Prepared Statement

of

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Before the

House Committee on Appropriations
Subcommittee on Military Quality of Life and Veterans Affairs,
and Related Agencies
U.S. House of Representatives

March 9, 2006

Mr. Chairman and distinguished members of the Subcommittee, thank you for the opportunity to discuss the ongoing collaborative efforts being made by the Department of Defense (DoD) and the Department of Veterans Affairs (VA), and how these efforts involve the transformation of health care through health information technology. DoD/VA's efforts lay the foundation for the President's health technology plan of improving health care quality, preventing medical errors, improving administrative efficiencies, reducing paperwork, and increasing access through innovations in electronic medical records and the secure exchange of pertinent health information.

Military Health System Technology

For more than a decade, DoD has been a national leader in using one of the world's first and largest computerized physician order entry systems, the Composite Health Care System (CHCS). DoD recognizes the value of secure and on-demand accessible computerized patient information as a substantive way to enhance patient safety and the quality of health care delivery, and we are committed to working with the VA to support our veterans.

CHCS provides the backbone for the very successful Pharmacy Data Transaction Service (PDTS) that maintains a patient medication record for all DoD beneficiaries worldwide. A cutting-edge benefit for beneficiaries and providers alike, PDTS is the primary resource for ensuring pharmaceutical readiness for our deploying personnel. Through an automated tool, PDTS reviews a beneficiary's new prescription against all previous prescriptions filled through any point of service in the Military Health System,

including the 70 Military Inpatient Facilities, the TRICARE Retail Pharmacy network, and the TRICARE Mail Order Pharmacy program. It has enhanced the quality of prescription services and patient safety by reducing adverse drug to drug interactions, preventing duplicate treatments and preventing orders of the same drug obtained from multiple sources. Each prescription undergoes clinical screening against a patient's complete medication history before it is dispensed to the beneficiary. Use of the PDTS has resulted in higher quality medical care based on proper medication control, reduction of fraud and abuse, better management reporting and control, and most importantly, increased patient safety. All prescription information transmitted to PDTS is encrypted for security and privacy.

(AHLTA), DoD's electronic medical record, is a Windows-based application that provides a user-friendly interface with improved coding and expanded documentation of medical care. AHLTA is an enterprise-wide medical information system that generates, maintains and provides worldwide secure online access to comprehensive patient records. AHLTA is a secure, standards-based and patient centric system, for use in our garrison-based medical facilities and our forward deployed medical units. AHLTA is a core component of military medical readiness, supporting uniform, secure, high-quality health care delivery and continuity of care to Military Health System beneficiaries. By streamlining and computerizing business processes and scheduling systems, AHLTA stresses a team-based approach to health care and improves hospitals' and clinics' efficiency in providing timely service to patients. Additionally, efficient, secure, and readily accessible communication among providers improves the continuity of care and

increases patient safety and the timeliness of diagnoses and treatments. It centrally stores all electronic patient medical records in the Clinical Data Repository that currently contains some level of electronic clinical records for over 7.5 million beneficiaries. Use of AHLTA continues to grow at a significant pace. To date, AHLTA has processed over 15 million outpatient encounters, and is currently processing over 75,000 patient encounters per workday. Worldwide deployment of AHLTA began in January 2004, and block 1 deployment is expected to be completed by the end of calendar year 2006, at which point AHLTA will be available for over 9.2 million beneficiaries.

TRICARE Online (TOL) is an enterprise-wide, secure Internet portal for use by DoD beneficiaries, providers, and health care managers worldwide. TOL provides access to health information, contact information for hospitals, clinics and providers, links to information on TRICARE services and benefits, as well as helpful resources such as disease management tools, a drug interaction checker, and a personal health journal. TOL also enables TRICARE members to schedule primary care appointments online. In the future, TOL services will include the ability to request prescription refills and for patients to view their medication record.

Interagency Collaboration

DoD and VA have launched a new era of Departmental collaboration, with unprecedented strides toward a new federal partnership. Through our VA/DoD Health and Joint Executive Councils, we ensure leadership oversight is given to all of joint initiatives as we continue to develop our strategic partnership. Our shared commitment

to strong collaboration in the area of information technology places us in the forefront of interagency health information technology across the federal government.

DoD and VA are 2 of the 3 lead partners for the Consolidated Health Informatics (CHI) initiative, one of the 24 eGov initiatives supporting the President's Management Agenda. The goal of the CHI initiative is to establish health information interoperability standards as the basis for electronic health data transfer in Federal health activities and projects.   In March 2003, the Department of Health and Human Services (HHS) announced the adoption of five standards, which included standards in clinical laboratory results, health messaging, prescription drug codes, digital imaging, and connectivity of medical devices to computers. Since that time, HHS has adopted 15 additional standards related to areas such as demographics, lab results contents, medications, lab test order names, and immunizations. As federal entities use common standards, it will be easier to exchange appropriate health information.

Both Departments participate in multiple standards development organizations and boards to collaborate and share expertise in standards development efforts. These collaborative efforts recently resulted in the approval of two DoD/VA Implementation Guidelines for the CHI standard, Digital Imaging and Communications in Medicine. The implementation guidelines are for radiology imaging exchange and storage between the two agencies; one for general radiology and the second for dental imaging. The guidelines were approved by the DoD/VA Health Architecture Interagency Group in September 2005 and presented at the November 2005 CHI Monthly Workgroup for

adoption. In addition, VA and DoD were instrumental in finalizing the new CHI recommendations for multimedia storage in patient records.

Federal Health Architecture (FHA) is one of the lines of business identified in the Federal Enterprise Architecture initiative and involves multiple departments and agencies across the federal government. The primary goals are to improve coordination and collaboration on national health IT solutions, and to improve efficiency, standardization, reliability, and availability of comprehensive health information solutions. As the leading providers of federal health-care, VA and DoD are important stakeholders, active participants, and strong supporters of the FHA initiative. VA and DoD anticipate that FHA efforts will contribute to improved patient safety and higher quality healthcare.

DoD is also an active participant in the American Health Information Community (the Community) and several of its subcommittees. The Community is a national collaboration, under the auspices of the Federal Advisory Committee Act, that will provide advice on national standards and health IT policy. The Community will make recommendations to the federal government on how to make health records digital and interoperable, and on how to assure that the privacy and security of those records are protected. The first Community meeting was held in October 2005.

DoD/VA Information Sharing Initiatives

DoD and VA share health information today. The Departments continue to pursue enhancements to information management and technology initiatives to significantly improve the secure sharing of appropriate health information. These initiatives enhance

health care delivery to beneficiaries and improve the continuity of care for those who have served our country.

The Federal Health Information Exchange (FHIE) supports the monthly transfer of electronic health information from DoD to VA at the point of a Service member's separation. VA providers and benefits specialists access this data daily for use in the delivery of health care and claims adjudication. Data transferred includes laboratory and radiology results; outpatient pharmacy data from military treatment facilities, retail network pharmacies, and DoD mail order pharmacy; allergy information; discharge summaries; admission, disposition, and transfer information; standard ambulatory data record and patient demographic information.

DoD has transferred health information for over 3.2 million unique patients to the FHIE repository. Over 2 million of these individuals have presented to the VA for care, treatment, or claim determination. The amount of data transferred continues to grow as health information on recently separated Service members is extracted and transferred to VA monthly. FHIE is executed in a manner that is compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

Building on that capability, DoD is now also transferring data for VA patients being treated in DoD facilities under local sharing agreements. Over 1.39 million messages (i.e., laboratory results, radiology, pharmacy, and consults) have been transmitted on VA patients treated in DoD facilities.

The Bidirectional Health Information Exchange (BHIE) enables the real-time sharing of allergy, outpatient pharmacy, demographic, laboratory and radiology data between

DoD BHIE sites and all VA Treatment Facilities for patients treated in both DoD and VA. BHIE is operational at several DoD facilities, including Madigan Army Medical Center, Naval Hospital Great Lakes, Naval Medical Center San Diego, and the National Capital Area. Site selection was based on support to returning members of Operation Enduring Freedom and Operation Iraqi Freedom, number of visits for VA beneficiaries treated in DoD facilities, current FHIE usage, number and types of DoD medical treatment facilities, local sharing agreements, retiree population, and local site interest. Deployment to additional DoD sites is planned in FY 2006.

Pre- and Post Deployment Health Assessments are provided to service members as they leave and return from duty outside the U.S. This information is used to monitor the overall health condition of deployed troops, inform them of potential health risks, as well as maintain and improve the health of service members and veterans. DoD has extended the FHIE capabilities to incorporate pre- and post deployment health assessment information for separated service members.

DoD is sending electronic pre- and post-deployment health assessment information to the VA using the FHIE capability. The historical data extraction was completed in July 2005 resulting in approximately 400,000 pre and post deployment health assessments being sent to the FHIE data repository at the VA Austin Automation Center. Monthly transmission of electronic pre- and post-deployment health assessment data to the FHIE data repository began in September 2005 for the months of August and September, and has continued each month since then. More than 515,000 pre- and post-deployment health assessments on over 266,000 individuals are available to VA. VA providers began

accessing the data in December 2005. DoD plans to initiate activity to add post-deployment health reassessment information in FY 2006. In addition, DoD has a listing of approximately 250,000 Reserve and National Guard members who have been deployed and are now demobilized, and will be adding this data in March 2006. Subsequent demobilized Reserve and National Guard data will be added to the monthly data transmissions.

The Laboratory Data Sharing Initiative (LDSI) facilitates the electronic sharing of laboratory order entry and results retrieval between DoD, VA and commercial reference laboratories. The LDSI for laboratory chemistry tests is available for use throughout DoD, and actively being used daily between DoD and VA at several sites where one Department uses the other as a reference lab. Either Department may function as the reference lab for the other with electronic orders and results retrieval depending on the local business case. LDSI is operational in several DoD/VA sites.

The DoD Clinical Data Repository/VA Health Data Repository (CHDR) establishes interoperability between DoD's Clinical Data Repository and VA's Health Data Repository. The Departments successfully tested the exchange of computable outpatient pharmacy and allergy data in a laboratory environment in September 2004. This test demonstrated the ability to do drug-drug and drug-allergy checking using outpatient pharmacy and allergy information from both Departments. DoD and VA are working on the ability to exchange outpatient pharmacy and medication allergy data on shared patients in the DoD Clinical Data Repository and the VA Health Data Repository in FY 2006. This data will be computable allowing the DoD and VA systems to perform drug

interaction checking and drug allergy checking. The outpatient pharmacy data being exchanged utilizes DoD's Pharmacy Data Transaction Service. Following implementation of pharmacy and allergy domains and the supporting infrastructure, the work necessary to exchange laboratory data between the repositories will be completed.

Conclusion

Mr. Chairman and distinguished members of this committee, I am proud of the collaborative efforts being made by the DoD, VA and HHS and how these efforts align with the President's Health Technology Plan. Much has been accomplished in a short period of time and the ground work has been laid for even greater progress in the future. Our shared commitment to strong DoD and VA collaboration in the area of information technology places us in the forefront of interagency health information technology across the federal government.

I am firmly committed to the Departments' continued collaboration to expand the appropriate sharing of health information as systems and data repositories mature and standards and processes are further defined and implemented. Exchanging health information between Departments will not only improve the quality of health care delivered, but will also establish a federal model for electronically exchanging medical records. Thank you for the opportunity to highlight our continued progress.