Review

The DHS CIO conducted a review of the ICE – Detention and Removal (DRO) electronic Health Records (eHR) program on December 1, 2009. The need for DRO eHR is driven by Congress through The Detainee Basic Medical Care Act of 2008, HR 5950/S 3005, as well as a DHS Office of Inspector General (OIG) recommendation to expedite all necessary discussion and resources to develop an eHR to address compliance problems with certain medical standards in providing medical care to ICE DRO detainees.

DRO eHR is a replacement for the legacy ICE Case TRAKKER system, designed to provide a capability for electronic management of the medical records for non-U.S. citizens (non-USCs) detained by ICE DRO for violation of immigration laws. ICE DRO operates custodial detention facilities for detainees prior to removal of the detainee from the U.S. back to their home country. On any given day, ICE DRO has over 30,000 detainees in custody, with responsibility for the care, housing, feeding, transportation, and medical care of these individuals. Electronic management of health records for these detainees is expected to reduce costs of medical care, increase the effectiveness of the medical care, and also will yield additional efficiencies in the costs associated with moving detainees from one facility to another.

Key findings resulting from the review included:

- The legacy system CaseTrakker has received no FY10 funding. All FY10 and FY11 funds for eHR, $5.0M and $8.9M respectively, are for development.
- The detailed functional requirements document is currently being vetted through the IPT Working Group. The Target Completion Date was January 2010; however, only 40-50% of the requirements had been completed as of December 1, 2009.
- iRise and Requisite Pro (DOORS) are the tools used for automated traceability of the final requirements. The DHS OCIO brought up the potential to leverage these requirements tools as an Enterprise IT Target.
- The DRO eHR Program Manager (PM) is following the Progressive Elaboration Development Approach to deploy the system. Rather than completing the system in one phase, it will be developed and deployed over the Base Year and four Option Years. By breaking this out into phases, the risk of delay and failure is reduced.
- Federal mandates regarding electronic health records will continue to drive the program.

Assessment

The eHR Program Review demonstrated that ICE DRO has a capable program management capability in place, clear business involvement in the process, and a strong understanding of the eHR requirements. No significant deficiencies or risks were identified. DHS CIO also identifies the potential to utilize the requirements management tools being used on eHR across the Department as an enterprise standard. Maintaining a consistent, predictable, and adequate funding level to support development and deployment of eHR is the primary risk identified from the review.

Score: 4