

Congress of the United States
Washington, DC 20510

February 7, 2011

The Honorable Roger W. Baker
Assistant Secretary of Veterans Affairs for Information and Technology
810 Vermont Avenue, NW
Washington, DC 20420

Dr. George Peach Taylor, Jr.
Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
(Performing the Duties of the Assistant Secretary of Defense for Health Affairs)
1400 Defense Pentagon
Washington, DC 20301

Dear Mr. Baker and Dr. Taylor:

I am writing in regard to the ongoing effort to modernize and integrate the electronic health record (EHR) systems of the Department of Defense and the Department of Veterans Affairs. Decisions made in these early stages will impact the health and well-being of our service members, veterans, and their families for decades to come.

I encourage you to consider whether commercial off the shelf (COTS) solutions have received appropriate consideration in this process. Some experts believe that commercial EHRs show significant potential to provide a state-of-the-art replacement quickly and at a reasonable cost. They are used today by many of the nation's most well-regarded healthcare organizations, including groups that serve millions of patients, many of whom are service members and veterans.

Large healthcare organizations are choosing integrated single-vendor COTS strategies that keep the core modules critical for patient safety together as one system with a single database. While multi-vendor EHRs were common in the past, patient safety, workflow efficiency, and other concerns have caused the industry to move away from this model.

Project timing and cost are also areas of concern. Deploying a COTS EHR may avoid the long development and installation process that might otherwise be necessary. It took the government and industry several years to standardize a small data set (medications, allergies, problem list, and immunizations) that could be understood by different EHR systems. With between 70,000 and 100,000 data elements in the typical EHR, defining a complete set of standards so that multiple EHR modules can exchange data safely is likely to be a lengthy and difficult process.

This process would not be necessary for the core EHR if it were provided by a single COTS vendor.

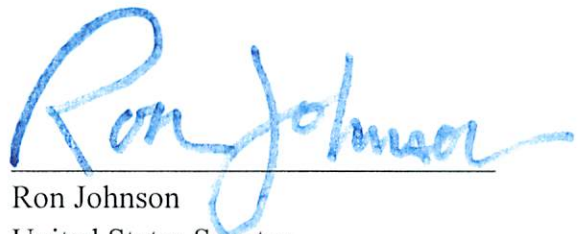
Before moving forward with any strategy, I encourage you to consult with executives, providers, and other staff at leading healthcare organizations that use COTS EHRs today, especially groups such as Kaiser Permanente, Cleveland Clinic, Cedars Sinai and others that moved to an integrated core EHR after attempting a multi-vendor or homegrown development strategy. Understanding the challenges these organizations encountered with previous efforts and the benefits they achieved after moving to integrated core EHRs will likely prove valuable as you continue to shape your EHR modernization strategy.

In closing, I thank you for the work you are doing on behalf of our service members and veterans. I know that we share the goal of providing the best EHR possible to enable clinicians to deliver the safest and most effective care.

Sincerely,




Herb Kohl
United States Senator



Ron Johnson
United States Senator



Tammy Baldwin
Member of Congress



Paul Ryan
Member of Congress



Ron Kind
Member of Congress