if you plan ahead of time.

And then the last thing you want to do is, you want to evaluate whether there's current and existing VA Mobile functionality already. Is there a similar or functionality

that can be rolled into the new application? If not, then this sounds like it might be a good candidate. We want to get it approved and say, yeah. Let's see if this is something the VA wants to do. Is it a priority?

There are several ways you can go. You can implement new capabilities into an existing app. You can write requirements and say, I want to get these new requirements into that app that's already there. It's already existing. It's already in production. The next release, I want to get these requirements and capabilities in there. That's probably the easiest approach.

Another approach would be, I want that functionality in my app. So I want to use the functionality of this other app that already exists and incorporate it into a brand new app that has sort of an overarching capability. That's another way to go. So these are all considerations you want to do before you start saying, I want to contract this work out.

Then we have a contract template. It was created specifically for mobile applications. It's a time and materials contract. It's a time and materials format right now. The template includes all of the software development life cycle sets that support from a consistent vendor throughout the entire process.

The main benefit of this is it's one vendor from requirements to production implementation. And they fix all compliance. They remediate all the issues. And they help get it through the ORR process and ILC process.

There's a dedicated TAC team at the TAC to handle mobile applications contracts, using this already approved template. So since this template has already been vetted, and the questions will be minimal, when you come back-- as anybody who's done contracts knows that we get a lot of questions back from the COs and the legal and the technical folks saying, here, explain this. Clarify this. They want to make sure everything's covered. We already have this vetted so that the questions are minimal. And it makes the contract go much, much quicker, the acquisition project life cycle.

If you have a solid BRD requirement, which I mentioned earlier today, if you have the business requirements document already, it can take as little as 90 days to contract it out for mobile application. And I'm not saying 90 days to build it. I'm saying 90 days to get the contract in place and awarded.

It typically takes longer, as some people have probably attuned to, if you don't have all your requirements in there and the package isn't actionable. But if you use the template, you have a full BRD requirements document, and you use the dedicated team, then it could take as little as 90 days, which is a lot more rapid than it typically takes, which is a very good thing.

So we've got that established and already in place for those of you who would like to use that. And we also have a point of contact in Web and Mobile Solutions that'll help you navigate that process. And that is someone I've listed at the end of this presentation with the contact information for you.

So this template has several sections. I'm not going to read all these in detail. But you can look at them at your leisure. And I have more information on these if you want. There's a lot more information on each of these. However, I will walk through high level stuff.

We do follow the ProPath Process for Mobile Development. There is a specific [INAUDIBLE] ProPath workflow approved for mobile application development. We did that a few years ago. And that is listed in a link right here below. So if you wanted to look at the specific artifacts that are required for a mobile versus a normal software development life cycle, this is approved by OIT and our integrated team, our integrated OIT effort, our team in product development.

So the key sections are initiate the mobile effort. So this is the requirements refinement documentation, integrated master schedule. Then you have your application development document, which is really the iterative code, the design, the sprints, and the testing.

And then you have verification and validation, which is-- it really is an independent



contract that is not Connected Health. It's actually over in OIT right now. But the verification and validation contract, they go in and validate that the work is coded to the requirements. So it's independent. It's truly independent of the work that we're doing here.

Then we have compliance review, which you have to go through up to 15 compliance bodies. I won't list them all here. But we do have a chart, a matrix that shows, based on the complexity of your app, which compliance bodies your app is going to have to go through. And we can share that with you. We'd show you and walk you through it.

But there's up to 15 of them. And those compliance bodies don't have to happen sequentially. Some of them can happen concurrently. So it's actually OK. But we do have to go through the compliance. And that's what I was mentioning earlier. There's a lot of nonfunctional requirements that you want to keep an eye out for and plan ahead for and put in your requirements so that you don't have surprises later.

Then we have user acceptance testing and field testing. And this is where the users get to see it in the field. You pick a couple of pilot areas, a couple of field test sites. And you go through the entire process, the coordinating, drafting, distributing access to this app, getting people to give feedback, tracking the defects, and coming back.

And the vendor helps you with all of this stuff. So in the contract, the template outline, the vendor is actually required to help you with a lot of these things. And they help you do the exit review to get it into the ORR process.

The last step is releasing the application nationally, where the contractor shall help conduct tasks that make the app available for use and getting it ready for production. So the key sections are utilized as milestones in the app project planning and the integrated master schedule. So these key milestones are important, because that's what feeds the integrated master schedule that the vendor creates for you.

And so, a little bit more information on the integrated master schedule from slide eight. The contract is required to generate the project work breakdown structure for all the work required. Now the activities, what's going to happen in sections two, four, five, six, seven, and eight, basically all them except for section three-- well, they have to do it for section three as well, but there's more that they do for section three.

So all of the sections, they have activities required to establish the duration, the estimated duration, and the vendor and contractor resources needed for those sections. So it's like a project schedule, an [? MS ?] project. And they track resource leveling.

Additionally, what they do for section three is, they provide an estimated number of development sprints, associated story points, and estimated level of effort, and the cost of the application development. So this is where they give you the analysis of, here's what we think it's going to cost. Here's how long it's going to take. Here's how many story points. And here's the level of effort. Here's how many sprints we're going to use to do it.

So that gives you sort of a breakdown of what the contract is going to do. And it's very detailed. This is just a very high level. The contract itself is very detailed. And the vendors on here probably have seen it, because there's one already awarded. It was awarded last year. And so that's why this is [INAUDIBLE]. And you've probably seen it in RFIs.

There's more than one contract out. And this is in RFIs, RFPs. And it's an awarded stuff. So it's not proprietary in any way. And so here, I think we're going to stop for questions again.

**DENISE** Absolutely, Brent. We have three questions. The first question is, "Are there VA  
**KENNEDY:** apps already in use being maintained by VA national contracts?"

**BRENT DALTON:** Yes. There are VA apps already in use. As you probably know, the National Center for PTSD has 17 distinct apps that are already out of production. We have several

apps that are either in production or nearing production from Connected Health. Some of you may have heard-- or they're in field testing.

And some of you may have heard of the Launchpad, Mobile Blue Button, Summary of Care. We have secure messaging app that's coming. We have patient [INAUDIBLE] app, which is going to tie in with the CPRS capabilities. We have a national solution for imaging viewing solution. It's IVS.

We're working with OIT partners on the scheduling calendar view and a calendar appointment request for Veteran appointment request software. So we have early iterations of that. We have MOVE! Coach. We have an information app. And we have Burn Pit.

So there's several apps that are already out in production that we're working with. And then there's several more. I have a list at the end of this presentation that shows all the apps that are in the pipeline in various stages.

**DENISE** Excellent. And then the next question is in reference to slide number six. "How frequently is the, quote, 'list' of mobile apps engaged and transparent updated, since we're dealing with the entire life cycle from idea to implementation?"

**BRENT DALTON:** How frequently is the list updated? Say that one more time. The last part.

**DENISE** "How frequently is the list of mobile apps engaged and transparent updated, since  
**KENNEDY:** we are dealing with the entire life cycle from idea to implementation?"

**BRENT DALTON:** OK. So that list is updated. We have a software vendor that we're contracting out with now that does an integrated master schedule for us. And that list is updated, I believe-- now Butch, correct me if I'm wrong. But I believe that that group updates it monthly. We have a monthly program management review. And we get those monthly.

However, we also have a program project management system called JIRA. It's an Atlassian tool. And we have all of our projects in that tool. So if we ever needed to give you a list of, here's all the apps that are in the pipeline right now, we could

provide that for you.

**DENISE** Excellent. And we've had a couple more come in here. "How do you decide what  
**KENNEDY:** development to contract out and what to have OIT develop?"

**BRENT DALTON:** OK. So that's a very good question. We have a very solid line of demarcation. So the FDA has guidance that's been approved that says, a medical device extends to the software on the medical device, the mobile medical device. The medical software-- it can be considered a medical device as long as the medical software's deemed direct patient care or involving direct patient care.

So we build the apps for direct patient care, things that the provider uses or the Veteran uses in the direct care of the patient. On the other hand, the OIT builds the apps that are not considered direct patient care, like MOVE! Coach. MOVE! Coach isn't used in patient care. MOVE! Coach was built because it's used in patient preventative measures.

The information app. Where's your local pharmacy? Where's your local CBOC? Where's your local hospital? What services are offered to me? That's not necessarily considered direct patient care.

The scheduling. We're not caring for the patient in the scheduling. We're allowing the Veteran to get care. So that speaks more to the access to an appointment or access to a doctor.

So there's the line. The line really is the direct patient care FDA guidance that we've established, that they established and we have followed.

**DENISE** Excellent. And we have two more questions. I think they're both quick answer  
**KENNEDY:** questions. The first is, "Are there any apps for the Veterans Choice Program?"

**BRENT DALTON:** We are, right now, integrating some Veterans Choice Program requirements into the next phase of the scheduling calendar view and the Veteran appointment request app. So we have some requirements. We have a PWS that I won't speak to because it's still in process. So I can't really talk to that, what's in that. But I do

know-- I can tell you that there will be some Veteran Choice Program requirements in there.

**DENISE** Excellent. And then the last question for now. "Is the VA New England a national  
**KENNEDY:** contracted app?"

**BRENT DALTON:** The VA New England? I am not familiar with that one. I apologize. I'm not familiar with that.

**DENISE** OK. Well reach back to that question after and see if we can get more information  
**KENNEDY:** for you. But you can go on ahead.

**BRENT DALTON:** Yeah. And I can go ahead with the follow up, I can find some people that may know that answer. And I can get back to you guys.

**BUTCH** That might be the Adobe Connect.  
**HOLLYFIELD:**

**BRENT DALTON:** OK. I can speak to that. I just didn't give it, the Adobe Connect. I do understand it from that [INAUDIBLE].

**DENISE** OK. Well, let's come back to that because we're having some chat conversation  
**KENNEDY:** here. Why don't you move on, and we'll circle back with that one?

**BRENT DALTON:** OK. Will do. So the next area that I wanted to focus on is, really, we just recently determined that there are nine major categories-- 10 if you count research and clinical study-- but there's nine major categories of apps. And what we're trying to do is structure our contract as such to where you can fund specific categories for apps as they need to be remediated, enhanced, or implemented into production.

Therefore, when we get a contract, we may not know-- you do have to list what apps are in each category. But if one is prioritized over another, things change, we can say, OK. Patient Viewer and Orders Management are both in care delivery. But I need to fix Patient Viewer right now. And I need to spend a certain amount remediating it. But then I'm going to switch over to Orders Management because that one has some enhancements that need to happen in order for it to work right.

So it gives us the ultimate flexibility. And so we're building it into these, we have these-- it helps us better support the VA customer experience. It helps us because it's grouped into these distinct categories. Managing by category will allow prioritization of the work to be performed and ensure that overall programs and systems work together to improve and support the mobile app user experience. And that's really important to VA.

I will briefly go through these app categories, just so you kind of know what they are. There's a lot more information on these, if you want. We do have a break down that I could share with you. But at this point, I didn't want to go too low level.

So the first one we have is awareness consideration onboarding. That basically covers apps that are designed to increase the customer's knowledge of health care needs, assisting them in researching provider services, and estimating cost of service. Then we have enrollment scheduling services, which contains apps designed to provide enrollment, scheduling service support, estimating payments, confirming pre-authorizations, and then completing patient surveys.

We have pre-arrival appointment reminders. This is where, before you even get to your doctor visit, it contains apps that provide pre-arrival support, including appointment reminders, completion of pre-arrival forms and questionnaires, pre-arrival instructions like fasting, those types of things.

Then we have arrival and check-in. And this is pretty self-explanatory. They're just going to be checking in at the desk, support, provide identification, completion of the questionnaires.

And then care delivery. Care delivery is a really big one. This is where most of our provider apps exist. Most of the apps that we use for the providers are in care delivery. And it contains things to assist with the delivery care-- checking vitals, treatment, testing, reviewing treatment, and other options.

Then we have checkout and discharge. That one contains apps designed to provide

assistance with checking out and discharging. That's very self-explanatory. And billing and payment is also the same. It provides assistance in understanding the billing and the payment, allows Veterans to make payments, and escalating billing questions.

Now, just because I say this is what the apps are designed in this category, doesn't mean we have an app for that. I just wanted to point that out because I might say, we have an app for making payments. We don't have an app to allow the Veteran to make a payment. But if we were building an app to allow the Veteran to make a payment, this is the category it would go under. So I just wanted to point that out because just because I say it includes that kind of stuff doesn't mean we have an app that's in the works for it. There's just no way.

The next section is care management and wellness. This really is where all the Veteran apps go. Not all of them, but this is where most of the Veteran facing apps go. That allows them to get assistance with the care management, wellness, that provides assistance with filling prescriptions, follow up with providers, wellness activities, and in home care and medication.

And then, experience, feedback, engagement, and customization. This one really assists with allowing the patient to provide feedback. You know, patient experience surveys, decisions on switching providers, and notifications on other services.

And the final one is really research and clinical study. And that's where people want to come in, like innovations and research groups, and they want to do clinical studies, like Inquiry, to come in and do things on apps that aren't in a production or going to production right away. Once the decision is made to go to production, then they have to go through the life cycle. It has to go through the normal process.

In the template, they talked about Agile. The VA talks about Agile, the Agile Methodology. The issue with Agile Methodology, there's nothing wrong with it. It's just that the VA, as an organization, isn't fully prepared to do full Agile Methodology on every single thing. So a large portion of the application development, that uses the Agile method. 40% of the total cost of the mobile app is implemented using

Agile.

The rest of it is just really a waterfall approach. And it's kind of a hybrid, if you will, approach to software development. So really it's a 60-40 split, roughly. These are rough numbers. These aren't exact. The remaining sessions of the application are mostly waterfall.

However, as we get more mature as an Agile organization, then some of that will shift. So just keep that in mind. I wanted everybody to understand the difference. That not the entire template is not-- it's built to support Agile. But the entire template for implementation is not Agile at this time because of the VA limitations.

OK. So mobile application acquisition activities. I wanted to walk through you briefly. Here's a lot of the activities that are related to what we have to go through in order to get a contract out the door.

So things that you should expect, the first thing you should do is designate a contracting officer and a project manager. You really need to get these people involved early so that can help drive this through the process, because you really need someone that's at the helm steering the ship. You can't have a SME who is a provider who has rounds, and then they can, in their spare time, push a contract through. It really doesn't work well that way.

They need to be to the SME and the business owner, by all means. They need to be involved at all the levels, at all the stages, so they can say and drive and steer the requirements that are being built, which is absolutely what we want. But you you're going to need those people on the ground that operate, that run this cycle, run this through the cycle. So consider that, getting your core and your project manager up front.

Then you're going to want to get, contract our POC. And you're going to want to get our approved template. You're going to want to work with them to make sure we get the right team and the right stuff in that language in the template, because the template language is already there. So really, we just need your BRD. And then you



can get it in there. The POC can show you where to put it. And then you're off and running.

Once you submit it to the VOA system, which is the TAC's submission system. You get it in there for the mobile development work. And you tell them it's mobile development and tell them which team should be assigned. Now, we can't request a team. But this is one of those things where they usually make sure-- the TACs usually make sure that the team that's designated for mobile applications get assigned.

Then you enter the negotiation process because all those dates that you guys did-- it says it has to be in by this date or it has to be in by that date-- that is for an actionable package. That means that the package has already been reviewed. It's already clean. It's already ready to go. And there are no changes that need to be made before solicitation.

So you have to put it in before those dates to give the TAC time to go through this negotiation process, to make sure that, if they have questions, you have to answer them. You have to change things. You have to clarify. All of that still has to happen. And there's several reviews that have to happen under the section.

The CO reviews it. There's a technical review. And when I say technical, I don't mean IT technical. I mean technical from a contractually technical standpoint. And then there's a legal review.

Then you can go out for RFI. Once it's actionable, then you can go out for a request for information. Now that's only if that's necessary. You don't always have to go out for an RFI. But it's sometimes good to have, as part of your market research, to say, I want to get some information from the vendors that are out there, that are interested, to see what's available.

They may come up with something that says, well that's not feasible. That's not possible. And then you know what to change. So that's what the request for information is going to help you with. It's going to help you with all of those things.

Then you can go out with a request for proposal, which is really your solicitation. And once your solicitation is issued, then the vendors have a certain amount of time to respond. And they respond. But they also have a certain amount of time to ask questions. So after they've reviewed it, they can come back with, we have all these questions.

So be prepared for this. And start anticipating what their questions might be. Because when you get that question, you want to have a rapid turn around. You want to turn it around really fast. You want to sit there and go through the questions, answer them, make sure you clarify. And then those questions go back to the CO.

The CO is the manager of this entire process. The CO is in charge. And it's the CO who has to process this stuff. You're not allowed to take questions from vendors directly. You're not allowed to do any of that stuff. You have to go through the CO because that's the CO's warrant. And that's the CO's job.

So you answer questions. Your answers go to all the vendors that bid so it's fair and equitable. And then, once you receive the proposals from the vendor, then you have to have a technical evaluation. And you review it. And you go through the evaluation criteria that is preestablished. And you evaluate all the vendors that proposed. And then the contract gets awarded.

So the CEO walks you through that entire process. Your core and your project manager will be invaluable to you during that process. You can ask us questions, and Connected Health, if you have questions on this process.

The five major milestones that I have on this slide are really the five major things that the TAC or any contracting office really manages, too. So once you get an actionable package, those five milestones, they'll give you dates for when we think you'll hit those target milestones. So that's really the end goal, is finding out when things are going to be done.

And that's where I talked about that 90 day process. If you use the template, and you have the team, and you have a BRD, that process can take 90 days, which is

really, really fast for a contract. Ask anybody. So now I think we'll stop for questions briefly.

**DENISE** Yeah. We have a couple of questions for you. The first one is, "Will everything  
**KENNEDY:** mobile app acquisition be under the T4 or T4NG vehicle?"

**BRENT DALTON:** OK. So not necessarily. The template is, right now, validated against the T4. But T4, as everybody knows, is ending. And then the next-- obviously there's a follow on contract.

What the TAC determines is whether it's valid to go T4. And they determine the best acquisition approach. So once the TAC or the CO approves the best acquisition approach, that could be T4. But it might not be. You could go full and open if you have the case for it. You can go small business set aside if you have the case for it. It just depends.

It's really contract specific. But typically, the first phase is, we start with T4 to see what's possible.

**DENISE** OK. This next question is a little bit long and in a couple parts. So let me read it as it  
**KENNEDY:** came in. "Is there a marketing plan to help inform or market the available apps to our Veterans? Especially interested in pre-arrival appointment scheduling services. We are pursuing texting and email reminder systems. If there is a technology out there that merges this system with the apps, that would be helpful so everything is automated and sent at once. We are looking at the Xerox system."

**BRENT DALTON:** OK. So we have an acquisition in process. So I can't really speak to what the requirements are going to be. But I do know that the VA as a whole is pursuing scheduling and Veteran appointment request technology. And I can tell you that they've already pursued and are pursuing.

I don't know the specific companies that are doing that. I don't know if they're going with third party. But I do know that we have mobile technology already in place to do some of that. And we're continuously trying to enhance and integrate into the MyVA and to the eHMP work, the Vista Evolution stuff.

And I know there's a really large OIT effort going to increase the scheduling capabilities. So I can't really get into too many more details other than that. But I can tell you those things.

**DENISE** OK. And the next question is, "What is the most likely estimated cost for this process  
**KENNEDY:** and app development? Facilities are in the planning stages for next fiscal year. And we need to budget this into their business plans for next fiscal year to earmark these project and tie funds to the project."

**BRENT DALTON:** OK. So that is a very good question. What we're in the process of doing is, we're building a matrix. We've actually mostly built it. It gives you an idea of how complex your app is based on a lot of different variables and factors.

And so you fill it in and say, OK. My app is moderately complex. We can probably tell you, in rough estimate terms, how much a moderate level complexity app will cost you for the whole life cycle.

We can also help you estimate for low level and high level complexity. Obviously for high level, it's a very big thing, because it can go from the bottom level of high level to all the way up to, let's write Vista. Let's rewrite CPRS. That's a very different-- that's very complex versus Orders Management, which is also highly complex. But it's just the orders piece.

But we can help you figure out how to estimate, based on what apps you want to do and what the requirements are. So if you guys have requirements and you have the app type that you want to do, then we can help you try to estimate that.

**DENISE** OK. And a follow up to that is, "When and how will that matrix will be available to  
**KENNEDY:** Facilities to begin this process?" Do you have any insight into the timeline on that?

**BRENT DALTON:** There really wasn't a timeline. We use it for internal stuff. So if somebody's going to use the template, then we don't have a problem sharing that. I don't think there's an issue sharing it. I don't know. Alan, is that something we can give to you and you can share with people?

**DENISE** So this is, I believe, a VA employee. So we can follow up after this. Our next  
**KENNEDY:** question, and our last question for this round, is, "Would mobile app solicitations always be through TAC, as opposed to SAC, NAC, DLAC?"

**BRENT DALTON:** Most of the time, we go through the TAC because that's where this template was approved with. We approved it. And that's where the team is.

However, if you have a justification to go full and open, you can use the template and go to any of those other contracting offices. We're not dictating to you to go to the TAC. But what we're saying is, the best option, and the fastest way, the fastest method, is to go through the TAC. Because we have a dedicated team there, and because we have it approved already, the template itself, it will be faster. But if you choose to use that template and use that language as a guideline, and then start from there and go out full and open on some of these other areas, then by all means, you can do that.

**DENISE** And that's all the questions for now. So you can keep going.

**KENNEDY:**

**BRENT DALTON:** OK. So let me talk about post implementation considerations. After you get an app into production, one of things you need to consider-- there's a lot of things you need to consider. But the cost of maintenance is more than people anticipate. So they really need to understand that the development is just the first piece.

You really have to figure out and plan for, what are the things I need to do after it's already into production? Because it's going to take resources and money to take people and money to do this. So you're going to have to consider these activities. We're talking cost of ownership. We're talking, how much is it going to cost over the duration?

Staff and resources, equipment space, things such as that, content updates-- who's going to be updating the content? Who will do it? Who will approve it? How frequently are you going to update content?

Functionality updates. Who's going to determine-- who's the product owner? Who's going to determine what functionality needs to be added, what capabilities exist, either need to be added or removed? How is that analysis going to be done? By whom? How often?

User interfaces. You have a lot of user interface work. And you have a usability group in compliance. But does it need to be upgraded based on new policies, federal requirements, laws that change? We have a lot of change. 508 has always got different requirements. And you want to make sure that you keep up on the 508 stuff. Standards change.

The back end database. Are there new data elements? Are there new data elements that need to be tracked in your system? Do they need to be stored? Do they need to be rendered in your front end or not? So that means that the back end database needs to be updated.

Future integration into new VA solutions. We have a lot of new VA solutions coming out. We have Vista Evolution. We have eHMP. We have MyVA. Those are systems that we have to integrate with and we have to work with. So how do we do that?

What are the new systems? Who's managing them? How do we incorporate our stuff into there? Or how do we link to that? Are there new repositories, new databases that we have to connect to, new systems of record, essentially, business rule engines? There's always the organizations coming out with new business rules engines. And then, how do we incorporate that stuff?

Then you have operating system upgrades. In the mobile world, we have an OS upgrade at least once a year, sometimes every nine months. And we have mobile device upgrades all the time. That's frequent. So you've got to keep up with this stuff. You've got to consider backwards compatibility. How far back are you going to be compatible? You have to do analysis and plan for the next operating system upgrades for the target system you're building in.

Then you have new training requirements. Are there staff that need to be trained?

Are there new staff that were implemented that need to be trained? How do you continue the training program?

Marketing and communications. How do you get that out the door and say, guess what. [? VOB ?] wants you to implement this. And here's how. And here's why. And here's the benefits, and all those things that you want to get it into their workflow, their normal workflow, to say, here we're going to make your workflow better. We're going to make your workflow more efficient. Because really, telling them, you're going to do this, but it's going to slow you down, is never going to go well.

But if you say here, we need you to do this. We want you to do this. And here's how it's going to help you do your job better. That's a better way. But you've got to pay for that.

New policy and standards adherence. We talked about that a minute ago. These are things to consider. So you're going to want to make sure you understand all the costs of ownership after it's implemented, after its production.

And then you have to consider when it's going to sunset. Is it going to be overtaken by another system three years from now? Or is it going to be around where you have to incorporate it into something else?

This slide right here is just a basic, high level overview of what's in the pipeline. It's the mobile application portfolio. It's a snapshot in time. This changes all the time. But this is all the apps right now that we're working into various stages of development or compliance review or field testing.

This one is giving you an example of the external mobile applications that are available to us that are being externally developed outside of Connected Health. So you can see that there's a large list of apps that are already being worked, that are not being developed inside of Connected Health. So there's just as many apps outside as there are inside of Connected Health. But they're all being worked. And they're all being managed.

And then finally, I wanted to go through briefly, and just say that this is a list of the--

this is the point of contact. You can contact him if you have questions on the contract template. You can contact myself.

And that link that's there at the top is where you go. And there's something on there, a link called development portal. And that development portal has a lot of information on the various things that you want to see, the matrix. It has a list of compliance bodies. It has a list of the nonfunction requirements. And Butch or myself can help you navigate that as well. And we have several other staff that can probably help you find stuff. If you're internal staff, we can help you find stuff if you need it.

That's the presentation. If you guys have any questions, please let me know.

**DENISE**

Thanks, Brent. We have a couple of people asking a question about how to access the slides. At the end of the presentation today, everyone who was registered will receive an email with a link to the slides. And you can download the slides through that link. So thank you all for that.

**KENNEDY:**

And I know we have a few questions that Shawn Hardenbrook was able to answer on that group chat as well. If we did not get to your question or did not answer the question, please feel free to email us. And we will get back to you.

And with that, I think we'll end today. It is 2:50. I don't see any more emails coming in on questions. There will be a link to collect feedback that will be sent to you today. Please visit the link and let us know what you thought of today's presentation and what topics you would like to cover in the future. And again, a link will be sent to you with the slides to download as soon as we're wrapped up here today.

And so with that, I think we'll end. And thank you, everyone. And thanks to you, Brent, and to Butch, and to Shawn, for answering questions today. Hope everyone has a great Friday and a great weekend. Thank you.

**BRENT DALTON:** Thank you, everybody.



