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United States General Accounting Office
Washington, DC 20548

November 24, 2003

The Honorable Christopher H. Smith
Chairman
Committee on Veterans' Affairs
House of Representatives

Subject: *Veterans Affairs: Posthearing Questions Concerning the Departments of Defense and Veterans Affairs Providing Seamless Health Care Coverage to Transitioning Veterans*

Dear Mr. Chairman:

On October 16, 2003, I testified before your Subcommittee at a hearing on *Hand-off or Fumble: Are DOD and VA Providing Seamless Health Care Coverage to Transitioning Veterans?*[1] This letter responds to your request that we provide answers to follow-up questions from the hearing. Your questions, along with my responses, follow.

1. "GAO, at the request of this Committee, has examined VA's Information Technology (IT) needs a number of times. Also, GAO has studied DOD's IT infrastructure. VA and DOD have pledged over the years to be working toward common solutions to their IT challenges, most particularly in the area of computerized patient care records and the portability of these records across the several systems involved. Yet, they soldier on separately. What are the basic problems in the view of GAO, that prevent or obstruct the accomplishment of this goal of a single patient care record that can accompany a military servicemember from active duty to veteran status?"

Answer: VA and DOD have been pursuing ways to share data in their health information systems and create electronic records since 1998, when the Government Computer-Based Patient Record (GCPR) project was initiated. GCPR was envisioned as an electronic interface that would allow physicians and other authorized users at VA, DOD, and Indian Health Service (IHS) health facilities to access data from any of the other agencies' health facilities.[2] The interface was expected to compile requested patient information in a "virtual" record that could be displayed on a user's computer screen.

[1]U.S. General Accounting Office, *Defense Health Care: DOD Needs to Improve Force Health Protection And Surveillance Processes*, GAO-04-158T (Washington, D.C.: Oct. 16, 2003).

[2]The Indian Health Service became involved in GCPR because of its expertise in population-based research and its longstanding relationship with VA in caring for the American Indian veteran population.

Since undertaking this mission, however, VA and DOD have faced considerable challenges, leading to repeated changes in the focus of their initiative and the target dates for its accomplishment. Our prior reports discussing the initiative[3] noted disappointing progress, exacerbated in large part by inadequate accountability and poor planning and oversight, which raised doubts about the departments' ability to achieve an electronic interface among their health information systems. When we reported on the initiative in September 2002,[4] VA and DOD had taken some actions aimed at strengthening their joint efforts. For example, they had clarified key roles and responsibilities for the initiative and begun executing revised near- and long-term strategies for achieving the electronic information exchange capability.

The near-term initiative—the Federal Health Information Exchange—was completed in July 2002 and enabled the one-way transfer of data from DOD's existing health care information system to a separate database that VA hospitals could access. This initiative has shown success in allowing clinicians in VA medical centers ready access to information—such as laboratory, pharmacy, and radiology records—on almost 2 million patients.

However, the departments' strategy for an envisioned longer-term, two-way exchange of clinical information is farther out on the horizon. This initiative, Health*e*People (Federal), is premised upon the departments' development of a common health information infrastructure and architecture comprising standardized data, communications, security, and high-performance health information systems. VA and DOD anticipated achieving a limited capability for two-way data exchange by the end of 2005.

Nonetheless, VA and DOD continue to face significant challenges in realizing this longer-term capability. While the departments have developed a high-level strategy for the initiative, they face the challenge of clearly articulating a common health information infrastructure and architecture to show how they intend to achieve the data exchange capability or what exactly they will be able to exchange. Such an architecture is necessary for ensuring that the departments have defined a level of detail and specificity needed to build the exchange capability, including requirements and design specifications.

In addition, critical to the two-way exchange will be completing the standardization of the clinical data that these departments plan to share. Data standardization is essential to allowing the exchange of health information from disparate systems and improving decision-making by providing health information when and where it is needed. Currently, VA and DOD face an enormous task of standardizing their health data. VA will have to migrate over 150 variations of clinical and demographic data to one standard, and DOD will have to migrate over 100 variations of clinical data to one standard. VA and DOD officials maintain that their departments, along with the Department of Health and Human Services, are actively pursuing the development and adoption of data standards. Nonetheless, they remain uncertain as to when the necessary standardization will be

[3]U.S. General Accounting Office, *Computer-Based Patient Records: Better Planning and Oversight by VA, DOD, and IHS [Indian Health Service] Would Enhance Health Data Sharing*, GAO-01-459 (Washington, D.C.: Apr. 30, 2001); *VA Information Technology: Progress Made, but Continued Management Attention Is Key to Achieving Results*, GAO-02-369T (Washington, D.C.: Mar. 13, 2002); and *VA Information Technology: Management Making Important Progress in Addressing Key Challenges* GAO-02-1054T (Washington, D.C.: Sept. 26, 2002).

[4]GAO-02-1054T.

accomplished. Without standardization, the task of sharing meaningful data is made more complex and may not prove successful.

2. "Assuming that VA and DOD actually unify their patient care record keeping, will this accomplishment solve the "seamless transition" challenge, or will the records problem be supplanted by some other new one, such as HIPAA [Health Insurance Portability and Accountability Act] or another cause, and what are your reasons for this conclusion?"

Answer: Achieving the technical capability to unify VA's and DOD's patient care records in and of itself will not ensure the seamless transition of health care data. Other issues that the departments need to address include the following:

- Reaching consensus on and implementing data standards. As we pointed out in our previous response, an essential aspect of making the data usable will be establishing data standards. Accomplishing this is particularly challenging, as consensus must be reached with clinicians and other health care providers to achieve common acceptance of the standards.

- Capturing complete and accurate medical information on service members. The departments must establish and closely adhere to a process that will ensure the complete and accurate capture of medical information of service members stored in their respective databases.[5] As noted in our testimony, DOD's database does not currently contain patient health information (such as health assessments and immunizations) for all service members.

- Ensuring privacy and security compliance. The departments will have to ensure that the exchange of medical information is compliant with privacy requirements established in the HIPAA. In addition, given the sensitivity of patient health information, the departments must ensure that adequate security is an integral feature of the data exchange capability.

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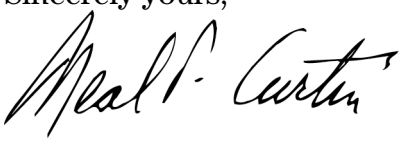
We are sending copies of this letter to the Secretary of Veterans Affairs and the Secretary of Defense and other interested parties. We will also make copies available to others upon request. In addition, this report will be available at no charge on the GAO Web site at http://www.gao.gov. Should you or your staff have any questions on matters discussed in this letter, please contact me at (757) 552-8100. I can also be reached by e-mail at curtinn@gao.gov.

Sincerely yours,



Neal P. Curtin
Director, Operations and Readiness Issues

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[5]VA and DOD plan to implement a capability to share patient health information that will be collected in data repositories that each is implementing.

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