

Highlights of GAO-04-402T, testimony before the Subcommittee on Oversight and Investigations, House Committee on Veterans' Affairs

Why GAO Did This Study

A critical component of the Department of Veterans Affairs' (VA) information technology program is its ongoing work with the Department of Defense (DOD) to achieve the ability to exchange patient health care data and create electronic records for use by veterans, active military personnel, and their health care providers.

GAO testified before the Subcommittee last November that one-way sharing of data, from DOD to VA medical facilities, had been realized. At the Subcommittee's request, GAO assessed, among other matters, VA's and DOD's progress since that time toward defining a detailed strategy for and developing the capability of a twoway exchange of patient health information.

www.gao.gov/cgi-bin/getrpt?GAO-04-402T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Linda D. Koontz at (202) 512-6240 or koontzl@gao.gov.

COMPUTER-BASED PATIENT RECORDS

Sound Planning and Project Management Are Needed to Achieve a Two-Way Exchange of VA and DOD Health Data

What GAO Found

Since November, VA and DOD have made little progress in determining their approach for achieving the two-way exchange of patient health data. Department officials recognize the importance of an architecture to articulate how they will electronically interface their health systems, but continue to rely on a nonspecific, high-level strategy—in place since September 2002—to guide their development and implementation of this capability (see figure).



Source: VA and DOD

VA officials stated that an initiative begun this month to satisfy a mandate of the Bob Stump National Defense Authorization Act for Fiscal Year 2003 will be used to better define the electronic interface needed to exchange patient health data. However, this project is at an early stage, and the departments have not yet fully identified the approach or requirements for this undertaking. Given these uncertainties, there is little evidence of how this project will contribute to defining a specific architecture and technological solution for achieving the two-way health data exchange.

These uncertainties are further complicated by the absence of sound project management to guide the departments' actions. At present, neither department has the authority to make final decisions binding on the other, and day-to-day oversight of the joint initiative to develop an electronic interface is limited. Progress toward defining data standards continues, but delays have occurred in the development and deployment of the agencies' individual health information systems.