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SUBMITTED TESTIMONY

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“Lessons Learned? Assuring Healthy Initiatives in Health Information Technology”

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Outlook on interoperable health records and IT management at the VA

VA needs to bring their IT infrastructure under one roof to gain economies of scale, standardization and proper security (which should help avoid issues like the recent data loss). The current plan calls for a "Federated Model" which consolidates under the Chief Information Officer all the computing infrastructure but leaves Product and Application Development under the various Administrations and Staff Offices, not the CIO.

Getting the VA to change was painful during my tenure due to the distributed management culture. Everybody owns their own assets and people and resists any attempt to consolidate, even if it is better for the Agency as a whole. VA management is extremely slow to decide on change and then even slower to get to the point of execution. They manage by Consensus and if you don't get Consensus, you don't get any action.

Even though the VA system (VistA) is a fairly complete system, it is extremely expensive to maintain and the code is proprietary and probably not moveable to another major entity like DoD. VA needs to migrate VistA or rewrite a new system in current technology. Costs to maintain VistA will become more and more prohibitive. It is possible to develop a data standard between DoD and VA that could make the Health Record interoperable between the two agencies. It is my belief that they are trying to do that. I believe Congressional oversight is imperative if VA is to move forward toward a better IT environment. The Agency simply won't do it without continuous pressure and a very strong CIO at the helm.

In relation to Health IT, it's my opinion that DoD and VA cannot use a single uniform system at this time since the current systems (VA's VistA and DoD's ALHTA) are incompatible with different applications and different data sets. Even if the goal is a sharable health record, it is unlikely there will be a single health records system that can be operated upon in real-time by either DoD and VA inpatient or outpatient systems in the near future. This is primarily for the reason that the two systems are running on completely different proprietary computer codes unique to their specific environments that are not easily replicated or transplanted into another environment.

A critical first step is to complete work on a consistent data standard. Both DoD and VA will have to put greater labor and dollars into developing a compatible data standard between the agencies. I would say there is a lack of strong focus with a standard as a first goal in the modernization process because it is simply not a part of the day-to-day focus of the agencies. My recommendation would be to freeze current Vista developments at the VA till a standard is set and a workable goal for an interoperable health record model is achieved.

Lack of priority-setting, results-oriented management goals, efficiency, and cost-savings

It's simple. If you don't develop a plan, execute the plan and measure the results, things don't get done. When any organization tries to execute "Corporate" initiatives through some sort of consensus management, those in management who oppose the plan simply don't give consensus and everything gets stalled. The private sector works on a different mode than the public. In a typical corporate environment, a CEO and a CIO are high-level executives with the expertise to manage their different duties and functions within an organization and both play key decision-making roles. In the private sector, a CEO, the CIO and a management team would agree on a specific goal, but defer to the CIO in the technical area of his or her expertise to complete the project in question. A bureaucratic "consensus or concurrence" management environment that allows people to change outcomes that simply shouldn't be theirs to change, sometimes taking years to work through issues with concurrence, simply would not be put up with in the private sector.

Role of the CIO at the VA

If you expect efficient and cost effective IT, then you must give that responsibility to a single CIO. The CIO in most Agencies simply doesn't have the power to run the IT effort. He is at the mercy of many sub-agency people who own the assets and the people. An effective CIO must have management and budget control over all IT assets, people and money. Without control over all three you simply can't succeed in modernizing the IT function. As for the VA, I believe that the three Administrations and Staff Offices will try to water down the existing IT Plan and gradually work it back to Administration and Staff Office control. The House and the Senate need to come together as one mind on this effort and provide consistent oversight or the VA will gradually move back to the old way and culture. Currently the House and Senate are not one consistent voice and the VA is using that inconsistency to their advantage.

VA ineffective at data access and information security

Until you have a consolidated infrastructure under a single control point, you simply can't put the systems and technology in place to see that data security really works. All the directives, policies and guidelines in the world won't stop data breaches from happening with the way the current IT Infrastructure is distributed – allowing access without Digital Rights Management. Moreover, there is no uniform Digital Rights Management technology system at the VA – and therefore no system for controlled access, user identification, no red flag warnings for unusual system activity or work, no

capability for audit trails or other security measures. In the case of VistA, the system is more secure due to HIPAA regulations and the sensitive nature of health records. When it comes to the rest of the database systems, however, there needs to be a Digital Rights Management system installed across all VA that is tied to outcomes. The recent incident of enormous data loss is not a cyber security violation, but a violation of little-enforced policy and a lack of sufficient control.

Future of DoD and VA joint efforts on health records sharing

I think the VA and DoD are moving along at a reasonable pace to see effective data sharing. But if you want much quicker results, you will have to force both agencies to put far greater dollars and labor to the effort than is currently being expended. It's a secondary effort for both.

"Decentralized" VA - and the move to the "federated" model (vs. centralized) for IT management

The record will show that I was not in favor of the "Federated" model. I believe that some of the biggest dollar failures at the VA were in the area of Applications Development, which under the Federated Model, stay with the people who caused the failures, the Administrations & Staff Offices – not the CIO. But, the Federated Model was all I could get the Agency to agree on, and, at least, under the Federated Model, the IT infrastructure will be consolidated under the CIO – that is unless they water it down to some sort of "Federated Light."

Recommendations for improvement

I still believe that the Senate should get on board with the House bill calling for complete centralization of all the IT at the VA. It is truly the only effective way to solve the serious problems of data security and privacy that face the VA.