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

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Good afternoon, Chairman Rosendale, Ranking Member Cherfilus-McCormick and distinguished Members of the Subcommittee, I thank you for the opportunity to testify today on federal electronic health record (EHR) modernization and interoperability, and our partnering efforts to get the deployment, implementation, and performance of this critical health care capability right. I am accompanied by Mr. Lance Scott, the Chief Technology Officer for the Federal Electronic Health Record Modernization (FEHRM) program office.

On behalf of the FEHRM program office, I want to thank Congress, and this Subcommittee, for your unwavering dedication to ensure our nation's Veterans, Service Members, and beneficiaries receive the safe, reliable, interoperable, and modern EHR they deserve. I also want to thank you for the support we received to deliver this transformational, patient-centered health care capability.

I understand the concerns regarding reports of outages, incidents, and other technical problems associated with the deployment of the Federal EHR (FEHR) that we will discuss today. The effort to deploy a modern EHR has been, and still is, a challenging endeavor. But in no way do these challenges mean that EHR modernization is an unattainable goal. The FEHRM and its Department and other federal partners work through these challenges every day.

The modern, interoperable FEHR is large in scale and complexity. But this scale and complexity deliver capabilities that enhance patient care and provider effectiveness. This FEHR implementation effort also delivers on the promise of seamless health care transitions for Service Members and Veterans, and establishes a single lifetime, longitudinal record for its beneficiaries.

Today, I look forward to sharing how the FEHRM partners with Department of Veterans Affairs (VA), Department of Defense (DOD), and other federal agencies to address the challenges and make the single, common FEHR a reality.

THE FEHRM and its Mission

The FEHRM serves a key role in the modernization effort we are discussing today. Congress gave the FEHRM many responsibilities to drive EHR modernization forward. Among other responsibilities, the FEHRM is charged with pursuing the highest level of VA and DOD health care interoperability, maintaining the common EHR configuration baseline for the VA and DOD, continually evaluating the state of configuration and any impacts on interoperability, promoting the enhancement of the EHR system, and implementing a single lifetime, longitudinal health record between the VA and DOD.

To meet this charge, the FEHRM performs a host of functions advancing the FEHR. The FEHRM unites efforts and delivers common capabilities that enable VA, DOD, and other federal agencies to implement the FEHR. Common capabilities the FEHRM delivers include performing oversight of the shared environment containing the FEHR and supporting systems, governing configuration and content changes derived through a joint-decision making process, tracking and facilitating software upgrades and solutions to optimize EHR performance, and informing continuous improvement through the tracking of joint risks, issues, opportunities, and lessons learned.

The Federal EHR

The FEHR is an ecosystem of orchestrated technologies. The overall EHR modernization effort is not about a single product, network, interface, or application, Rather, its about all of these products, networks, interfaces, and applications working together within a national enterprise to create the right circumstances to deliver the right experience for clinicians and beneficiaries alike.

This modernized, enterprise EHR capability enhances health care delivery, and delivers better outcomes. Among its many benefits, it allows for standardized workflows, better coordination between the VA, DOD, other federal partners, and private sector health care systems, and the efficient dissemination of innovation, technology, and new capabilities.

Within the VA, the FEHR is currently in use at five medical centers, 22 community-based outpatient clinics, and 52 remote sites. Following these initial deployments, the VA halted work on futher deployments of the FEHR, with the exception of the Captain James A. Lovell Federal Health Care Center (FHCC), to focus on improvements at the five sites currently using the FEHR. FEHR technical performance is one of the areas the VA Reset is focused . Beyond the VA's current deployment posture, the FEHR is in wide use across the federal health care space.

The United States Coast Guard completed its FEHR deployment across 109 sites, and the National Oceanic and Atmospheric Administration successfully deployed the FEHR across its seven sites.

DOD is the most mature in its deployment of this capability. The DOD routinely implements lessons learned and refines its deployment processes, building on established practices to improve each subsequent deployment. With the exception of the FHCC, the DOD completed its deployment of the FEHR throughout its clinical sites within the continental United States.

The DOD is now completing its global deployment of the FEHR to multiple overseas sites. As an example of the FEHR enterprise driving outcomes, last month the DOD completed its Europe deployment in multiple clinical facilities in nine countries, across four time zones, in twelve days. The deployment to the DOD's Pacific sites is underway, and our early results indicate similar outcomes.

Improving the Federal EHR

I share the frustrations of many of today's fellow witnesses, and the distinguished members of this Subcommittee, over issues that emerged in the VA's deployment of the Federal EHR. However, I see the rigor VA is demonstrating in this Reset, and the collaboration that occurs every day across the breadth and depth of our modernization effort. I am confident we will get this right.

The FEHR, and the implementation effort that drives its success, continuously evolve. Since the initial deployment of the FEHR, the FEHRM and the Departments have worked with end users and stakeholders to identify issues and improve the system's reliability, functionality, usability, and capabilities. Collectively, the FEHRM, VA, DOD, and our other federal partners share problems, learn from each other, and develop solutions together. There are tremendous advantages in this, and it results in a system that continuously improves.

System performance is not a discussion about a single product. Rather, through joint deployments and increased users, we learned much about the criticality of maintaining a common EHR baseline. The performance of this single enterprise system is driven by a multitude of different factors and interactions within a complex ecosystem of interfaces and interfacing systems. To optimize performance, we must employ the right configurations while minimizing deviations, such as local end user device configurations, from the enterprise configuration baseline.

Although the FEHR enterprise is not yet at the performance threshold we demand, improvements are occuring. Many of these improvements are realized through the FEHRM's understanding that performance improves dramatically by looking at the entire FEHR ecosystem from an enterprise perspective. This holistic approach delivered significant outcomes to an ever evolving system. For example, through the success of the Oracle Health Corrective Action-Preventive Action (CAPA) process, the mean-time-to-restore (MTTR) improved by 50% over the past 18 months. Currently, the MTTR is now under 4 hours for more than 95% of events. Over this same 18-month period healthy minutes were sustained above 99.5%.

With its enterprise-wide approach to driving outcomes, the FEHRM improved the stability of the DOD Defense Enrollment Eligibility Reporting System (DEERS) interface with the FEHR enterprise. In the early years of the FEHR deployment, DEERS led the cause of FEHR system degradation and downtime. The FEHRM engaged, along with the DOD and VA and coordinated a series of engagement sessions with the Defense Manpower Data Center (DMDC) to highlight and improve reliability. Over a period of months, DMDC as well as the FEHR made changes to DMDC infrastructure as well as the way DEERS and the FEHR interacted. These changes had significant impacts, and over the past 23 weeks, DEERS had a single outage that was quickly resolved in 53 minutes.

Beyond the subject of this hearing, the FEHRM continues to collaborate in the development of significant FEHR advances. In terms of data exchange and interoperability, in April 2020, the FEHRM deployed the Joint Health Information Exchange (JHIE). This grew to be the largest Health Information Exchange in the world, exchanging bidirectional health care data with over 95% of health care organizations. This created the most complete patient health care record in history, for all members of the FEHR.

Another example of a significant release is the upcoming release of the "Seamless Exchange" capability to the FEHR. This exciting capability is currently undergoing a pilot at the VAMC at Walla Walla, Washington. Seamless Exchange will allow the auto ingestion of external community partner health care records directly into the FEHR, provide a data deduplication capability, and for the first time, establish data provenance for FEHR supported clinicians.

And, most notably, in response to the COVID pandemic, the FEHRM established a bidirectional exchange between state immunization registries and the FEHR. This new capability provided states and FEHR partners an enterprise means to create a more complete patient record by exchanging state immunization data.

Conclusion

In closing, as a son and brother of Veterans, and leader of an organization largely comprised of Service Members and Veterans united in modernizing the FEHR, I am focused on delivering patient-centered care, and providing the greatest capabilities available to support the most informed clinical decision making. The success of deploying this modern FEHR is fulfilling a solemn promise to our Service Members, Veterans and their families.

The single, common FEHR enhances health care delivery, and delivers better outcomes. It is my observation that the more VA, DOD, and our federal partners collaborateand team as an enterprise, the more we raise the performance of the FEHR. The FEHRM, with its VA, DOD, and other federal partners, are commited to deploying and evolving this transformational health care capability together.

The FEHRM is dedicated to providing health care providers with IT they do not need to think about by seamlessly providing the right data about the right patient at the right time. Focusing on continuous capability delivery not only improves the delivery of health care by our partnered clinicians, it improves the health care experience for our valued beneficiaries. I look forward to our continued partnership, transparent communications and commitment to provide our nation's Veterans the care they deserve and informing you of our progress as we continue this vital mission.

I thank you for your commitment to getting EHR modernization right, and for the opportunity to speak with you today. I look forward to answering your questions.