VA and Kaiser Permanente Launch Medical Data Exchange Program

More than half of America's veterans and service members receive some portion of their health care outside of VA or DoD facilities. The need for interoperability between federal agencies and private organizations prompted the collaboration of the VA and Kaiser Permanente, who launched a pilot medical data exchange program on January 6, 2010.

Led by the HHS, the Nationwide Health Information Network (NHIN) provides a "gateway" through which clinicians from the VA and Kaiser Permanente can share patient data electronically, securely, and privately—with the patient's consent. This instant access to critical information can improve the quality of patient care and reduce redundancy, saving valuable resources, according to John Mattison, MD, assistant medical director and chief medical information officer at Kaiser Permanente Southern California. The pilot program is limited initially to such personal information as the patient's name and age and lists of allergies, drugs, and medical conditions. Eventually, it is expected to include more types of records, such as x-rays, laboratory test results, and clinicians' notes.

At its inception, the pilot program was offered to about 1,000 VA beneficiaries and Kaiser Permanente members in the San Diego, CA area. There are plans to add authorized data from the DoD's health care system in coming months, and the program ultimately will be made available to all veterans and service members. Other medical providers nationwide also will be invited to join the program.

This collaboration is a major step forward for two initiatives of President Obama's administration: first, that all Americans should have an electronic medical record by 2014 and, second, that military personnel should have an electronic record that follows them from enlistment to after they retire or are discharged.

Previous attempts to establish regional electronic medical exchanges have been limited by the lack of universal coding between computer platforms. In order for Kaiser Permanente's HealthConnect and the VA's Veterans Affairs Health Information Systems and Technology Architecture (VistA) to share information, terminology and codes must be translated into a third language that both platforms can understand. Last week, the federal government proposed the first of several sets of interoperability standards that will need to be incorporated into all medical record software.

DoD Releases Data on Sexual Assault and Harassment at Military Academies

On December 18, 2009, the DoD released key findings from its *Annual Report on Sexual Harassment and Violence at the United States Military Service Academies (MSAs) for Academic Program Year (APY) 2008–2009*. The DoD's Sexual Assault Prevention and Response Office (SAPRO) prepared the report by performing site visits, reviewing MSA policies, examining reports, and holding focus groups conducted by the Defense Manpower Data Center (DMDC).

During APY 2008–2009 (which ran from June 2008 through May 2009), there were a total of 25 reports of sexual assault at the MSAs; 14 were restricted reports (a criminal investigation is not initiated and the victim's chain of command is not notified), and 11 were unrestricted reports (a full investigation is held and the victim is separated and protected from the offender). This total represents a significant decrease from those reported in APYs 2006–2007 and 2007–2008 (during which there were 40 and 34 reports, respectively). There were no formal sexual harassment complaints involving cadets or midshipmen in APY 2008–2009, but there were 15 informal complaints.

When evaluating the MSAs' programs and policies, SAPRO found there were: (1) sufficient education and training programs on sexual assault and harassment prevention; (2) continued refinement of their programs to meet the evolving needs of the cadets and midshipmen; (3) initiatives underway to develop measures of program effectiveness; and (4) comprehensive and consistent support for victims of sexual assault. Overall, the MSAs' programs fulfilled—and, in some cases, surpassed—the requirements of existing DoD directives.

At all three MSAs, the majority of DMDC-sponsored focus group participants understood both restricted and unrestricted reporting and believed there was value in having both options. With regard to sexual harassment, participants indicated that, although the MSA culture is to show respect for one another, sexual humor is common. All focus groups agreed that their MSA is serious about preventing sexual assault and believed that small group discussions and presentations were the most effective training methods. ●