

STATEMENT BY

THE HONORABLE ELIZABETH A. MCGRATH

**DEPUTY CHIEF MANAGEMENT OFFICER FOR THE DEPARTMENT OF
DEFENSE**

THE HONORABLE JONATHAN WOODSON

**ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS) & DIRECTOR
OF TRICARE MANAGEMENT ACTIVITY**

BEFORE THE

HOUSE VETERANS AFFAIRS COMMITTEE

FEBRUARY 27, 2013

Chairman Miller, Ranking Member Michaud, and members of this distinguished Committee, thank you for extending the invitation to both the Department of Defense and Department of Veterans Affairs to testify today on our integrated Electronic Health Record (iEHR) program.

In April 2009, the President charged our two Departments to, “work together to define and build a seamless system of integration with a single goal: when a member of the Armed Forces separates from the military, he or she will no longer have to walk paperwork from a DoD duty station to a local VA health center; their electronic records will transition along with them and remain with them forever.” This goal is important not only to Service members’ continued medical care, but also to their benefits processing. Given the President’s clear direction, our Departments have been working on two very important efforts simultaneously. First, we are committed to ensuring that all health data for an individual can be brought together into a seamless electronic health record. Second, we are both committed to modernizing and replacing our legacy health information technology systems.

In March 2011, the two Departments agreed to pursue a common approach to develop and implement the next generation of EHR capabilities meeting both goals for two Departments. Specifically, we agreed to implement a common architecture, data and services, data centers, interface/exchange standards and presentation layer. The plan had been to design, build and implement this new system from the ground up and jointly purchase individual clinical applications that could “plug-in” to the common architecture.

Since that time, the following significant and important work has been done to develop and pilot capabilities to facilitate the exchange of information between

Departments and improve the information accessible to doctors and patients in both VA and DoD medical systems:

- We are creating interoperability between our Department's computer systems by making sure that the exchanged data means the same thing. DoD has a Health Data Dictionary to make sure that its various health IT systems can exchange information. VA is currently mapping VistA data elements to the same data dictionary, ensuring that we have data interoperability between the two Departments;
- We are locating both Departments' health data in the same place to improve our ability to access and distribute the data. VA is migrating its health data to the DoD Defense Information Systems Agency (DISA) data centers;
- We are utilizing a joint service oriented architecture approach and the purchase of a shared enterprise service bus to allow greater flexibility in designing and upgrading software applications for each Department. This also promotes agility and flexibility with regards to communication and interaction between applications. Currently, to upgrade a single component of our current systems requires considerable work at great expense.;
- We have selected a single DoD-VA joint Single Sign On/Context Management (SSO / CM) solution and are in the process of installing it across the DoD. Medical Single Sign-On allows users to log in once to the health care systems and move from application to application without having to reenter passwords. Health care providers can focus on documenting patient care instead of remembering their multiple passwords. Patient Context Management allows users to choose a patient in one

application and have the patient context follow to other participating clinical applications once they are launched;

- We have implemented a joint Graphical User Interface (GUI) pilot at North Chicago, Tripler, and San Antonio that displays information from both DoD and VA systems to allow providers from both Departments a single common view for patient information; and
- We are well on our way to jointly completing business process mapping for initial clinical capabilities to ensure as we look to purchase clinical applications for joint use, our medical providers properly identify the requirements or functionality that each application should provide.

During this time, we also completed an initial Life Cycle Cost estimate for the program and identified various development plans, which included an option to accelerate functionality, and to reduce costs and technical risks to the program.

We discovered that there were specific actions that we could take together to accelerate availability of seamless information across the two Departments. These “quick wins” were approved by Secretaries Panetta and Shinseki on February 5, 2013, and include:

1. Expanding our “Blue Button” capability so that VA and DoD patients can securely download and transmit their medical records to the destinations of their choice, using national standards, via the internet in industry standard formats by May 2013;

2. Accelerating a common display or viewer that will allow clinicians to see a virtual consolidation of patient data at nine key sites, including our VA's five polytrauma rehabilitation centers by July 2013;
3. Completing the mapping of VA health data to the Health Data Dictionary by September 2013; and
4. Accelerating the "real-time" availability of VA health data by December 2013 so that providers have access to the most recent and best data to care for patients .

In addition to these efforts to accelerate availability of seamless information, both Departments are also working to modernize or replace our underlying information technology systems. To reduce cost and technical risk, the two Departments agreed to modify the strategy. Instead of designing, building, and implementing a new system "from scratch", we would use a "core" set of applications from existing EHR technology, to which could be added additional modules or applications, as could be added. DoD is reviewing available commercial and governmental options, and anticipates a decision on this issue by the end of March. VA has decided to use its current system, VistA, as its core.

Some have interpreted this shift in strategy as backing away from our commitment to achieve an integrated electronic health record. Nothing could be further from the truth. The two Departments intend to create an integrated electronic health record and remain committed to shared, standard data, shared applications, and a shared common user interface. By focusing on a number of quick wins to accelerate availability of seamless information across the two Departments this year we will achieve the President's goal far sooner, and at a lower cost.

Going forward, we look to leverage existing government and commercial EHR technology as a way to reduce risks and overall costs of modernizing our health information technology systems, while accelerating the delivery of new capabilities.

By establishing exchange and increased functionality across our two systems by 2014, we will create a “Virtual Lifetime Electronic Record” for each Service Member and Veteran, thus achieving the President’s vision of every separating Service member having his or her information available for a smooth transition to Veteran status, whether it is to coordinate the delivery of health care or achieve rapid adjudication of benefits. The voluntary service of our Service members is indispensable to the freedoms we enjoy as a nation. Our Service Members, Veterans, retirees, and eligible family members deserve nothing less than the best possible care and service our Departments can provide. We will maintain our focus and momentum and will continue to provide you updates on our progress and achievements.

We look forward to your questions.