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HVAC Subcommittee on Health Chairman Henry Brown's letter to the editor responding to DoD claims of progress in records-sharing.

## SO MUCH FOR SEAMLESSNESS

It is of concern for Pentagon health affairs official Dr. Stephen Jones to imply that a limited pilot program of electronic medical information-sharing between the departments of Defense and Veterans Affairs is a systemwide practice ["Record-sharing progress," Letters, Nov. 21].

In 2004, the two agencies launched a demonstration project to share electronic medical information at Fort Lewis and the Puget Sound VA Medical Center in Washington. demonstration comprises four areas for medical records sharing: pharmacy, X-ray, laboratory work and allergy information. These four areas do not constitute a full health record.

This project represents incremental change, which does constitute progress. But it is not enough; it is not full collaboration between the Defense Department and VA on a seamless, bidirectional and interoperable exchange of complete electronic health records.

In fact, each department is separately developing its own health information system. I understand that serious technical issues exist that must be resolved before the two systems can share relevant medical data.

This year, I and other members

of the House Veterans' Affairs Committee visited numerous VA and military health care facilities. At all of them, transitioning service members had to make paper copies of their military health records and physically take these copies to VA.

Regarding pre- and post-deployment health assessments, the two departments must clearly define the value of the in s mation to be shared; sharing for its own sake is insufficient. We need clinically relevant information for VA doctors, and we need sound and sufficient data for VA's use in forecasting resource reauirements.

Two decades have elapsed since Congress first passed legislation requiring resource sharing between VA and the Pentagon. Meanwhile, U.S. troops have seen combat in Grenada, Panama, Kuwait, Afghanistan, Iraq and elsewhere; and combattem technology has advanced at an astounding rate. Unfortunately, little of that progress seems to have been applied to seamless transition.

> Rep. Henry Brown, R-S.C. Chairman, House Veterans' Affairs subcommittee on health Washington, D.C.