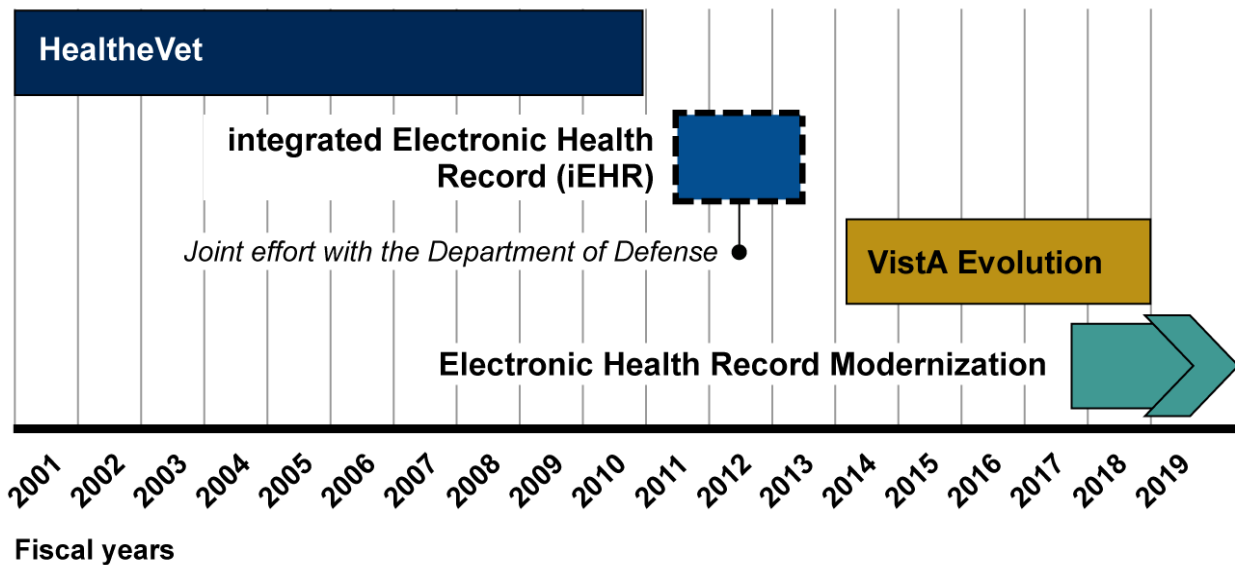


VA/DOD Health Record Systems Timeline



Source: GAO analysis of Department of Veterans Affairs data. | GAO-18-208

1996 – The Presidential Advisory Committee on Gulf War Veterans’ Illnesses Final Report identifies the medical record problem: (“DOD officials at the highest echelons, including the Joint Chiefs of Staff and the Commanders in Chief, should assign a high priority to dealing with the problem of lost or missing medical records. A computerized central database is important. Specialized databases must be compatible with the central database. Attention should be directed toward developing a mechanism for computerizing medical data (including classified information, if and when it is needed) in the field. DOD and VA should adopt standardized recordkeeping to ensure continuity.”).

1997 – President Clinton supports life-long record: (“every soldier, sailor, airman, and marine will have a comprehensive, life-long medical record of all illnesses and injuries they suffer, the care and inoculations they receive, and their exposure to different hazards”).

1998 – Presidential Review Directive 5 acknowledges that DOD/VA systems are not compatible: (“DOD and VA systems are not compatible....Modification of either system is not feasible....efforts are underway to identify data exchange systems”).

2003 – President’s Task for To Improve Health Care Delivery For Our Nation’s Veterans recommends that the Departments develop an interoperable record: (“As no such capability exists today, the two Departments must collaboratively develop appropriate electronic medical records that can function in an interoperable, bi-directional manner.”)

2007 – The President’s Commission on Care for America’s Returning Wounded Warriors support interoperability: (“DOD and VA should continue the work under way at present to create a fully interoperable information system that will meet the long-term administrative and clinical needs of all military personnel over time”).

2008 – NDAA for FY 2008 mandates full interoperability: (“shall jointly...develop and implement electronic health record systems or capabilities that allow for full interoperability of personal health care information.

2008 – Interagency Clinical Informatics Board defines interoperability: (“the ability of users to equally interpret (understand) unstructured or structured information which is shared (exchanged) between them in electronic form”).

2009 – President Obama announces that DOD and VA will work together to build a seamless system of integration: (“ he or she will no longer have to walk paperwork from a DOD duty station to a local VA health center; their electronic health records will transition along with them and remain with them forever”).

2009 – DOD/VA report that they have met the requirement for “full” interoperability: (“The IPO [interagency program office] conducted a high-level assessment of the capabilities listed....and concluded that these capabilities are now operational and allow for full interoperability of the EHRs”).

2010 – IOM Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families finds that the lack of unified electronic record impedes record-sharing: (“The lack of unified electronic medical records in DOD has impeded record-sharing with VA....Although the departments have mounted initiatives to improve

coordination...a true system-wide electronic exchange of patient records remains elusive.”)

2011 – Shinseki and Gates announce plan to create a joint common platform: (“Ninety percent of the medicine in DOD and VA is the same. So why shouldn’t we have one system, and only have the taxpayer pay to build it once?” – VA Deputy Secretary W. Scott Gould).

2011 – Fact Sheet on Integrated Electronic Health Record (iEHR): (“the Integrated Electronic Health Record (iEHR)... will create a single, jointly-created common health care record for DOD and VA medical facilities”).

2013 – IOM report reiterates the importance of interoperability or single combined EHR: (“the Committee recommends...the completion of an interoperable or single combined electronic health record for all care....”)

Feb. 2013 – Shinseki and Panetta announce that the Departments will no longer create a single, common health record: (“rather than building a single integrated system from scratch, we will focus our immediate efforts on integrating V.A. and DOD health data as quickly as possible, by focusing on interoperability and using existing solutions” – Secretary Panetta).

- The two Secretaries announce they will use existing solutions for separate healthcare records instead of building a new integrated system, as well as achieve short-term interoperability through an accelerator initiative. VA announced it would modernize its VistA record for its health record core. The Secretary of Defense announced DOD would review the VA VistA system and decide whether it would use that or a commercially available product to replace its AHLTA system.

May 2013 – The Secretary of Defense announced that DOD would consider commercial alternatives to replace its AHLTA system. A VistA-based commercial system could be considered if offered.

June 2013 – Under Secretary of Defense for Acquisition Technology and Logistics Frank Kendall announced that DOD would initiate planning activities for the

release of an RFP to support full fielding of an electronic health record by 2017, with the target date for award of the contract 12-18 months from June 21 (June-December 2014). Kendall's announcement also indicated that a plan for the acquisition was due 45 days from June 21 (August 5, 2013).

July 18, 2013 – Head of the DOD-VA Interagency Program Office, Barclay Butler, states in the quarterly review meeting that the DOD RFP should be out in two to three weeks (August 1-8, 2013).

Aug. 31, 2013 – Promised delivery of VA strategic plan for IOC [see Oct. 2014 entry]. Plan has not yet arrived.

Sept. 2013 – VA Secretary announces in meeting with Members on HASC and HVAC that he is committed to record interoperability in the short term but a single integrated DOD-VA health record in the long-term. DOD Secretary in attendance at meeting but his comments are not known.

Oct. 31, 2013 – Promised delivery of VA strategic plan for FOC [see Dec. 2017 entry].

Dec. 2013 – Date DOD and VA have committed to for completing the accelerator initiative for near-term activities that lead to a more robust and seamless interoperable health record to be shared between the two departments (correlate DOD and VA data; federate VA data source with DOD Clinical Data Repository; deploy Janus to 9 sites; expand patient access to Blue Button).

Dec. 2013 – NDAA for FY 2014 requires the new VA and DOD health records to be interoperable.

Jan. 2014 – FY 2014 appropriations for VA and DOD health records fences funds for electronic health record systems (P.L. 113-76).

Oct. 2014 – DOD and VA agreement for delivery of Initial Operating Capability (IOC) for a modernized health record core at two VA sites. VA VistA modernization development scheduled to be completed at that point.

July 2015 – DOD awards EHR contract to Leidos Partnership for Defense Health – (MHS GENESIS EHR Implementation Contract).

June 1, 2017 – Secretary Shulkin signed determination and findings to sole source the contract to Cerner.

Nov. 8, 2017 – VA sends transfer request to House and Senate Milcon-VA committees to fund EHRM out of IT and Medical Services accounts (\$782M), SAC/HAC never approve.

Nov. 15, 2017 – House appropriations committee holds hearing on VA’s Transfer request.

Dec. 2017 – DOD and VA agreement to deliver Final Operating Capability (FOC) for a modernized health record core – at all VA sites and at one DOD site.

Dec. 13, 2017 – Secretary Shulkin initiates strategic pause on the contract, due to interoperability concerns.

Jan. 31, 2018 – MITRE Corporation assessment completed “VA EHRM Request for Proposal Interoperability Review Report”.

Mar. 23, 2018 – Milcon-VA bill enacted with dedicated funding for EHRM, “Veterans Electronic Health Record” (\$782,000,000).

Mar. 28, 2018 – Secretary Shulkin fired, further delaying award of Cerner contract.

May 17, 2018 – VA signed a 10-year, \$10 billion indefinite delivery/indefinite quantity contract with Cerner Corporation.

June 2018 – VA formed Office of Electronic Health Record Modernization (OEHRM).

Sept. 21, 2018 – Milcon-VA enacted law provides second tranche of dedicated funding to EHRM account (\$1,107,000,000).

Sept. 26, 2018 – Model Validation kickoff for eight national workshops to make EHR design decisions/validate and establish workflow, followed by eight local workshops to further EHR configuration.

Oct. 1, 2018 – VA begins to implement the new EHR system at 3 sites in the Pacific Northwest (Initial Operating Capability (IOC) sites).

Mar. 2020 – Estimated completion of system at IOC sites.