STATEMENT OF MR. JOHN H. WINDOM
EXECUTIVE DIRECTOR, OFFICE OF ELECTRONIC HEALTH RECORD MODERNIZATION
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
HOUSE COMMITTEE ON VETERANS AFFAIRS,
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION

SEPTEMBER 26, 2019

Good morning Madam Chair Lee, Ranking Member Banks, 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 clinical scheduling by accelerating implementation of the Cerner Scheduling Solution (CSS). I am accompanied today by Dominic Cussatt, Principal Deputy Assistant Secretary for the Office of Information and Technology, Dr. Laura Kroupa, Chief Medical Officer for the Office of Electronic Health Record Modernization (OEHRM), Mr. John Short, Chief Technology and Integration Officer for OEHRM, and Dr. Michael Davies, Senior Advisor to the Assistant Deputy Under Secretary for Health for Access, Veteran Health Administration (VHA).

I want to begin by thanking Congress, and specifically this Subcommittee, for your continued support and shared commitment to the success of the Electronic Health Record Modernization (EHRM) program. Because of your unwavering support, VA's mission of improving health care delivery to our Nation's Veterans and those who care for them while being a responsible steward of taxpayer dollars continues.

Background

VA currently manages clinical scheduling using the Veterans Health Information Systems and Technology Architecture (VistA). According to a VHA requested analysis, VistA scheduling is clinic-based, so the system has one profile for each clinic in which a specific provider works. Given that providers often work in five or more clinics, disparate profiles prevent schedulers from viewing the provider's whole utilization picture and efficiently deploying VA resources. Additionally, its outdated user interface

and manual process steps create inefficiencies. VistA does not provide VA the requisite functionality, usability, and overarching business benefits.

Therefore, in 2018, VA implemented the Medical Appointment Scheduling System (MASS), a resource-based, commercial off-the-shelf scheduling solution to replace the clinic-based VistA scheduling system. The MASS pilot occurred at the Chalmers P. Wylie Ambulatory Care Center in Columbus, Ohio, and showed that the resource-based solution's intuitive user interface simplified scheduling processes, increased scheduler productivity, and tracked provider utilization to ensure efficient use of VA resources. Additionally, MASS standardized reporting processes, increased visibility of available appointments, and added greater functionality to support timely access to care.

VA's MASS contract agreement expires in June 2020. VA will use its EHRM Indefinite Delivery/Indefinite Quantity (ID/IQ) contract with Cerner to accelerate its CSS implementation, since the contract already includes licenses to implement the CSS across VA's enterprise. To keep capabilities in the hands of clinicians and standardize scheduling processes across the enterprise, VA will leverage the architecture and lessons learned from the MASS solution. VA is collaborating with key stakeholders from the MASS implementation and Cerner teams to ensure these lessons learned are incorporated in VA's new scheduling initiative.

Like MASS, CSS is a resource-based scheduling solution that will increase scheduling efficiency, provider productivity, and ensure Veterans' timely access to care. The Chalmers P. Wylie Ambulatory Care Center will serve as the pilot site for CSS, with Go-Live scheduled for April 2020. The Columbus facility was specifically chosen due to the site's expiring contract. The site assessment has been conducted and is under staff review. Thereafter, the Louis Stokes VA Medical Center in Cleveland, Ohio, will serve as a larger pilot site for CSS.

After this pilot, VA will replace the VistA scheduling system with CSS on an accelerated timeline to facilitate the delivery of high-quality health care to our Nation's Veterans. VA believes there is a return on investment in productivity and efficiency by accelerating the scheduling component from the EHRM effort. This implementation plan will provide resource-based scheduling to VA facilities five years in advance of full

electronic health record (EHR) capabilities and allow the VA to conduct current state reviews on the state of the infrastructure to inform future year funding requests. Veterans and end-users will benefit from an accelerated CSS implementation schedule by:

- Receiving a resourced-based scheduling solution that is significantly more dynamic than the current clinic-based VistA system, as CSS will provide enhanced views, reporting ability, and utilization tracking;
- Bringing state-of-the-market EHR capabilities across VA's enterprise sooner; and
- Building partnerships and leveraging training and change management processes to aid in the full deployment of EHRM capabilities.

Implementation Planning and Strategy

VA established a dedicated pillar within OEHRM to provide oversight for CSS implementation. Government personnel and contractor staff will support the scheduling modernization effort by providing expertise based off the full EHRM effort in areas including deployment and change management. The pillar will collaborate with end-users, VHA, (OIT), Veterans Benefits Administration, Office of Technical and Integration partners, and Cerner CSS implementation personnel to support the transition to CSS.

Understanding that many transformations fail due to lack of leadership buy-in or cultural resistance to change, VA and Cerner staff will deliver on-site training in advance of CSS Go-Live, ensuring end-user readiness and continuity of care for our Veterans. After the Columbus CSS pilot, VA will refine its training and implementation methodologies in support of anticipated full enterprise implementation by 2025. Keeping in mind that front-line staff have important work to do on behalf of our Nation's Veterans, CSS training will be conducted on flexible schedules throughout the week, including weekends.

Site Readiness Activities

VA will proactively engage facilities across the enterprise to prepare each site for the scheduling modernization effort. VA's implementation process includes meetings with VA facility leadership and staff, change management strategy, communications to

end-users, site assessments, configuration, testing, training, and Go-Live support at each site. VA will look to internal and Cerner expertise to identify requirements and transition sites to the new CSS platform.

VA has awarded a task order (TO) for pilot site survey activities to gather the requirements for implementing CSS; VA will continue using the ID/IQ contract structure, awarding firm-fixed price TOs as requirements are validated. The Columbus and Cleveland pilots will enable VA to better understand infrastructure requirements. VA will integrate lessons learned and efficiencies gained from the pilots and EHRM's efforts initial operating capability into future implementations.

Funding Profile

VA plans to request bringing forward EHRM funds from the out-years to support an accelerated CSS implementation. Planned expenditures will support infrastructure modernization, accelerated training, and help desk expansion services. VA is building a funding profile for accelerated CSS implementation in collaboration with stakeholders and will solidify the funding required to implement CSS at other facilities based on factors identified during site surveys, including facility size, complexity of legacy systems, and staffing requirements. After the pilots in Columbus and Cleveland, Ohio, are complete, VA will have a better understanding of the funding required to deploy CSS across the enterprise.

VistA Scheduling Enhancements

In May 2014, VA developed VistA Scheduling Enhancements (VSE) as an interim scheduling solution to fulfill patient scheduling needs until a commercial scheduling solution could be implemented. VSE acts as a bridge from legacy VistA to CSS, improving appointment reliability and scheduling workflow functions until the CSS platform is fully in place.

In August 2019, VA's Office of Inspector General assessed VA's management of the VSE project and recommended that VA improve project management oversight so that project requirements are adequately defined and supported before undertaking information technology (IT) projects. VA concurs with this recommendation and VA's

OIT is implementing a new program management review (PMR) process that will independently ensure IT projects are healthy and deliver the desired outcomes. With the signing and issuance of a policy memorandum, dated July 15, 2019, the new PMR process is now in effect. With this process in place, VSE will continue to help VA providers achieve better continuity of care for Veterans until their permanent scheduling solution arrives.

Conclusion

EHRM's program efforts will enable VA to provide the high-quality health care and benefits that our Nation's Veterans deserve, and CSS is a vital component of the care delivery experience. VA leadership is committed to successful implementation of CSS and believes that this effort will improve our delivery of quality health care to Veterans. VA will continue to keep Congress informed of milestones as they occur. Madam Chair, Ranking Member, and Members of the Subcommittee, thank you for the opportunity to testify before the Subcommittee today to discuss one of VA's top priorities. I am happy to respond to any questions that you may have.