The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

We are pleased to forward the enclosed report, as requested in Fiscal Year 2007 Military Quality of Life and Veterans Affairs, and Related Agencies House Report 109-464, that discusses the Department of Defense and Department of Veterans Affairs' plans regarding sharing data systems and standards.

The report highlights the significant progress of health information sharing initiatives between Department of Defense and Department of Veterans Affairs and our support towards the adoption of national health interoperability standards.

The Departments believe the answer to achieve the shared interoperability envisioned by Congress is for Department of Defense and Department of Veterans Affairs to continue our collaborative efforts and work in a leadership role under the Department of Health and Human Services as we lead the nation toward the adoption of interoperable electronic health records.

Sincerely,

S. Ward Casscells, MD
Assistant Secretary of Defense
for Health Affairs

Michael J. Kussman, MD, MS, MACP
Acting Under Secretary for Health
Department of Veterans Affairs

Enclosure;
As stated

cc:
The Honorable John McCain
Ranking Member

Report to Congress

Fiscal Year 2006
Report on Information Technology Data Sharing

Requested in:
Military Quality of Life and Veterans Affairs, and Related Agencies Appropriations Bill, Fiscal Year 2007
House Report 109-464

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Background

This DoD/VA Report on Information Technology Data Sharing was requested by the Fiscal Year (FY) 2007 Military Quality of Life and Veterans Affairs, and Related Agencies Appropriations Bill, House Report 109-464. The House Appropriations Committee stated that, "the two Departments should, to the maximum extent possible, use identical software platforms, data standards, and data repositories to increase the viability of data sharing and reduce system development costs." House Report 109-464 requested the Departments to report on their plans regarding data sharing systems and standards no later than December 15, 2006.

Executive Summary

The DoD and VA continue their strong partnership to ensure the development of information technology standards and solutions that significantly improve the secure sharing of health information of patients treated in both DoD and VA facilities. The Departments have made unprecedented progress in their health information sharing initiatives and are continuing to develop new initiatives such as providing VA access to DoD inpatient documentation and a pilot of the sharing of medical images for shared patients. DoD and VA are lead partners, under Department of Health and Human Services (HHS) leadership, in establishing federal health information interoperability standards as the basis for electronic health data transfer in federal health activities and projects. The Departments believe that the current cooperative formal management process and demonstrated progress of the DoD/VA initiatives have the Departments well on the way toward meeting the goal of shared interoperability envisioned by Congress.

DoD/VA Health Information Interoperability Governance

The DoD/VA Joint Executive Council was established in February 2002 and is co-chaired by the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness and consists of senior leaders from DoD and VA. The Joint Executive Council (JEC) was created to:

- Enhance DoD and VA collaboration
- Ensure the efficient use of federal services and resources; remove barriers and address challenges that impede collaborative efforts
- Assert and support mutually beneficial opportunities to improve business practices
- Facilitate opportunities to improve resource utilization and to enhance sharing arrangements that ensure high-quality, cost-effective services for both VA and DoD beneficiaries
- Develop a joint strategic planning process to guide the direction of joint sharing activities

The DoD/VA Health Executive Council (HEC), overseen by the JEC, works to institutionalize DoD and VA sharing and collaboration to ensure efficient use of health services and resources. The HEC oversees the cooperative efforts of each agency's health care organizations. Through the HEC, DoD and VA have worked closely to support expanding electronic health information sharing between the Departments.

The Chief Information Officers of the Military Health System and the Veterans Health Administration meet on a continuing basis to explore, assess, develop, and monitor joint medical informatics and electronic health information sharing initiatives. Both Chief Information Officers are members of and report bi-monthly to the HEC which is co-chaired by the Assistant Secretary of Defense (Health Affairs) and the VA Under Secretary for Health. Periodically, information management and technology issues also are briefed to the DoD/VA JEC.

To ensure that appropriate resources and expertise are directed to specific areas of interest, the JEC established sub-councils in the areas of health and benefits. The JEC sub-councils include the HEC mentioned previously and the VA/DoD Benefits Executive Council (BEC). The BEC is co-chaired by VA's Under Secretary for Benefits and DoD's Principal Deputy Under Secretary of Defense (Personnel and Readiness). Additionally, the JEC has standing committees for joint construction planning and strategic planning.

The first DoD/VA Joint Strategic Plan was developed by the HEC and approved by the JEC in April 2003. The Joint Strategic Plan articulated a vision for collaboration; established priorities for partnering; launched processes to implement interagency policy decisions and developed joint operation guidelines; and instituted performance monitoring to track the Departments' progress in meeting the specific goals and objectives defined in the plan. The Joint Strategic Plan is used to advance performance goals and is continuously reviewed, updated, and improved.

In FY 2004, the JEC revised the Joint Strategic Plan and it has served as a roadmap for the JEC and its sub-councils. The Joint Strategic Plan is founded on the following three principles:

- Collaboration: Identifying areas where DoD and VA can work together to benefit the Departments and their beneficiaries
- Stewardship: Providing the best value for beneficiaries and taxpayers by increased coordination
- Leadership: Establishing clear policies and guidelines to enhance DoD and VA's partnership, resource sharing, decision-making, and accountability

In FY 2005, the JEC reviewed and updated the Joint Strategic Plan. The Joint Strategic Plan goals include:

- Leadership commitment and accountability
- High-quality health care
- Seamless coordination of benefits
- Integrated information sharing
- Efficiency of operations
- Joint medical contingency/readiness capabilities

The goals, strategies and key milestones, and performance measures in the FY 2005 Joint Strategic Plan will serve as the template for the VA/DoD Joint Strategic Plan for FY 2007-2009. The JEC is anticipating approval of the VA/DoD Joint Strategic Plan for FY 2007-2009 by January 2007.

The Information Management/Information Technology Working Group of the Health Executive Council is co-chaired by the Chief Information Officer from the Military Health System and the Chief Information Officer from the Veterans Health Administration. This working group is charged with the day-to-day management of joint activities related to electronic health data sharing and interoperability.

These joint activities are guided by the Joint Electronic Health Records Interoperability Program (JEHRI). The program addresses the Departments' on-going plans to improve sharing of health information; adopt common standards for architecture, data, communications, security, technology and software; seek joint procurement and building of applications, where appropriate; seek opportunities for sharing existing systems and technology; explore convergence of DoD and VA health information applications consistent with mission requirements; and develop data repository interoperability. The JEHRI Program is the roadmap for the way VA and DoD will share electronic health information to achieve health data

interoperability and support the seamless transition from active duty status to veteran status.

The DoD and VA continue to be involved in numerous DoD/VA interagency health informatics initiatives and cooperative efforts. DoD and VA are delivering information technology solutions that significantly improve the secure sharing of appropriate electronic health information. Some examples of these joint initiatives are discussed in the next section.

Progress on DoD/VA Information Sharing Initiatives

Today, the level of DoD and VA health information sharing is unprecedented. The Departments continue to pursue enhancements to information management and technology initiatives to significantly improve the secure sharing of appropriate health information. These initiatives enhance health care delivery to beneficiaries and improve the continuity of care for those who have served the nation.

The Federal Health Information Exchange (FHIE) supports the monthly transfer of electronic health information from DoD to VA at the point of a Service member's separation. VA providers and benefits specialists access this data daily for use in the delivery of health care and claims adjudication. VA clinicians access FHIE data while treating veterans using the Veterans Information Systems and Technology Architecture (VistA)/Computerized Patient Record System (CPRS), the VA's electronic health record. VA benefits specialists access data through the Compensation and Pension Record Interchange (CAPRI) system, which supports the adjudication of compensation and pension benefit claims. It also facilitates determination of entitlement to vocational counseling, planning, and training as well as insurance and waiver of premiums for veterans with a 100 percent service-connected disability rating. FHIE data transferred includes laboratory and radiology results; outpatient pharmacy data from military treatment facilities, retail network pharmacies, and DoD mail order pharmacy; allergy information; discharge

summaries; admission, disposition, and transfer information; consultation report data; standard ambulatory data record; and patient demographic information.

As of August 2006, DoD has transferred health information for more than 3.63 million patients to the FHIE data repository. Of these 3.63 million patients, approximately 1.95 million patients have presented to the VA for care, treatment, or claim determination. The amount of data available to VA continues to grow as health information on recently separated Service members is extracted and transferred to VA monthly. The FHIE is executed in a manner that is compliant with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

Building on the FHIE capability, DoD is also transferring data for VA patients being treated in DoD facilities under local sharing agreements. As of August 2006, more than 1.8 million patient messages (i.e., laboratory results, radiology, pharmacy, and consults) have been transmitted for VA patients treated in DoD facilities.

Pre- and Post-Deployment Health Assessments (PPDHA) are conducted on Service members and demobilized Reserve and National Guard members as they leave and return from duty outside the United States. In addition, a Post-Deployment Health Reassessment (PDHRA) is conducted to identify deployment-related health concerns that may arise in the first three to six months after returning from deployment. This information is used to monitor the overall health condition of deployed troops, inform them of potential health risks, as well as maintain and improve the health of Service members and veterans. DoD and VA have extended the FHIE capabilities to support the transfer of PPDHA data to VA for use by clinicians treating separated Service members. VA has enhanced the VistA/CPRS capabilities to support viewing these assessments. The historical data extraction, completed in July 2005, resulted in approximately 400,000 pre- and post-deployment health assessments being sent to the FHIE data repository at the VA Austin Automation Center. Monthly transmission of electronic pre- and post-

deployment health assessment data to the FHIE data repository began in September 2005 and has continued each month since then. VA providers began accessing the data in December 2005. In March 2006, DoD provided VA pre- and post-deployment health assessments on more than 250,000 Reserve and National Guard members who have been deployed and are now demobilized. This Reserve and National Guard data are now part of the monthly data transmissions.

As of July 2006, more than 1.39 million pre- and post-deployment health assessment forms on over 580,000 individuals have been sent from DoD to the VA. Additionally, DoD has completed the historical data extraction of over 21,000 PDHRA forms and plans to begin including these in the data sent to VA beginning in the first quarter FY 2007. DoD will also start a weekly transfer of PDHRA forms for individuals referred to VA for care or evaluation.

The Bidirectional Health Information Exchange (BHIE) enables the bidirectional, real-time sharing of allergy, outpatient pharmacy, demographic, laboratory and radiology reports data between DoD BHIE sites and all VA treatment facilities for patients treated in both DoD and VA. As of September 2006, BHIE is operational at the following DoD sites:

- Madigan Army Medical Center
- William Beaumont Army Medical Center
- Eisenhower Army Medical Center
- Naval Hospital Great Lakes
- Naval Medical Center San Diego
- National Capital Area (National Naval Medical Center, Walter Reed Army Medical Center, and Malcolm Grow Medical Center)
- Mike O'Callaghan Federal Hospital
- Landstuhl Regional Medical Center, Germany
- Tripler Army Medical Center
- Womack Army Medical Center

- David Grant Medical Center
- Brooke Army Medical Center
- Wilford Hall Medical Center
- Bassett Army Community Hospital
- Naval Hospital Jacksonville
- Naval Hospital Charleston
- Naval Hospital Pensacola
- Naval Hospital Camp Lejeune
- Navy Ambulatory Care Center Groton
- Naval Hospital Lemore
- Naval Medical Center Portsmouth

Implementation at these sites encompasses 14 medical centers, 19 hospitals, and more than 170 clinics. Site selection and prioritization were based on support to returning members of Operation Enduring Freedom and Operation Iraqi Freedom, the number of visits for VA beneficiaries treated in DoD facilities, current FHIE usage, the number and types of DoD medical treatment facilities, local sharing agreements, and retiree population. An important factor in BHIE site selection was providing a seamless transition for combat veterans being transferred to VA for care. Deployment to additional DoD sites is being coordinated with the military Services and local DoD/VA sharing sites in FY 2007. DoD also recognizes the need for accelerating the amount of data available bidirectionally for patients being treated by both Departments.

The Clinical Data Repository/Health Data Repository and Bidirectional Health Information Exchange Interface (CHDR/BHIE Interface) builds on the success of BHIE and Clinical Data Repository/Health Data Repository (CHDR) projects to accelerate the progress in sharing appropriate health information between DoD and VA in a manner that is compliant with the HIPAA and information assurance requirements. The CHDR/BHIE Interface will make the same data elements that

are currently available in BHIE available to the VA from DoD's Clinical Data Repository (CDR) of AHLTA, the DoD electronic health record, and to DoD from VA's VistA. This will significantly accelerate the number of DoD sites with data viewable by VA for shared patients and the number of DoD sites able to view VA data. As of September 2006, AHLTA was implemented at 137 of 138 planned Military Treatment Facilities (MTFs) worldwide. All DoD sites are expected to have AHLTA by the end of calendar year 2006. Using the CHDR/BHIE Interface, DoD plans to make allergy information, outpatient pharmacy data, radiology reports, and laboratory results (chemistry and hematology) viewable to VA from AHLTA sites by the third quarter FY 2007. Making additional data from AHLTA -- such as provider notes, procedures, and problem lists -- available to VA is planned for delivery in FY 2007. DoD and VA are committed to continue to evolve and expand the appropriate sharing of health information and enhance care delivery and continuity of care for shared patients who have served the nation..

DoD also recognizes the VA requirement for Inpatient Documentation, particularly for severely wounded and injured Service members being transferred to VA for care. The Clinical Information System (CIS) is a commercial off-the-shelf product used at several DoD facilities that provide inpatient care. Key inpatient documentation such as the discharge summary, operative report, and inpatient consultations are stored in the CIS. DoD has begun the work necessary to extract these documents and make them available to be viewed by VA for shared patients or that have transferred to VA for care. The Department will build on the current BHIE capability to make this documentation available to VA in a manner compliant with the HIPAA privacy regulations. An early version of this capability is currently in use between Madigan Army Medical Center and the VA Puget Sound Health Care System as part of their health information sharing initiative as a FY 2003 National Defense Authorization Act demonstration site. Deployment to additional DoD sites using CIS is planned in FY 2007.

DoD/VA Clinical Data Repository/Health Data Repository (CHDR): In September 2006, the Departments established interoperability between the Clinical Data Repository of AHLTA and VA's Health Data Repository (HDR). The CHDR interface supports the first exchange of interoperable and computable outpatient pharmacy and patient allergy data between the Departments in a live patient care environment. Clinicians from the William Beaumont Army Medical Center, using AHLTA, and the El Paso VA Healthcare System, using VistA, are exchanging pharmacy and medication allergy data on patients who receive health care from both health care systems. The DoD's outpatient pharmacy data exchanged includes military treatment facility pharmacy, retail pharmacy, and mail order pharmacy information.

Health information exchanged as computable data between disparate systems requires that the sending and receiving systems understand the data elements using the same clinical vocabularies and messaging structures. The exchange of computable data through the CHDR interface supports the ability to conduct drug-drug and drug-allergy order checking using the consolidated pharmacy and allergy data from both Departments. The Departments will continue testing and implementation at an additional two sites in first quarter FY 2007. The Departments then anticipate beginning enterprise-wide implementation of this capability.

The Laboratory Data Sharing Initiative (LDSI) facilitates the electronic sharing of laboratory order entry and results retrieval among DoD, VA and commercial reference laboratories. LDSI for laboratory chemistry tests is available for use throughout DoD and VA and is being used daily between DoD and VA at several sites where one Department uses the other as a reference laboratory. Either Department may function as the reference laboratory for the other with electronic orders and results retrieval, depending on the local business case. The Departments believe that this software improves safety because it eliminates the

manual re-keying of patient information and other human interventions that may cause medical errors and delays in patient care.

LDSI is operational at the following sites:

- Tripler Army Medical Center and the VA Pacific Island Health Care System
- Naval Medical Center San Diego and San Diego VA Medical System
- Naval Hospital Great Lakes, Hines VA Hospital and North Chicago VA Medical Center
- William Beaumont Army Medical Center and El Paso VA Health Care System
- Brooke Army Medical Center, Wilford Hall Medical Center and VA South Texas Health Care System
- Bassett Army Community Hospital and VA Alaska Health Care System
- Mike O'Callaghan Federal Hospital and VA Southern Nevada Health Care System

The Departments will evaluate and coordinate requests for activation of the LDSI interface from additional sites, where a business case exists, through FY 2007.

DoD and VA are currently developing the next phase of LDSI which will support the electronic order entry and results retrieval of anatomical pathology and microbiology tests. The Departments will use the Consolidated Health Informatics (CHI) approved Logical Observation Identifiers, Names and Codes (LOINC) and Systematized Nomenclature of Medicine Clinical Terminology (SNOMED CT) standards for the anatomic pathology and microbiology domains. Site testing of this functionality is anticipated to begin at one site in the first quarter FY 2007.

Medical Image Sharing: As DoD continues to work toward image-enabling AHLTA, DoD is working with VA to learn from VA's experiences with its VistA Imaging product. DoD is working with VA to leverage the capabilities of the VistA Imaging Viewer to assist DoD with making non-diagnostic-level imaging available to providers as a part of AHLTA. Any modernized code developed by DoD for the

AHLTA image viewer will be shared with VA for potential future use. In addition, DoD and VA will be demonstrating the ability to share images as part of the Bidirectional Health Information Exchange between William Beaumont Army Medical Center and El Paso VA Health Care System. DoD and VA have also begun coordination on additional sharing initiatives, such as Medical Records Scanning. In addition to making inpatient documentation from the CIS available to VA, the Departments are pursuing a small pilot project to scan inpatient paper medical record items for severely wounded and injured service members and make those records available to VA in a digital format. One of the goals of the pilot project will be to determine how to index the digitized record in a manner that can be efficiently organized and viewed by providers.

Progress on Health Information Standards

DoD and VA are lead partners in establishing federal health information interoperability standards as the basis for electronic health data transfer in federal health activities and projects. DoD and VA also participate in many national Standards Development Organizations, and both Departments are participating in multiple standards boards to collaborate and share expertise. DoD and VA are laying the foundation for the clinical information exchanges that will markedly enhance the continuity of care for the nation's veterans. The Departments are also actively engaged in initiatives managed by the HHS to build partnerships throughout the nation's health care environment in developing an integrated health information exchange network that would benefit all U.S. citizens.

Health Architecture Interagency Group: VA and DoD have worked closely together to identify shared lines of business and adopt and implement shared data standards to support these lines of business. In FY 2005, VA and DoD formed the Health Architecture Interagency Group (HAIG) to facilitate interagency cooperation and specifically to foster collaboration on enterprise architecture sharing initiatives between VA and DoD. In the first quarter of FY 2006, the HAIG was chartered

through June 2007. By the last quarter of FY 2006, the Departments had completed an initial review of the six joint initiatives using the 2006 Target DoD/VA Health Standards Profile and had developed a FY07 review schedule.

During the second quarter, DoD and VA completed two Digital Imaging and Communications in Medicine (DICOM) implementation guidelines for general radiology and dental imaging exchange and storage between the two agencies. The documents were posted to the Federal Health Architecture (FHA) eCommunity and used to create a Consolidated Health Informatics (CHI) Standards Implementation Guideline template. The enterprise data standards and architecture work has been closely tied to the larger federal CHI initiative.

Consolidated Health Informatics (CHI): The CHI initiative is a Federal Health Architecture working group, with VA and DoD as lead partners, along with HHS. Since its inception, the CHI effort has been aimed at establishing federal health information interoperability standards as the basis for electronic health data transfer in federal health activities and projects. However, in Fiscal Year 2007, the CHI Working Group function and activities are being realigned with the Health Information Technology Standards Panel (HITSP), under the auspices of the Office of the National Coordinator's (ONC) American Health Information Community (AHIC) governance structure, and future direction will be determined.

VA and DoD led the past CHI efforts in successfully documenting a charter and strategy for the ongoing adoption of standards, and integrating the CHI effort into the larger FHA effort. DoD and VA subject-matter experts also participated in the CHI working group that identified 27 specific areas, or domains, for standards adoption. To date, more than 20 standards have been successfully adopted and endorsed for use across the federal government.

DoD and VA took the lead on preparing CHI Standard Implementation Guidelines and completed Digital Imaging and Communications and Medicine implementation guidelines for radiology and dental imaging exchange and storage between the two agencies. DoD and VA also submitted an implementation guideline for Health Level 7 Clinical Document Architecture to CHI.

The Federal Health Architecture (FHA): The FHA initiative involves multiple departments and agencies across the federal government. Under FHA's new Strategic Vision Statement, the FHA's focus has been redirected to support the AHIC agenda. The FHA Transition Leadership Team, encompassing FHA Partner Council members, was established to ensure FHA activities align with the AHIC priorities. VA and DoD are continuing to monitor the realignment of FHA with AHIC to determine future direction of interagency work in this area.

American Health Information Community (AHIC): The American Health Information Community is chaired by the Secretary, HHS and includes 17 commissioners from the public and private sectors. As described on the HHS website, the AHIC is a federally chartered commission that provides input and recommendations to the Secretary, HHS on "how to make health records digital and interoperable and how to assure that the privacy and security of those records are protected in a smooth, market-led way." The Assistant Secretary of Defense for Health Affairs and the Under Secretary for Health, Veterans Health Administration, are both AHIC commissioners. DoD and VA play an active part in AHIC activities, with a Commissioner appointed from each Department, as well as providing Department representation on the Breakthrough Working Groups. Under the auspices of this Federal Advisory Committee, AHIC represents input from the health care industry (public and private sector leaders) to advance efforts for electronic health records. Initially, the AHIC identified four "Breakthrough" areas that would achieve tangible and specific value to the health care consumer that can be realized within a short timeframe: Biosurveillance, Consumer Empowerment, Chronic Care, and

Electronic Health Records. Subsequently, two additional Breakthrough working groups were convened: the Confidentiality, Privacy and Security Working Group, created to address the cross-cutting confidentiality, privacy and security issues relevant to all the working groups; and the Quality Working Group to address the need for the development of standard quality measures VA and DoD are currently demonstrating leadership through participation in the AHIC and its working groups.

Office of the National Coordinator for Health Information Technology (ONCHIT): The position of the National Coordinator for HIT was created within the Office of the Secretary, HHS at the direction of the President and provides national leadership across the government and with private sector to support the nationwide use of health IT. Since ONCHIT's inception, DoD and VA have enthusiastically supported the efforts of the National Coordinator and have contributed senior staff to work full time within ONC to further national objectives and initiatives towards health IT interoperability. In the fall of 2005, the ONC awarded several contracts to accelerate the adoption of health IT, advance widespread use of interoperable electronic health records, and secure the portability of health information. ONC's primary health IT initiatives are standards harmonization, security and privacy collaboration, certification compliance, nationwide health information network, federal policy coordination, and federal health architecture.

Health Information Standards Adoption: Harmonization of health information technology standards relative to data, technology, security, and communications is one of the key foundations for attaining interoperability. Health care delivery is a particularly collaborative domain requiring the ability to exchange information and intercommunicate among organizations. Standards are particularly important to government agencies to ensure that their systems remain open, extensible, and flexible. VA and DoD serve as lead partners in the federal adoption of a portfolio of health information interoperability standards which will enable federal agencies to "speak the same language" with common enterprise-wide architectures.

Health Information Technology Standards Panel (HITSP): In support of the President's health IT plan, HITSP's mission is to serve as a cooperative partnership between the public and private sectors for the purpose of achieving a widely accepted and useful set of standards specifically to enable and support widespread interoperability among healthcare software applications. HITSP is sponsored by the American National Standards Institute (ANSI) in cooperation with strategic partners and its funding is provided via a contract award from the U.S. Department of Health and Human Services.

HITSP is composed of Use Case Committees and Technical Committees that develop Use Cases for each of the American Health Information Community breakthrough areas to facilitate the identification of standards needed, identify gaps and overlap, provide testing for interoperability standards, and assist with publishing implementation guides for standards.

DoD and VA are exercising leadership roles in the development of federal standards efforts through their participation in federal health IT working groups and committees, as well as by developing interoperable products that meet HITSP requirements. Two current VA/DoD efforts include joint coordination on the Federal HIT standards adoption implementation plans due to the Secretary of the

Department of Health and Human Services in FY 2007, and the anticipated alignment of the DoD and VA targeted shared technology profile(s) with HITSP-adopted standards.

HITSP is also charged to assist in the development of the U.S. Nationwide Health Information Network (NHIN), an Internet-based architecture that links disparate health care information systems together to allow patients, physicians, hospitals, community health centers and public health agencies across the country to share clinical information securely. To interconnect health records, it will specify information exchange and interoperability architectures necessary to realize the President's vision for health care IT. HITSP's role in this effort involves the resolution of issues such as privacy and security within a shared health care information system. VA and DoD have held active roles in the NHIN effort since its inception. DoD and VA leadership participated in the first Nationwide Health Information Network (NHIN) Forum, held in June 2006. DoD and VA subject matter experts (SMEs) also participated in the second NHIN Forum in October 2006 which focused on the services and security needed to advance nationwide health information networking.

On Use of Identical Software Platforms, Data Standards and Data Repositories

As described previously in this report, the Joint Electronic Health Records Interoperability Program (JEHRI), under the co-management of the DoD MHS CIO and VA Chief Health Informatics Officer, provides the roadmap for the Departments' efforts to share electronic health information to achieve health data interoperability. Under the JEHRI program, the Departments seek:

- To adopt common standards for architecture, data, communications, security, technology and software
- Joint procurement and building of applications, where appropriate
- Opportunities for sharing existing systems and technology

- To explore convergence of DoD and VA health information applications consistent with mission requirements
- To achieve interoperability of health data through data repositories

The national model for sharing electronic health information is not being proposed on the basis of identical software and data repositories, but rather on the use standards to ensure interoperability.

The different health care missions of the two Departments have driven many of the differences in systems applications between DoD and VA. The current Department electronic health record applications, AHLTA and VistA, were designed to meet the unique health care requirements of each Department. These requirements, while similar in some areas, differ significantly in others, such as:

- *Flexibility Requirements:* AHLTA is a flexible system designed to be used in fixed medical facilities, onboard ships and on the battlefield. This distinct aspect of AHLTA, in line with the DoD's deployment mission requirements, allows it to scale down to small working group configurations and even stand-alone laptops operating without communication lines. This deployed mode must have the same look and feel as fixed facility hospitals so that DoD health care personnel are not required to re-train as they deploy into combat. This is an unusual, perhaps unique, requirement in the health technology world and differs from what is needed by VA providers.
- *Functionality Requirements:* AHLTA is designed to cover the full spectrum of health care from pediatrics to geriatrics while VA care focuses on adult care, extending into nursing home care.
- *Access Requirements:* Architecturally, through DoD's centralized CDR, AHLTA provides a single electronic health record for an individual, accessible from Military Treatment Facilities worldwide. No other health care organization has a beneficiary population as mobile as that of DoD.

- *Medical Surveillance Requirements*: AHLTA is tuned to the distinct mission of the DoD, providing data for surveillance in combat zones and supporting the medical part of military command and control decision making. This is critically important for DoD's vision to implement real-time symptom surveillance of U.S. forces. AHLTA uses a structured data architecture to meet these medical surveillance requirements.

Summary

DoD and VA have made significant progress towards sharing appropriate electronic health information. The Departments believe the current approach toward the goal of shared interoperability meets the intent of Congress to support "to the maximum possible extent...use identical software platforms, data standards, and data repositories to increase the viability of data sharing and reduce system development costs."

The Departments believe the answer to achieve the shared interoperability envisioned by Congress is for DoD and VA to continue their collaborative efforts and work closely in a leadership role with the American Health Information Community, the Health Information Technology Policy Council, and the Health Information Technology Standards Panel as they lead the nation toward the adoption of interoperable electronic health records.

ACRONYM LIST

AHIC	American Health Information Community
CDR	Clinical Data Repository
CHCS	Composite Health Care System
CHDR	Clinical Data Repository/Health Data Repository
CHDR/BHIE	Clinical Data Repository/Health Data Repository and Bidirectional Health Information Exchange
CHI	Consolidated Health Informatics
CIS	Clinical Information System
CPRS	Computerized Patient Record System
EHR	Electronic Health Record
FHA	Federal Health Architecture
FHIE	Federal Health Information Exchange
FY	Fiscal Year
HAIG	Health Architecture Interagency Group
HDR	Health Data Repository
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITSP	Health Information Technology Standards Panel
JEC	Joint Executive Council
JEHRI	Joint Electronic Health Records Interoperability Program
LDSI	Laboratory Data Sharing Initiative
LOINC	Logical Observation Identifier Name Codes
MHSCO	Military Health System Core Ontology
MTF	Military Treatment Facility
NGO	Non-governmental Organization
NHIN	Nationwide Health Information Network

ACRONYM LIST (cont'd)

ONCHIT	Office of the National Coordinator for Health Information Technology
PDHRA	Post-Deployment Health Reassessment
PPDHA	Pre- and Post-Deployment Health Assessment
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terminology
VA	Department of Veterans Affairs
VistA	Veterans Information Systems and Technology Architecture