

STATEMENT BY

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BEFORE THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION

ELECTRONIC HEALTH RECORD IMPLEMENTATION HEARING

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HOUSE VISITORS CENTER, ROOM 210

Chairwoman Lee, Ranking Member Banks, and distinguished members of the subcommittee, thank you for the opportunity to testify before you today. As the Director of the Department of Defense/Department of Veterans Affairs Interagency Program Office (IPO), I am honored to be here today. The mission of the DoD/VA IPO is to advance data interoperability across DoD, VA, and other partner systems. Providing high-quality healthcare to service members, veterans, and their families is one of the IPO's highest priorities, and health data interoperability is essential to improving the care delivered. A key component meeting the unique needs of our beneficiaries and ensuring they receive the best care possible, is making certain that no matter their status, location, or provider, their health data is readily available and accurate, or in other words ensuring health data interoperability—the ability of two or more systems or components to exchange information and to use the information that has been exchanged in a meaningful way.

The DoD and VA represent two of our nation's largest healthcare systems. Together, the Departments represent over 30 million eligible beneficiaries including service members, veterans, and their families. A significant amount of their care is provided via the private sector, providing more than 60 percent of DoD care and 30 percent for the VA. Currently, the Departments share more than 1.5 million data elements daily, and more than 430,000 DoD and VA clinicians are able to view the real-time records of the more than 16 million patients who receive care from both Departments.

The Fiscal Year 2008 National Defense Authorization Act (NDAA) directed the DoD and VA to develop and implement electronic health record (EHR) systems or capabilities that allow for full interoperability of personal health care information between the DoD and VA, instructing the establishment of the IPO to guide both Departments in their efforts. In January 2009, the IPO completed its first charter, sharing its mission and functions with respect to attaining interoperable electronic health data. In March 2011, both Secretaries of Defense and VA instructed the Departments to develop a single, jointly integrated EHR. In 2013, the Departments decided to pursue modernization of their respective EHR systems instead. In December 2013, the IPO was re-chartered to lead the efforts of the DoD and VA to implement national health data standards for interoperability and to establish, monitor, and approve clinical and technical standards for the integration of health data between both Departments and the private sector.

INTEROPERABILITY AND DATA SHARING

The IPO's goal is to support interoperability of clinically relevant health data in accordance with the FY 2014 NDAA, and in compliance with The Office of the National Coordinator for Health IT's (ONC) guidance on standards and interoperability for clinical records. Specifically, the IPO is chartered to jointly oversee and monitor the efforts of the DoD and VA in implementing national health data standards and act as the point of accountability for identifying, monitoring, and approving the clinical and technical data standards and profiles to ensure seamless integration of clinically relevant health data between the Departments and private sector providers who treat DoD and VA beneficiaries.

In April 2016, the Departments, with the IPO's assistance, met a requirement of the Fiscal Year 2014 NDAA, certifying to Congress that their systems are interoperable with an integrated display of data through the Joint Legacy Viewer, or JLV. JLV integrates data from the clinical data repositories of both Departments, as well as data on beneficiary encounters with private providers who participate in national health information exchange networks. The Departments also share documents and images with each other and private providers through DoD and VA data exchange and access services. The IPO monitors the usage of JLV and other interoperability metrics across the Departments to track progress on health data exchange and interoperability.

The IPO also serves a convening function, facilitating functional and technical discussions across the Departments and interoperability information exchange forums with industry. As executive secretary to the DoD/VA Interagency IT Steering Committee, a joint CIO-led body, the IPO works to ensure DoD and VA's technical alignment, planning, and implementation oversight of technical infrastructure and enterprise solutions meet the business needs of joint activities.

The IPO collaborates extensively with ONC, other government agencies, and standards development organizations to advance the state of interoperability across the health industry. IPO staff participate in ONC work groups, and IPO and ONC leaders meet regularly to discuss

current interoperability initiatives and future collaboration opportunities to support national interoperability efforts.

FEDERAL ELECTRONIC HEALTH RECORD MODERNIZATION PROGRAM OFFICE

In 2018, Secretaries Wilkie and Mattis issued a Joint Commitment Statement pledging to align strategies to implement an integrated EHR system. DoD and VA leaders chartered the Joint Electronic Health Record Modernization Working Group, referred to as the JEHRM, to develop recommendations for an optimal organizational construct that would enable an agile, single decision-making authority to efficiently adjudicate functional, technical, and programmatic interoperability issues while advancing unity, synergy, and efficiencies.

On March 1, 2019, the joint VA/DoD Executive Leadership Group approved a course of action, plan of action and milestones, and implementation plan to establish the Federal Electronic Health Record Modernization Program Office, or the FEHRM, in a phased manner in order to minimize risk. Leveraging the existing 2008 and 2014 NDAA Statute, the IPO will be re-chartered into the FEHRM and will provide a comprehensive, agile, and coordinated management authority to execute requirements necessary for a single, seamless integrated EHR and will serve as a single point of authority for Department's EHR modernization program decisions. FEHRM leaders will have the authority to direct each Department to execute joint decisions for technical, programmatic, and functional functions under its purview and will provide oversight regarding required funding and policy as necessary. This management model creates a centralized structure for interagency decisions related to EHR modernization, accountable to both the VA and the DoD Deputy Secretaries.

An interim FEHRM Director and Deputy Director will be appointed to work with the implementation team in transitioning joint functions into the FEHRM once the FEHRM has an approved charter. The interim leaders will manage and execute joint technical, programmatic, and functional requirements and synchronize strategies between the two Department EHR program offices to ensure the single, seamlessly integrated EHR is implemented with minimal risks to cost, performance, and schedule. The interim leaders will remain in these roles until the permanent FEHRM Director and FEHRM Deputy Director are appointed.

The permanent Director and the Deputy Director will report to the Deputy Secretary of Defense and Deputy Secretary of Veterans Affairs.

CONCLUSION

The IPO will continue to support the Departments in implementing a single EHR system to ensure a seamless patient-centric healthcare experience that will ultimately lead to improved care for our service members, veterans, and their families.

Enhancing interoperability with private providers who provide care to DoD and VA beneficiaries will be of the utmost importance during this process to ensure the availability of a complete and comprehensive longitudinal health record.

We will continue our collaboration with ONC and industry partners to ensure the DoD and VA are employing the most current industry standards, and our industry partners are able to learn from our experiences.

Thank you for the opportunity to speak with you today. I look forward to your questions.