

GAO Highlights

Highlights of [GAO-18-59](#), a report to congressional requesters

Why GAO Did This Study

In 2010, the Coast Guard initiated an effort—known as IHIS—to replace its aging EHR system with a suite of modernized systems that was to automate various health care services for its nearly 50,000 military members. However, in October 2015, the Coast Guard announced that the modernization project would be canceled.

GAO was asked to review the Coast Guard's efforts to develop a modernized EHR system. GAO's objectives were to (1) describe what led the Coast Guard to terminate further IHIS development, and how much was spent on the project; (2) evaluate the Coast Guard's management and oversight for the discontinued project and what, if any, lessons learned were identified; (3) describe the Coast Guard's current process for managing health records and the challenges, if any, it is encountering; and (4) determine the Coast Guard's plans for effectively implementing a new EHR system and the current status of its efforts. To do so, GAO reviewed project expenditures, analyzed key project management documentation, surveyed Regional Managers and clinical staff, and interviewed knowledgeable staff.

What GAO Recommends

GAO is recommending the Coast Guard (1) expeditiously and judiciously pursue the acquisition of a new EHR system, and in doing so (2) ensure key processes are implemented, (3) establish project governance boards, and (4) document lessons learned. The Department of Homeland Security concurred with GAO's recommendations.

View [GAO-18-59](#). For more information, contact David A. Powner at (202) 512-9286 or pownerd@gao.gov.

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COAST GUARD HEALTH RECORDS

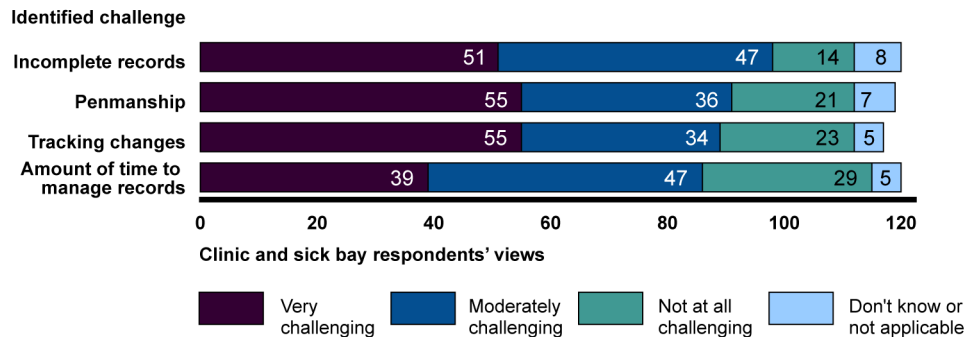
Timely Acquisition of New System Is Critical to Overcoming Challenges with Paper Process

What GAO Found

Financial, technical, schedule, and personnel risks led to the United States Coast Guard's (Coast Guard) decision to terminate the Integrated Health Information System (IHIS) project in 2015. According to the Coast Guard (a military service within the Department of Homeland Security), as of August 2017, \$59.9 million was spent on the project over nearly 7 years and no equipment or software could be reused for future efforts. In addition, the Coast Guard could not fully demonstrate the project management actions taken for IHIS, lacked governance mechanisms, and did not document lessons learned for the failed project.

As a result of the cancelation of the IHIS project and the decommissioning of the two legacy electronic health record (EHR) systems IHIS was to replace, the Coast Guard directed its clinics to revert to maintaining health records using a predominantly paper process. Coast Guard Regional Managers and clinic and sick bay administrators informed GAO of the many challenges encountered in returning to a paper process. These challenges include the inability for some clinics to adequately track vital information such as the medications members are taking—potentially causing harm to them.

Top Four Challenges Reported by Clinic and Sick Bay Administrators in Managing Paper Health Records



Source: GAO survey data. | GAO-18-59

To help alleviate several of these challenges, the Coast Guard has developed alternative work-around processes. However, these alternative processes may not provide sustained solutions to overcoming these challenges.

In February 2016, the Coast Guard initiated the process for acquiring a new EHR system. As of November 2017, agency officials had conducted research and recommended a solution based on performance, risk, cost, and schedule advantages. However, 2 years after canceling IHIS and moving toward a predominately manual process, the agency has not yet made a final determination on this. Successfully and quickly implementing an EHR system is vital to overcoming the challenges Coast Guard currently faces in managing paper health records. The expeditious implementation of such a system can significantly improve the quality and efficiency of care to the thousands of Coast Guard active duty and reserve members that receive health care.