February 2011

ELECTRONIC HEALTH RECORDS

DOD and VA Should Remove Barriers and Improve Efforts to Meet Their Common System Needs

Why GAO Did This Study

The Department of Defense (DOD) and the Department of Veterans Affairs (VA) operate two of the nation's largest health care systems. To do so, both departments rely on electronic health record systems to create, maintain, and manage patient health information. DOD and VA are currently undertaking initiatives to modernize their respective systems, jointly establish the Virtual Lifetime Electronic Record (VLER), and develop joint information technology (IT) capabilities for the James A. Lovell Federal Health Care Center (FHCC). In light of these efforts, GAO was asked to (1) identify any barriers that DOD and VA face in modernizing their electronic health record systems to jointly address their common health care business needs, and (2) identify lessons learned from DOD's and VA's efforts to jointly develop VLER and to meet the health care information needs for the FHCC. To do this, GAO analyzed departmental reviews and other documentation and interviewed DOD and VA officials.

What GAO Recommends

GAO is recommending that DOD and VA take steps to improve their joint strategic planning, enterprise architecture, and IT investment management to address their common health care business needs. GAO is also recommending that the departments strengthen their joint IT system planning efforts for VLER and the FHCC. Commenting on a draft of this report, DOD, VA, and the DOD/VA Interagency Program Office concurred with GAO's recommendations.

View GAO-11-265 or key components. For more information, contact Valerie C. Melvin at (202) 512-6304 or melvinv@gao.gov.

What GAO Found

DOD and VA face barriers in three key IT management areas—strategic planning, enterprise architecture, and investment management—and, as a result, lack mechanisms for identifying and implementing efficient and effective IT solutions to jointly address their common health care system needs. First, the departments have been unable to articulate explicit plans, goals, and timeframes for jointly addressing the health IT requirements common to both departments' electronic health record systems. For example, DOD's and VA's joint strategic plan does not discuss how or when the departments propose to identify and develop joint health IT solutions, and department officials have not yet determined whether the IT capabilities developed for the FHCC can or will be implemented at other DOD and VA medical facilities. Second, although DOD and VA have taken steps toward developing and maintaining artifacts related to a joint health architecture (i.e., a description of business processes and supporting technologies), the architecture is not sufficiently mature to guide the departments' joint health IT modernization efforts. For example, the departments have not defined how they intend to transition from their current architecture to a planned future state. Third, DOD and VA have not established a joint process for selecting IT investments based on criteria that consider cost, benefit, schedule, and risk elements, which would help to ensure that the chosen solution both meets the departments' common health IT needs and provides better value and benefits to the government as a whole. These barriers result in part from DOD's and VA's decision to focus on developing VLER, modernizing their separate electronic health record systems, and developing IT capabilities for the FHCC, rather than determining the most efficient and effective approach to jointly addressing their common requirements. Because DOD and VA continue to pursue their existing health information sharing efforts without fully establishing the key IT management capabilities described above, they may be missing opportunities to successfully deploy joint solutions to address their common health care business needs.

DOD's and VA's experiences in developing VLER and IT capabilities for the FHCC offer important lessons that the departments can use to improve their management of these ongoing efforts. Specifically, the departments can improve the likelihood of successfully meeting their goal to implement VLER nationwide by the end of 2012 by developing an approved plan that is consistent with effective IT project management principles. Also, DOD and VA can improve their continuing effort to develop and implement new IT system capabilities for the FHCC by developing a plan that defines the project's scope, estimated cost, and schedule in accordance with established best practices. Unless DOD and VA address these lessons, the departments will jeopardize their ability to deliver expected capabilities to support their joint health IT needs.

_____ **United States Government Accountability Office**