

**STATEMENT OF NEIL EVANS, M.D., ACTING PROGRAM EXECUTIVE DIRECTOR,  
ELECTRONIC HEALTH RECORD MODERNIZATION INTEGRATION OFFICE,  
DEPARTMENT OF VETERANS AFFAIRS (VA)  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES**

**HEARING ON  
"VA ELECTRONIC HEALTH RECORD MODERNIZATION: GET WELL SOON?"**

**SEPTEMBER 14, 2023**

Good morning, Chairman Bost, Ranking Member Takano and distinguished Members of the Committee. Thank you for the opportunity to testify today about VA's initiative to modernize its electronic health record (EHR) system. I am accompanied by Mr. Scott Kelter, Director, Jonathan M. Wainwright (Walla Walla, Washington) VA Medical Center, Robert Fischer, M.D. Director, Mann-Grandstaff (Spokane, Washington) VA Medical Center, Thandiwe Nelson-Brooks, Associate Director, Roseburg, Oregon VA Medical Center and Allison Arensman, M.D. Chief of Staff, Chalmers P. Wylie (Columbus, Ohio) VA Medical Center.

I want to begin by thanking Congress and this Committee for your continued support and your shared commitment to Veterans, and more specifically, for your support of VA's electronic health record modernization efforts. For VA, successful deployment of the Federal EHR system will facilitate seamless health care transitions for Service members and Veterans among Federal care settings. The Federal EHR will provide an accurate, lifetime health record for Veterans among partners using the Federal EHR. For the newest members of the military, this EHR will serve them from the day they begin their military service through the rest of their lives.

The suite of technologies that make up a modern EHR are part of a larger ecosystem of orchestrated technologies needed by VA to enhance the quality and safety of health care delivery; empower clinical teams with effective decision support; and advance Veteran engagement. In furtherance of these goals, the new Federal EHR system integrates with other health information technologies and will ultimately simplify the experience for Veterans and for VA staff; enhance standardization across the VA enterprise; and improve VA and Department of Defense's (DoD) interoperability with the rest of the U.S. health care system.

Moreover, the adoption of a product used by both VA and DoD will help to simplify health care delivery by providers in both Departments, benefitting patients who receive care in both systems or who are transitioning from DoD to VA for care. One of the program's other goals are to deliver and optimize unified, seamless, trusted information flow between VA, DoD, the U.S. Coast Guard (USCG) and community providers.

DoD has completed its deployment of the Federal EHR, which in DoD is known as Military Health System (MHS) GENESIS, at all its clinical sites in the continental United States, with the exception of the Captain James A. Lovell Federal Health Care Center (Lovell FHCC) in North Chicago, Illinois, a joint VA/DoD facility. DoD will complete its

deployments outside of the continental United States this fall, and the final implementation at Lovell FHCC in Spring 2024. In addition to VA and DoD, the USCG and National Oceanic and Atmospheric Administration have also adopted the Federal EHR. Their deployments, while smaller than VA's and DoD's, are both complete.

In VA, the Federal EHR is currently in use at five VA medical centers (VAMC), 22 community-based outpatient clinics and 52 remote sites (such as VA call centers, consolidated patient accounting centers, clinical resource hubs and the like, which support the aforementioned medical centers and clinics). The five VAMCs where the Federal EHR is currently in use are the Mann-Grandstaff VAMC in Spokane, Washington; the Jonathan M. Wainwright Memorial VAMC in Walla Walla, Washington; the Roseburg VA Health Care System in Roseburg, Oregon; the VA Southern Oregon Healthcare System in White City, Oregon; and the VA Central Ohio Health Care System in Columbus, Ohio.

Since the initial go-live dates of the Federal EHR in VA, we have been listening to Veterans and clinicians, and it's clear that the system is not yet fully meeting their expectations. As part of an Electronic Health Record Modernization (EHRM) Program Reset (Reset) announced in April 2023, VA halted work on future deployments of the Federal EHR, with the exception of our planned deployment at Lovell FHCC, while the Department prioritizes improvements at the five sites that currently use the Federal EHR. The purpose of the Reset is to optimize the current state of the Federal EHR; closely examine and address the issues that clinicians and other end users are experiencing; and position VA for future deployment success.

During this Reset, VA is fixing issues with the Federal EHR, redirecting resources from deployment activities to work on optimizing the Federal EHR at the sites where it is currently in use. Staff productivity levels, revenue cycle management, technical systems performance and other areas require dedicated attention and resolution before deployments resume at full pace.

VA has an obligation to Veterans and taxpayers to get this right. We understand the concerns of this Committee regarding the Federal EHR system and its impact on Veterans and VA staff who rely on it. We are committed to full transparency, and we appreciate your oversight. We look forward to further engagement with you and your staffs to ensure that this modernization effort, and related health information technology modernization efforts, are successful.

## **Program Reset**

To successfully support the deployed sites and continue to position the new system to meet the pace and rigor of future deployments, VA has three primary goals for the Reset: address the concerns of the live sites and ensure the new system is working as promised; invest in the necessary enterprise work to ensure we are positioned for success when deployments resume; and prepare for the Lovell FHCC deployment in March 2024. During its first three-month increment of effort, which began June 1, 2023, VA is managing the Reset work through six workstreams. All six workstreams are focused on continuous value delivery; many of these workstream efforts will continue into the second increment of work, which begins this month. Several additional focus areas will likely also be added.

The current Reset focus areas/workstreams include the following: (a) an effort to more rapidly improve the Federal EHR baseline through configuration changes and optimization of the change process and user adoption support; (b) workforce development to increase VA's ability to independently manage the Federal EHR, initially focused on informatics staff both at the enterprise and field levels; (c) work to improve end user support with a focus on Help Desk functions and incident management; (d) a technical "Get Well" plan to improve system reliability and performance; (e) work to enhance transparent communications for all stakeholders in the project; and (f) preparation for the Lovell FHCC deployment. As mentioned, VA is prioritizing the work that can be achieved using its current resources; VA will likely be adding further workstreams in the second increment of effort beginning in September 2023. Examples include: (a) standardizing key clinical workflows; and (b) evaluating VA's deployment methodology and initiating planning for a deployment schedule for the remainder of the project.

As part of regular and ongoing operations, VA is implementing a range of enhancements and improvements to the Federal EHR system and associated processes in the areas of system stability and reliability, usability, training, change management and end-user engagement. Further, VA is continuing to refine functional and technical standards, defining success metrics regarding access to care, clinical operational efficiency, financial performance and more.

### **Readiness to Resume Deployments and Lovell FHCC**

VA has decided that the Federal EHR will not go live at any new site until that site and the system are ready. We also remain firm in our resolve to continue deployments of a modern Federal EHR. We do not have a firm timeline for completion of this project. Rather, we are committed to getting this right for Veterans and VA clinicians alike and to taking the time necessary. VA will not schedule additional deployments of the Federal EHR until we are confident that it is highly functioning at current sites and is ready to deliver for Veterans and VA clinicians at future sites. That assessment will be based on measurable improvements in the clinician and Veteran experience; sustained high performance and high reliability of the system; improved productivity at the sites where the Federal EHR is in use; and more. When our goals have been met, and the Reset concludes, VA will release a new deployment schedule and resume deployment activities with greater confidence in the readiness of both the Federal EHR system and the VA health care system to successfully navigate the change.

The only exception regarding future deployment activities is the planned deployment at the Lovell FHCC in March 2024. Lovell FHCC is the only fully-integrated, jointly-run VA and DoD health care system and will be the final deployment of the Federal EHR at a DoD-affiliated site, thus ensuring that the Lovell FHCC is using the same EHR as all other continental United States DoD sites. The joint VA/DoD deployment will go ahead as planned to ensure that all patients who visit this facility are covered by one EHR system. Given the unique mission at Lovell FHCC and singular focus on this joint medical center, this deployment will benefit from the added support VA will be able to provide during this Reset period and will also help inform decisions about restarting deployments at other VA facilities. Support efforts include resources across VA, DoD, the Federal Electronic Health Record Modernization (FEHRM) office, the Leidos Partnership for Defense Health and Cerner Government Services, Inc.

## **Contract Update**

Since the announcement of the Reset, VA negotiated a new option period structure for its current EHR contract with Cerner, modifying from a single 5-year option period award to five 1-year option periods. This will allow regular re-evaluation of the program and contract performance each year, with the potential to re-open contract negotiations, if needed. New accountability metrics around system performance and user support were also added to the contract. In addition, after the first 1-year option period was exercised and in place, VA reviewed active contract actions and issued stop work orders to Cerner with respect to activities that were not slated to continue during the Reset period. These stop-work orders allow for a more coordinated focus on improving the Federal EHR system. Deployment efforts can be reinitiated when needed.

## **System Stability, Reliability and Usability**

VA is working to resolve issues with the Federal EHR system's performance and usability. VA has significantly reduced unplanned outages through corrective actions taken within the Cerner database configuration. Until an unplanned outage on April 17, 2023, it had been nearly nine months since the last complete outage. Performance degradations of the system have also decreased. Improving system reliability and availability remains a critical focus. Cerner is contractually obligated to meet 99.95% uptime commitment per measurement period (i.e., monthly) for the Federal EHR system, meaning that the system is functional and available for use. For the last seven months ending July 31, 2023, Cerner met that requirement for six months. Beginning September 1, 2023, Cerner will also be contractually obligated to achieve at least 95% system incident-free time, which is defined as the percentage of time the hosted environment was free of unplanned events impacting user functionality and/or system performance. Incident free time is trending upward since April 2023. Although not yet contractually obligated, Cerner exceeded incident-free time requirements in May, June and July 2023. Because issues with other systems that connect to the Federal EHR can impact the system, VA continues to work with its partners at DoD and the FEHRM to reduce downtime within the Federal EHR enclave and the systems connected to it.

VA has also completed several tasks to address usability issues identified by its health care providers who are currently using the system and continues to make further improvements. VA is standardizing activities across the VA health system to optimize business processes, reduce user adoption issues and improve training and testing.

## **Training, Change Management and End-User Engagement**

Supporting VA's end users and helping them fully adopt the new EHR is a key to program success and integration of the Federal EHR into VA operations. VA continues active engagement with the sites that are using the Federal EHR. These sites have provided vital feedback on challenges with the Federal EHR and with training and adoption initiatives to date. As part of continued support at existing sites, VA has developed a training regimen to ensure new hires are properly trained, and existing users have opportunities to optimize their performance using the Federal EHR system. VA routinely communicates system changes, planned maintenance events and system upgrades to facility leadership,

informatics leadership and end users. VA also communicates through a weekly User Impact Series, attended by over 200 super users; site and VA leaders; and subject matter experts. The lessons learned to date will enable VA to improve the level of support provided before, during and after future go-lives.

To ensure users have completed assigned systems training on the Federal EHR system, the Electronic Health Record Management Integration Office (EHRM-IO) has developed a robust data management system to extract and share data from VA's Talent Management System, showing training completions. EHRM-IO provides Power Business Intelligence (or BI) dashboards to help key stakeholders monitor day-to-day training of thousands of users across various sites and populations. In addition to the dashboards, EHRM-IO supports local facilities to ensure the sites complete training by delivering daily supplemental reports; monitoring open bridge lines to facilitate real-time response to concerns; and deploying EHRM-IO staff onsite to support active training.

VA has also taken a number of steps to address training concerns. First, VA addressed user concerns with contracted trainers and the sandbox simulated training environment. Second, we established core competencies and optimized the involvement of super users, who are critical in providing specific, on-the-job guidance to our health care providers. Lastly, we made training more modular and based on specific system functionality. This allows us to further target training requirements to end users' specific system roles, aligning content with the work users perform and reducing the overall amount of training required for many users. Beyond these specific changes, we are doing a better job managing expectations around training, so that our staff understand it is only one part of the overarching adoption pathway for the new system.

To that end, in Fiscal Year (FY) 2023, EHRM-IO and VHA assigned training to National Councils and the Office of Health Informatics (OHI) to provide foundational knowledge of the system for users to perform their job duties and collaborated to define user readiness and adoption and improve end user engagement. EHRM-IO also converted 200-level curricula to computer-based trainings (CBT) to reduce scheduling complexity and increase flexibility of training and updated more than 200 training artifacts, while also piloting the transition of 400-level curricula to VA ownership. These activities demonstrate continued progress in the areas of change management and training and provide increased collaboration with VHA, in line with the 10 recommendations from the General Accountability Office's (GAO) March 2023 report.

## **Program Accountability and Governance**

EHRM-IO, VHA and the Office of Information Technology are working in a collaborative fashion to address program accountability, integrated readiness criteria, enterprise standards, change management and training. VHA has already made internal changes to further drive accountability across the enterprise. Specifically, EHRM-IO and VHA are developing more robust system-lifecycle governance that clarifies the business need and/or issue; prioritizes solutions for development; secures customer agreement on user acceptance criteria; and ensures customer (e.g., clinicians, nursing staff, administrative staff) signoff on user acceptance criteria. VHA EHRM National Councils will represent the customer for this purpose. Additionally, VHA is planning to develop oversight programs for compliance with user acceptance and realization of business goals which will be reported to

committees of the VHA Governing Board.

To further drive program accountability, VA appreciates the continued oversight of the VA Office of Inspector General (OIG) and GAO. As of August 2, 2023, 47 of 68 OIG recommendations are closed; 21 remain open. There are only two OIG recommendations that are older than 3 years; these and several others may be put on pause for the duration of the Reset. EHRM-IO continues to work closely with its partner offices to expeditiously adjudicate the outstanding recommendations. As of July 18, 2023, three of the five GAO recommendations have been sent to GAO for closure. The remaining two will remain open for program monitoring.

## **Budget Overview and Cost Estimate**

In April 2023, VA reviewed impacted financial resources in the context of the Reset and determined that FY 2023 costs could be reduced by approximately \$400 million. As a result, VA did not seek the 25% funding withhold (totaling \$439,750,000) of the VA EHRM budget line for FY 2023. VA also proposed reducing the FY 2024 budget request by \$529 million and the FY 2025 initial budget calculation by \$481 million. VA requests FY 2023 funding that is unobligated as a result of the Reset remain available in FY 2024. EHRM-IO will continue to require FY 2024 funding to support Federal EHR operations, sustainment, infrastructure and integration, as well as continued improvements to the Federal EHR at current production sites. FY 2024 funding will not support any new site deployments, but it may support current site reviews.

VA is committed to fiscal responsibility and transparency with this Committee as we implement an enterprise EHR system that meets the combined needs of the Veterans and the medical professionals serving them. VA continually drives toward meaningful standardization and prioritizes system changes that have the most beneficial enterprise impact (i.e., not customizing based on the needs of every site). This includes cost considerations, with the end goal of delivering a system that can support improved access, outcomes and experiences for Veterans through a single health record from entry into military service to VA care.

## **Federal EHR System Imperative**

VA must continue to move forward with a modern, commercial EHR solution in close coordination with our Federal partners, including DoD and FEHRM. This new Federal EHR will allow VA to standardize workflows, training and systems across VA, to better coordinate with the DoD, other Federal partners and private sector health providers, and to spread innovation system-wide more quickly through new integrated health information technologies and capabilities.

## **Conclusion**

Veterans remain the center of everything we do. They deserve high-quality health care that is safe, timely, Veteran-centric, equitable, evidence-based, and efficient. As improvements continue to be made through the duration of this Reset, VA will continually evaluate readiness of sites and the Federal EHR system to ensure success and patient safety. With the activities and improvements that are now underway, VA leaders are

optimistic about the eventual success of the current Reset and subsequent full implementation of the Federal EHR throughout VA.

I again extend my gratitude to Congress for your commitment to serving Veterans with excellence. We look forward to responding to any questions that you may have.