

**STATEMENT OF
BRIAN SANDAGER, SENIOR VICE PRESIDENT AND GENERAL MANAGER
CERNER GOVERNMENT SERVICES
BEFORE THE HOUSE COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION
April 14, 2021**

Thank you, Chairman Mrvan, Ranking Member Rosendale, and distinguished members of the committee. My name is Brian Sandager, Senior Vice President and General Manager of Cerner Government Services.

I welcome the opportunity to participate in today's hearing and for your continued engagement and support of the Department of Veterans Affairs' (VA) Electronic Health Record Modernization (EHRM) program. Cerner is honored to partner with VA to deliver seamless care for millions of our nation's Veterans. They have waited far too long, and we owe it to Veterans to get this right.

It remains Cerner's position that based on commercial standards and lessons learned from the Department of Defense (DOD) and clients all around the world, VA is well positioned to continue deploying the new system. Having said that, I acknowledge there are real challenges that deserve our full attention and commitment to resolve. That is why Cerner strongly supports Secretary McDonough's decision to conduct a strategic review of the program. We will continue to provide VA the data needed to inform any decisions that need to be made during this review and will work with them to identify and resolve any challenges so that we are able to move the program forward.

The historic nature of EHRM is defined not only by the cost and size, but also the complexity and importance of the work. We must deploy to over 1,700 sites, train over 300,000 VA employees who are currently using 130 separate instances of VistA, develop interfaces between numerous systems, facilitate interoperability between three federal agencies and their community partners, all while ensuring Veterans have the care experience they have earned and deserve.

To succeed, we must continue working together. My team and I are grateful for the opportunity to serve alongside this committed VA leadership team and the frontline staff who have worked tirelessly to deploy this new electronic health record (EHR) while navigating everything from a global pandemic to severe storms, wildfires, and power outages. I want to take this opportunity to thank each of them for their unwavering commitment to Veterans. I also want to thank the leaders of various Veteran and Military Service Organizations who have been working with and advising us along the way. We are all grateful for their contributions and support. Together, we have achieved many significant milestones.

Last April, we partnered with VA and DOD to launch the **joint health information exchange (HIE)**, a tool that allows the VA, DOD, and U.S. Coast Guard (USCG) to exchange data with

community partners, increasing access to patient information and enhancing care for Veterans, Service members, and their families. In October, we expanded the joint HIE to include the CommonWell Health Alliance, adding a nationwide network of more than 15,000 hospitals and clinics to the 46,000 community partners already part of the joint HIE. These community partners include hospitals, pharmacies, clinics, labs, federally qualified health centers and nursing homes.

We are operating in a **single system across VA, DOD, and USCG** at 20 DOD commands and four Coast Guard sites that are live with the EHR system. The DOD alone is approximately 20,000 users successfully on the system. Later this month we will go live with the next wave, consisting of DOD commands across 11 states.

Last August, as the COVID-19 pandemic continued to impact all of our lives, we completed the **Centralized Scheduling Solution (CSS)** for the VA Central Ohio Healthcare System. Adoption of the CSS system by end users will ease the transition to the full suite of capabilities under EHRM.

As part of our journey to go-live last October at the **Mann-Grandstaff VA Medical Center** we hosted eight national clinical design workshops with frontline staff and leadership across VHA and OIT, DOD practitioners and various industry leaders, during which we developed 1,200 standard clinical workflows for use nationally, of which 919 workflows are live at Mann-Grandstaff. Since go-live we continue to make progress on optimization and deployment activities and productivity.

Wait times also are trending up with 64 percent of Veterans seen within 15 min of their scheduled appointment time, representing an improvement of nearly 40 percent. The time spent in EHR per encounter is down 32 percent, which indicates more effective ability to move Veterans through their clinic visits. The barcode medication administration, a workflow that allows providers to validate that the correct medications are given to the right patient, has averaged above 90 percent since go-live which is a healthy adoption. Over 190 opioid prescriptions have been modified based on Cerner EHR alerts, resulting in alternative treatments for those at higher risk of opioid use disorders.

At the same time, we have also been working with VA to continue turning on **new capabilities and continue training**. Since January, Cerner has conducted more than 230 post-go-live training classes to more than 700 users, among those users are new VA personnel at Mann-Grandstaff. Last month, we added enhanced capabilities to improve end user experience for ambulatory, eye care, cardiology, dentistry, perioperative care, and radiology. Additional capabilities were added this month to include enhancements to image sharing across the enterprise and with community partners, messaging, dental, and decision support tools. After feedback from end users, we have also been able to stand up a training sandbox to provide end users more regular access to workflows outside the live environment to promote functional understanding and comfort with the system.

We must listen to patients and end-users as well as review the data to ensure we deploy the best solutions possible. At the end of March, I had the opportunity to visit Mann-Grandstaff to meet with administrators, clinicians, providers, end users and Veterans.

The staff embraced the opportunity to go first, and they have been incredible partners. I expressed our sincere gratitude for their efforts and that Cerner is committed to working side-by-side to support their work. Their feedback was incredibly valuable, and I saw firsthand the impact of the advancements we are making to the system, and the remaining challenges we are working to resolve.

Our commitment to Veterans is why we do this work. Right now, Veterans and Service members in the Pacific Northwest are benefiting from seamless care between DOD and VA. For example, there are Veterans and Service members who received a COVID-19 vaccine at either a VA or DOD facility, and then had a subsequent encounter for their second dose at the other respective facility. Prescriptions are being written by providers at one Department and filled by pharmacists at the other Department. Alerts are being generated to notify the clinician at one agency that orders they are placing conflict with or are impacted by orders placed by a clinician at the other.

As we continue to make progress on optimization and deployment activities. We also recognize that for a health system as large as VA, it is critical that we keep marching forward to the next go-live. With more than 130 instances of VA's legacy EHR, every site varies in many of their clinical workflows and business operations. Every site we deploy to, we will learn more, and we will be able to make more informed decisions to assist VA in delivering on their mission.

Every Cerner associate, along with their VA counterparts, is working hard day in and day out. Success for all of us is being able to provide better care and health outcomes for our nation's Veterans, Service members, and their families through a single common record.

We humbly work towards that every day. And, with your ongoing support, we will continue to do so.

Thank you and I look forward to our discussion today.