COMPUTER-BASED PATIENT RECORDS

Short-Term Progress Made, But Much Work Remains to Achieve A Two-Way Data Exchange Between VA and DOD Health Systems

Why GAO Did This Study

For the past 5 years, the Departments of Veterans Affairs and Defense have been working to exchange health care data and create electronic records for veterans and active duty personnel. Such exchange is seen as a means of reducing the billions of dollars that the departments spend annually on health care services and making such data more readily accessible to those treating our country's approximately 13 million veterans, military personnel, and dependents. This is especially critical when military personnel are engaged in conflicts all over the world, and their health records can reside at multiple locations.

GAO has reported on these efforts several times, most recently in September 2002. At the request of the Subcommittee, GAO is updating its observations on the departments' efforts, focusing on (1) the reported status of the ongoing, one-way exchange of data, the *Federal Health Information Exchange,* and (2) progress toward achieving the longer term two-way exchange under the *Health_ePeople (Federal)* initiative.

What GAO Found

Access to medical data that includes information on the entire lives of veterans and active duty military personnel represents an enormous step toward enhanced and more effective medical care. VA and DOD are pursuing this goal in two stages.

- *Federal Health Information Exchange.* This current, one-way transfer of health care data from DOD to VA is already allowing clinicians in VA medical centers to make faster, more informed decisions through ready access to information on almost 2 million patients, thereby improving their level of health care delivery. The program's fiscal year 2003 cost was just over $11 million.

- *Health_ePeople (Federal).* The realization of this longer term strategy to enable electronic, two-way information sharing is farther out on the horizon. The departments are proceeding with projects that are expected to result in a limited two-way exchange of health data by the end of 2005. However, VA and DOD face significant challenges in implementing a full data exchange capability. Although a high-level strategy exists, the departments have not yet clearly articulated a common health information infrastructure and architecture to show how they intend to achieve the data exchange capability or what they will be able to exchange by the end of 2005. In addition, critical to achieving the two-way exchange will be completing the standardization of the clinical data that these departments plan to share. Without standardization, the task of sharing meaningful data could be more complex and may not prove successful.

VA, DOD Systems to Support Two-Way Data Exchange Strategy

VA Initiatives	Projected Completion	DOD Initiatives
	2005	Graphical User Interface, General Dentistry
Health Data Repository, Billing Replacement	2006	Pharmacy, Laboratory, Radiology, Immunizations
Laboratory	2007	Inpatient and Scheduling
Pharmacy	2008	Additional Capabilities as Defined
Imaging	2011	
Appointment Scheduling Replacement	2012	

Source: VA and DOD.