

**STATEMENT OF DR. TERRY ADIRIM
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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION
U.S. HOUSE OF REPRESENTATIVES
"NEXT STEPS: EXAMINING PLANS FOR THE CONTINUATION OF THE
DEPARTMENT OF VETERANS AFFAIRS ELECTRONIC HEALTH RECORD
MODERNIZATION PROGRAM"**

April 26, 2022

Good morning, Chairman Mrvan, Ranking Member Rosendale 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). I am accompanied by Ms. Laura Prietula, Acting Deputy Chief Information Officer for VA's Electronic Health Record Modernization Integration Office (EHRM IO), and Dr. Donald Pirraglia, VISN 16 Deputy Chief Medical Officer/Former Acting Functional Champion EHRM IO. I look forward to continuing to engage with you and your staff to ensure that we are successful, and I assure you that I am committed to full transparency about our deployment efforts. Thank you for your support during this challenging journey.

First and foremost, our Veterans deserve world-class health care, and to do that, VA health care providers must have modern tools to deliver that care. As Secretary McDonough has said, this is a leap forward that we can do and must get right. Make no mistake, this enterprise-wide effort is one of the most complex clinical and business transformation endeavors in the Department's history. It is an opportunity for VA to fundamentally change the delivery of health care through the standardization of its operations to reap benefits for Veterans by delivering consistent, high-quality care wherever they seek it. This transformation also benefits taxpayers by improving operational efficiency to make the best use of the funding VA receives to increase access to care. By working in partnership with the Department of Defense (DOD), we are creating a single, seamless, integrated health record that will ensure the Nation's Veterans have access to safe and timely health care across their lifecycle.

I am honored to be leading this important effort on behalf of the VA team and Veterans, and it is my top priority to deploy a system that will enable the delivery of high-quality, safe and efficient care. Given my background and experience in leadership roles within clinical medicine, academia and Federal government service, I believe that I am the right person to help lead this program to success. By training, I am a physician specializing in pediatric emergency medicine. I come to VA after serving in leadership roles within DOD's Military Health System for five years, including most recently as

Acting Assistant Secretary of Defense for Health Affairs over the last year.

Throughout my 30-year career, in and out of government, I have continued to practice medicine. As an end user of EHRs, I have been through deployments and have used Cerner Millennium in clinical practice, so I am familiar with the frustrations of learning a new EHR system. I know firsthand what front-line providers are going through. This background will allow me to guide VA through the challenges we are experiencing, which are not unique to Cerner's product or to VA.

Implementing a new EHR in any organization is difficult but implementing one in a health care system as large and complex as VA's is a tremendous challenge. We are transitioning from the current, nearly 40-year-old EHR system, which is comprised of 130 customized Veterans Health Information Systems and Technology Architecture (VistA) systems, to a single, state-of-the art product with enterprise-wide standardized workflows and configurations. For example, VistA requires some users to have several desktop applications open simultaneously in order to provide patient care. Automated processing functions in the new EHR system help providers get work done faster and improve the user experience by moving key functions from multiple applications to one. This represents a significant change from how VA is managing our health records in the legacy system. We are currently in the initial operating capability phase, where we are learning what works and what is not working for VA and applying these lessons learned going forward.

Despite these challenges, it is important to note that the Cerner system VA is deploying has already been successfully implemented at DOD sites across the United States, as well as with the U.S. Coast Guard and for the U.S. Military Entrance Processing Command. Currently, more than 50% of DOD's EHR rollout is complete, with over 93,000 active users delivering care to 9.6 million service members, retirees and their families. We are evaluating lessons learned from the DOD rollout that will help us with our own deployments as we move from our initial operating capability to taking our deployments to scale across the entire VA enterprise.

Personal Vision

Since joining VA four months ago, I have immersed myself in the program and am working quickly to understand prior and ongoing activities to resolve challenges identified in the strategic review. In my time at VA, we have already made significant progress in many areas, including hiring leaders and staff with the right skills and experience for successfully completing large complex projects, developing site readiness criteria, optimizing dashboards to monitor and measure our performance, establishing VA governance bodies for more collaborative decision-making and improving communication with our stakeholders, among many other program improvements.

I am certain that we are doing the right things to properly position the EHRM program for success. My immediate focus is on three main priorities: strengthening the

program, ensuring the success of the first three deployment sites and ensuring successful deployments at future sites.

- **Strengthening the program:** Our new organizational structure realigns functional, technical and program management under one executive director. A new Department governance council, the EHRM Integration Council, began operations in January to provide a forum for cross department decision making and to ensure expertise is integrated from all VA stakeholders, including those who are building, using or affected by the EHR system to create a better system for both Veterans and staff. This council will improve communications, collaboration and transparency across VA and will enhance effective governance of the program.
- **Ensuring success of the first three deployment sites:** The EHR system is currently deployed at the Mann-Grandstaff VA Medical Center (VAMC) in Spokane, Washington, and the Jonathan M. Wainwright Memorial VAMC in Walla Walla, Washington and will deploy at the VA Central Ohio Healthcare System in Columbus, Ohio, in four days. These sites are designated as initial operating capability (IOC) sites, which means that they are helping us to identify areas for changes and to further hone our processes, all of which will be incorporated as lessons learned when the system is deployed at future sites. As to be expected, the system has presented some challenges and concerns. However, there have not been any instances where patients have been harmed due to the deployment of the new EHR system. Patient safety is our first and foremost priority.
- **Preparing for future deployments:** Following the Mann-Grandstaff VAMC deployment and the strategic review, VA revised its EHR deployment schedule through the first quarter of fiscal year (FY) 2024, which may change based on unforeseen obstacles like potential COVID case increases. This revised schedule leverages lessons learned at the first sites and incorporates feedback from facility end users, Veterans Integrated Service Networks (VISN) leadership and Veterans Health Administration (VHA) program offices. In preparation for these deployments, we have developed detailed integrated readiness criteria to assess risk at future sites. Additionally, we will implement a continuous feedback loop to capture improvement opportunities and drive future changes. Pre-deployment activities are underway in VISNs 10 and 20, as well as preparations for site deployments scheduled later in FY 2023 in VISNs 12 and 23.

Mann-Grandstaff VAMC Update

As the first VAMC to go live, Mann-Grandstaff leadership and staff, supported by VISN and VHA leadership, have worked tirelessly to ensure Veterans had continuity of quality and timely care during the transition from VA's legacy EHR to the new EHR. While the VA team continues to move forward with other deployments, we are still very much focused on supporting Mann-Grandstaff and we will continue to closely monitor for usability of the system and adoption by staff. VA has directed Cerner to release

additional capabilities to enhance VA's EHR. These planned releases will further enhance the user experience at Mann-Grandstaff VAMC.

In March, the VA Office of Inspector General (OIG) released three reports related to the EHR deployment at Mann-Grandstaff regarding care coordination, medication management and ticket processing. We were aware of the issues cited prior to the release of the reports and have been actively working the issues requiring resolution over the last 19 months since Mann-Grandstaff went live with the new EHR. VA stakeholders have coordinated to resolve and close out 22 of the 37 substantiated allegations and are in the process of resolving the remainder in the upcoming months. With the significant progress we've made addressing these issues and the mitigation strategies in place, VA is confident in moving forward with the current deployment schedule.

Jonathan M. Wainwright Memorial VAMC Update

On March 26, the EHR system was deployed at the Jonathan M. Wainwright Memorial VAMC in Walla Walla. Staff have been receiving substantial onsite support, from Cerner adoption coaches provided for four weeks following go-live, super users providing peer support and productivity support from the VISN and VHA headquarters. Deployment activities were closely monitored via the integrated site readiness checklist to ensure critical activities were completed for a successful go-live, and these activities have continued to be closely monitored over the last few weeks. To date, the system is working as expected and we are quickly responding to and addressing issues as they arise. Feedback from the site leadership is that morale is good among the staff.

VA Central Ohio Healthcare System in Columbus Update

In four days, the EHR system will be deployed at the VA Central Ohio Healthcare System in Columbus, Ohio. Lessons learned from the first two IOC sites have been used to enhance every aspect of this next deployment. Staff trained prior to the delay of the go-live have noted the improvements in the enhanced training they have received this time. Having already been using the Centralized Scheduling System component of the EHR system since August 2020, they are well prepared for deployment of the full system. For the last several weeks, EHRM IO, VHA and Columbus leadership have been meeting regularly to resolve any outstanding issues prior to go-live. We have held town halls with staff, local Veterans Service Organizations and with Veterans served by the VA Central Ohio Healthcare System. We have mailed letters, sent emails and posted information on social media and on the facility's website. Columbus leaders are very excited about going live on Saturday and have indicated that the staff are ready.

Future Site Readiness

As I have mentioned, all new deployments of EHR systems have their challenges, and we fully intend to learn from our currently deployed sites and apply

these lessons to future deployments. To ensure readiness for transition to the new EHR and to support training for the new way of delivering care, VA conducts current state reviews (CSRs) at each facility. The CSRs include a comprehensive review of each facility's current clinical processes for patient care, an analysis of each facility's patient documentation requirements and a review of existing technical infrastructure, including network closets, server rooms, end-user devices, medical devices, printers and scanners. This information enables VA to prepare the facility and its staff for EHR implementation and determine the necessary workflow updates, training and technical upgrades needed to support the EHR deployment.

Change Management

EHR implementations are much more than IT deployments. They are a significant transformation of health care delivery, which involves people at the heart of adopting the new technology. Therefore, our approach to supporting our personnel includes more than just training; we use a number of change management strategies to ensure that leadership and staff understand that the new system represents an entirely different way of delivering health care. Close engagement with local site leadership and staff, VISN leadership and VHA leadership along with abundant communication are significant elements of how we are approaching change management with the goal of ensuring adoption of the new system. To gain insight into how adoption is progressing, we are actively monitoring system use trends using Cerner Lights On metrics. Being able to assess how people are using the system helps us to readily identify areas where there may be concerns.

As is common with any EHR deployment, we also expect that there will be a short-term productivity dip following go-live, until people become more comfortable with the system and new workflow processes. To support productivity, VHA has created the National EHRM Supplemental Staffing Unit (NESSU) to provide in-person and virtual clinical staff trained in both VistA and the new EHR who can supplement the areas of primary care, mental health, outpatient pharmacy, scheduling and nursing care during and after go-live. Additionally, the VISN Clinical Resource Hub (CRH) provides trained staff for Veteran populations facing geographic or social barriers to care. Within the first week following go-live, medical center personnel at Walla Walla were successfully working in the system, expressing their desire to work and experiment independently and asking to have additional appointments added to their schedule, which are all positive signs of adoption of the new system.

In response to feedback from the Spokane, Walla Walla, and Columbus sites, VA has evolved and enhanced its training content to ensure better competency in using the new system. In fact, VA has made over 2,000 content changes since the conclusion of training at Mann-Grandstaff in October 2020. This involved improvements to both quality and quantity of training, including course redesigns to better incorporate additional workflows and adjust course length to better address the needs of learners. We have expanded the course catalog, which will grow as new capabilities come online, and developed virtual instructor-led courses to mirror all instructor-led options. We have

also provided focused courses for outpatient-only facilities. Another important improvement is identifying super users earlier in the deployment process and engaging them as part of the change management network.

Communications with Veterans, facility leadership and staff and the public are critical to successful EHR deployment. Of primary concern is managing expectations for post implementation; specifically, ensuring that health care personnel understand that the delivery of care will be different from prior practices and that the EHR will require further refinements as some issues will not be fully addressed until after implementation, such as enhancements to integration between the core EHR system and unique VA systems for prosthetics, community care referrals and pharmacy. As mentioned, we have been engaging with our stakeholders through town halls, as well as e-mails, letters and social media, focused on our Veterans and weekly engagement between EHRM Integration Office leadership and site leadership.

Budget Overview

As planned, the budget request for FY 2023 is lower than previous years because the bulk of IT infrastructure requirements essential for the EHR were funded in FYs 2021 and 2022. Due to the need to build the infrastructure well in advance, the FY 2023 budget plan is focused on investing in the future sites that will go-live in late FY 2024 and early FY 2025.

Conclusion

In closing, although there have been challenges along the way, especially for Mann-Grandstaff as our first site, and there is much more work to do, the program is currently on track and gaining momentum with success in Walla Walla and excitement ahead for Columbus.

I also want to emphasize that this undertaking is more than just a routine software implementation. It is a big change in how business and work processes are performed within VA, and therefore presents us with the opportunity to completely transform the way we deliver health care and standardize that delivery across the enterprise. Because it is so transformative in terms of how Veteran care is provided?, the success of the project depends not just on the software, but on how well we train and support the people who use it. Be assured that the resources you have invested in VA's new EHR, when fully implemented, will support VA in delivering world-class health care and improve access, outcomes and experience for Veterans and they deserve nothing less.

I again extend my gratitude to Congress for your continued support and shared commitment to serving Veterans. Because of your support, VA, in coordination with DOD, will realize the full promise of a modern, seamless, integrated health record that

will contribute to the health and well-being of the Veterans in our care.

Chairman Mrvan, Ranking Member Rosendale and Members of the Subcommittee, thank you for the opportunity to testify today to discuss our deployment of the EHR system. My team and I are happy to respond to any questions that you may have.