Prepared Statement

of

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Before the Subcommittee on Federal Financial Management, Government

Information and International Security

Committee on Homeland Security and Governmental Affairs

U.S. Senate

June 22, 2006

Mr. Chairman and distinguished members of the Committee, thank you for the opportunity to discuss one important area of the many ongoing collaboration efforts being made by the Department of Defense (DoD) and the Department of Veterans Affairs (VA). I would like to highlight the important area of information technology today. DoD/VA sharing efforts involve the transformation of health care through health information technology. Sharing of electronic health information is vitally important to provide continuity of care to those who are and have served our country. Equally important is the need to ensure this information is shared in a manner that protects the data and the privacy of our population. DoD/VA's efforts lay the foundation for the President's health technology plan of improving health care quality, preventing medical errors, enhancing administrative efficiencies, reducing paperwork, and increasing access through innovations and improvements in electronic medical records and the secure exchange of 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 both 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. PDTS 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 being 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 is DoD's enterprise-wide medical information system that generates, maintains and provides worldwide secure online access to comprehensive patient records. 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 a secure, standards-based and patient centric system, for use both 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 8.1 million beneficiaries. Use of AHLTA continues to grow at a significant pace. To date, AHLTA has processed over 22 million outpatient encounters, and is currently processing over 80,000 patient encounters per workday. Worldwide deployment of AHLTA began in January 2004, and 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.

Interagency Collaboration

DoD and VA have launched a new era of Departmental collaboration, with unprecedented strides toward enhancing our federal partnership. Through our VA/DoD Health and Joint Executive Councils, we ensure senior leadership in both departments have oversight on all of our 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 is 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 and VA also are lead partners in developing the Federal Health Architecture (FHA). FHA is transitioning to be the Federal voice at the national level, aligning with the President's health IT agenda. FHA is guided by its vision to create "a Federal health IT environment that is interoperable with the private sector and supports the President's health IT plan to enable better care, increased efficiency, and improved population health." FHA will leverage previous work and accomplishments as focus shifts to support the overarching goals of input, implementation and interoperability.

The Consolidated Health Informatics (CHI) activities have now been aligned with the National Health IT agenda and the work of the Health Information Technology Standards Panel (HITSP), under the authority of the Office of the National Coordinator for Health IT and the American Health Information Community. DoD and VA are the two lead partners for the 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. As federal entities use common standards, it will be easier to exchange appropriate health information. Aligning CHI with the HITSP process ensures that the efforts are advanced in the broad public-private process and have validity for federal and non-federal health care.

FHA's role in supporting the President's health IT plan will continue to evolve as the health IT needs of the public and private sectors become more intertwined. As the leading providers of federal healthcare, DoD and VA are important stakeholders, active participants, and strong supporters of the FHA and the President's health IT initiative. DoD anticipates that FHA efforts will contribute to improved patient safety and higher quality healthcare for our beneficiaries.

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 veterans 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 3.5 million unique patients to the FHIE repository. Over 2.8 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 the VA . FHIE is compliant with the 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 1.4 million messages (i.e., laboratory results, radiology, pharmacy, and standard ambulatory data records) have been transmitted on VA patients treated in DoD facilities. The transfer of data is vital in facilitating a beneficiary's transition from active duty to veteran status. The collaboration of sharing information between DoD and VA is necessary to strengthen the common mission shared by the DoD and VA clinicians.

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 the following DoD locations: Madigan Army Medical Center, William Beaumont Army Medical Center, Eisenhower Army Medical Center,

Naval Hospital Great Lakes, Naval Medical Center San Diego, the National Capital Area, Michael O'Callaghan Federal Hospital, Landstuhl Regional Medical Center, Tripler Army Medical Center, Womack Army Medical Center, David Grant Medical Center, Brooke Army Medical Center, Wilford Hall Medical Center, and Bassett Army Community Hospital. 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 FiscalYear 2006.

DoD recognizes the VA requirement for inpatient documentation, particularly for severely wounded and injured Service members being transferred to VA for care. The Clinical Information System (CIS) is a commercial off-the-shelf product used at several DoD facilities that provide inpatient care. Key inpatient documentation such as the discharge summary, operative report, and inpatient consultations are stored in the CIS. DoD has begun the work necessary to extract these documents and make them available to be viewed by VA for patients that have transferred to VA for care. The Department will build on the current BHIE capability to make this documentation available to VA in a manner compliant with the HIPAA privacy regulations. An early version of this capability is currently in use between Madigan Army Medical Center and the VA Puget Sound Health Care System as part of their health information sharing initiative as a Fiscal Year 2003 National Defense Authorization Act Demonstration Site.

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 is sending electronic pre- and post-deployment health assessment information to the VA. The historical data extraction for separated Service members 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 and has continued each month since then. In March 2006, the historical data extraction of pre- and post-deployment health assessments for the Reserve and National Guard members who were deployed and are now demobilized was completed and the data transferred to the FHIE data repository. Reserve and National Guard data is now included in the monthly transmissions. As of May 2006, more than 1.3 million pre- and post-deployment health assessment forms on over 560,000 individuals are available to VA. DoD plans to initiate activity to add post-deployment health reassessment information in late Fiscal Year 2006.

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 at several DoD/VA sites that use each other for laboratory services.

The DoD Clinical Data Repository/VA Health Data Repository (CHDR) will establish 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 Fiscal Year 2006.

Security Efforts

The MHS Information Assurance Program ensures protection of DoD Sensitive Information by focusing on electronic, physical, and personnel security. DoD and MHS policies ensure that the MHS has implemented an effective program to protect information systems, medical data, and ensure that government and contractor personnel are receiving adequate, regular training commensurate with levels of responsibility. In accordance with DoD policy, the MHS conducts a rigorous assessment of electronic and physical security controls before accrediting a network or centrally managed information system that transmits, processes, stores or accesses DoD Sensitive Information and/or connects to a DoD network/system. A primary goal of the MHS Information Assurance

Program involves ensuring that its information systems are and remain in compliance with DoD security requirements. A rigorous Certification and Accreditation (C&A) process followed by annual evaluations continually evaluate threats, vulnerabilities and the actions that are taken to mitigate identified risks. The C&A assessment is a standardized repeatable process that analyzes information systems for security vulnerabilities and compliance with existing DoD requirements. The security requirements reviewed include upgrades or patch management, physical and software controls, and configuration of protection devices.

To protect the information shared between DoD and VA, DoD data is encrypted in transit via a MHS managed Virtual Private Network (VPN) device. The VPN device encrypts protected health information between each Military Treatment Facility and key business partners, including the VA. In compliance with the VA Information Technology Security Certification and Accreditation Process, the FHIE/BHIE framework has received full approval to operate. The Departments continue to make enhancements through several information management and technology products, to include the FHIE and BHIE. These products have significantly improved the secure sharing of appropriate health information.

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 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 with VA and to safeguarding the information on those entrusted to our care. Our collaboration will continue to evolve to expand the appropriate sharing of health information as systems and data repositories mature and standards and processes are further defined and implemented. Securely exchanging health information between Departments will improve the quality of health care delivered, and will also establish a model for electronically exchanging medical records.

Thank you for the opportunity to highlight our continued progress.