

Testimony of Jonathan C. Javitt, M.D., M.P.H. before the Committee on Veterans  
Affairs, Subcommittee on Oversight and Investigations.

September 28, 2005

Mr. Chairman, distinguished members of Congress, I am honored to be invited back by your committee to testify on this area of critical national importance. You have asked me to bring your committee up to date on mature, scalable, private sector technologies for two-way health data interchange. I have founded and directed publicly traded companies that deliver electronic health solutions. I have served as a Senior executive of Fortune 100 companies that deliver such solutions. My family's financial security is tied to the premise that the private sector can construct and deliver e-health solutions that save money while they are saving lives and suffering.

Despite my private sector credentials and experience, it is my duty to tell you that the current, comprehensive electronic health environment of the Veteran's Health Administration surpasses any capability available today on the planet, whether in the private sector, other departments of the U.S. government, or the highly profiled activities of other countries. Let me be clear that I am speaking only about VISTA/CPRS and not about VA's personnel or financial management software initiatives.

I offer that opinion as one who strongly supports President Bush's policies including those expressed in OMB circular A76, and who is proud to have been commissioned by President Bush to lead the health subcommittee of PITAC and its report to the President on Revolutionizing Health Care through information technology.

The committee I chaired was composed entirely of individuals from the private sector, including former senior Microsoft and Oracle executives, the chairmen of computer science and electrical engineering at two of the nation's most prestigious universities, and received extensive input from the entire private sector IT community. I will admit that our initial working assumption was that the VA approach to e health, using MUMPS and other less-than-mainstream technologies must be an example of government waste and inefficiency. Instead, after examining the VA's achievement on paper, in testimony, and at numerous sites of care, we concluded that the VA had built something unique, something that should be considered a national treasure, and a resource to be leveraged into the private sector.(Exhibit A)

I had the honor of accompanying President Bush and senior members of his administration to examine the electronic health records system of the VA. On that occasion, he noted "Information technology hasn't really shown up in health care yet. But it has in one place, in one Department, and that's the Department of Veterans Affairs." Notably, Medicare Administrator Mark McClellan, himself a physician and a conservative economist who served on President Bush's Council of Economic Advisors, came to the same conclusion in urging that the VA system be adopted by medical caregivers across the country as a low-cost means of entering the e-health world.

As I understand the issue before this committee, there should be no question about whether the Veteran's Health Administration has used home-grown information technology solutions to create a miraculous transformation in the standard of medical care delivered to this nation's veterans. A pile of scholarly articles several feet high

attests to the fact that medical errors occur in fewer than 1 in 10,000 prescriptions in Veteran's hospitals, compared to one in five prescriptions in paper-driven private sector hospitals. This article (exhibit B) from the New England Journal of Medicine documents that our nation's veterans receive higher quality care than is received under Medicare for conditions such as diabetes and heart disease, to name two of twelve. Other studies point to the demonstrated improvements in diabetes management, care for patients with congestive heart failure, smoking cessation, cholesterol reduction, pneumonia and influenza vaccination, and other health outcomes among America's Veterans that far surpass comparable measures in the private sector.

The VA system is remarkably secure and stable. Most recently, the Department of Health and Human Services has been forced to allocate hundreds of millions of dollars to reconstructing health records destroyed in the wake of Hurricane Katrina. In contrast, it took the Veteran's Health Administration less than 100 hours of staff time to safely transfer all records from the disaster zone to Texas. They would have done it electronically, instead of by magnetic media, had the regional private-sector run telecommunications infrastructure remained viable.

Your committee has heard testimony on this subject from former Secretary Principi, Under Secretary Perlin, Dr. Kolodner, and a host of others. Yet, a parade of contractors and private sector interests come before you regularly and ask that you fix what's not broken in favor of the principles that small government is better than big government, and that the private sector given sufficient resources will provide better quality, more efficient, lower cost solutions than government bureaucrats. Despite the fact that these contractors have not yet built a viable distributed electronic health record either in the private sector or for the Department of Defense, they will certainly promise to deliver on spec, on time, and on budget for the VA. As this article from the IEEE documents (Exhibit C), such massive contractor-led federal software projects are extremely likely to fail. In fact, an honest look at the origins of the current CPRS program of the VA will readily discern that CPRS was born out of the ashes of a failed contractor-driven attempt to build a VA medical records system.

In general, I believe in small government and outsourcing, just as I believe in basic principles of aerodynamics. However, when I watch an aerodynamically implausible bumblebee fly across my backyard, my first impulse is not to legislate it out of existence. There are exceptions to every rule and the electronic medical record system of the VA is a notable exception to the principals of OMB circular A76.

Recently, the journal Health Affairs asked me to examine and attempt to discern the basis of this success that is as improbable as the flight of the bumblebee or the success of the 1969 Mets. It stated my belief that the VA's success lies in the bottom up nature of its electronic health record.(Exhibit D) It was built by doctors and nurses whose focus was on the care of their patients and who realized that they could do so best through information technology. As a result, the VA has built a culture of dedicated professionals who stay up late at night, without any thought of financial remuneration, tweaking, improving, and inventing the next solution. They gather together annually to "sell" one another on their inventions, since their actual development budget is quite limited.

The irony is that “card carrying IT professionals would call these dedicated professionals dangerous amateurs, in the same way that the executives of many computer companies that no longer exist spoke with derision about Jobs, Wozniak, and Gates. To an IT professional, there is nothing fundamentally different between computerizing the traffic control system of London, England and computerizing the English National Health Service. Except that after investing more than \$10 billion, the Brits are finding out it that top-down systems built by IT professionals with limited input by doctors and nurses can lead to unforeseen challenges.

No major health care delivery system has ever successfully had its Chief Information Officer functions—including development, implementation and user support—provided by a corporate IT organization, separated from the core constituency of those who use those functions every day.

The centralization of VHA’s electronic health records program is likely to have a disastrous effect on the continued success of that program; which President Bush identified as the only place IT has really shown up in health care, a terrible effect on the morale of VA care providers; and on the system’s productivity. Worst, it will damage the health of our nations Veterans to whom we owe so much.

In short, the answer to locating the best technology for two-way health data interchange is to look no further than the information technology apparatus of the Veterans Health Administration. I would advise this committee to continue careful thoughtful, and aggressive oversight, to make private sector resources available to help the VA implement mainstream solutions that may be more scalable than some of the current solutions built of necessity, and to allocate funds to leverage the pioneering concepts and solutions of the Veterans Healthcare Administration into the private sector. To do anything else would be a disservice to our veterans and ultimately to our nation.

#### Exhibits

Exhibit A. Presidents Information Technology Advisory Committee. Report to the President: Revolutionizing Health Care through Information Technology

Exhibit B-1. Jha AK, Perlin JB, Kizer KW, Dudley RA. Effect of the transformation of the Veterans Affairs Health Care System on Quality of Care. *N Engl J Med* 2003;348:2218-27

Exhibit B-2. Asch SM, McGlynn EA, Hogan MM, et. al. Comparison of Quality of care for Patients in the Veterans Administration and Patients in a National Sample. *Ann Internal Medicine*, 2004;141:938-945

Exhibit C. Charette, Robert N. Why Software Fails. *IEEE Spectrum*.  
[www.spectrum.ieee.org/print/1685](http://www.spectrum.ieee.org/print/1685)

Exhibit D: Javitt, Jonathan C. How to Succeed in Health Information Technology. *Health Affairs*, 2004, W4-321