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COMMITTEE ON VETERANS' AFFAIRS
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U.S. HOUSE OF REPRESENTATIVES
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REPORT CARD: ASSESSING ELECTRONIC HEALTH RECORD MODERNIZATION
AT THE CAPTAIN JAMES A. LOVELL FEDERAL HEALTH CARE CENTER
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Good afternoon, Chairman Rosendale, Ranking Member Cherfilus-McCormick, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today about VA's initiative to modernize its electronic health record (EHR) system. I am accompanied by Dr. Robert Buckley, Director of the Captain James A. Lovell Federal Health Care Center (FHCC) in North Chicago, Illinois and Ms. Laura Duke, Chief Financial Officer, Veterans Health Administration (VHA).

I want to begin by thanking Congress and this Committee for your shared commitment to Veterans and for your continued support of the Department of Veterans Affairs' (VA) EHRM efforts. VA remains committed to successfully implementing the Federal EHR across its enterprise. VA's implementation of the Federal EHR will provide a single, accurate, lifetime health record for Veterans that includes their health records from the Department of Defense (DoD). The new Federal EHR will provide a framework for improved enterprise standardization of health care delivery, which should, over time, positively impact patient care quality and safety. The Federal EHR will also support simpler integration of other modern health information technologies and infrastructure to provide a more coordinated experience for VA staff and clinicians as they care for Veterans. The modernized EHR will also support improved interoperability with the rest of the American health care system.

Additionally, the adoption of a single system used by both VA and DoD will help to simplify health care delivery for providers in both Departments, benefitting patients who receive care in both systems or who are transitioning from DoD to VA for care. It should also improve opportunities for collaboration and joint operations between the health care systems.

VA's focus is keeping Veterans at the center of everything we do. Veterans deserve high-quality health care, which means health care that is timely, safe, Veteran-centric, equitable, evidence-based, and efficient. The EHR is, and will remain, a key enabler of VA's ability to deliver the comprehensive health care Veterans deserve. VA remains committed to delivering an EHR that will support these goals.

Reset and Path to Restart

The EHRM Program Reset was announced on April 21, 2023, with goals of (a) addressing the concerns of the sites where the system was live, (b) investing in foundational enterprise work necessary for long-term success, and (c) preparing for successful deployment of the system at Lovell FHCC. A little less than a year later, VA, DoD, and the Federal Electronic Health Record Modernization Office (FEHRM) realized one of those goals by launching the Federal EHR at Lovell FHCC in North Chicago, Illinois, and at its affiliated clinical care sites, on March 9, 2024. Progress towards achieving the other two goals continues with notable accomplishments outlined in the following three sections.

Clinician and Veteran Experience

Over the past year, VA has continued to listen to and engage with Veterans and clinicians about their experience with the Federal EHR. One of the Reset's initial workstreams was focused on implementing rapid system improvements. This work effort resulted in 160 configuration changes that were part of a prioritized "punch list" of requested modifications to the EHR build—with a goal of quickly and responsibly improving the experience of end users at the live sites. Beyond the initial punch list, in total, more than 1,500 configuration changes have been implemented in the past year. Other improvement areas focused on addressing patient safety concerns. These included resolution of 6 patient-safety related new service requests and more than 100 patient safety recommendations from the February 2023 Sprint Report. One example of these changes was the increased visibility of Patient Record Flags that alert end users to a Veteran's potential risk for suicide, which now appear "center screen" for end users interacting with the system in furtherance of VA's goal of preventing Veteran suicide.

Outside of improving the EHR product itself, VA provided increased adoption support in the form of change management activities, training, ticket management, and transparent communications. With the March 2024 go-live at Lovell FHCC, VA implemented new change management activities, which were well received by end users, including (1) establishment of the Super-User Competency, Collaboration, and Enhanced Skills Support event designed to equip super-users and provider champions with the knowledge and skills to lend support to other end users; (2) the development of Learning Labs to allow end users to practice what they learned in a simulation environment, and which led to more than 90% of post-event survey respondents reporting improvement in their readiness for go-live; and (3) improved sustainment support, such as on-site support during and after go-live, learning opportunities for peers to share tips and tricks, enhanced communication with end users, and the Sustainment Resource Center, a website containing useful reference materials.

Another key Reset effort aimed at improving the clinician experience has been the informatics workforce development workstream, which works to develop independent EHR competencies and expertise for informaticists in VA to allow for increased self-sufficiency in managing EHR configurations and adoption efforts

nationally. To date, 59 informaticists and 24 solution experts have completed foundational and intermediate training associated with these efforts.

Clinician experience was also improved through more responsive ticket management, including identifying the most pressing concerns through ticket analysis, rounding, and informatics staff feedback. These activities resolved many systemic problems. From July 2023 through May 2024, VA resolved 1,293 aging incident tickets (reduced aging open incident ticket backlog by 60%) and resolved the vast majority of its backlog of provisioning new employees with user accounts, ensuring providers have the system access they need to perform their duties. The ticket submission experience was further improved by deploying the EHRM Pathfinder within VA's ticketing system, which allows for self-service, guiding end users through a series of questions to log their problems more appropriately and efficiently. Additionally, VA redirected tier 1 help calls to the VA Enterprise Service Desk to expedite the turnaround time for ticket resolution, preventing approximately 40% of incident tickets from going to Oracle Health when they could instead be resolved more expediently by VA directly.

High Performance and Reliability of the System

As a result of VA's systematic approach over the last year, we have seen the core Federal EHR increasingly stabilize over time, resulting in improvements to the user experience. In the last 16 months, through May 2024, Oracle Health incurred 377 outage minutes, slightly more than 6 hours. By comparison, the total outage minutes in the 12 months leading up to the Reset announcement in April 2023 were 1430. The incident-free time (IFT) rate also improved, though remains an area of significant attention. Since June 2023, the IFT Service Level Agreement (SLA) has been a contractual requirement, and the SLA of greater than 95% was achieved in 8 of the 12 months, compared to 2 of the 12 months leading up to the Reset announcement. Oracle Health also achieved a 30% reduction in hangs and crashes experienced by the 1% of system users experiencing the worst performance among their peers.

One of the Reset's workstreams focused on a technical "get well" approach. Through focus group feedback, the team was able to better understand end user pain points with the system and thus resolve their issues. For example, the team resolved device slowness by automating Virtual Private Network (VPN) selection and fixed configuration issues related to incorrect telehealth date/time pop-ups and alerts. A visit to the Mann-Grandstaff VA Medical Center (VAMC) identified similar performance issues (such as VPN use while at the facility), and issues were corrected in real time on site.

From a system performance perspective, one of the advantages of the Reset has been the time it has provided for optimization of the system and associated technical processes. For example, significant attention has been paid to ensuring adequate testing and rigor for all system changes and completion of comprehensive root cause analyses for system incidents to improve overall performance. In addition, VA anticipates that system performance will continue to improve as the change velocity

decreases and enough time has passed to enable unanticipated defects to be addressed.

Improved Productivity at the Sites (Operations)

EHRs, including their associated specialty applications (such as laboratory, pharmacy, medical devices, and other prosthetic and sensory aids, radiology, blood bank), are a critical enabler of health care operations. Effective configuration and adoption of these systems are important for assuring full productivity of clinical and administrative staff, restoring and improving revenue streams, and enabling effective administration of health care operations.

VA has pursued numerous interventions to measure operational impact and to improve it. System enhancements, staff adoption interventions, and operational management interventions all contribute to this necessary improvement. In support of improved operations, EHRM completed several releases of EHR upgrades over the past year. These upgrades enhance existing capabilities and interfaces and ensure platforms remain current on software code.

Most recently, the February 2024 Block 10 release included capabilities to allow ordering clinicians to request prescription refills more easily for the Veterans they serve and enhancements of address verification when pharmacy staff process mail prescriptions. As of the Block 10 release, all but one of the original seven priority pharmacy enhancements have been delivered and deployed.

Block 10 also introduced the newest versions of the Millennium, MPages, Clairvia, and Rhapsody software that will allow the Federal EHR to scale solutions for increased user capacity, improve stability, and lay the groundwork for future capabilities. These software upgrades also included corrections for numerous defects, incrementally improving productivity and user experience. Block 10 also deployed additional changes to reduce user interruptions, resulting in an 11% improvement across all sites, a 42% improvement at the Jonathan M. Wainwright Memorial VAMC, and a 30% improvement for ambulatory nurse roles. Evidence of progress has been demonstrated in the user surveys administered before and after each code block release—compared to the Block 9 surveys, the pre-Block 10 survey had a 138% increase in respondents and showed user satisfaction improving from predominantly very dissatisfied to predominantly neutral. In addition to the configuration changes that are delivered every week, Block 11 will be the next major release of new capabilities and is scheduled for August 2024.

Addressing the "Big Rocks"

While our current progress is reassuring, there is still important work ahead. VA clinicians and staff continue to experience challenges with some aspects of the Federal EHR. Several of the improvements that end users have requested, and other improvements that we know are important for long-term success, require re-visiting

decisions made early in the program now through the lens of lessons learned by DoD, VA, and best practices of other Oracle Health customers. These projects are more significant than a simple fix, requiring significant collaboration across multiple stakeholders and coordinated decision-making. These are being referred to as "big rocks" given our prioritization of these efforts as part of our ongoing improvement endeavors (cf. *First Things First* by Stephen Covey) and because of the scope of the tasks.

These Big Rock items were validated by the feedback that VA Deputy Secretary Tanya J. Bradsher and I received when we visited the initial five live sites the week of April 29. Users stressed that improvements in specific key areas would make their system experience significantly better. During the week of June 10, VA leaders hosted a face-to-face meeting bringing together subject matter experts and representatives from the live sites currently using the Federal EHR to scope and develop work plans on several of the Big Rocks.

As examples, some of the targeted Big Rocks efforts improvements are: (1) re-visiting the approach to referral management in the Federal EHR to standardize and decrease the amount of medical documentation required for entering referrals; (2) improving training content and delivery for new users so they are better prepared to perform their job in the Federal EHR; (3) standardizing and, when possible, consolidating over 300 different user roles or positions in the system to relieve individual users from having to log in and out to perform different position-specific functions; (4) Message Center optimization to assist staff in managing communication internally and externally; (5) improving PowerForms by standardizing how the capability is designed and used across clinical areas; and (6) delivering the Pharmacy 3b/3c feature, intended to improve the automated coordination of prescription information between ordering clinicians and the pharmacy team.

In parallel to the Big Rocks effort, the existing Reset workstreams continue in the latest increment, which runs through August 31, with their focus on process improvements that will support the Big Rock efforts, increase the pace of change, and move the program toward restarting deployments. Some examples of these Reset workstreams efforts include operationalizing an effective and transparent configuration process that resolves end user requests in a timely and transparent manner; conducting site visits to observe and listen to our end users, with one-on-one technical troubleshooting focused on users with the worst experiences; and using that end user feedback to evaluate workflows and determine where deviations from the intended model are creating challenges.

Assessing Readiness to Restart

Although it is still too early to discuss concrete plans for resuming deployments, VA remains committed to exiting Reset and successfully implementing a single enterprise-level health record that works more effectively toward meeting the needs of VA. As Secretary McDonough has stated in recent budget hearings, VA anticipates

exiting Reset and restarting pre-deployment activities in fiscal year (FY) 2025. To this end, VA has developed a dashboard focused on providing VA leadership and stakeholders with metrics and thresholds that are clear, measurable, and actionable to support a data-driven decision regarding restarting deployment activities. Of note, the dashboard metrics are just one point of reference that will be used by leadership as restart decisions are made. Also, it is anticipated that many of the items on the dashboard will be useful to continue to track, well after the program Reset has concluded.

This dashboard establishes objectives and key results within the following four areas:
(1) Improved user and Veteran experience (how the Federal EHR system is experienced while performing daily work, by VA users and Veterans);
(2) Improved health system operations (how effectively the EHR is supporting VA's business and clinical operations);
(3) Mature product (how well the technical solutions themselves are functioning and how that is affecting the user and health system experience); and
(4) Mature program processes (how the Department, and other Federal partners, are able to coordinate support and continuous improvement of the Federal EHR).

Those associated with this effort across VA feel a sense of urgency to complete the work of the Reset, continue optimizing the Federal EHR system for current users, and move to restart deployments across the rest of the enterprise. While we have not determined an exit date for Reset, we are closely monitoring the dashboard, our execution of the Big Rocks, and progress from our Reset workstreams over the coming months.

When the Reset concludes, VA will release a planned deployment schedule for the initial 2 years post Restart and will resume deployment activities with greater confidence in the readiness of both the Federal EHR system and the VA health care system to successfully navigate this important change.

Lovell FHCC Deployment

As VA has said previously, ensuring a safe and successful deployment, followed by support for the ongoing operations of the Federal EHR post go-live at Lovell FHCC has been a top priority of the EHRM Program Reset. The Federal EHR was successfully deployed at Lovell FHCC on March 9, 2024. Throughout the initial go-live period, in addition to contracted adoption support, traveling DoD super users from the "Pay it Forward" program and VA Super Users from the National EHRM Supplemental Staffing Unit worked daily with VA and DoD end users, enhancing the effectiveness of the go-live. Regular huddles at the site level and at the national level to identify, triage, and accelerate addressing identified issues have also been helpful.

VA, DoD, and the FEHRM continue to support and closely watch progress at Lovell FHCC. The initial success of the Lovell FHCC deployment was built on lessons

learned across DoD and the five previous VA deployments, as well as improvements accomplished during VA's Reset efforts to date.

As a result of some of the aforementioned Reset efforts, additional informaticists were available to assist with the Lovell FHCC deployment effort, including supporting submission of help desk tickets. Through the work of the Informatics workforce development workstream, staff at Lovell FHCC received supplemental training on high-risk topics to provide the necessary VA-context to the Oracle Health systems training and reported that the training made them feel more comfortable, safe, and prepared to perform their work with patients.

At this point, it is still too early to declare final and unequivocal success. However, the results at Lovell FHCC have been promising and there have been no critical patient safety incidents reported as of the date of this hearing. Lovell FHCC has maintained 100% capacity for the emergency room and inpatient bed census for mental health throughout deployment, and inpatient bed census capacity for acute medical and Intensive Care Unit care has returned to baseline from a 50% reduction at go-live. Outpatient productivity is up to 70% from a 50% reduction for go-live preparation. The site expects this number to continue to rise as more appointments are opened every week. While some challenges remain, this is to be expected from any new EHR deployment. Lovell FHCC staff continue to watch closely for patient safety issues and report them as they arise in alignment with VA's culture of high reliability, and the team remains committed to meeting Lovell FHCC's care and readiness mission.

Contract with Oracle Health

On June 13, VA announced the award of the second option period for its contract with Oracle Health, with an emphasis on improved fiscal and performance accountability. The 11-month option period award demonstrates VA's commitment to—and sense of urgency for—emerging from Reset and resuming deployments at scale. This contract will also support potential pre-deployment and deployment activities at new sites in FY 2025 once restart is commenced.

During negotiations for this second option period, we focused on two main objectives: (1) supporting value-added services, such as system improvements and optimizations; and (2) achieving better predictability in hosting, deployment, and sustainment costs. Last year's negotiations modified the contract to dramatically increase VA's ability to hold Oracle Health accountable across a variety of key areas, including minimizing outages and incidents, quickly and reliably resolving clinician requests, interoperability with other health care systems, and interoperability with other applications so that Veterans have a seamless and integrated health care experience.

These efforts of the past 2 years will help us maintain fiscal responsibility in the best interest of Veterans, VA providers, and taxpayers alike. Executing the second option period of the contract allows VA and Oracle Health to continue to drive forward, navigating the path to restart and then proceeding with deployments at scale with an

EHR that effectively supports our Veterans and clinicians. VA remains committed to holding ourselves and our vendors accountable for resolving challenges with deployment of the Federal EHR and moving forward productively.

As we further define success, we will identify and communicate the strategy for the path to restart and the initial deployment schedule as noted above.

Other Program Improvement Efforts

As of June 18, 53 of the 82 recommendations from VA's Office of Inspector General (OIG) have been closed and 29 remain open. There are two OIG recommendations that are older than 3 years; these and several other recommendations may be put on pause for the duration of the Reset since the OIG recommendations can only be demonstrated/closed through deployments once VA exits the Reset. The EHRM Integration Office continues to work closely with its partner offices to expeditiously adjudicate the outstanding recommendations. As of June 15, 2 of the 15 GAO recommendations are closed. Thirteen recommendations remain open for program monitoring—of those, three reports will continue to remain open for program monitoring and reporting (e.g., ongoing ticketing reports/testing reports, workshop details, change management).

Budget and Cost Update

As part of the Reset, VA is committed to continuing to work with Congress on resource requirements. The FY 2025 Budget request of $894 million funds optimization and sustainment of the 6 live sites, infrastructure readiness, and retention of the current level of staff support to sustain momentum throughout the Reset period. With prior year funding carryover, the budget request will allow VA to restart pre-deployment activities when we are confident the necessary improvements have been made at our current sites and that the Federal EHR is ready to deliver for Veterans and VA clinicians at future sites.

Conclusion

We know from listening to both Veterans and VA clinicians that the Federal EHR is not yet meeting expectations—and we are holding Oracle Health and ourselves accountable to get this right. While our current progress in the program Reset is reassuring, we still have important work ahead. We expect to see continued improvements at our current sites, including key areas related to the Veteran and staff experience, technical performance, program processes, and impacts on facility operations. We will be tracking these measures closely.

VA is continuing to move forward with a modern, commercial EHR solution in close coordination with our Federal partners, including DoD and FEHRM. This new Federal EHR system will allow VA to standardize workflows, training, and technology management across VA using a single enterprise system and will support better coordination with DoD, other Federal partners, and private health providers.

Veterans remain the center of everything we do. They deserve high-quality health care that is safe, timely, Veteran-centric, equitable, evidence-based, and efficient. They also deserve access to high-quality clinical trials. As improvements continue to be made through the duration of this Reset, VA will continually evaluate the readiness of sites and the Federal EHR system to ensure success and patient safety. With the activities and improvements that are now underway, VA leaders are optimistic about the eventual success of the current Reset and subsequent full implementation of the Federal EHR throughout VA.

I again extend my gratitude to Congress for your commitment to serving Veterans with excellence. This concludes our testimony. We look forward to responding to any questions that you may have.