M Vital to Quality Health Care for U.S. Veterans

by The Honorable G.V. Montgomery

Rep. Montgomery

On June 21, 1993, U.S. Representative G.V. (Sonny) Montgomery kicked off the MTA Annual Meeting in Washington, D.C. He was instrumental in marshalling the forces to authorize the Department of Veterans Affairs' Decentralized Hospital Computer Program (DHCP). Following are his remarks.—Editor

My thanks to the M Technology Association for the invitation to speak briefly to your distinguished group. This meeting is extremely important and timely in light of the Administration's interest in national health-care reform. High technology must play a role in the implementation of any national health-care strategy. Those of you in this room have already helped lay a cornerstone of that strategy with the development and implementation of MUMPS, the computer language used by the Veterans Affairs' (VA) Decentralized Hospital Computer Program (DHCP) and the Defense Department's Composite Health Care System (CHCS).

You're looking at a former Mississippi insurance salesman, so what I can tell you about computers and computer technology is limited. In fact, my first real exposure to terms like "software" and "network" and "MUMPS" came about as a result of my becoming chairman of the Veterans Affairs Committee in 1981.

I still have trouble with some of the lingo, but I have learned a lot about the increasing importance of computers and infor-

mation management over the past twelve and a half years. Even a small-town insurance salesman can recognize that the future hinges on the development of this technology.

At the outset, let me say how proud I am of the VA health-care employees and others who developed, implemented, and now maintain our Decentralized Hospital Computer Program. At a minimal cost to the taxpayer, they came up with a system that responds to their needs and is now looked at by other agencies and private sector vendors as a model system. DHCP has captured the attention and the admiration of health-care delivery systems across the country and around the world.

I first saw a demonstration of the prototype of DHCP back in the early 1980s, and it was enough to convince me that its developers were onto something.

DHCP Funding: An Uphill Struggle

Doctors, nurses, and other VA health-care professionals have had to fight for DHCP. Adequate funding, especially for hardware, has been a struggle. The Office of Management and Budget (OMB), some on Capitol Hill, and even some in the VA's central office management didn't want DHCP and chose instead to push for more costly and less practical systems. Their assumption was that no federal agency could possibly develop its own tools. DHCP and its users proved them wrong.

What we have in DHCP is a good, dependable medical information system that gets the job done and will continue to do so as long as we support and finance the necessary upgrades. We were successful in stopping tests of other systems that were wasting a tremendous amount of money. However, this does not mean that we want the VA to work in isolation. We encourage the VA to go out and search for new programs in the government and private sectors which can complement and advance DHCP.

DHCP was ahead of its time in the early 1980s. However, with the warp-speed development of new technology, DHCP must be continuously upgraded—both its equipment and software.

DHCP Saves Taxpayer Money

The VA personnel who contributed to the development of DHCP should be applauded for taking the initiative, for developing and implementing their own successful computer software, and for saving the taxpayers millions of dollars in the process. But most important is the fact that DHCP is improving the timeliness and quality of patient care for our veterans.

DHCP is a continuing investment in quality. This single project, arguably more than any other, demonstrates the concern and dedication of our VA health-care staff when it comes to providing the best possible care to our veterans. I might add that they have provided this technology, virtually free of charge, to states which are attempting to automate their health records.

We need a medical information system that provides very precise data on each patient, and DHCP and the Defense Department's (DoD) CHCS can do this if they receive adequate budget support. We must also find leadership for the DHCP program in the VA. We lost a very capable director in David Van Hooser, and I am urging the Secretary to fill the void he left as soon as possible. We want to keep the program active and headed in the right direction, and that will require an effective manager.

There must be increased collaboration between VA and DoD in the areas of personnel, facilities, and medical equipment. There already are thousands of these sharing agreements across the country, but much more can be done.

We are also working to integrate the automated medical information systems of our veterans' and military hospitals. VA and DoD should not be moving in different directions in an area with such high potential for sharing. Two matters which must receive greater attention are the joint acquisition of hardware and detailing of personnel between the VA and DoD. And new developments in each system must be made available to the other. There must be less of the attitude of each department protecting its own turf. They must work together.

In the event of a war or national emergency, VA must back up our military hospitals in treating casualties. If that plan is to be effective, the two departments must, at the very least, be able to talk with each other. They must be compatible for peacetime care and for wartime contingencies.

We have not been satisfied with the pace of this interconnection and we aren't satisfied that the VA has the equipment to support its own system at this point. Funding has not been adequate. We're going to continue to place heavy emphasis on this.

Obviously, we are keeping a close eye on national health-care reform and the role the VA will play in it. Sen. Jay Rockefeller and I have met with Mrs. [Hillary] Clinton twice to discuss our concerns. She has sought the input of the major veterans' service organizations, and President Clinton appointed Secretary of Veterans Affairs Jesse Brown to the health-care reform task force.

Based on our conversations with Mrs. Clinton and the assurances she has given us, I am comfortable that when the plan is announced, the VA will be treated fairly and will continue to play a prominent role in the delivery of health care in this country.

Our basic concern is that the VA will remain an independent, specialized health-care system for veterans. We certainly don't want to see it eliminated. The nation can't afford to lose such valuable health-care resources. We have received assurances that this won't happen.

Whatever the VA's role is in the overall health-care package, one thing is certain: in order to deliver high-quality care it must keep pace on the technological front. That means Congress and the VA must devote greater attention and improved resources to the development of DHCP and CHCS, not as separate systems, but as systems that can be interwoven.

Many bold and dramatic measures will be needed to ensure that the VA and DoD health-care systems remain viable and economical in these changing times for U.S. medicine. Of course, our foremost concern is that veterans and service personnel receive good care.

The M language and the automated information systems it spawned will continue to be vital to this effort.

Thank you again for inviting me to be with you this morning.   **M**

Rep. Montgomery (D-MS) is serving his fourteenth term in Congress and his thirteenth term on the House Veterans Affairs Committee, which he chairs. He is credited with successfully urging the Department of Defense to test what is now known as CHCS.