

To the House Committee on Veterans Affairs, Subcommittee on Health

Good afternoon and thank you, Mr. Chairman, for the opportunity to testify before you concerning two pieces of proposed legislation, HR3243 the National Medical Emergency Preparedness Act of 2001, and HR3254 the Medical Education for National Defense in the 21st Century Act. I am Dr. Deborah Powell, Executive Dean and Vice Chancellor for Clinical Affairs of the University of Kansas School of Medicine. The University of Kansas School of Medicine will be 100 years old in 2005. Our medical school has been a partner medical school with the Kansas City Veterans Affairs Medical Center since the founding of that medical center 50 years ago next year. Ours is one of the oldest medical school/VA affiliations in the country. Our school is also unusual in that we are the affiliated medical school for 4 VA Medical Centers in our VISN; Kansas City, Wichita, Topeka, and Leavenworth. We are also extremely unusual in that our medical school, located in Kansas City, Kansas has its primary VA affiliation with the VA Medical Center located approximately 15 minutes away in Kansas City, Missouri. Ours is truly a bi-state partnership. As was the case for my own medical education in Boston, Massachusetts, more years ago than I care to state to the committee, the Veterans Affairs Medical Centers are a crucial part of our educational efforts for our 700 medical students and more than 390 resident physicians in training. The University of Kansas School of Medicine could not provide the education for our medical students without our VA partnership. Every year approximately 125 third year medical students receive a month of their first experience in Internal Medicine at the VA in Kansas City. Medical students also rotate at the VA Medical Center in surgery, psychiatry, neurology, as well as the surgical subspecialties. The VA has been a very important partner to us in the education of our students and supportive partner in the training of our resident physicians. The Veterans Affairs Medical Centers in Kansas City, Leavenworth and Topeka currently provide 97 residency positions in primary care and specialty fields to the University of Kansas School of Medicine.

The events following the September 11th tragedies have made all of us involved in medical education, acutely aware of the possibilities and in some instances the actual fact of acts of terrorism producing disease and medical conditions not usually seen by practitioners or students. It has raised our awareness of the necessity of preparing our students for situations that they may encounter in their practice and has revealed to us, in many instances, the inadequacies of our systems currently in place. It is entirely appropriate that the Department of Veterans

Affairs and the Department of Defense take a leadership role in partnering with us to address these critical educational needs. The 125 medical schools of this country are represented by the Association of American Medical Colleges and my first point to the committee, is that I believe that this VA and Department of Defense initiative must be done in partnership with the AAMC which serves as a direct conduit to all 125 US Medical Schools. This partnership cannot be confined to medical schools alone. All health professionals must be educated to recognize and treat the results of bio-terrorism, chemical terrorism, and radiological terrorism. The partnership therefore, must be extended to schools of nursing, pharmacy, allied health sciences, dentistry and public health through their appropriate institutions. One umbrella organization for all of these entities is the Association of Academic Health Centers. The AAHC has a long history of representing the Academic Health Centers across this country, many of which contain one or more of these various health care educational schools. Finally, young resident physicians in training and our graduate medical education programs, are important part of any educational offering. Thus the partnership must include the Accreditation Council for Graduate Medical Education. Finally to assure that our practicing physicians received appropriate access to information, other organizations such as the American Board of Medical Specialties responsible for credentialing and re- certifying all board certified medical specialists in this country should be consulted. This list is not meant to be exhaustive, but it is certainly important to recognize the role that these other constituent agencies need to play in any such program. In fact, I believe the legislation addresses the role of appropriate consultation and should be commended for that and also should be commended for recognizing how different the educational needs of health professionals are at different stages of their training and directing that educational programs be developed which are suitable for this type of health professional and for their level of training.

The second point that I would like to make is that in some instances the response to bioterrorism is primarily state directed utilizing federal resources. Federal programs that are state administered must be managed in a way to respond to regional needs and must not be solely state directed. For us in Kansas City, where we are a part of a bi-state metropolitan area and for other borders areas such as Illinois and Iowa, state and federal governments must be cognizant of this important issue. If Kansas and Missouri look only to their home states we in the Kansas City metropolitan area may be neglecting a large part of the patient populations we serve who cross state lines daily and the training venues where our students are educated. I am sure that this can happen but we must not be myopic in

our approach. Appropriate response to bioterrorism will call for many important partnerships including bi-state partnerships.

The third point is that all of us in medical education, are struggling with how to educate our students about accessing rather than memorizing information. Medical education is truly a process of continuous learning. It is impossible in four years of medical school, even combined with an additional three to seven years of residency training to educate a practitioner about what they will experience in their forty plus years of practice lifetime. Therefore, it is important to introduce medical students to basic concepts and to educate them in how to continuously access appropriate information quickly and efficiently and build the means of doing this throughout their career. Educating physicians in the appropriate usage of information technology, is critically important for all of us in medical education. All educational materials that may be developed and presented under this proposed legislation, therefore, should be designed with the idea of being accessible information that can be readily accessed by practitioners of different levels.

And this leads me to a difficulty that must be addressed with the Veterans Affairs information systems. I have been very impressed by the investment that the Veterans Administration Medical Centers and the Department of Veterans Affairs have made in the development of medical center information systems. I have viewed the information systems in our Kansas City VA Medical Center and have also gone to presentations at national meetings where representatives of the Department of Veterans Affairs have presented progress in linking different Veterans Affairs Medical Centers for accessing patient information and on systems for discovering and most importantly preventing medical errors and instituting important quality procedures within the VA Medical Center system. However, the language of the VA information systems is MUMPS, which is an archaic computer language that has caused considerable difficulties for those of us outside the VA system. I am not a computer expert and I cannot talk with you any way knowledgeably about the problems of the interfaces between the VA system and facilities outside the VA. I am aware that emerging technologies are allowing some access to potential databases written in MUMPS language. The problem however, is the fact that the system, while in the public domain, cannot be widely utilized by others outside the VA. This problem needs to be addressed as new opportunities such as the current legislation present themselves. We certainly need to find formats for transfer of information, which is compatible to a wide audience, and these are clearly available. I would hate for the rich resources which the VA has put together and which they will put together in the future not to be accessible because of technical difficulties.

Continuing on the theme of information technology, I would like to stress the need for rapid information sharing in times of national crisis. It is critical for us in the health care profession to be able to share data about unusual presentation of medical conditions, symptoms, and possible treatments both for consultation and to alert each other about the scale of some of these potential national emergencies. To do that we must build linkages among our medical centers, hospitals, health clinics, health departments, etc. A place to start is clearly our emergency rooms and urgent treatment centers, since these are still the usual presentation site for large segments of our population. There are many considerations which must be taken into account when building these linkages. Certainly the issue of crossing state boundaries is one that we are particularly aware of in Kansas City. We must be aware of the restrictions on data sharing under the Health Insurance Portability and Accountability Act (HIPAA). Nevertheless, I firmly believe that these linkages must be built and must be accessible by different health professionals. Again the Association of Academic Health Centers should take a leadership role in this effort but this is truly a private/public partnership with the American Hospital Association, the American Medical Association, and the American Public Health Association.

The University of Kansas Medical Center would be excited to be considered as a partner for the establishment of one of the emergency preparedness centers as described in HR 3253. I believe that we bring many assets to such a partnership. First, we are an educational institution which already has partnerships with four VA medical centers within our VISN crossing state lines between Kansas and Missouri. We have had a history of partnering with other institutions as exemplified by our AAMC funded Pipelines Initiative with the University of Missouri Kansas City which has brought together schools of Dentistry, Pharmacy, Nursing, Allied Health and Medicine. Kansas is one of only six states nationally which operates a combined Department of Health and Environment and we have active collaborations with our land grant institutions, Kansas State University as well as the University of Kansas. Certainly issues of bioterrorism in its multiple forms also must involve the agricultural community and those relationships with our other educational partners and with our state are already in place. Faculty members at the University of Kansas School of Medicine have outlined a plan for a comprehensive weapons of mass destruction response structure utilizing our capabilities in forensic sciences and proposing liaisons with the national pharmaceutical stockpile and local agencies across state lines. We have in place an excellent network for education for all health providers across the state of Kansas with our medical education network sites and area health education centers and we

also are actively engaged in providing continuing medical education in a variety of formats, including web-based formats for practitioners in our state and region. We have both in the School of Medicine and in our School of Nursing traditions of educational innovation and would be excited about the opportunities to blend these resources with those of the Veteran's Administration in creating a Center of Emergency Preparedness for the heartland.

Finally, let me say that I am extremely supportive of any efforts that can be found to strengthen the partnerships between the Veterans Affairs Medical Centers and our health professional schools, particularly our schools of medicine. These are historical partnerships which can be re-strengthened and re-energized in this time of national crisis. This is truly a time of enormous opportunity and we at the University of Kansas will be happy to play whatever role we can in assuring the success of these initiatives.