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A House panel which oversees the long-term effort to harmonize the health records of the Pentagon and the Department of Veterans Affairs sees some progress, but more work ahead, in the effort to improve health care for military veterans.

The goal, says Congressman Zack Space (D.-Ohio), is to help avoid mistakes like the one that that happened to veteran Travis Fugate from happening to anyone.

Like so many other veterans of the conflicts in Iraq and Afghanistan, he suffered a combat injury that left him with severely impaired vision. His doctor at the VA was unable to perform the necessary surgery because of the complicated reconstruction his facial nerves had undergone in prior operations under DoD care. I believe that the U.S. Government failed Mr. Fugate by effectively losing the records of his prior surgeries, leaving him completely blind. This is just an example of the significant quality of life issues faced by veterans because we've not yet met this goal of fully sharing medical records.

Congressman Harry Mitchell, (D.-Arizona), and chairman of the House Veterans Affairs Oversight and Investigations Subcommittee, notes that both the VA and DoD now face a September 30th deadline when, by law, their health records systems must be capable of readily exchanging data. Mitchell notes that the effort has been a long time in the making.

"In 1982, under the VA and DoD health resources sharing and emergency operations act," he said in his opening statement, "both DoD and VA were first encouraged to find common ground to create a more efficient healthcare system that would be worthy of the sacrifices our men and

women make everyday. Since then, although there has been significant improvements in sharing patient record information, both the DoD and VA have yet to find the common ground to achieve full electronic healthcare interoperability."

Valerie Melvin, director of Information Management and Human Capital Issues with the Government Accountability Office, says as the September 30th deadline approaches, the two agencies are making progress but a key element in the ongoing planning of the health records project is still missing in the Interagency Program Office, or IPO, a congressionally-established organization designed to facilitate cooperation, and speed the harmonization of both agencies health records.

"Key leadership positions for the director and deputy director position continue to be filled on an interim basis as the departments attempt to hire permanent officials. In addition, the office has not yet performed key tasks that are fundamental to effective IT management and that would be essential to affectively functioning as the point of accountability."

The big question that subcommittee members want to know is 'why is this taking so long'? And that was the basis for this question from Doctor Phil Roe, a Republican congressman from Tennessee, and ranking member of the subcommittee.

"I don't see how that can be all that hard to get that information from Walter Reed if somebody ETSes from the military to the VA at Mountain Home in Johnson City, Tennessee. How can it be that hard?" asked Roe.

"It's hard if you haven't established specifically how you're going to go about doing that from the standpoint of having specific plans for how the interoperability will be achieved," responded the GAO's Melvin. "We do know that they have some sharing capability, as I was saying earlier. You're right, we do understand that some patients come into, for example, Walter Reed with their paper folders attached to them and VA and DoD have been working towards some scanning capabilities to try to make that document, that information electronically available."

The problem of making the two big agencies share their medical records data quickly and seamlessly is so big and so urgent, the government brought back one of its veteran military medical officers, who had been retired.

Admiral Greg Timberlake is Acting Director of the VA-DOD Interagency Program Office, overseeing the project.

The departments have different budgeting cycles and processes. They have different contracting processes. They have different ways by which they develop and define their requirements and, in my opinion, some of the difficulty has been in trying to find the ways to move smoothly when you have rules and regulations set up for two different departments but you're trying to bring them together.

For the first time since this long series of oversight hearings have been held over the last decade, the subcommittee got a tantalizing look at the bright future ahead for electronic records sharing. Panel members were shown a live demonstration of the VA's well-known "VISTA" electronic records system, and the Pentagon's health records system, reflecting electronic patient information gathered from the other agency's system. Representatives from both agencies testified that the demonstration indicates that there is more record sharing now than at any time in the past.

Admiral Timberlake told chairman Mitchell that given the progress that both agencies have made in trying to reach the goals of the health records legislation, he is confident that both DoD and the VA will have a system in place that allows full exchange of electronic patient health information by the September 30th deadline.

Another GAO report on the VA-DOD electronic health records interoperability project is scheduled to be released at the end of this month.