



Highlights of [GAO-08-1158T](#), a testimony before the Senate Committee on Veterans' Affairs

Why GAO Did This Study

The National Defense Authorization Act for Fiscal Year 2008 required the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to accelerate the exchange of health information between the departments and to develop systems or capabilities that allow for full interoperability (generally, the ability of systems to use data that are exchanged) and that are compliant with federal standards. The act also established an interagency program office to function as a single point of accountability for the effort and whose role is to implement such systems or capabilities by September 30, 2009.

Further, the act required that GAO semi-annually report on the progress made in achieving these goals; its first report was issued in July 2008. In that report, GAO described the departments' progress in sharing electronic health information, developing electronic health records that comply with federal standards, and establishing the interagency program office. In this testimony, GAO discusses its July 2008 report and updated information obtained from the departments.

What GAO Recommends

In the report covered by this testimony, GAO made recommendations that the departments give priority to fully establishing the interagency program office and finalizing the implementation plan. DOD and VA concurred with GAO's recommendations.

To view the full product, including the scope and methodology, click on [GAO-08-1158T](#). For more information, contact Valerie Melvin at (202) 512-6304 or melvinv@gao.gov.

INFORMATION TECHNOLOGY

DOD and VA Have Increased Their Sharing of Health Information, but Further Actions Are Needed

What GAO Found

DOD and VA are sharing some, but not all, electronic health information. This includes exchanging some information in computable form, which is the highest level of interoperability. In other cases, data can be viewed only—a lower level of interoperability that still provides clinicians with important information. The departments have undertaken a number of initiatives, resulting in varied sharing capabilities (see table below). However, information is still being captured in paper records at many DOD medical facilities, and not all electronic health information is being shared.

Sharing Capabilities of DOD and VA Initiatives

| Initiative | Sharing Capabilities |
|---|--|
| DOD's Clinical Data Repository/VA's Health Data Repository Interface ^a | Bidirectional (or two-way) real-time exchange of computable pharmacy and drug allergy data |
| Bidirectional Health Information Exchange | Bidirectional real-time sharing of viewable health data ^b |
| Federal Health Information Exchange | One-way transfer of viewable health data ^b from DOD to VA |
| Laboratory Data Sharing Interface | Bidirectional sharing of viewable lab tests and results |

Source: DOD and VA.

^aKnown as CHDR, pronounced "cheddar," this interface combines the names of the two repositories.

^bSee attachment 1 for a list of the data elements that are made available and are planned for these initiatives.

Further enhancing sharing and interoperability depends on adherence to common standards. The two departments have agreed on numerous common standards and are working with federal groups and each other to ensure adherence to such standards and to align their initiatives with emerging standards. These efforts, led by the Office of the National Coordinator for Health Information Technology (within the Department of Health and Human Services), include identifying relevant existing standards, identifying and addressing overlaps and gaps in the standards, and developing interoperability specifications and certification criteria based on these standards.

The departments are also in the process of setting up a new interagency program office that will play a crucial role in accelerating their efforts to achieve electronic health records and capabilities that allow for full interoperability. However, the program office is not expected to be fully operational until the end of the year, which will allow the departments only 9 months to meet the deadline for full interoperability between the departments by September 2009. While DOD and VA have produced a plan for achieving interoperability within this time period, many milestones have yet to be determined. In view of the short timeframe and without a fully established program office and a complete plan with fully established milestones, the departments may be challenged in achieving interoperable electronic health records and capabilities that most effectively serve military service members and veterans.