



Highlights of [GAO-04-811T](#), testimony before the Subcommittee on Oversight and Investigations, House Committee on Veterans' Affairs

## Why GAO Did This Study

Providing readily accessible health information on veterans and active duty military personnel is highly essential to ensuring that these individuals are given quality health care and assistance in adjudicating disability claims. Moreover, ready access to health information is consistent with the President's recently announced intention to provide electronic health records for most Americans within 10 years. In an attempt to improve the sharing of health information, the Departments of Veterans Affairs (VA) and Defense (DOD) have been working, since 1998, toward the ability to exchange electronic health records for use by veterans, military personnel, and their health care providers.

In testimony before the Subcommittee last November and again this past March, GAO discussed the progress being made by the departments in this endeavor. While a measure of success has been achieved—the one-way transfer of health data from DOD to VA health care facilities—identifying the technical solution for a two-way exchange, as part of a longer term HealthPeople (Federal) initiative, has proven elusive.

At the Subcommittee's request, GAO reported on its continuing review of the departments' progress toward this goal of an electronic two-way exchange of patient health records.

[www.gao.gov/cgi-bin/getrpt?GAO-04-811T](http://www.gao.gov/cgi-bin/getrpt?GAO-04-811T).

To view the full product, including the scope and methodology, click on the link above. For more information, contact Linda Koontz at (202) 512-6240 or [koontzl@gao.gov](mailto:koontzl@gao.gov).

# COMPUTER-BASED PATIENT RECORDS

## Improved Planning and Project Management Are Critical to Achieving Two-Way VA-DOD Health Data Exchange

### What GAO Found

VA and DOD are continuing with activities to support the sharing of health data; nonetheless, achieving the two-way electronic exchange of patient health information, as envisioned in the HealthPeople (Federal) strategy, remains far from being realized. Each department is proceeding with the development of its own health information system—VA's HealthVet VistA and DOD's Composite Health Care System (CHCS) II; these are critical components for the eventual electronic data exchange capability. The departments are also proceeding with the essential task of defining data and message standards that are important for exchanging health information between their disparate systems. In addition, a pharmacy data prototype initiative begun this past March, which the departments stated is an initial step to defining the technology for the two-way data exchange, is ongoing. However, VA and DOD have not yet defined an architecture to guide the development of the electronic data exchange capability, and lack a strategy to explain how the pharmacy prototype will contribute toward determining the technical solution for achieving HealthPeople (Federal). As such, there continues to be no clear vision of how this capability will be achieved, and in what time period.

Compounding the challenge faced by the departments is that they continue to lack a fully established project management structure for the HealthPeople (Federal) initiative. As a result, the relationships between the departments' managers is not clearly defined, a lead entity with final decision-making authority has not been designated, and a coordinated, comprehensive project plan that articulates the joint initiative's resource requirements, time frames, and respective roles and responsibilities of each department has not yet been established. In discussing the need for these components, VA and DOD program officials stated this week that the departments had begun actions to develop a project plan and define the management structure for HealthPeople (Federal). In the absence of such components, the progress that VA and DOD have achieved is at risk of compromise, as is assurance that the ultimate goal of a common, exchangeable two-way health record will be reached.

Given the importance of readily accessible health data for improving the quality of health care and disability claims processing for military members and veterans, we currently have a draft report at the departments for comment, in which we are making recommendations to the Secretaries of Veterans Affairs and Defense for addressing the challenges to, and improving the likelihood of successfully achieving the electronic two-way exchange of patient health information.