

Questions for the Record
Honorable Steve Buyer, Chairman
Subcommittee on Oversight and Investigations
Committee on Veterans' Affairs
November 19, 2003

Hearing on VA-DoD Shared Medical Records – 20 Years and Waiting

Question 1: In your testimony, you state that "VA is working with DoD through the VA/DoD Health Executive Council and the Joint Executive Council" or what is referred to as the JEC. The Subcommittee requested the minutes of all the JEC meetings to see exactly what progress, agreements, or some measurable milestone objectives were adopted or accomplished. I understand that there is a great reluctance to provide these meeting minutes. Actually, we have a copy of the agenda and discussion of one of these meetings. Please provide copies of minutes of these meetings as requested in our letter dated November 10, 2003.

Response: We appreciate your detailing the reasons for requesting the minutes - so that you may discern "what progress, agreements, or . . . measurable milestone objectives were adopted or accomplished" with regard to VA/DoD development and sharing of electronic records. The minutes themselves would provide only limited insights into these issues, and so we are instead providing in the attachments to these responses a comprehensive account in order to more fully satisfy your stated need. The first of these attachments is a narrative account; the second is a milestone chart.

Question 2: You stated that VA can now access DoD's CHCS system for veteran information such as lab results, x-ray reports, outpatient pharmacy prescription information, admission/disposition/transfer records, discharge summaries and in the near future information on allergies, consult reports, and summary outpatient information. You further stated the Veterans Benefits Administration use this information to fulfill the evidentiary requirements for processing disability compensation claims as well as determining eligibility for other benefits. What about the entrance and separation physical? What about inpatient hospitalization? What about the pre- and post-deployment assessments? Aren't all those pieces of information absolutely necessary to adjudicate a compensation and pension claim?

Is the VA getting any of DoD's pre- and post-deployment screening data from all services in any format?

Response: VHA and DoD are aware that VBA needs the entrance and separation physicals, inpatient hospital records, pre- and post- deployment assessments, etc., in order to adjudicate claims. Currently we are receiving these records in paper form either at the Benefit Delivery Discharge sites when

the service member separates or within a couple of weeks if a claim is filed after the veteran is separated and has returned home.

Before the war in Iraq, VA provided DoD with a concise list of questions that would provide health information that is useful to veterans' health care and could be used post-deployment to screen military personnel. VA subsequently received a copy of the final DoD post-deployment health assessment questionnaire prior to its implementation. As DoD indicated in their testimony, it is expected that a hard copy of the completed questionnaire will be placed in the veteran's military medical record, which is eventually sent to the Military Records Center in St. Louis.

Obtaining paper records from St. Louis can be a time-consuming process. Therefore, as DoD and VA continue to move forward with patient medical records that can be accessed electronically by both Departments instantly in FY 2005 we expect to improve our responsiveness to the veterans. Representatives of DoD's Deployment Health Support Directorate indicated that DoD is developing an automated system that will allow VA health care providers and benefits personnel to request and view an individual's pre- and post-deployment data in an electronic format.

Question 3: Is the VA receiving medical information from DoD on all separating service members?

Response: VA has been working with DoD to obtain a complete roster of recent combat veterans. To date, the Defense Manpower Data Center (DMDC) has created a preliminary file of the Operation Iraqi Freedom (OIF) participants using Active Duty and Reserve Pay files, and Combat Zone Tax Exclusion and Imminent Danger Pay data fields.

In September 2003, DoD provided VA with a list of 17,000 veterans of Operation Iraqi Freedom who had separated as of June 30, 2003. VA received a second list from DMDC in November 2003, and a third list in December. For this current list, veterans discharged from active duty included discharges through August 2003, and veterans discharged from Reserve and Guard included discharges through July 2003. VA merged the three lists to form a single list of discharged veterans who had participated in Operation Iraqi Freedom. VA has noted certain discrepancies in the data both within and between the two deployment lists. DMDC plans to address these data discrepancies in future roster preparations.

The combined file provides basic military and demographic data on 83,752 service members who served in Operation Iraqi Freedom since October 1, 2002, and have been separated from active military service, 24,094 active duty members (29%) and 59,658 Reserve or National Guard unit members (71%). The DoD file did not include actual date of separation for everyone but the last out-of-theater date was September 2003, for active duty personnel and August

2003, for members of the Reserve/National Guard.

The lists from DMDC also included veterans of Operation Enduring Freedom (OEF), many of whom had also served in OIF. There were 15,137 separated veterans who had served in OEF (12,731 of whom also served in OIF). Of these 15,137, 2,602 (17%) had been active duty personnel (1,027 in both operations), and 12,535 (83%) had been in the Reserves or National Guard (11,704 in both operations).

We have no specific knowledge at this time concerning other veterans who have separated from military service after these wartime deployments. However, DoD does provide VA on a regular basis with the name of each individual who separates and a copy of DD Form 214, which summarizes the individual's active duty.

Question 4: Does the VA receive information from DoD about who is getting medically boarded?

Response: At present, VA does not routinely receive in an organized manner a list of service members who enter the medical disability process. This is a prime goal of the Seamless Transition Task Force. We are aggressively working with the various branches of services to have them provide information on all service members who enter the disability process. This will allow for early outreach by VA and ensure a smooth transition from DoD to VA.

Question 5: The Presidential Task Force (PTF) recommended that VA and DoD develop an electronic medical record by FY 2005 that should be interoperable, bi-directional, and standards based. Please provide the Subcommittee with a list of the standards that have been established to date.

Response: VA and DoD have developed a joint strategy to ensure the development of an interoperable electronic health record by 2005. The approach is set forth in the Joint VA/DoD Electronic Health Records Plan – HealthPeople (Federal) strategy. This plan is dependent on VA's completion of its Health Data Repository and DoD's implementation of CHCS II. This plan, approved by OMB in 2002, provides for the exchange of health data by the Departments and for the development of a health information infrastructure and architecture supported by common data, communications, security, and software standards and high-performance health information systems. Providers of care in both Departments will be able to access relevant medical information to aid them in patient care.

Interoperability is dependent, in part, upon the adoption of common standards. The Departments have begun to adopt standards in key clinical areas, and expect to adopt a comprehensive set of joint standards by 2005. Pursuant to the federal interagency Consolidated Health Informatics (CHI) effort, VA, DoD, and

HHS have identified 24 domain areas in which standards should be adopted. To date, standards have been adopted in the following 5 domain areas:

1. Laboratory Results Names [Logical Observation Identifier Names and Codes (LOINC)];
2. Messaging Standards For Scheduling, Medical Record/Image Management, Patient Administration, Observation Reporting, Financial and Patient Care [Health Level 7 (HL7) version 2.4, XML encoded];
3. Messaging Standards for Pharmacy Transactions for electronic retail pharmacy transactions [National Council on Prescription Drug Programs (NCPDP)];
 - NCPDP SCRIPT Standard is a HIPAA data transmission standard intended to facilitate the communication of prescription information between prescribers and pharmacists. It provides the functionality to digitize the requests and notifications associated with the prescription business lifecycle, including fill requests, status reports, and cancellations. This standard has been approved by the VA and DoD for electronic retail pharmacy transactions.
4. Digital Imaging Standards [Digital Imaging Communications In Medicine (DICOM)]; and
 - The DICOM standard is approved for VA and DoD in support retrieval of information from imaging devices/equipment to diagnostic and review workstations, and to short-term and long-term storage systems for VA and DoD internal use.
5. Standards for Connectivity of Medical Devices [Institute of Electrical and Electronics Engineers (IEEE) 1073].

The CHI Council has tentatively approved standards in an additional 6 domain areas and will soon recommend adoption of those standards listed below. The Veterans Health Administration has already approved these standards for adoption.

6. Medications [Federal Drug Terminologies];
7. Laboratory Interventions and Procedures [LOINC];
8. Demographics [HL7];
9. Immunizations [HL7];
10. Lab Content [Systematized Nomenclature of Medicine (SNOMED)]; and
11. Units [HL7].

VA and DoD have also successfully adopted the X12 transactions set standards as required by HIPAA regulations. Remaining milestones under the CHI effort relate to the other clinical areas targeted for standards review and/or adoption in phase I of the CHI initiative. These include:

1. Anatomy and physiology;
2. Diagnosis and problem lists;

3. Nursing;
4. Financial/payment;
5. Medical devices and supplies;
6. Interventions and procedures (non-laboratory);
7. History and physical;
8. Genes and proteins;
9. Disability;
10. Clinical encounters;
11. Text-based records;
12. Chemicals;
13. Population health; and
14. Multimedia,

In addition, VA and DoD are addressing data standardization issues through a health data standardization workgroup co-chaired by the two Departments. This workgroup is focused on achieving the degree of standardization necessary for two-way exchange of health data. In addition, the Departments have formed an active working integrated project team to achieve interoperability between the DoD Clinical Data Repository (CDR) and the VA Health Data Repository (HDR). This project, known as "CHDR", will demonstrate the bi-directional capability to exchange pharmacy and demographic data in a prototype in 2004, and will achieve interoperability by 2005.

Question 6: In its testimony, the Government (sic) Accounting Office stated that DoD, VA, and HHS adoption of one standard, the laboratory standard, is a long way from meeting the 2005 milestone for implementing the two-way exchange of health information. Please provide the Subcommittee with the remaining milestones for adoption of standards that need to be met by 2005.

Response: The departments have made significant progress in the adoption of standards to support interoperable health records, both in their work together and in their leadership roles with the Consolidated Health Informatics (CHI) initiative. CHI recommended the use of LOINC for laboratory test result names; this standard was adopted in 2003.

CHI subsequently considered LOINC as a candidate standard for the Laboratory Interventions and Procedures domain. In its final recommendation, the domain workgroup noted that LOINC had received a prior recommendation as the CHI standard for laboratory test result names, and recognized that LOINC is flexible enough to meet the needs of the Laboratory Test Order domain as well. The workgroup's recommendation was approved by the National Committee on Vital and Health Statistics (NCVHS) in October 2003; however, the adoption of standard has not yet been formally announced by HHS. No other domains currently identified by CHI are relevant to the exchange of lab information.

Currently, VA and DoD employ the HL7 messaging standard to support unilateral transmission of chemistry lab test orders and results (where DoD serves as the reference lab). The agencies are testing the bilateral, real-time exchange of lab data, allowing either agency to serve as reference lab for the other. This capability will enable both departments to optimize the use of lab resources and reduce costs. The system is expected to be ready for deployment in May 2004.

In addition to their collaboration on the laboratory standards outlined above, DoD and VA are working together and through CHI to address the standards needed to achieve the two-way exchange of health information between the VA-DoD Clinical Data Repository and the VA Health Data Repository in 2005. Through the effort known as "CHDR", the departments are evaluating standards necessary to achieving interoperability in 2005.

Question 7: The Departments should implement a mandatory single separation physical as a prerequisite of promptly completing the military separation process by 2005. How is this progressing?

Response: VA currently has 11 BDD sites at which a single separation physical is being conducted. Each of these sites has a Memorandum of Agreement (MOA) that defines the roles of VA and DoD in the examination process and specifies the necessary information that must be obtained from the examination. The Benefits Executive Council (BEC) is currently working on an MOA, based upon the 11 MOAs currently in existence that will be signed by VA and DoD and become the basis for a single separation physical across all branches of the military.

Question 8: Please explain why the DoD and VA are not instigating a single physical with our National Guard and Reserve soldiers being medically boarded at Ft. Stewart?

Response: Ft. Stewart is one of the BDD sites, referred to in the response to question 7, at which we conduct a single examination for active duty soldiers who file claims for VA benefits prior to separation from active duty. The MOA does not cover National Guard and Reserve soldiers. We are investigating the potential for expanding the MOA to Reserve/Guard members.

Question 9: The PTF recommends DoD and VA expand their collaboration in order to identify, collect, and maintain the specific data needed by both Departments to recognize, treat, and prevent illness and injury resulting from occupational exposures and hazards while serving. Please provide the Subcommittee with a summary of the items on which DoD and VA have collaborated to date.

Response: All data that DoD collects on occupational and deployment health risks are of potential benefit to VA in the provision of health care and assistance

to veterans. Therefore, data sharing has been a principal focus of the Health Executive Council (HEC), which is co-chaired by VA's Under Secretary for Health and DoD's Assistant Secretary of Defense, Health Affairs and which has increasingly coordinated an array of diverse health matters between VA and DoD. The HEC has established a total of 11 Work Groups comprised of representatives from both VA and DoD to address specific issues of common interest to the VA and Military Health Care System.

For deployment health issues, VA and DoD jointly decided to move coordination of deployment health concerns into the HEC by creating a new Deployment Health Work Group, which assumed the responsibilities of the Military and Veterans Health Coordinating Board in order to ensure continued, high-level, inter-agency coordinating on critical deployment health issues. The new Deployment Health Work Group has representatives from VA, DoD, and HHS, and reports directly to the HEC.

For health data collaborations, the Deployment Health Work Group has been discussing VA's need for a complete roster of troops deployed to Southwest Asia. To date, DoD has given VA an initial list and one update of veterans who had been deployed to Iraq and Afghanistan and then subsequently separated from military service. These veterans include activated Guard and Reserve personnel, as well as active duty service members. Preliminary evaluation of health care provided by VA to troops who have been deployed to Iraq and Afghanistan indicate that troops who have separated from active duty are presenting with the wide range of both medical and psychological problems expected in young veteran populations. No particular health problem stands out in the initial analyses of VA health care data.

VA looks forward to further updates of these deployment lists and to the sharing of a complete roster of deployed troops, as was provided after the Gulf War in 1991. With a complete roster, VA can ensure that combat veterans receive new health care benefits and that emerging health problems are rapidly identified. VA also looks forward to receiving from DoD pre- and post-deployment screening data, and environmental exposure data and health care data collected during the period of deployment to Southwest Asia. This health and exposure information will aid VA in the recognition, treatment, and prevention of illness and injury from occupational exposure and hazards during military service.

In future meetings, the Deployment Health Work Group will address the recent PTF recommendation that VA and DoD collaborate to identify, collect, and maintain the specific data needed by both Departments to recognize, treat, and prevent illness and injury resulting from occupational exposures and hazards while serving. VA is committed to better addressing these issues in the future.

Attachment to Response to Question 1

STATUS OF THE VA/DoD JOINT ELECTRONIC HEALTH RECORDS PLAN – HEALTHePEOPLE (FEDERAL) IN RESPONSE TO POST-HEARING QUESTION 1 (NOVEMBER 19, 2003) FROM THE HOUSE VETERANS' AFFAIRS COMMITTEE

VA and DoD have developed a joint strategy to ensure the development of an interoperable electronic health record by 2005. The approach is set forth in the Joint VA/DoD Electronic Health Records Plan – Health_ePeople (Federal) strategy. This plan, approved by OMB in 2002, provides for the exchange of health data by the Departments and for the development of a health information infrastructure and architecture supported by common data, communications, security, and software standards and high-performance health information systems. Providers of care in both Departments will be able to access relevant medical information to aid them in patient care. The implementation plan to attain full interoperability is contained in the VA/DoD Electronic Health Records Plan – Health_ePeople (Federal). A copy of the implementation project plan is attached to this document.

The Departments continue work to fully update the plan for interoperability. Since the initial plan was provided to GAO in December, the Departments have actively worked to define requirements for the interoperable pharmacy prototype and to update the implementation strategy, including implementation of jointly adopted data standards to support interoperability. The Departments anticipate completing the updated strategy by the end of the 2nd Quarter, FY 2004. Upon completion, the updated strategy shall be forwarded to GAO and OMB.

- The Departments are on target to demonstrate interoperability of pharmacy and demographic data through a prototype in 2004. The Departments will achieve interoperability by 2005 through the adoption of common standards and convergence of software applications. To date, the Departments have adopted standards in 5 of the 24 clinical domain areas identified by the interagency Federal Consolidated Health Informatics (CHI) effort, with an additional 6 domain areas cleared for adoption. These 6 additional domains were recently adopted by the VA. Furthermore, the Departments are actively collaborating on multiple software applications for scheduling, credentialing, laboratory, and e-portal systems. Since June 2002, the Departments have successfully exchanged military health data on separated service members through the Federal Health Information Exchange (FHIE). FHIE (formerly known as the government computer based patient record (GCPR)) supports the transmission of laboratory, pharmacy, radiology, allergy, and consult data

from DoD to VA for viewing by clinicians in the VA Computerized Patient Record System. The Departments will deploy another enhancement to FHIE that will support the transmission of DoD Pharmacy Data Transaction Service (PDTS) and Standard Ambulatory Data Record (SADR) data in the 2nd Quarter of FY 04. FHIE is currently in use in all VA medical centers as well as supporting the examination of separating service members for disability benefits from the Veterans Benefits Administration.

The provision of full interoperability in VA and DoD hospitals is contingent upon full deployment of VA and DoD next-generation health information systems, HealthVet-Vista and CHCS II and data repositories. Presently, VA is scheduled to deploy HealthVet-Vista in 2005, the date of deployment for the Health Data Repository.

Attachment to Response to Question 1

KEY POINTS CONCERNING JEC OVERSIGHT OF THE VA/DoD JOINT ELECTRONIC HEALTH RECORDS PLAN – HEALTHePEOPLE (FEDERAL)

BACKGROUND: The Joint Executive Council (JEC), co-chaired by the VA Deputy Secretary and DoD Under Secretary of Defense, Personnel and Readiness, has met on a quarterly basis since February 2002. The JEC provides oversight to two major bodies, the Health Executive Council (HEC), co-chaired by the VA Under Secretary for Health, and the Assistant Secretary of Defense, Health Affairs, and the Benefits Executive Council. The HEC, pursuant to guidance from the JEC, provides direct oversight and executive management of the VA/DoD Joint Electronic Health Records Plan – Health_ePeople (Federal). Since its inception, the JEC has considered the following items related to the Plan:

- The Chief Information Officers for Veterans Health Administration (VHA) and for the Military Health System (co-chairs of the Information Management/Information Technology work group of the HEC) and the Senior Advisor to the VA Under Secretary for Health provided the JEC/HEC an update of the VA/DoD IM/IT initiatives. The following highlights items that have been reviewed by the JEC:
 - Process to monitor the recommendations of the Presidential Task Force to Improve the Health Care of our Nations' Veterans.
 - FHIE progress.
 - Development of the Electronic Health Records Plan.
 - Signed a Memorandum of Agreement and a High Level Planning Document designed to formalize progress on the FHIE.
 - Approved the Joint Electronic Health Records Plan–Health_ePeople (Federal) that had been signed by the HEC Co-chairs.
 - Several other collaborative projects, including joint use of health information content by the e-Health portal projects and collaboration on the VA Consolidated Mail Order Pharmacy (CMOP) program. The JEC expressed support for DoD adoption of the CMOP program at select sites.
 - Considered the integration of VA and DoD's credentialing/privileging programs and the development of Federal standards for data and information through the OMB e-gov initiative led by HHS (now referred to as the Consolidated Health Informatics (CHI)).

Attachment to Response to Question 1

- The JEC approved the strategy to achieve full interoperability through the development of interoperable data repositories for next-generation health information systems. Further, the JEC reviewed the Departments' collaboration on interoperable scheduling applications and noted the solid rationale for each Department's decision to build an in-house enhancement (VA) and to purchase a commercial off the shelf product (DoD). Both VA and DoD agreed there was substantial value derived from the collaborative efforts, and the Departments will deliver interoperable scheduling capabilities. The JEC approved the Departments' respective strategies to proceed with enhancing scheduling applications.

(NOTE: Attachment continues with milestone chart.)

VA/DoD Electronic Health Records Plan

ID	Task Name	Repos	2001	2002	2003	2004	2005	2006
40	Health/Vet - Visits - Maintain/Enhance	VA						
41	FHIE/Adm - Team Solution - Develop/Implement	Joint						
42	Milestones: FHIE/Adm Operational	Joint						
43	FHIE/Long-Term Solution - Develop/Implement	Joint						
44	Milestones: FHIE/Long-Term Operational	Joint						
45	FHIE (GCP/B) - Maintain/Enhance	Joint						
46	Common standards (health care) - Adopt	Joint						
47	Milestones: Adopt ICD-10 Laboratory Standard	Joint						
48	Common standards (health care) - Implement	Joint						
49	Common standards (communications) - Adopt/Implement	Joint						
50	Common standards (communications) - Implement	Joint						
51	Common standards (security) - Adopt/Implement	Joint						
52	Common standards (security) - Implement	Joint						
53	Common standards (technology) - Adopt/Implement	Joint						
54	Common standards (technology) - Implement	Joint						
55	Common standards - Maintain/Enhance	Joint						
56	Milestones: Decision to agree on joint standards	Joint						
57	Internal Strategies for Joint Sites/Programs	Joint						
58	Common Software Applications - Compare Requirements	Joint						
59	Common Software Applications - Develop/Implement Through	Joint						
60	Common Software Applications - Share	Joint						
61	Common Software Applications - Maintain/Enhance	Joint						
62	Milestones: Meeting scheduled to document an agreement	Joint						
63								
64								

External Milestones:
 Deadlines:

Project: VA DoD Electronic Health Rec
Date: Mon 7/1/02