



Federal Health Matters

Joint VA-DoD Electronic Health Record in the Works

On January 23, at a meeting of the HHS advisory group, the American Health Information Community, VA Secretary James R. Nicholson and Assistant Secretary for Defense for Health Affairs William Winkenwerder, Jr., MD announced plans to create a joint VA-DoD electronic health record (EHR). Although the DoD and VA already share some data electronically, the new plan would take the major step of fully integrating both departments onto the same system. Both the VA's Veterans Health Information Systems and Technology Architecture (VistA) and the DoD's Armed Forces Health Longitudinal Technology Application (AHLTA) are in need of modernization and expansion, and a new joint system would accomplish this goal as well.

On the same day that the announcement was made, the Senate VA Committee held a hearing to discuss how well the DoD and VA are collaborating to meet the needs of returning service members. At this hearing, Senate VA Committee Chair Daniel K. Akaka (D-HI) and Sen. Barack Obama (D-IL) questioned the years-long delay in creating a joint EHR and highlighted the urgent need for the VA and the DoD to streamline health information sharing in light of the number of soldiers returning from deployments in Iraq and Afghanistan. Obama declared that the Pentagon has "dragged its heels in modernizing and sharing data" and cited a Government Accountability Office report that concluded that current VA-DoD information sharing systems are "plagued with technical glitches." He proposed the DoD pro-

vide all service members with electronic copies of their health and service records for use in applying for benefits and health care.

VA Deputy Secretary Gordon H. Mansfield and Under Secretary of Defense for Personnel and Readiness David S. Chu were on hand to explain the progress in VA-DoD information sharing and other cooperation. Both officials highlighted the 2002 implementation of the Federal Health Information Exchange (FHIE), a system that initiated the secure, monthly, one-way transmission of DoD electronic medical records on recently separated service members to a common registry accessible to VA clinicians and claims examiners. Through the FHIE, the DoD also has transmitted over 1.5 million predeployment and postdeployment health assessments on more than 623,000 individuals to the VA.

In 2004, the FHIE was supplemented by the Bidirectional Health Information Exchange (BHIE), which allows VA and DoD clinicians to share outpatient information on patients who receive care in both systems. The BHIE currently is operational in all VA medical centers and in 14 DoD medical centers, 19 DoD hospitals, and over 170 outlying DoD clinics.

Mansfield and Chu also addressed the concept of collaborating on a single, shared, inpatient EHR system. They explained that barriers to integrating the current systems include fundamental differences between AHLTA (which is primarily an outpatient records system) and VistA (which captures both inpatient and outpatient data), as well as differences in the missions of the two departments (such as the VA's provision of long-term domiciliary care and the DoD's need to support combat theaters and

to offer pediatric and obstetric care). According to Mansfield, however, these limitations provide the opportunity to "explore a 'born seamless' approach" for a joint inpatient EHR. At this time, the VA and DoD plan to conduct a study to examine their respective clinical procedures and requirements and to explore implementation timelines and costs before embarking on the design of a joint system.

TRICARE Uniform Formulary Updated

Effective January 17, William Winkenwerder, Jr., MD, assistant secretary of defense for health affairs and director of the TRICARE Management Activity, approved updates to the TRICARE Uniform Formulary as recommended by the DoD's Pharmacy and Therapeutics (P&T) Committee. Affected by the update are medications for treating attention deficit hyperactivity and narcolepsy, as well as older sedative hypnotics, monophasic oral contraceptives, antiemetics, and topical antifungals. In total, 14 drugs have been designated as formulary generics, nine have been designated as formulary brand name drugs, and six have been scheduled to assume nonformulary status by April 2007.

A search tool located on the TRICARE Pharmacy web site (www.tricareformularysearch.org) allows beneficiaries and providers to look up the formulary status of medications. Medical necessity forms and criteria, cost information, a list of medications that require prior authorization, minutes from P&T Committee meetings, eligibility requirements, and information on network retail and mail order pharmacies are available from the main

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TRICARE Pharmacy site (www.tricare.mil/pharmacy).

DoD Survey Reveals Ups and Downs in Military Health

Since 1980, the DoD has tracked health trends among military personnel with a series of comprehensive, self-reported, anonymous surveys. The results of the ninth survey, the 2005 DoD Survey of Health Related Behaviors Among Active Duty Military Personnel, were released on January 12.

While the data show significant decreases in heavy smoking and illegal drug use, rates of heavy drinking, particularly in younger personnel, remain

elevated, and many service members are classified as overweight. Deployed service members also reported higher levels of stress; mental health disturbances; suicide attempts; and alcohol, drug, and tobacco dependence than nondeployed service members. Statistical analysis further revealed that, compared to those who reported no alcohol use, heavy alcohol users had more problems with work or family stress, were more likely to meet screening criteria for anxiety and depression, and reported more limitations in activities due to poor mental health.

The survey also measured progress toward the federal government's Healthy People 2010 objectives. The 2005 results showed improvements

in seven of the 19 key Healthy People 2010 objectives, including physical activity, seat belt use, pap tests, and no alcohol use during pregnancy.

Assistant Secretary of Defense for Health Affairs William Winkenwerder, Jr., MD is optimistic about the strides the DoD has made in improving military health standards since the first survey and touts the benefits of using the data to create programs addressing specific health needs. For instance, the Healthy Choices for Life initiative was launched in 2005 in response to identified problems with weight management, tobacco use, and alcohol use. Complete results of the 2005 survey can be found on the Military Health System web site (www.ha.osd.mil). ●