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STATEMENT BY

MAJOR GENERAL KENNETH L. FARMER, JR.

DEPUTY SURGEON GENERAL

UNITED STATES ARMY

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Mr. Chairman and Members of the Committee, I am Major General Kenneth Farmer, Deputy Surgeon General of the United States Army. I thank you for this opportunity to represent Lieutenant General James B. Peake, the Army Surgeon General, and to appear before your committee today to discuss our ongoing efforts to electronically share medical information with the Department of Veterans Affairs. I will submit testimony for the record as you requested earlier and would like to provide my oral statement.

As you heard from Mr. Reardon, we are collectively involved in the development and implementation of multiple information management and information technology programs to improve our ability to electronically share patient information between the Department of Defense and the VA. The implementation of the next generation of the Composite Health Care System, CHCS II, across the Military Healthcare System represents the heart of our effort to create a seamless longitudinal electronic medical record that captures patient care from the first medical visit at the Medical Entrance Processing station to the last visit as a soldier, including all care provided from foxhole to medical center.

The first step in this complex effort is the deployment of outpatient care functionality found in CHCS II Block 1, which the Senior Military Medical Advisory Committee recently approved for a thirty-month accelerated fielding beginning in January 2004. Using spiral development processes that are closely tied to evolving medical requirements, additional CHCS II functionality blocks are under development

and testing, and will collectively represent all patient care provided across the entire healthcare continuum. MHS patient care data will be deposited into the Clinical Data Repository and because of a joint DoD/VA effort will be available for a two-way interface with the VA Health Data Repository in FY 05, thus establishing the seamless electronic record envisioned by all.

I would like to focus my remarks on specific Army Medical Department initiatives to reengineer clinical and business practices that underpin the successful deployment of CHCS II and other electronic patient care systems. I will also discuss the deployment of interim electronic solutions and Army participation in DoD and VA joint demonstration projects.

Establishing close partnerships with the VA such that clinical and business requirements are understood represents an important first step. Over the past two years, the Army and VA have developed a process to provide a single separation physical examination at all but one Army Medical Treatment Facility that meets both DoD and VA requirements, establishing the identification of requirements that can be developed into a data lexicon and mapped to the DoD Clinical Data Repository and VA Health Data Repository.

Force health protection and the associated pre and post deployment health assessments represent another area of joint focus for DoD and the VA. In September 2002, the Army Medical Department launched an initiative to improve the process of pre- and post-deployment health assessments by automating the collection, distribution, and archiving of the data. The goal of this project was to: streamline the data entry process; standardize the data fields; and eliminate the need for copying, mailing, and scanning

paper forms. Initially the military used a paper process for filling out the forms, which included a four-page questionnaire filled out by the Service member. The paper-based process was a labor-intensive manual process, which led to lost records, erroneous data entry and delays in getting the data scanned into the central Army Medical Surveillance Activity database. An internet version of automated pre and post deployment health assessment forms was activated on the Army's Medical Operations Data System web site on 1 April 2003. A hand held computer version with the automated forms was successfully integrated into this system on 23 July 2003 and was sent for use by the Coalition Forces Land Component Command in the Middle East and to the European Theater in August 2003. Over the past five months about a fifth of the worldwide post deployment surveys have been collected using these various electronic tools and this percentage is increasing. Recently, the Army used the hand held device at Ft. Lewis, Washington to support the automated collection and archival of pre-deployment health assessments for 98% of the 4,400 deploying troops. Today, military providers can access the completed electronic pre and post deployment forms at Army Medical Surveillance Activity data base through Tricare-on-Line, which provides the encrypted HIPAA compliant portal for accessing protected patient information. Efforts are underway to provide the same kind of access to VA providers.

We have a number of Army Medical Treatment Facilities in which a VA clinic is imbedded. At Tripler Army Medical Center, VA physicians have access to the CHCS host server. Pharmacy orders placed in CHCS to be filled at a VA pharmacy are sent electronically to the Veterans Health Information System and Technology Architecture also called VistA. Laboratory orders placed by VA physicians in VistA to be completed

at the Tripler laboratory are sent electronically to CHCS and results are sent back to VistA providing result visibility in both systems. DoD providers will soon have access to the VA Computerized Patient Record System and VistA through a web interface to an Army interim patient record system, the Integrated Clinical Data Base (ICDB). This effort provides practical experience in our effort to create the seamless transfer of electronic information.

William Beaumont Army Medical Center is another Army location where the transfer of CHCS laboratory data to the VA VistA host server occurs. In fact, William Beaumont, where CHCS II has already been fielded as one of the two Army limited deployment sites, is one of the eight DoD medical demonstration sites selected to participate in joint demonstrations with VA medical facilities, as mandated by the FY 2003 National Defense Authorization Act.

A second Army medical information systems demonstration site is between Madigan Army Medical Center in Tacoma, Washington and the Puget Sound VA Health Care System. This demonstration project will provide read-only access to both the Army's interim HealtheForces Integrated Clinical Data Base and the VA's Computerized Patient Record System and will provide visibility of clinical information at the point of care in either health care system.

The Army Medical Department is committed to improving the delivery of healthcare to all of its military beneficiaries through the seamless exchange of electronic medical information with the VA. This effort requires not just the implementation of technical solutions but also necessitates the reengineering of clinical and business processes supported by these information management tools. Collectively the DoD

initiatives described by Mr. Reardon and the examples of reengineering efforts underway in the Army Medical Department represent the critical steps to realizing the seamless electronic medical record that captures and shares patient care information beginning with the first healthcare encounter at the entrance station through the provision of military care over the service members career, followed by the care rendered in VA facilities.

In closing, I would like to thank the Committee for your continued commitment and support to provide quality care for our Soldiers and for our Veterans. I am happy to answer any questions that you have at this time.