Mr. CROWTHER. I really do not have the specifics on the status of implementation on each recommendation. We could obtain it for you, Senator, if you would like for us to.

Senator NELSON. HEW is testifying on February 1. We will write and ask them so that you will not have to duplicate it.

But No. 10 goes directly to some of the problems we have been talking about:

> The Department of Health, Education, and Welfare should establish or support a publication providing objective, up-to-date information and guidelines on drug therapy, based on the expert advice of the medical community.

Of course, the Federal Government can do that right now in all of its Federal facilities.

Mr. CROWTHER. That is correct. They have the facilities to do that.

Senator NELSON. I asked, when they were here, why they did not call in the best clinical experts on all these classes of drugs in the United States and set up a formulary and then tell the veterans hospitals and the Army hospitals "this is the formulary, and if you wish to depart from it, you must submit to us your justification." This is a recommendation. I would take it that is what this 1969 recommendation means, but I suspect nothing has been done about it from the witnesses we have had here in the past few weeks.

Mr. CROWTHER. Well, we have not looked into, as I say, the implementation of each recommendation. We have looked at some of them and we certainly could look into any one of the specifics if you would like, but I really do not have the specifics on them now.

Senator NELSON. We will wait until we have the further testimony in February. If we have some questions that develop after that, I suppose you would be perfectly willing to check, if it is within your jurisdiction.

Mr. STAATS. Yes, indeed.

Keeping physicians informed is most important because the physicians' decisions guide the drug selection process. Unless this process is based on the best information available, even an otherwise efficient supply function may be uneconomical.

During our visits to local medical facilities we noted specific actions by P and T Committees which we believe are appropriate for wider application. Examples noted were: (1) The dissemination of information on drug studies including drug costs and (2) dissemination of information on adverse drug reactions.

Once determinations have been made through the selection process of the drugs which will be used, the drug supply activity must operate effectively to furnish the required items in the most economical manner. Requirements for frequently used drugs are generally met through a central stock system which allows for quantity purchases.

Veterans' Administration and the Department of Defense both have reporting systems for identifying drugs for inclusion in their centralized stock systems.

In the Department of Defense, each of the three services has its own system and criteria for reporting, and they vary from each other. One result of this is that defensewide usage of a specific drug does not become known until one of the services recommends a drug