

January 26, 2007

The Honorable Robert M. Gates
Secretary of Defense
The Pentagon
Washington, DC 20301

The Honorable R. James Nicholson
Secretary of Veterans Affairs
810 Vermont Avenue
Washington, DC 20420

Dear Secretary Gates and Secretary Nicholson,

I am writing with respect to the January 24, 2007, VA-DoD announcement, described in separate VA and DOD press releases, regarding an agreement related to a joint DoD/VA inpatient electronic record system. Specifically, I request more detailed information on the agreement itself, as well as on the potential universe of pertinent inpatient records.

At the outset, I ask that a copy of the agreement be sent to me as soon as possible. If, as Committee staff heard yesterday, the agreement itself has not been finalized, please send a copy as soon as it becomes available.

The glacially-slow progress that the Departments have made toward reaching a common goal of an interoperable, bi-directional electronic health record (EHR) is very frustrating. This is an issue the Departments have been working on since at least 1998.

Based on yesterday's press releases, it appears that, after all this time, the crux of this new agreement is that Departments will conduct independent studies, related only to inpatient records, of their "respective clinical processes and requirements and assess the benefits and the impacts on each department's time lines and costs" prior to actually deciding on "a joint acquisition strategy" and then only for an inpatient EHR. Frankly, I have difficulty seeing that as significant progress on the path to developing a joint, comprehensive EHR.

At the Committee's January 23, 2007, hearing on VA and DoD Collaboration and Cooperation, I asked Deputy Secretary of Veterans Affairs Gordon Mansfield and Under Secretary of Defense Dr. David Chu why so little progress has been made in developing a joint EHR. Deputy Secretary Mansfield responded, in part, that VA was still trying to determine the feasibility and justification for what was needed. Under Secretary Chu followed by noting that it was not entirely clear what was really meant by electronic health record and what it should contain. It is astounding to me that, after the many years when this was supposed to have been a priority for action, the two Departments seem little closer to reaching the goal of a joint, shared EHR.

In your response to this letter, please provide me with your best estimates for the milestones, time line, and budgeted costs for the development and production of the proposed joint inpatient EHR. Also, please describe how any proposed system might interface with other VA and DoD electronic records, such as those related to outpatient care. Finally, since the new agreement focuses only on inpatient care,

please provide estimates and other information about how many records might be covered by this new agreement on inpatient sharing. Based on the most current data, please specify how many patients in common the Departments care for solely in inpatient settings.

It bears mentioning that information on inpatient care is but one part of a robust medical record. In testimony back in November 2003, in a House Veterans' Affairs Committee hearing entitled "VA-DOD Shared Medical Records; 20 Years and Waiting," Frances Murphy, the VA witness testified:

...we do need outpatient and inpatient records. We need access to in-theatre medical records. We need the pre- and post-deployment health screens. We need obviously the personnel information and the DD-214 in order to be able to determine eligibility, and we need to be able to connect all of that with the veterans' health care record in the Department of Veterans Affairs. These are the basic components of a lifelong health record for veterans.

While I agree with the statement in DoD's January 24, 2007, press release that the Departments have "obvious differences in mission," I think focusing on VA's role in supporting domiciliary care misses the breadth of VA's health care mission. VA cares for millions of veterans -- many of whom with chronic health problems -- and does directly in its own clinics, hospitals and nursing homes. The population receiving care includes severely wounded servicemembers who are still on active duty. While it is clear that VA does not need access to DoD medical records related to pediatric and obstetrical care for dependents, it should have full access to the complete medical records of any former servicemembers who might seek care from VA.

I look forward to learning more about this agreement for a joint inpatient record system. The President's Task Force to Improve Health Care Delivery for our Nation's Veterans got it right in its 2003 report when it said, "providing timely, high-quality care requires effective information sharing." I remain committed to working with the Departments toward achieving a comprehensible, interoperable, bi-directional electronic health record, one element in achieving a truly seamless transition.

Sincerely,

DANIEL K. AKAKA
Chairman