

**STATEMENT OF
NEIL EVANS, M.D.
ACTING PROGRAM EXECUTIVE DIRECTOR
ELECTRONIC HEALTH RECORD MODERNIZATION INTEGRATION OFFICE
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
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U.S. HOUSE OF REPRESENTATIVES
ON
OVERSIGHT OF THE FEDERAL ELECTRONIC HEALTH RECORD
MODERNIZATION PROGRAM
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Good afternoon, Chairman Barrett, Ranking Member Budzinski, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today about the initiative of the Department of Veterans Affairs (VA) to modernize its electronic health record (EHR) system.

I want to begin by thanking Congress and this Committee for your shared commitment to Veterans and for your continued support of the VA Electronic Health Record Modernization (EHRM) efforts. This testimony comes at a pivotal moment. With new leadership at the VA, there is a renewed commitment to ensuring that every aspect of the EHR modernization efforts is reevaluated. Secretary Collins made it clear in his confirmation hearing that the status quo is not acceptable. Every previous decision, policy, and process must be thoroughly reviewed to ensure that it aligns with our core mission: providing Veterans with the highest quality care through a system that works for them, not against them. Specifically, we are going to take a hard look into previous EHR efforts. That process has begun. The VA is committed to successfully implementing a modernized, interoperable Federal EHR system across its enterprise. VA's implementation of the Federal EHR system 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 will positively impact patient care quality and safety. The Federal EHR will 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 support improved interoperability with the rest of the American health care system.

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, 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. In addition, the adoption of a single system used by VA and DoD will help 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 will improve opportunities for collaboration and joint operations between the health care systems.

VA paused deployments of the Federal EHR system after listening to feedback from Veterans and staff who said the new EHR was not meeting expectations. VA announced the EHRM Program Reset 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 system deployment at the Captain James A. Lovell Federal Health Care Facility in North Chicago, Illinois (Lovell FHCC), the sole exception to deployment activities. A little less than a year later, on March 9, 2024, VA, DoD, and the Federal Electronic Health Record Modernization Office (FEHRM) realized one of those goals by successfully and jointly launching the Federal EHR system at Lovell FHCC and at its affiliated clinical health care sites.

Throughout the EHRM Program Reset period, VA took steps to understand the issues, updated our contracts to better hold Oracle Health accountable, made hundreds of improvements to the system, and instituted a simpler and more effective process to address concerns when they arise. It's important to review these lessons and ensure they are learned and implemented. The VA is committed to delivering an effective EHR that supports seamless care for Veterans and enables VA employees to efficiently document and access important health information. Specific program outcomes will include:

- **Ensuring Veterans Have Trust in the EHR system:** Veteran outpatient trust scores have increased at all Federal EHR system sites since the beginning of the Reset period—reaching 93% at the Columbus VA Medical Center (VAMC) in Ohio, which is an 11.6% increase since Quarter 1 (Q1) of fiscal year (FY) 2023; 88% at the Walla Walla VAMC in Washington state, which is a 4% increase since Q1 FY 2023; 92% at the Mann-Grandstaff VAMC in Washington state, which is a 3.5% increase since Q1 FY 2023; 85% at the Roseburg VAMC in Oregon, which is a 5.2% increase since Q1 FY 2023; and 89% at White City VAMC in Oregon, which is a nearly 6.5% increase since Q1 FY 2023. In addition, Veteran trust at the North Chicago VAMC has increased to 90.8% from 90.2% since Federal EHR system deployment in Q2 FY 2024. These improvements are the result of direct surveys of Veterans and their experience with VA outpatient health care, and it is important to ensure that these numbers of trust continue to increase.
- **Dramatically decreasing outages, which disrupt patient care:** Since January 2024, there has been a significant decrease in outages for the Federal EHR system—with the system functioning 100% of the time for 10 of the last 16 months, and 99.8% of the time or better in the remaining months. As of January 11, 2025, it had been over 250 days since the Federal EHR system last experienced an outage.

- **Decreasing the number of interruptions for clinicians, therefore minimizing slowdowns for Veterans:** The average user now experiences near zero interruptions (freezes or delays, for example) per day.
- **Increasing clinician and staff satisfaction:** Clinician and staff satisfaction with the Federal EHR system has increased—including increases in agreement in employee surveys with the phrases “the EHR is available when I need it” and “this EHR enables me to deliver high-quality care.”
- **Launching the Federal EHR system successfully in Chicago:** During the Reset period, VA launched the Federal EHR system in North Chicago because it is a joint facility with DoD. The facility saw a rapid increase in productivity and use—outperforming previous rollouts.

In light of these improvements, on December 20, 2024, VA announced that it was beginning on-site planning efforts to deploy the Federal EHR system to four Michigan facilities in Ann Arbor, Battle Creek, Detroit, and Saginaw. Representatives from the EHRM Integration Office, Veterans Health Administration (VHA), and the Office of Information and Technology (OIT) compiled functional and technical metrics to determine the best sequence for restarting site deployments. These metrics served as data points to evaluate site readiness and were closely considered, along with input from VHA, Veterans Integrated Service Network (VISN), and VAMC leaders to determine selection and sequencing for these new deployments. The final order and dates of system go-live events at the sites will be determined by the findings of the current state reviews (CSR) that are being completed as part of ongoing pre-deployment activities. It takes more than a year to safely and effectively prepare for a go-live.

The new VA leadership is rigorously reviewing the current state of EHR and looking for ways to accelerate the previous timelines that were committed to and will share with Congress what next steps are decided.

Based on lessons learned from previous deployments, the preparations for going live will include new approaches to optimize adoption and engagement for future users of the Federal EHR system, such as the development of more “Learning Labs,” which proved successful with our go-live at the Lovell FHCC, to allow end users to practice their skills in a simulation environment prior to go-live. Other improved or new approaches include improving onsite engagement during and after go-live, offering informal sessions for sharing tips, streamlining computer-based training, and further enhancing the Refresh, Optimize, Adopt, and Reinforce (named ROAR) Initiative to support continuous improvement, even after go-live events have concluded.

VA leadership acknowledges there is still work ahead and is committed to ensuring that we continue to listen to employees who are using the Federal EHR system, that we use their feedback to make enhancements to improve the system, and that we are ready and have a solid foundation for upcoming deployments. The continuous improvement efforts we have been focusing on during the Reset will continue unabated while VA begins early-stage deployment efforts in Michigan. For example, VA identified several areas for improvement that are important for long-term success, which required re-visiting decisions made early in the program. These projects are more significant than a simple fix and are being referred to as “big rocks”—due to our prioritization of these efforts and because of the complex scope of the tasks. Some of these projects include further improving training for new users; standardizing and consolidating user roles in the system; and delivering pharmacy capabilities to improve coordination between ordering clinicians and pharmacy professionals. Notably, an important part of the planned pharmacy improvements, known as “pharmacy 3b” is scheduled for release this month as part of a bi-annual software code update.

Another improvement that will increase efficiencies and prevent future delays is the development of the Federal EHR system baseline, a tool that provides information on more than 2,300 functional and technology components that make up the Federal EHR system and was established as part of an enterprise-wide effort to better

standardize the delivery of health care in VA. Using the baseline to better conform to national VA standards in advance of go-live will help avoid staff frustration, deployment delays, and increased cost.

Ongoing improvements at existing sites and pre-deployment activities at future sites can occur at the same time. We can, and are, doing both at this time. VA is continuing to move forward with a modern, commercial EHR solution in close coordination with our Federal partners, including DoD and the FEHRM. This new Federal EHR system will ultimately improve Veterans' health outcomes. Not only that, but the new Federal system will also house Veterans' health care records in one place from the first day they put on their uniforms to the last day of their lives. It will empower Veterans to receive care that is more seamlessly coordinated across the enterprise. It will help providers more holistically understand injuries or illnesses that Veterans suffered years ago, so that they can provide those Veterans with the best possible care today. It has the potential to further streamline VA operations and most importantly, it will improve the Veteran experience.

Veterans are at the center of everything we do. Ultimately, our goal is to deliver an EHR system that earns the trust of Veterans, clinicians, and staff. This means a system that works efficiently, enhances care coordination, reduces administrative burden, and will improve health outcomes for Veterans. We are not simply continuing business as usual – we are committed to getting this right. The responsibility we carry is immense, and we will not rest until this system delivers what our Veterans and providers truly need. With the activities and improvements that are now underway, VA leaders are optimistic about the success of our Federal EHR system optimization efforts and the eventual full implementation of the system throughout VA.

With the partnership of this Subcommittee, we look forward to making the changes necessary to fulfill the vision over the course of the 119th Congress. Furthermore, I extend my gratitude for your commitment to serving Veterans with

excellence. Together, we will build a system that honors their service and improves their care for generations to come.

This concludes our testimony. We look forward to responding to any questions that you may have.