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Statement for the Record of Seema Verma
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Before the
U.S. House of Representatives
Committee on Veterans' Affairs

Hearing on
"Beyond Go-Live: VA Electronic Health Record Modernization Status Update"

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Introduction:

Chairman Bost, Ranking Member Takano and members of the Committee, thank you for the opportunity to provide a Statement for the Record for today's hearing.

Since Oracle's acquisition of Cerner in June 2022, we have appeared at numerous House of Representatives and Senate hearings and roundtables, including a roundtable for House VA Committee Members earlier this year. Oracle respects the oversight function of this Committee and the Congress, we are happy to continue appearing at hearings and roundtables. I regret having an unavoidable scheduling conflict that prevents me from being with you in-person today.

In this Statement for the Record, I will provide an update on Oracle's work on the Department of Veterans Affairs' (VA) Electronic Health Record Modernization (EHRM) program, specifically related to deployment results and future market readiness.

Results from the Michigan, Ohio, and Indiana 2026 Deployments:

The successful Federal Electronic Health Record (EHR) deployments in Michigan, Ohio, and Indiana make clear that this program has overcome the challenges of the past and is well-positioned for expansion and to meet VA's goal of full deployments across the nation by 2031. The Federal EHR gives veterans more connected, continuous care. This means easier transfer of records between VA and the Department of War, and better integration of outside health information, fewer duplicative tests, and more clinician time focused on patients. Oracle is strongly committed to this mission to improve healthcare for our nation's veterans and ensure their healthcare providers have the modern technology they need to administer outstanding care.

Ongoing improvements, initially driven by the EHRM Program Reset and sustained through the 2026 deployment cycle, continue to strengthen the Federal EHR across live sites. The system has experienced zero outages during the past sixteen months, demonstrating the reliable performance clinicians and Veterans need. Oracle and VA have also delivered more than 13,000 EHR improvements to enhance performance, usability, and clinical capabilities. At the first six VA medical centers using the Federal EHR, key productivity measures are meeting or exceeding pre-go-live levels. Clinicians' EHR time per patient has been reduced to approximately 35 to 45 minutes.

VA's revenue-cycle performance has also remained strong after go-live. Cash collections at VA sites using the Federal EHR are 123 percent of target for FY 2026 year to date. Oracle and VA have also made sustained pharmacy improvements—an area of particular focus for the program—including 16 pharmacy enhancements delivered since February 2026. For example, a pharmacy-billing improvement released before the Michigan deployment has reduced claim rejects by approximately 99.9 percent, based on 2025 comparison data. This reduces the manual work required of VA pharmacists and business operations staff, helping them process prescriptions more efficiently and spend more time focused on veterans. Additional pharmacy enhancements are planned through March 2027 to continue supporting the accelerated rollout.

Together, these sustained improvements helped enable safe, operationally ready deployments across the 2026 markets. During go-live, there were zero critical patient-safety tickets—an important indicator of deployment safety and operational readiness. Throughout each transition, Oracle and VA maintained a clear focus on patient safety, continuity of care, and reliable access to critical health information.

Since the Michigan deployment in April, VA has nearly tripled the Federal EHR footprint from six to seventeen VA medical centers and greatly increased the number of clinics from twenty-six to ninety-one, and 165 remote services across the country. More than 35,000 clinicians and front-line staff now use the system in delivering care to more than 617,000 veterans.

The Michigan sites established the foundation of the progress that has continued in Ohio and Indiana. Ninety days after go-live in Michigan, the program has moved from stabilization into optimization, with operational measures approaching the Michigan sites' pre-go-live baseline.

In southern Ohio, early results reinforce that positive trajectory: the deployment recorded no critical or high patient-safety incidents in its first thirteen days, barcode medication administration compliance was above 98 percent, and 100 percent suicide-screening compliance was achieved during the first four days. Clinicians also reported smoother medication administration workflows and less time spent documenting in the chart.

Initial results from the late August 2026 Indiana deployment built on this progress. The deployment brought the Federal EHR to three VA Medical Centers in Fort Wayne, Marion, and Indianapolis, including sixteen associated clinics, serving more than 102,000 veterans and supported by more than 6,000 VA clinicians and staff. Indianapolis became the first VA Level 1a complexity site to go live with the Federal EHR And included the largest dialysis unit to deploy on the Federal EHR to-date. Building on lessons learned from the Michigan and southern Ohio deployments, Indiana is demonstrating promising operational performance, with sites already back to at least 50 percent of normal operations by day five. In Indiana, already we are seeing measurable workflow efficiencies as users get comfortable with the new EHR. Some providers have reported saving hours in one twelve-hour shift alone.

Future Market Readiness:

The Michigan, Ohio, and Indiana deployments provide a strong basis for the next phase of VA's modernization effort. Oracle is ready and prepared to continue to meet VA's schedule for future deployments, and we are grateful for VA's confidence and recently announced plan to continue the program through full deployment in 2031.

Looking ahead, VA's accelerated deployment schedule calls for the final Federal EHR go-lives of 2026 in October at the Anchorage, Alaska and Cleveland, Ohio VA Medical Centers. In 2027, Oracle is already at work preparing to deploy in Wisconsin, Illinois, North Dakota, South Dakota, Minnesota, Iowa, Nebraska, Idaho, and Missouri, and to complete state-wide deployments in Washington, and Michigan, according to VA's recently released schedule. Oracle is confident that we can continue to meet VA's deployment schedule while maintaining system performance and most importantly ensuring patient safety.

These upcoming deployments will build on lessons learned from our deployments this year, as well as the cumulative effect of all the lessons learned from each site that has gone live and the work undertaken during the reset period.

However, this is not a deployment of stagnant technology. In parallel with expanding the Federal EHR, Oracle and VA are continuing to modernize the platform and the

capabilities available to clinicians. VA is migrating its health technology environment to Oracle Cloud Infrastructure (OCI), with a planned cutover of the HealtheIntent data analytics platform this fall and the Federal EHR next year. Moving to OCI will provide the modern cloud foundation needed to deliver new capabilities more quickly, including advanced analytics and AI tools that reduce burden on clinicians, strengthen cybersecurity protections, and improve care for veterans.

Oracle has also completed the pilot of its Clinical AI Agent (CAA), which has reduced documentation time per patient and time clinicians spend in the EHR after hours. It enables clinicians to spend less time looking at a screen and more time face-to-face engaging with their patients. CAA is planned to roll out in September at sites already using the Federal EHR. It will launch at the Alaska and Cleveland facilities when they deploy the EHR in October, and at each facility as it goes live thereafter. These efforts will help ensure that VA's Federal EHR continues to advance while deployment proceeds.

Readiness for Alaska and Cleveland, as well as sites that will go-live in 2027, is a months' long process to ensure sites and end users are ready for go-live. At each site, Oracle and VA align the system and interfaces to the VA national baseline of workflows and services while using our experience from past deployments to ensure a smooth deployment. In Indiana, we have already seen an improvement over previous go-lives, with 342 interfaces activated and validated, and 318 validated and operational.

Clinician and staff readiness remains a critical part of successful adoption. Training and change-management activities provide time for end users to learn role-specific workflows while preserving continuity of patient care. The program has expanded hands-on learning opportunities, including workflow demonstrations, sandbox-based practice, and learning labs that allow care teams to work through interdisciplinary scenarios before go-live. This allows teams to work through common tasks, understand how the Federal EHR impacts their daily workflows, and identify questions before the deployment. As part of the go-live readiness review, VA reviews the number of end users who have completed their training, with all markets exceeding the 80% target.

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All deployments, including Alaska and Cleveland, are now based on a standard deployment model. During go-live, a coordinated command-center structure provides continuous monitoring, rapid escalation, and transparent reporting across adoption, help-desk, and patient-safety teams. Onsite adoption coaches and clinical experts provide at-the-elbow support, while real-time data sharing helps identify and address emerging issues quickly. Early results from the current Indiana market deployment reinforce the value of this model: clinicians are receiving real-time support during complex procedures, adoption is increasing across all care settings, and any issues are quickly triaged and resolved through the enterprise operations center.

As we approach the October deployments, Oracle will continue to work with VA and local site leadership to confirm readiness, monitor training completion, and plan for the temporary productivity adjustments that accompany a transition of this scale. The focus is straightforward: deploy a standardized enterprise system with the preparation, support, and accountability necessary to ensure veterans receive the best care possible from day one and sustain performance after go-live.

Closing:

Oracle remains committed to working closely with VA to deliver a modern and reliable Federal EHR that supports veterans and the teams who care for them. The recent deployments provide important evidence of the progress the program has made, as well as practical lessons that are informing readiness, training, go-live support, and continuous improvement for the VA Medical Centers that will deploy the EHR in the future.

In close partnership with VA, Oracle will continue to focus on patient safety, disciplined execution, rapid issue resolution, and sustained support for clinicians and staff as they transition to the new system. We appreciate the Committee's continued oversight and the opportunity to provide this update, and please let us know if you have any follow-up questions.