ELECTRONIC HEALTH RECORDS

VA and DOD Need to Establish Goals and Metrics for Their Interoperability Efforts

What GAO Found

As GAO reported in August 2015, the Departments of Veterans Affairs (VA) and Defense (DOD), with guidance from the Interagency Program Office (IPO) tasked with facilitating the departments’ efforts to share health information, have taken actions to increase interoperability between their existing electronic health record systems. These actions have included work on near-term objectives such as standardizing certain health data and making them viewable by clinicians in both departments in an integrated format. The departments also developed plans for their longer-term initiatives to modernize their respective electronic health record systems. In accordance with its responsibilities, the IPO issued guidance outlining the technical approach for achieving interoperability between the departments’ systems.

Having taken these actions, however, the departments did not, by the October 1, 2014, deadline established in the National Defense Authorization Act (NDAA) for Fiscal Year 2014 for compliance with national standards, certify that all health care data in their systems complied with national data standards and were computable in real time. Moreover, the departments do not plan to complete the modernization of their electronic health record systems until well after the December 2016 statutory deadline by which they are to deploy modernized electronic health record software while ensuring full interoperability. Specifically, VA plans to modernize its existing system, while DOD plans to acquire a new system; but their plans indicate that deployment of the new systems with interoperable capabilities will not be complete until after 2018.

Consistent with its responsibilities, the IPO took steps to begin developing metrics to monitor progress related to the standardization of the departments’ data and their exchange of health information. For example, it called for the development of tracking metrics to gauge the percentage of data domains within the departments’ current systems that have been mapped to national standards. However, the office had not defined outcome-oriented metrics and related goals to measure the effectiveness of interoperability efforts in terms of improving health care services for patients served by both departments. IPO officials said that work was ongoing to develop more meaningful measures of progress, but the office had not established a time frame for completing this work or incorporating the outcome metrics and associated goals into its guidance. GAO concluded that without defining outcome-oriented metrics and related goals and incorporating them into their current approach, the departments and the IPO will not be in a position to effectively assess their progress toward further achieving interoperability and identifying the benefits that their efforts yield.