

# GAO Highlights

Highlights of [GAO-18-636T](#), a testimony before the Committee on Veterans' Affairs, House of Representatives

## Why GAO Did This Study

VA provides health care services to almost 9 million veterans and their families and relies on its health information system—VistA—to do so. However, the system is more than 30 years old, is costly to maintain, and does not support interoperability with DOD and private health care providers. Since 2001, VA has pursued multiple efforts to modernize the system. In June 2017, VA announced plans to acquire the same system—the Cerner system—that DOD is implementing.

GAO was asked to summarize preliminary observations from its ongoing review of VistA and the department's efforts to acquire a new system to replace VistA. Specifically, the statement summarizes preliminary observations regarding (1) costs incurred for the system and related activities during the last 3 fiscal years; (2) key components that comprise VistA and are to be replaced; and (3) actions VA has taken to prepare for its transition to the Cerner system. The statement also discusses common factors critical to the success of IT acquisitions that GAO has previously identified.

GAO reviewed its prior reports on the VistA modernization and on critical success factors of major IT acquisitions. GAO also reviewed records of obligations for VistA for fiscal years 2015, 2016, and 2017; analyzed VA documentation that describes the scope of VistA, and reviewed program documentation.

View [GAO-18-636T](#). For more information, contact David A. Powner at (202) 512-9286 or [pownerd@gao.gov](mailto:pownerd@gao.gov).

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## VA IT MODERNIZATION

### Preparations for Transitioning to a New Electronic Health Record System Are Ongoing

#### What GAO Found

According to the Department of Veterans Affairs (VA), the Veterans Health Information Systems and Technology Architecture (VistA) and related costs, as approximated by funding obligations, were approximately \$1.1 billion, \$899 million, and \$946 million in fiscal years 2015, 2016 and 2017, respectively. These obligations total about \$3.0 billion over 3 years to support the system. As identified by the department, the obligations were to cover the costs for three programs (VistA Evolution, Interoperability, and Virtual Lifetime Electronic Record Health) and other supporting investments for activities such as networks and infrastructure sustainment. The following table provides a summary of the total VistA and VistA-related obligations.

**Obligations for the Veterans Health Information Systems and Technology Architecture (VistA) for Fiscal Years 2015 through 2017, as identified by the Department of Veterans Affairs**

	2015	2016	2017	Total
VistA Evolution	\$376,503,022	\$195,475,101	\$219,192,925	\$791,171,048
Interoperability	\$55,811,302	\$32,755,060	\$51,617,011	\$140,183,373
Virtual Lifetime Electronic Record Health	\$45,854,411	\$28,953,893	\$6,356,457	\$81,164,761
Additional VistA-Related	\$668,717,821	\$642,100,886	\$668,607,654	\$1,979,426,362
<b>Total</b>	<b>\$1,146,886,556</b>	<b>\$899,284,941</b>	<b>\$945,774,047</b>	<b>\$2,991,945,544</b>

Source: GAO analysis of data provided by the Department of Veterans Affairs. | GAO-18-636T

GAO's preliminary results indicate that VA is working to define VistA and identify system components to be replaced by the new system. However, according to VA officials, there is no single information source that fully defines the scope of VistA. This situation is partly due to differences in VistA at various facilities. In the absence of a complete definition of VistA, program officials have taken a number of steps to define the system's scope and identify the components that the new system will replace. These steps have included conducting analyses, performing preliminary site (medical facility) assessments, and planning for a detailed assessment of each site where the new system will be deployed.

Since VA announced in June 2017 that the department would acquire the same electronic health record system as the Department of Defense (DOD), GAO's preliminary results indicate that VA has begun taking actions to prepare for the transition from VistA. These actions have included standardizing VistA, clarifying the department's approach to interoperability, establishing governance for the new program and the framework for joint governance with DOD, and preparing initial program plans. VA is early in its effort to transition from VistA to the Cerner system and the department's actions are ongoing.

In 2011, GAO reported on nine common factors critical to the success of major IT acquisitions. Such factors include ensuring active engagement of senior officials with stakeholders and having qualified, experienced program staff. These critical success factors can serve as a model of best practices that VA could apply to enhance the likelihood that the acquisition of a new electronic health record system will be successfully achieved.