

**STATEMENT OF NEIL EVANS, M.D.,
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DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION
U.S. HOUSE OF REPRESENTATIVES
ON
"ELECTRONIC HEALTH RECORD MODERNIZATION DEEP DIVE: PHARMACY"**

TUESDAY, MAY 9, 2023

Good afternoon, Chairman Rosendale, Ranking Member Cherfilus-McCormick and distinguished Members of the Committee. Thank you for the opportunity to testify today in support of VA's initiative to modernize its electronic health record (EHR) system. I am accompanied by VA's senior leaders critical to this initiative, Dr. Mark Upton, Deputy to the Deputy Under Secretary for Health; Dr. Thomas Emmendorfer, Executive Director of the Pharmacy Benefits Management Services; and Dr. Robert Silverman, Veterans Health Administration (VHA) Pharmacy Council Co-Chairman for the Electronic Health Record Modernization (EHRM) Program.

I want to begin by thanking Congress and this Committee for your continued support and your shared commitment to Veterans. Successful deployment of a modern electronic health record (EHR) is essential to the delivery of lifetime world-class health care and benefits for Veterans. In the end, our goal is a unified, seamless, trusted information flow between VA, the Department of Defense (DoD), the U.S. Coast Guard and community providers that will empower Veterans and their families, caregivers and survivors to achieve and sustain health and wellness. Because Veterans are at the center of everything we do, their health and well-being and ensuring they receive the care they have earned is our highest priority.

We readily acknowledge there have been challenges with our efforts to modernize VA's EHR system. On April 21, 2023, VA announced that, as part of a larger

program reset, future deployments of the new EHR will be halted while we prioritize improvements at the five sites that currently use the new EHR. The only exception to the full-stop on deployment activities is the Captain James A. Lovell Federal Health Care Center in Chicago, which is the only fully-integrated VA and Department of Defense health care system. During this reset, VA will fix the issues with the EHR that were identified during the recent “assess and address” period, continue to listen to Veterans and clinicians about their experience with the EHR, and redirect resources to focus on optimizing the EHR at and on behalf of the sites where it is currently in use: Mann-Grandstaff VA Medical Center (VAMC), Jonathan M. Wainwright Memorial VAMC, Roseburg VA Health Care System, VA Southern Oregon Healthcare System, and VA Central Ohio Health Care System.

VA has an obligation to Veterans and taxpayers to get this right and will take the time needed to do so. We understand the concerns of this Committee regarding the EHR system and its impact on Veterans and the care our health care personnel provide. We are committed to full transparency, and we appreciate your oversight. We look forward to further engagement with you and your staffs to ensure that this modernization is successful. We commit to you that we are working diligently to address identified issues and to implement enhancements and improvements. In delivering world-class health care to Veterans, VA strives to be a High Reliability Organization, and remains committed to a goal of zero patient harm.

EHR Readiness

Based on our recent assessments, including the ongoing “assess and address” period and the Readiness Assessment, VA determined that the new EHR is not yet ready for future deployments. Additional deployments will not be scheduled until VA is confident that the new EHR is highly functioning at current sites and ready to deliver for Veterans and VA clinicians at future sites. This readiness will be demonstrated by measurable improvements in the clinician and Veteran experience; sustained high-performance and high reliability of the system; improved productivity at the sites where the EHR is in use; and more. When these criteria have been met and the reset period

concludes, VA will update and release a new deployment schedule and resume deployment activities.

As mentioned earlier, the only exception to the full-stop on deployment activities is at the Captain James A. Lovell Federal Health Care Center in North Chicago, where the new EHR is scheduled to go-live in March 2024. This is a jointly-run VA and DoD facility; the EHRM program reset will allow VA to dedicate additional resources to this joint deployment effort, to ensure that after the go-live, all patients who visit this facility will be covered by one common Federal EHR.

VA has always said the EHR will not go live at any site with unresolved or insufficiently mitigated safety-critical findings. We also remain firm in our resolve to continue deployments of the modernized EHR when it is ready. It is important to take the time now to get things right—to provide a strong foundation for an executable deployment schedule as the project proceeds. The continuous focus will be on assessing and remediating any identified issues at live sites and designing for safety and efficiency at future deployment sites.

System Stability and Reliability

Corrective actions within the system database configuration and the architecture and management of overall set of technologies within the Federal EHR have led to an overall improvement when it comes to complete outages. Entering the month of April 2023, there had not been an outage for 8 months. Unfortunately, there were two outages totaling 294 minutes in April 2023, resulting in EHR system downtime.

Improving system reliability and availability remains a critical VA focus. Cerner is contractually obligated to meet 99.9% uptime commitment per measurement period (monthly) for the EHR production system, meaning that the system is functional and available for use. In addition, our immediate target is to achieve at least 95% system incident free time, which we define as the percentage of time in which all solutions are

functioning as intended for all users. As of April 2023, Cerner has achieved 95% or higher system incident free time on 2 months out of the previous 12 months.

Because not all system interruptions are the result of Cerner activity—issues with other systems that connect to the EHR can impact it—VA continues to work with our partners at DoD and the Federal Electronic Health Record Modernization office to reduce downtime with the EHR enclave and connected systems.

VA established a Performance Excellence workgroup in March 2022 to review technical performance issues with Cerner and resolve problems with system stability, reliability and performance. The goal of this workgroup is to remediate identified reliability and performance issues before deployment of the EHR system to additional sites and minimize any disruption to access of care.

Pharmacy and Medication Management

On February 17, 2023, three priority pharmacy enhancements were installed as part of the Block 8 upgrade to the EHR system. These enhancements provide incremental improvements to system usability, improving providers' visibility of available prescriptions, optimizing system options for maintenance medications and expanding details on prescription expiration dates—all of which are necessary to support our health care personnel in delivering Veteran care. Demonstrating the lessons we have learned from the past, these enhancements underwent rigorous testing prior to installation.

The Pharmacy Benefits Management (PBM) program office, in cooperation with the EHRM National Pharmacy Council, continues to work towards additional system upgrades to further improve provider visibility into prescription details. For example, the April 2023 “cube release” included additional pharmacy capabilities and features, reducing the number of clicks and complexity to users sending prescriptions electronically to an outside (non-VA) pharmacy and allowing clinicians to see the actual prescription status of the mail-order pharmacy in the EHR system. This is expected to

be followed by the August 2023 Block 9 update, with three more improvements for pharmacy workflow and prescription refill processing. The Pharmacy Council supports our sites already using the new EHR via regular office hours calls and on-station visits and provides recommendations within VHA through the Assistant Under Secretary for Health for Patient Care Services (AUSH-PCS).

Despite this progress, ongoing support and planned future updates, feedback from our pharmacy community on the recently deployed enhancements to the pharmacy solution is that the improvements have been small and incremental. Although these updates are gradually improving the clinician experience, pharmacy staff need an accelerated delivery of upgrades to the new EHR system to eliminate the burden of the labor-intensive human mitigation strategies currently in place. As the current pace of new requests for upgrades and enhancements exceeds the planned delivery schedule of changes that address those requests, the EHRM reset period will allow VA to focus on execution of system updates and systematically resolve key issues before resuming future deployments.

Additional Program Improvements

VA has also made progress in completing implementation of many of the VA Office of Inspector General's (OIG) recommendations for the EHRM program. As of the date of this testimony, 45 of OIG's 68 recommendations are closed, including the final recommendation from the Unknown Queue report that was closed in January 2023. Thirteen (13) additional recommendations are targeted for closure by the end of May 2023. Twenty-three (23) recommendations remain open, including two from the oldest report focused on access to care at Mann-Grandstaff VAMC. These two recommendations relate to evaluating the EHR system's impact on productivity and the impact of mitigation strategies on the user and patient experience and are targeted for closure by June 2023. VA continues to drive each to closure. We have established VHA EHRM governance bodies and processes to ensure enterprise standardization and

health system decision-making. As part of this work, EHRM-IO transitioned the EHRM National Councils to VHA to be incorporated into VHA's governance process.

Continued Engagement at Live Sites

VA continues active engagement with sites already using the new EHR system, and supporting those sites will be our primary focus as we reset the EHRM program. We are grateful for their hard work and dedication to patient care. In fact, these sites have provided vital feedback on challenges with the new EHR that have resulted in necessary improvements.

For staff at the five sites where the EHR is currently in use, this reset means that we are devoting our resources to improving the EHR experience from the ground up. When EHR systems are at their best, they are intuitive, responsive and reliable. Clinicians should not be waiting for an EHR; it should always be ready for them. All too often, the new EHR has not provided that type of seamless experience for VA staff. We will ensure that the new EHR is delivering for VA clinicians and empowering them to deliver world-class care to Veterans. VA continues to actively work on issues impacting system reliability and usability to include addressing system performance, testing, training and functional optimization.

As we continue to support existing sites, VA has developed and sustained a training regimen to ensure new hires are properly trained and existing users are getting opportunities to optimize their performance in the EHR system. We routinely communicate system changes, planned maintenance events, upgrades and outages. We also leverage our weekly User Impact Series, which is attended by over 200 super users, site and VA leaders, and subject matter experts. The lessons learned from these sites have enabled VA to improve the level of support provided before, during and after go-live.

Contract Update

VA's initial sole source contract award was awarded to Cerner on May 17, 2018. The EHRM Indefinite Delivery/Indefinite Quantity (IDIQ) contract was structured with an initial period of performance of 5 years, after which another 5-year option period is available to exercise at the Government's discretion. The current period of performance for VA's contract ends May 16, 2023. Our Office of Acquisition, Logistics, and Construction, together with other stakeholders in VA, has conducted acquisition planning and preparation to support option period negotiations with Cerner. Those negotiations began on March 13, 2023, and are ongoing. VA and Cerner are currently working toward an amended contract that will increase Cerner's accountability to deliver a high-functioning, high-reliability, world-class EHR system.

Budget Overview and Cost Estimate

The VA EHRM program will not be seeking the 25% funding withhold (totaling \$439,750,000) of the VA EHRM budget line for FY 2023. As part of the reset, VA remains committed to working with Congress on resource requirements for the agency's EHR Modernization efforts. When the reset period concludes, VA will update its EHR deployment schedule and program life cycle cost estimate and will provide an updated version to Congress once completed.

Conclusion

Our focus is keeping Veterans at the center of everything we do, and our top priority remains and continues to be advancing a culture of safety and high reliability, with the goal of zero incidents of patient harm. Veterans deserve high-quality health care that is timely, safe, Veteran-centric, equitable, evidence-based and efficient.

As improvements continue to be made throughout the duration of this reset, VA will continually evaluate readiness and the EHR system to ensure success. This includes close collaboration with EHRM-IO, VHA, site and VISN leadership and other key stakeholders.

I again extend my gratitude to Congress for your commitment to serving Veterans with excellence. With your continued oversight and support, VA will realize the full promise of a modern, integrated health record to cultivate the health and well-being of Veterans. We are happy to respond to any questions that you may have.