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Health

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Subcommittee on Technology Modernization

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Introduction:
Chairman Rosendale, Ranking Member Cherfilus-McCormick, and members of the
Subcommittee, thank you for the opportunity to speak with you again today about Oracle's
work with the Department of Veterans Affairs' (VA) Electronic Health Record Modernization
(EHRM) program, specifically the pharmacy capability of the Electronic Health Record (EHR).

Oracle is pleased to provide VA with a new EHR that includes a pharmacy capability which
enables veterans to receive their medications in a timely manner.

When VA announced it would adopt the Cerner Millennium EHR, it made the decision to move
from its legacy VistA EHR to a commercial off-the-shelf system. Utilizing a commercial
system offers many benefits, chief among them that the Department of Defense (DoD) had
made the decision to move to Millennium and this would enable service members and
veterans to have a seamless health record from the beginning of their service through lifelong
care at VA.

As a commercially developed system, Millennium did not account for every unique way that
DoD or VA may provide care, so some adaptations necessarily have been required, though the
goal is of course to limit customizations whenever possible. Pharmacy operations at VA is an
example of an area where customizations have been required because unlike the commercial
sector, VA operates as both the prescription ordering party and the dispensing party.

After the initial deployments, it became clear that the pharmacy system needed to be
enhanced to better meet VA's needs. To that end, in August 2022, shortly after Oracle
completed its acquisition of Cerner, VA contracted with us for seven enhancements that
overall would adapt the pharmacy system to a more bidirectional system between VA
providers placing prescription orders and VA pharmacists fulfilling and dispensing them. This
month, we delivered the final of the seven enhancements, and they are all live for VA
providers and pharmacists to use now, except for one that is undergoing additional testing
and should be live soon (more information below). Oracle delivered these enhancements
much faster than the delivery timeline anticipated by Cerner pre-acquisition.

We believe the enhanced pharmacy system Oracle has provided to VA presently is both safe
and effective, having been built to VA's specifications and requirements. As with any
healthcare technology system, there is a need for continuous improvements but that does not
mean the system is not safe and effective in its current state. Oracle is committed to working
with VA to address their unique needs. We intend to do that by continuing our work with VA
on any new or additional enhancement requirements, by eventually updating the entire EHR,
including pharmacy, to a modern stateless web application, by moving the EHR system to
Oracle Cloud Infrastructure with VA's permission, and by continuing to work with VA
throughout the reset period to identify workflows and other items that can be simplified or
streamlined to improve the overall user and pharmacy experience.

Pharmacy Toplines:

Utilizing the new EHR at the five live VA Medical Centers (VAMC) and their associated facilities, veterans are receiving their outpatient prescriptions at the pharmacy window in an average of 25 minutes for Jan. 2024, which is below VA's 30-minute key performance metric.

On average more than 215,000 outpatient prescriptions are being filled each month. The current live sites do not have a backlog in filling prescriptions. Recent data from this month show that three of the five live sites have zero prescriptions waiting to be processed that are older than seven days. The two other live sites have an average of two prescriptions older than seven days.

We recognize that VA increased pharmacy staffing, and we continue to partner with VA to find efficiency opportunities while maintaining the benefits of the new capabilities. However, it also needs to be recognized that a comparison to productivity in pharmacy operations under VistA is not an apples-to-apples comparison because the new EHR includes additional safeguards that ensure patient safety and improved health outcomes for veterans. One example is clinical decision support that requires pharmacist intervention. Pharmacists need to stop, review the warning information on an allergy or drug interaction and mark as reviewed. Additional items that increase safety but also take pharmacist time are discussed below.

Prescriptions may also be filled by mail order, as directed by providers and pharmacists when making the order in the EHR. Since the first deployment in Oct. 2020, 4.3 million prescriptions have been filled through VA's Consolidated Mail Outpatient Pharmacy (CMOP). This number of prescriptions is in line with historic prescription fill volumes.

VA has initiated a significant effort to standardize pharmacy and other workflows during the reset period, and we are engaged with VA as advisors in that effort. Standardization ensures that all VA facilities adhere to best practices and evidence-based guidelines. This consistency in care delivery leads to improved patient outcomes and satisfaction. Oracle's pharmacy team works across all levels of VA pharmacy – national, VISN, and local – to support VA's mission in providing safe, effective, and timely medications to veterans. We view this as an ongoing partnership to standardize and optimize into a single EHR instance to improve quality of care.

As it relates to pharmacy, both standardizing workflows and ensuring training and communications to pharmacists about the latest updates will discourage use of workarounds and help with improving morale and satisfaction with the system. During a visit last week by VA and the Oracle team to the Lovell Federal Health Care Center in North Chicago, feedback from pharmacists was positive about the training and readiness for using the new pharmacy system.

Pharmacy Patient Safety Features:
The EHR module for entering pharmacy orders and managing drug therapy for a patient is referred to as Medication Manager Retail (MMR). MMR assists with basic tasks, such as identifying a patient, selecting drugs or other pharmacy products, and entering, reviewing, and modifying orders. MMR allows pharmacists to access a dynamic store of clinical, demographic, and therapeutic information about each patient without having to exit and go into a separate application. A provider or pharmacist can check a patient's health status and then implement an individualized drug therapy.

Relevant data sources for a patient are integrated into a single provider view in MMR. Pharmacists view VA and community care prescriptions in one queue rather than having to go to separate queues for each, as in VistA. Pharmacists see relevant clinical information and lab values – including renal function – face up during the entirety of medication evaluation and processing, a capability that informs proper prescription dosing that is not present in VistA without leaving the order to go to another screen, which is less efficient.

The new EHR has medication clinical decision support functions that require pharmacist intervention for drug-drug interaction concerns. Additionally, it sends alerts to notify and prompt pharmacists for missing relevant information such as whether the veteran is missing a drug allergy assessment. From that alert, the pharmacist can complete the relevant documentation.

The results tab embedded within MMR provides a more comprehensive view of the lab results flowsheet. This means, for example, that a prescription for insulin for a veteran would be accompanied by the veteran's latest glucose and A1C lab readings directly in the results tab of the order.

An outpatient VA pharmacist has visibility, through the new EHR, of medications that were administered during a veteran's inpatient visit. The pharmacist can leverage this during the discharge process to ensure there are no medication gaps as the veteran transitions from inpatient to the next level of care.

Additionally, the new EHR allows for improved communication between VA pharmacists and CMOP pharmacists checking prescriptions. VistA does not have this capability which can lead to prescriptions being sent back to the local VAMC for clarification. This may lead to delay in the fulfillment of the prescription and additional workload for the VAMC pharmacist. This enhanced capability in the new EHR has been used more than 108,000 times since Oct. 2020.

The new EHR also includes enhanced decision support with the Opioid Advisor tool, which allows clinicians to simultaneously check data from 47 state Prescription Drug Monitoring Programs (PDMP) and DoD facilities to prevent improper prescribing of controlled substances. Previously clinicians had to leave a patient's record and access PDMP data through each

state's website with different passwords for each site. The Opioid Advisor tool has guided more than 27,000 modifications to opioid prescriptions since Oct. 2020. In these instances, the provider made a different and beneficial clinical decision based on the information the system provides. This information includes previous overdose attempts and any history of suicidal ideation. This is a net new capability that supports safer care of veterans.

Finally, the new EHR allows VA pharmacists to communicate electronically with community care providers when requesting prescription renewals. This is another net new capability, and it has been used by VA pharmacists more than 7,000 times. This represents 7,000 phone calls not made to community care providers by VA pharmacists. This enhances continuity of veteran care with prescription medications and encourages prescriptions staying inside of VA even when authored via community care.

Pharmacy Updates and Enhancements:
VA has issued two primary Task Orders – Number 31 and Number 52 – for updates and enhancements to the pharmacy capability. In addition, Oracle regularly provides EHR system updates including for the pharmacy capability in the February and August scheduled Code Block upgrades. Since the Subcommittee's last pharmacy-focused hearing in May 2023, Code Block 9 was performed over the weekend of Aug. 26, 2023, and Code Block 10 upgrade was performed over the weekend of Feb. 10, 2024.

Oracle has instituted enhanced testing of updates to the system, including for pharmacy updates. For example, in addition to executing planned test scripts based on documented requirements, Oracle now partners with VA end users at the live sites to conduct exploratory testing, a method that is especially useful for uncovering edge cases and usability issues. This form of user-centric testing allows us to focus on how users will interact with the software and helps inform any required changes. Updates are not included in a Code Block upgrade until testing is satisfactory to both Oracle and VA (and DoD when applicable).

Significant updates and enhancements are described below according to Task Order.

Task Order 31: E-Rx Monitoring Filling (Block 8 – Feb. 2023)
This enhancement improves the E-Rx Monitor filter. Electronic prescriptions are processed from VA and non-VA providers in the E-Rx Monitor. Filtering the monitor allows for pharmacists to segregate their labor pool daily and have a pharmacist focus on singular aspects of workflow, for example community care prescriptions from a non-VA provider.

Task Order 31: Weekly Multum Release (Live Dec. 2022)
This enhancement increases the release cadence for Multum content to move from monthly releases to weekly releases, allowing for increased delivery of drug content as it is updated.

Task Order 31: Three Drug Image (Block 11 – Aug. 2024)
This enhancement will provide drug metadata (round, scored, color, drug ID, imprint) in outpatient pharmacy workflows so that a pharmacy user can accurately identify medications. Recent modifications to VA's requirements have extended the timeline for this enhancement.

Task Order 31: Mobile Inventory Scanning (Block 9 – Aug. 2023)
This enhancement helps monitor and control real-time inventory and reordering processes by assisting with inventory and reorder level updates through mobile scan-driven workflows during a single adjustment step.

Task Order 52: Enhancement Number 1 - Toggle Prescription Synonym Visibility (Block 8 – Feb. 2023)
This enhancement guides providers to order prescriptions or supplies based on what is formulary and fillable through VA outpatient or CMOP. The intent is to reduce re-work efforts needed by pharmacists and providers to adjust prescriptions after the initial order entry, which will mean less re-work if a local VA site cannot fill a prescription. This streamlined the number of prescriptions a provider sees by almost 30 percent to better provider and pharmacy experience in addition to increasing productivity.

Task Order 52: Enhancement Number 2 - Optional Order Stop Date in MMR (Block 8 – Feb. 2023)
This enhancement allows ongoing medications for a patient to stay on the patient's active medication list even after the legal date has been met and regardless of whether a veteran's prescription was originally ordered within the EHR or from a community care provider. This ensures providers and pharmacists continue to have better visibility to a veteran's medications even when a new prescription is needed.

Task Order 52: Enhancement Number 3a - Display Legal Rx Expiration Date in Orders (Block 8 – Feb. 2023)
This enhancement gives visibility for providers when a prescription is no longer fillable because it is past the legal expiration date, which helps identify when a new prescription is needed and allows for more timely prescription renewals. It is not uncommon for a veteran to be taking multiple prescriptions and often double-digit prescriptions to meet their medical needs. During a provider visit with a veteran, the provider will conduct prescription management to re-order/refill all a veteran's medications to allow them to continue to receive supply from VA. Therefore, a legal expiration date of a prescription was needed as this information comes from VA pharmacy.

Task Order 52: Enhancement Number 3b/3c - Display Rx Dispensing Details in Power Orders (Block 10 – Feb. 2024, but functionality go-live date is pending)
This enhancement will update the provider's view when a prescription is ordered to reflect how prescriptions are dispensed by the pharmacy to the patient. This change will bring more

visibility to situations when a pharmacy is using a different tablet size, for example, to fill a prescription (e.g., Lisinopril 20 mg tablet x 1 tab prescription filled with Lisinopril 10 mg tablet, x 2 tabs).

This enhancement was included in the recent Code Block 10 update; however, due to rigorous testing performed in the lead-up to the update, issues were discovered by VA and Oracle that have led to a decision not to make the functionality of the enhancement live yet. This decision is an example of the benefits of Oracle's more rigorous testing than what was done before, and it enables a solution that puts patient safety first so that issues are fixed before the functionality goes live to users. We are working with VA to resolve the remaining issues quickly so that the functionality may be enabled soon.

Task Order 52: Enhancement Number 4 - Support mCDS Discontinue in MMR (Block 9 - Aug. 2023)
This enhancement reduces the steps or number of clicks pharmacy staff need to take to discontinue duplicate prescriptions within the drug interaction checking (mCDS) alerts window.

Task Order 52: Enhancement Number 5 - Enable Power Orders Renewal Action on MMR Prescriptions (Block 9 – Aug. 2023)
This enhancement allows providers to easily renew and take other actions on outpatient pharmacy generated prescriptions for consistency with provider entered prescriptions.

Task Order 52: Enhancement Number 6 - Optional Pharmacist Verification for Pharmacy Technicians Refills (Block 9 – Aug. 2023)
This enhancement saves time for pharmacists by removing pharmacist verification requirements for refills initiated by pharmacy technicians.

Task Order 52: Enhancement Number 7 - Request Refills from Power Chart to Outpatient Pharmacy (Block 10 – Feb. 2024)
This enhancement allows providers to perform a "right click" refill action in Power Chart and transmit a refill to the pharmacy for processing.

Task Order 52: Modification Number 6 - Addresses (Block 10 – Feb. 2024)
This enhancement allows pharmacists to override the address validation status for an address that fails the United States Postal Service (USPS) validation.

Captain James A. Lovell Federal Health Care Center:
The Captain James A. Lovell Federal Health Care Center in North Chicago, Illinois, is an integrated federal health care facility operated by DoD and VA, combining medical care for both veterans and active-duty military personnel. It is scheduled to deploy the new EHR on

March 9, 2024. Significant work has taken place throughout 2023 and into the present to prepare Lovell FHCC for this deployment of the new EHR.

Specifically, for pharmacy, Lovell FHCC will benefit by being the first site to deploy with the various updates and enhancements mentioned above. In addition, Oracle has spent considerable time understanding clinical operations at FHCC and working closely with VA, DoD, and FEHRM counterparts to work towards a successful deployment.

A team of Oracle pharmacists with previous VA and DoD experience executed the first pharmacist led pharmacy knowledge transfer series that covered the general utility of the new EHR and an in-person demonstration of inpatient and outpatient workflows ranging from basic order entry to adept queue management.

Weeklong sessions were conducted in November 2023 with the entire FHCC pharmacy operations staff to include pharmacists and pharmacy technicians. This approach extended beyond the usual super user engagement and separate end user engagement to ensure more staff gained clinical exposure in which the pharmacists leveraged their expertise to address situational based inquiries from the local staff.

Feedback from the local staff rated the presentations favorably. The local staff provided a 9.82/10 rating when encouraging future sites to have the opportunity to participate in similar sessions, and across the board, FHCC pharmacy operations staff reported feeling more comfortable with the EHR after the knowledge transfer series.

Forthcoming Report from the Office of the Inspector General:
We understand the VA's Office of Inspector General (IG) will be issuing a report focused on pharmacy operations in the near future. Oracle has not been (i) briefed by the IG on its report, (ii) provided the opportunity by the IG to comment on the report, or (iii) provided the opportunity to review the IG's testimony for this hearing prior to the due date of this written testimony.

Oracle's position has been and continues to be that if there is an issue with the EHR, we want to know about it immediately so that we can provide an update to alleviate it. If the IG identifies issues that have not already been addressed, we will be prepared to quickly address them.

Closing:
Oracle looks forward to continuing to provide VA with a pharmacy module in the new EHR that enables veterans to receive their medication when they need it and safely. Thank you.