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BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION

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Good morning Chairman Banks, Ranking Member Lamb, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today in support of the Department of Veterans Affairs (VA) initiative to modernize its electronic health record (EHR) through the acquisition and deployment of the Cerner Millennium EHR solution. I am accompanied today by Dr. Laura Kroupa, Acting Chief Medical Officer of the Office of Electronic Health Record Modernization (OEHRM) and Mr. John Short, Technology and Integration Officer of OEHRM.

I want to begin by thanking Congress, and specifically this Subcommittee, for your continued support and shared commitment for the program's success. Because of your continued support, VA has been able to stay on track for implementation, enabling us to continue our mission of improving care delivery for our Nation's Veterans and those who care for them while being a good steward of taxpayer dollars.

Program Milestones

VA awarded Cerner Corporation with an Indefinite Delivery/Indefinite Quantity (ID/IQ) contract to leverage maximum flexibility and the necessary structure to control cost. Through this acquisition, VA will implement the same EHR solution

as the Department of Defense (DoD) to improve care coordination for Veterans and patient safety.

Since VA provided testimony on the status of the Electronic Health Record Modernization (EHRM) effort before the House Committee on Veterans' Affairs on June 26, 2018, VA has accomplished several milestones, including the award of additional Task Orders (TOs) and key events outlined below.

Task Orders

On May 17, 2018, VA awarded the first three TOs, consisting of project management, Initial Operating Capabilities (IOC) site assessments, and data hosting. By leveraging the ID/IQ contract structure, VA can award TOs as needs arise and negotiate firm-fixed-prices on an individual TO basis, allowing VA to moderate work and modify deployment strategies more efficiently. Since June, VA awarded three additional TOs outlined below:

- ***Task Order 4- Data Migration and Enterprise Interface Development***
  Cerner will provide data migration planning refinement, analysis, development, testing and execution. Cerner will support enterprise interface planning refinement, design, development, testing, and deployment. Cerner will provide commercially available registry selected by VA for IOC as well as details and updates on the progress of IOC data migration and enterprise interface development.

- ***Task Order 5- Functional Baseline Design and Development***
  Cerner will provide project management, workflow, training, change management, and EHRM stakeholder communication.

- ***Task Order 6- IOC Deployment***
  Cerner will provide project management, IOC planning and deployment, test and evaluation, pre-deployment training, go-live readiness

assessment and deployment/release, go-live event, post-production health check and deployment completion, post-deployment support, and continued deployment decision support.

Current State Review

In July 2018, VA and Cerner conducted a Current State Review at VA's IOC sites to gain an understanding of the site's specific "as-is" state, and how it aligns with the Cerner commercial standards to implement the proposed "to-be" state. The team conducted organizational reviews around people, process, and technology. They observed and captured current state workflows; identified areas that will affect value achievement and present risk to the project; identified quick wins from software being deployed; and identified any scope items that need to be addressed.

VA reviewed final reports analyzing the Current State Review in October 2018 and discovered there are infrastructure readiness areas that are in better state than initially forecasted and areas that require slightly more investment due to the age of the infrastructure. However, there were no unexpected major needs or significant deviations from the current projected spend plan.

Model Validation Event

On September 25-27, 2018, VA held its Model Validation Event, where VA's EHR Councils met with Cerner to begin the National and local workflow development process for VA's new EHR solution. There was a series of working sessions designed to examine Cerner's commercial recommended workflows and evaluate the current workflows used at VA medical centers. This allows VA to configure the workflows to best meet the needs of our Veterans, while also implementing commercial best practices.

Cerner Baseline Review

VA is committed to closely align its workflows with commercial best practices; therefore, the Department commissioned Cerner to complete a baseline assessment of how closely DoD's MHS GENESIS aligns with these practices. In September 2018, Cerner presented the results of the assessment, which focused on the 70 percent of the capabilities that VA and DoD have in common. The remaining 30 percent are capabilities VA requires to meet the unique needs of Veterans. The assessment revealed MHS GENESIS has an 84 percent alignment to commercial best practices. This indicates DoD has high adoption of recommendations and system configuration, which are generally in alignment with commercial best practices.

OEHRM Organizational Structure/Strategic Alignment with DoD

On June 25, 2018, VA established OEHRM to ensure VA successfully prepares for, deploys, and maintains the new EHR solution and the health IT tools dependent upon it. OEHRM reports directly to VA Deputy Secretary and works in close coordination with VA Veterans Health Administration and Office of Information Technology. I currently serve as the program's executive director and have been supporting the effort at a leadership-level since its inception, including pioneering the acquisition of the new VA EHR solution. Prior to joining VA, I was a Program Manager for the Program Executive Office of the Defense Healthcare Management Systems (DHMS).

To ensure the appropriate VA and DoD coordination, there is an emphasis on transparency through integrated governance both within and across VA and from a decision-making perspective. The OEHRM governance structure has been established and is operational, consisting of the following five boards that will work to mitigate any potential risks to the EHRM program: (1) OEHRM Steering Committee; (2) OEHRM Governance Integration Board; (3) Functional Governance Board; (4) Technical Governance Board; and (5) Legacy OEHRM Pivot Work Group. The structure and process of the boards are designed to

facilitate efficient and effective decision-making and the adjudication of risks to facilitate rapid implementation of recommended changes.

At an inter-agency level, the Departments are committed to effectively working to institute an optimal organizational design that prioritizes accountability and effectiveness, while continuing to advance unity, synergy, and efficiencies between VA and DoD. The Departments have instituted an inter-agency working group to review use-cases and collaborate on best practices for business, functional, and IT workflows, with an emphasis on ensuring interoperability objectives are achieved between the two agencies. VA and DoD's leadership meet regularly to verify the working group's strategy, and course correct, when necessary. By learning from DoD, VA will be able to proactively address challenges and further reduce potential risks at VA's IOC sites. As challenges arise throughout the deployment, VA will work urgently to mitigate the impact to Veterans' health care.

Implementation Planning/Strategy

The EHRM effort is anticipated to take several years to be fully complete and will continue to be an evolving process as technology advances are made. The new EHR solution will be designed to accommodate various aspects of health care delivery that are unique to Veterans and VA, while bringing industry best practices to improve VA care for Veterans and their families. Most medical centers should not expect immediate major changes to their EHR systems.

VA's approach involves deploying the EHR solution at IOC sites to identify challenges and correct them. With this IOC site approach, VA will hone governance, identify efficient strategies, and reduce risk to the portfolio by solidifying workflows and detecting course correction opportunities prior to the deployment at additional sites. As mentioned, VA and Cerner have conducted Current State Reviews for VA's IOC sites. These site assessments include a current state technical and clinical operations review and the validation of the

facility capabilities list. VA has started the go-live clock for the IOC sites, as planned, on October 1, 2018, with an estimated completion date set for March 2020.

Further, VA is continuing to proactively work with DoD and experts from the private sector to reduce potential risks during the deployment of VA's new EHR by leveraging DoD's lessons learned from their IOC sites. Several examples of efficiencies VA is leveraging include: revised contract language to improve trouble ticket resolution based on DoD challenges; optimal VA EHRM governance structure; fully resourced PMO with highly qualified clinical and technical oversight expertise; effective change management strategy; and, utilizing Cerner Corporation as a developer and integrator consistent with commercial best practices.

During the multi-year transition effort, VA will continue to use VistA and related clinical systems until all legacy VA EHR modules are replaced by the Cerner solution. For the purposes of ensuring uninterrupted health care delivery, existing systems will run concurrently with the deployment of Cerner's platform while we transition each facility. During the transition, VA will work tirelessly to ensure a seamless transition of care. A continued investment in legacy VA EHR systems will ensure patient safety, security, and a working functional system for all VA health care professionals.

Change Management/Workflow Councils

Understanding a significant factor of the program's success relies on effective user adoption, VA is deploying a change management strategy to support this transformation effort. The strategy includes working with end-users, beginning with VA medical center leadership; managers/supervisors; and clinicians, to provide the necessary training. In addition, there will be on-going communications regarding deployment schedule and changes to their day-to-

day. VA will also work with affected stakeholders to identify and resolve any outstanding employee resistance and/or additional reinforcement that is needed.

VA has established 18 EHR Councils (EHRC) to support the development of national standardized clinical and business workflows for VA's new EHR solution. The councils represent each of the functional areas of the EHR solution, including behavioral health, pharmacy, ambulatory, dentistry, and business operations. VA understands a fundamental aspect in ensuring we meet the program's goals is engaging frontline staff and clinicians. Therefore, the design of the EHRCs will continue to be roughly 60 percent of clinicians in the field, who provide care for Veterans, and the remaining 40 percent consisting of those at the VA Central Office. As VA implements its new EHR solution across the enterprise, certain council members will continue to evolve depending on the current implementation location. While deploying in a particular VISN, the needs of Veterans and clinicians in that particular VISN will effectively be captured in the National workflows.

Closing

Again, this effort will enable VA to provide the high-quality care and benefits our Nation's Veterans deserve. VA will continue to keep Congress informed of milestones as they occur. Mr. Chairman, Ranking Member, and Members of the Subcommittee, this concludes my statement. Thank you for the opportunity to testify before the Committee today to discuss the EHRM effort. I would be happy to respond to any questions you may have.