

GOVERNMENT HEALTH IT

Published on *Government Health IT* (<http://www.govhealthit.com>)

[Home](#) > Building a mammoth federal EHR: Tech is the easy part (July/August 2011)

Building a mammoth federal EHR: Tech is the easy part (July/August 2011)

By Tom Sullivan, Editor
Created 2011-08-18 10:56

From the [July/August issue of Government Health IT](#).

The joint electronic health record (EHR) that the Department of Defense and VA are creating is not the first open source project a federal health agency has undertaken -- but it is the largest and arguably most important.



Consider the scope. According to VA CIO Roger Baker, "The key phrase is single common electronic health system. It's two large systems, and... the intention is to get to a point where there is a single repository for all the data related to an individual's medical record whether generated in DoD or VA, and I might add through the nationwide health information network."

That admirably ambitious initiative will be composed of proprietary and open source code, many APIs and ATIs, myriad modules, perhaps hundreds of GUIs, beginning with the Tripler GUI currently being piloted in Hawaii, with North Chicago up next.

What's more, the shared DoD/VA EHR is just a start. "Our intention is also to reach out to private sector facilities where that individual's data is incorporated into their lifetime electronic record from a virtual standpoint," Baker said. That would be the virtual lifetime electronic record (VLER), the high-level culmination of countless smaller pieces currently in development.

And to accomplish that, technology is the easy piece. Managing the demands of two departments currently running on different records systems, integrating private providers, and working well with the open source ecosystem that will sprout around the next-generation EHR, are not such simple matters.

Culture reigns over technology

The hardest part might just be to create a climate similar to Linux, in which the VA, DoD,

partners, vendors and private providers all share code under an open source license.

"The government tends to have this view of 'We're the ones in charge here,'" said John Scott, author of the report *Open Technology Development for Military Software*, a member of the Military Open Source Software (Mil-OSS) community and senior systems engineer and open technologies lead at RadiantBlue Technologies. "But when you don't have a lot of that technical expertise on the open source code, copyright, intellectual property, contracts, it's very hard to have a great deal of control. You want to make sure you have the best and brightest minds on your code base and you don't want to turn those people away, or turn that community off."

The joint EHR is not the first time VA is wading into open source waters, of course. An iteration of the VA's VistA already exists in the open source form of WorldVistA.

This time, however, the scale is beyond what's been done before. Although the details are still being ironed out, part of working with the open source community will inevitably fall to the "custodial agent" VA and DoD plan to appoint by the time you read this.

"You have the people that develop the system, then you're going to have the central organization that manages what code is used because their model there is for open source," explained Mary Lamb, COO of Suss Consulting, a federal market management consulting firm with a health IT line of business. "Then you have the commercial providers and they're all going to share the code for the different modules that will be built out around the EHR."

Echoing Lamb's comments, Scott ranks the people who build and test the software – the community – as the most important aspect of this project.

"The technology exists, we know it works, so it's a matter of creating that community and keeping it moving forward so it can sustain itself," Scott explained. "The government should always be putting some money into it so long as they want to have installations of the software on military bases or in VA hospitals."

CONTINUED ON NEXT PAGE

The Rules of Attracting Providers

Much like alluring the open source community, building an EHR that the VA and DoD use internally – massive undertaking that it may be – is only part of the process.

Another critical aspect to fulfilling the EHR's potential will be pulling providers into the system so that patient data essentially flows back and forth – and then extending that data into the VLER.

"The real crux of the whole project is: Will it be used?" Suss' Lamb said. "It's pretty widely known that over 50 percent of the care that is provided by DoD to the current military as well as the VA for all the retirees and veterans is outside of those care systems. So half of the veterans, when they go for care, in most cases to specialists, go outside those care systems."

Thus, the example: A patient visits a physician at a VA hospital, is referred to a podiatry

specialist and, the way things stand today, effectively steps outside VistA's virtual reach. When the patient returns to the original VA physician, that doctor needs to be able to receive any test results and medical diagnoses from the commercial doctor in order to best treat the patient. Sneaker net is preserved, but it's a terrifically inefficient means of sharing patient data.

"Exchanging that information back to the VA is the whole objective here because what they want to do is manage care better so [patients] have to see fewer specialists," Lamb explained. "That means managing the records. That's what they're really trying to do with this whole system – improve patient outcomes."

Indeed, the VA and DoD have been successfully bolstering healthcare for some time, according to Bruce Henderson, national leader of PricewaterhouseCoopers' EHR/HIE practice.

"Within the various federal care delivery agencies, the treatment of populations has been a function of the way these organizations behave for many years," Henderson said. "It's part of who they are and what they do. That is something that the commercial part of the industry might learn lessons from. Some years ago the VA, with VistA, led the industry with its ability to share information across federal organizations. That has contributed to better patient care [and] better engagement with patients."



Conducting the development as an open source project stands to take that one step further, and to actually increase the appeal to providers.

"What happens is you'll get new modules, new ideas, things like that," RadiantBlue's Scott said. "And if you do all your development out in the open and nothing happens, it probably just relieves the friction of [creating] software and source code."

The challenge of syncing into the someday-to-be joint VA/DoD EHR will not likely break the stride of larger providers; many already have or are in the process of implementing EHRs. Smaller physician practices, if they want to participate, have to update their systems accordingly. But they have a choice, although that leads them into the dense forest of incentive programs and unfunded government mandates: meaningful use, HIPAA 5010, ICD-10.

CONTINUED ON NEXT PAGE

Political and Policy Alignment

Despite the challenges – perhaps even because of them – the joint EHR project may be born, or at least re-incarnated, at the right time.

"Sometimes there are great ideas and it's not the time for that great idea. But the political and policy landscapes are now aligned," said Doug Felton, manager of enterprise architecture for DoD/VA. "About 11 years ago we had another effort that was similar to this called the Government Computer-based Patient record. And we moved very, very far down the road,

except I don't think that culturally, from an acquisition point-of-view, the departments were ready to fulfill that whole concept but right now they are ready to do that."

Felton ought to know. Among his professional focus areas is inter-organizational space (IOS), which includes common governance between the DoD and VA. "DoD and VA have been working effectively together on the project; there are joint working groups," Felton added, "and they're going to be looking at how this governance structure will be all tied together."

Will that common governance be extended to include the open source community around this EHR, the custodial agent, and all the associated providers? Felton declined comment. "Key to it is the governance structure," was all he said.

Well, that, along with disentangling two monstrous records systems and the corresponding departmental cultures, enticing enough providers to make VLER a reality, and not scaring away the anti-authoritarian open source community.

Source URL: <http://www.govhealthit.com/news/building-mammoth-federal-ehr-tech-easy-part-julyaugust-2011>

Links:

[1] <http://www.govhealthit.com/issue/6367>

[2] <http://www.govhealthit.com/../../../../../../../../issue/julyaugust>