



**Statement of the Honorable Seema Verma, Executive Vice President  
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*Before the*

**U.S. House of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Technology Modernization**

**Hearing on:  
"From Reset to Rollout: Can the VA EHRM Program Finally Deliver?"**

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## **Introduction**

Chairman Barrett, Ranking Member Budzinski, and members of the Subcommittee, thank you for the opportunity to speak with you today about Oracle's work with the Department of Veterans Affairs' (VA) Electronic Health Record Modernization (EHRM) program.

On Dec. 20, 2024, VA announced they were beginning the pre-planning activities for deployments of the EHRM program, and pre-deployment work has begun at four sites in Michigan: Ann Arbor, Battle Creek, Detroit, and Saginaw. Pre-deployment work begins with a Current State Review (CSR).<sup>1</sup>

The CSR is followed by a period of approximately 12 months of site preparation, training, etc. before a go-live. Oracle is working with VA to compress this timeframe so that the time from starting CSRs and doing pre-deployment work to the day of go-live is shorter. Depending on how much we can compress this timeline, we anticipate the four sites in Michigan to go-live sometime in the first half of 2026, hopefully early 2026.

While we are excited to restart deployment work at these four sites, we have encouraged VA to accelerate deployment activities and expand the number of sites to deploy to so that we can more quickly get this program back on course. Beginning CSR work now for additional sites is critical so that, assuming the four deployments in Michigan go well, we have new sites ready to deploy to later in 2026 and a continuing pipeline of sites ready for deployments.

## **Acceleration**

We are working very closely with VA to determine the best course of action for accelerating deployments and building a schedule that will enable this program to successfully deploy the new EHR across all of VA's healthcare system. Maintaining the current pace will take decades, which is not acceptable to anyone, and which is why we recommend the path of acceleration. For acceleration to succeed, there is work we need to do, and work VA needs to do. We are very encouraged from our initial meetings with Sec. Collins and VA, as we do this important planning.

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<sup>1</sup> A CSR is a thorough evaluation of a VA Medical Center's (VAMC) current infrastructure, workflows, processes, and technologies that interact with the EHR system. This includes technical aspects such as hardware, network infrastructure, and existing software applications and integrations, as well as operational workflows like patient registration and clinical documentation. CSRs involve interviews and discussions with key stakeholders across various departments at the local site—administrative, clinical, and IT teams—to understand their VA service scope and specific needs related to the EHR system. Ultimately, with this information, Oracle provides actionable recommendations to address gaps and ensure smooth implementation of the EHR system. This could include updates to infrastructure, training plans for staff, or adjustments to clinical workflows.

Oracle recognizes there are high levels of skepticism for how a program that has only deployed to six VA Medical Centers (VAMC) in six years can rapidly scale up to complete 164 additional deployments in a timely manner. This skepticism is driven by a largely negative public narrative about EHRM that has not caught up to the current state of affairs.

We believe this is due to lack of understanding of the significant investments Oracle Health is making to accelerate and scale deployments as well as the technological updates made to the EHR system, and the significant improvement work done during the Reset. This testimony will explain those updates and improvements in detail.

Oracle Health is fully committed to this mission, and as part of our ongoing efforts, we have significantly enhanced and are overhauling our deployment methods and tools. Leveraging Oracle's deep expertise in engineering, automation, and scalable technologies, we are implementing a suite of innovations designed to accelerate deployment timelines, scale our efforts, and reduce resourcing dependencies. Key initiatives include:

1. **Streamlining Deployment Methodology:** We are adopting a national standard and a robust change management process that will then minimize deployment activities designed to accommodate site-specific customization requests. This approach ensures consistency, reduces complexity, and accelerates deployment by allowing us to replicate deployments across multiple sites with greater speed and precision.
2. **Automating Testing:** By investing in advanced testing automation tools, we reduce manual testing efforts, shorten the testing phase, and improve reliability. Automation ensures that each deployment is thoroughly tested in less time, enabling us to support a higher volume of simultaneous deployments without compromising quality.
3. **Automating User Onboarding:** Oracle is implementing sophisticated user onboarding automation processes that streamline user provisioning and access. By automating these critical tasks, we significantly reduce manual effort, minimize delays, and ensure faster user access to the EHR, allowing us to scale deployments with fewer resources.
4. **Web-Based Data Collection and Automating EHR Configuration:** We are introducing a web-based tool to collect site-specific data more efficiently. This tool allows us to gather the necessary information from VAMCs quickly and more efficiently. Once the data is collected, we can automate the process of configuring the EHR system to meet the needs of each site. With our web-based data collection tools and automation, we will speed up the overall deployment and reduce manual work.
5. **Automating Domain Refreshes:** We are automating the process of refreshing system domains. This means that when updates or changes need to be made to the system, we no longer require manual intervention, which can be time-consuming and disruptive. Automation helps keep the system up to date with less effort, minimizes downtime, and frees up our resources to focus on other tasks, allowing us to handle more deployments simultaneously.
6. **Leveraging Virtual Training:** Oracle is scaling training capabilities by investing in virtual training methods, including on-demand learning platforms and interactive virtual environments. This shift reduces our dependence on instructor-led sessions and enables us to provide training to larger cohorts of users, significantly increasing

the number of simultaneous deployments we can support while ensuring that all stakeholders receive timely and effective training.

7. **Expanding Partner Ecosystem:** To support the growing demands of our accelerated deployment schedule, Oracle is engaging additional strategic partners, including large enterprises, to supplement staffing. These partners bring in specialized expertise and scale, ensuring that we can maintain high levels of support and execution across multiple deployment streams without overloading our internal resources.

Through these strategic investments in automation, process streamlining, and resource scaling, Oracle is positioning itself to not only meet the demands of the current deployment schedule but to exceed expectations by delivering faster, more efficient, and scalable deployments across the entire VA network.

When the work of the Reset is combined with the successful deployment of the EHR to Lovell Federal Health Care Center (FHCC) last year, the completion of the entire Department of Defense (DoD) deployment, the delivery of pharmacy and other enhancements, and the technological improvements that we are bringing to the program to enable more efficient deployments, it is clear we are not in the same place in 2025 as we were in 2018 or 2019, and certainly not since Oracle acquired Cerner in June 2022.

Consider the following:

- 1) The Millennium EHR that will be deployed at new sites is not the same as was deployed at the first six sites. Oracle has made investments that have made the EHR more stable, and Oracle has made extensive updates, enhancements, and simplifications to the EHR.
  - a. At the current live sites, all these updates have been incorporated into the EHR, and it is being used more productively than ever before.
  - b. For example, during the Reset, more than 3,000 functional changes have been completed for the EHR.
- 2) Significant improvements have been accomplished in testing, training and change management practices.
- 3) As part of our “Big Rocks” projects, we are implementing enhancements to address key areas for improvement identified by the six live facilities. These upgrades—focused on pharmacy, referrals, Quick Orders, and other aspects of the EHR—are designed to improve productivity, drive standardization, and enhance usability.
- 4) We have greatly enhanced the process and procedures used for patient safety.
- 5) VA, too, has made and is continuing to make significant strides in its standardization project, decision-making and change management.

Moreover, technology has advanced, allowing Oracle to bring further improvements to the EHR system.

- 1) Oracle is moving the EHR to the cloud, providing a base for highly scalable deployments, making future updates to the system much easier, and enhancing cybersecurity.
- 2) We are automating and scaling our deployment and testing processes, which will reduce the amount of time from a CSR to go-live.
- 3) Oracle is making significant investments in modernizing the EHR generally for all our customers. These updates are designed to improve usability, reduce user burden, and enhance tools that help providers increase the quality of care and improve patient outcomes.
- 4) Oracle is using the latest innovations in Artificial Intelligence (AI) and integrating them into the EHR. When this program started, nobody was talking about integrating AI into EHR's. The great benefit to VA of utilizing a commercial provider is that they will be the recipient of this innovation, and more, as we continue to drive innovation in healthcare technology.

In this vein, as we drive towards a full deployment, we are working with VA to bring new innovations to the system in 2025 so that veterans can begin to see the benefits of the modernization even before their local VAMC has deployed the new EHR. We intend to work collaboratively with VA to explore the introduction of our Clinical AI Agent (CAA) to the current live facilities this year and by early next year to all VistA sites, as the CAA is EHR-agnostic. CAA is an AI-powered voice assistant that provides context-aware summaries of a patient's history, including diagnoses, medications, lab results, and past encounters. It also provides ambient clinical documentation – capturing and transcribing patient conversations in real-time, automatically generating structured clinical notes.

We have offered to speed VA's entry onto our Qualified Health Information Network (QHIN), which will enable every health system in the country to share patient data with VA. And we have offered to expand our Health Data Intelligence Platform (HDIP) from the current live sites to VistA sites. HDIP integrates data from various sources across the healthcare continuum, including the EHR, clinical systems, and third-party data providers, helping to close care gaps by proactively identifying missed interventions, enabling timely clinical actions, and supporting better health outcomes for veterans.

With these advances and new offerings, and the work of the Reset, the EHRM program is ready to accelerate deployments. We recognize of course there are still opportunities for improvement and work to do – by Oracle and VA – to optimize the system. This work can be done in parallel with deployments and should not prevent us from taking advantage of this current opportunity to move the program forward.

The remainder of this testimony continues in three sections:

- Then and Now: Accomplishments
- Opportunities Going Forward
- Innovation and Modernization for the EHRM Program

### **Then and Now: Accomplishments**

Since Oracle's acquisition of Cerner in June 2022, we have made significant improvements to the technical performance of the system, worked with VA to standardize and simplify care workflows, which are supported by the EHR, enhanced training, worked with the current live sites to improve productivity and revenue collections, and sped delivery of system optimizations such as the critical pharmacy enhancements, among other important updates described below.

#### ***Technical and Performance Improvements:***

At the time of Oracle's acquisition of Cerner in June 2022, the EHR system faced criticism for its performance. To this end, Oracle agreed to new Service Level Agreements with higher financial penalties. Immediately upon closing the acquisition and obtaining the keys to the Federal Enclave data center in Kansas City that runs VA, DoD and other federal users on the new Federal EHR, Oracle began applying our technical expertise, engineering rigor and stronger resources to stabilize and improve the system.

Our work has paid off and the EHR system is now reliably running and consistently available for use without severe outages, incidents or long pauses or crashes.

Part of ensuring a stable and performant system is strong testing processes and early engagement with the user community. We have instituted improved processes in this regard and are incorporating earlier user testing during the development process, as most recently demonstrated with Pharmacy 3b. This review process ensures that the correct levels of testing, including regression testing, are performed for each change.

Making the engineering changes such a high priority shortly after the acquisition brought stability, which then enabled VA and Oracle to focus on usability changes, simplifications and standardization.

#### ***Reset Accomplishments and Improving EHR Usability:***

We are now nearly two years into the Reset, and while deployment activities are beginning for new sites, the work of the Reset will continue to prioritize optimization of the system for users. When VA and Cerner originally configured the system per direction from VA's National Councils, the effort at creating one system from 130 different instances of VistA led to overly complicated workflows and more "clicks" and time spent in the EHR than providers were used to under VistA.

During the Reset, Oracle and VA leadership visited the original five live sites to understand specific suggestions from end users to enhance the system. Oracle has made a total of 3,286 functional changes to the EHR, updated 154 workflows, and added 119 new workflows through Dec. 2024 based on feedback from users and a comprehensive review during the Reset. A change is defined as the addition of a new item that did not previously exist in the EHR or a modification to an existing item. In addition, many issues identified by users did not require a change to the EHR because they could be addressed with additional training, which is ongoing.

This improved training as well as the simplifications and updates made during the Reset are intended to improve the end user experience. For example, working with VA we were given permission to make the following workflow changes from those originally decided by VA's National Councils in 2018 and 2019.

- Acute Physician Track/Emergency: Collaboration between appropriate VHA and DHA national groups and subject matter experts (SMEs) to converge on a list of stroke PowerPlans (including Telestroke) to increase efficiency and accuracy in caring for critically ill veterans.
- Ambulatory Core: Aligning search settings across all applications provides consistency in fields and supports the end users in selecting the correct patient, decreasing risk of error.
- Oncology: Multiple improvements to Oncology workflow, ensuring orders are activated on the correct encounter, documentation is easily accessible and visible to the care team, and facilitating communication efforts between team members to ensure veterans are scheduled and medications are available for veterans to receive the right care at the right time.
- Case Management: Clinical Documentation Improvement (CDI) mPage centralizes chart review to ensure clinical documentation is complete for charges to be made, easing the burden on end users and decreases time spent in navigating through various areas of the chart to find pertinent information.
- Women's Health: 16 PowerPlans were revamped to align existing content with current clinical guidelines aiding providers in providing consistent, up-to-date and evidence-based care for veterans. New content for women's health was implemented that includes risk assessments and standardized documentation for management and planning using American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines. This data can now be viewed across the longitudinal record, improving the efficiency and care coordination for women veterans across the continuum.
- Pharmacy: Automated removal of discontinued or voided prescriptions from MMR eliminates the need for additional manual steps as pharmacists work through the e-Rx queue.

In June 2024 Oracle collaborated with VA during five planning sessions to define thirteen so-called “Big Rock” projects that will help improve the user experience. These projects were selected by VA and range from the Pharmacy 3b/3c work to improving PowerForms and Quick Orders to standardization work and creating a new, data-driven deployment schedule sequencing tool. Many of these projects will address VA’s unique needs.

More than half of these projects are well in progress. Two have been completed, four will be completed by the end of May 2025 and four are currently in process.

We are enthused that the Big Rocks work plan will address issues of high user concern and make a significant difference in operations for the currently live sites as well as improve adoption at future sites. We believe this work can be done in parallel with efforts to deploy to new sites.

In addition, during the Reset and continuing to the present, VA has made changes as to its governance and standardization processes that are critical to optimizing the system quickly for VA users. By actively seeking and incorporating feedback from end users at live sites, VA has ensured that system improvements align with their needs. The commitment to ensuring end users have a voice has made sure that the optimization projects deliver meaningful benefits to both end users and veterans.

***Revenue Collections:***

Across all live Oracle sites revenue collections activity in Fiscal Year 2024 was uniquely challenged due to the Feb. 2024 Change Healthcare cyber-attack, which caused claims processing to be completely halted at all VA sites for most of the operating period. Oracle sites were down from February through October while re-enabling billing activity in VistA was prioritized. Before that, at the start of Calendar Year 2024, the five live sites had seen improved performance with collections to target reaching 100.3 percent of target from January to March 2024.

VA and Oracle worked together to aggressively manage existing backlogs to ensure the claims processing downtime didn’t prevent collections metrics to dip significantly in FY24. The two CPACs where Oracle has live sites saw collections to target reach 100.1% (West CPAC) and 94.4% (North Central CPAC) respectively in FY24. That collaboration was further leveraged to facilitate expedited billing activity in Q1 of FY25 once claims processing was safely brought back up. Collections to target for the first 3 months of FY25 at Oracle-related CPACs were as follows: Oct: 70.8% (claims processing still partially down), Nov: 442.6%, Dec: 347%. Recently deployed optimization projects have allowed for improved billing turnaround time, allowing for backlogs from FY24 to be managed effectively to help drive the performance gains referenced earlier.



**Productivity:**

Productivity, in the context of healthcare, traditionally measures the volume of patient care delivered within a specific timeframe. It's a key indicator of how efficiently and effectively a healthcare system operates. When transitioning to a new EHR system, it's common for hospitals to experience a temporary dip in productivity. This is due to a variety of factors, including decreasing non-essential services to allow for the need for staff to learn new workflows, adapt to new technology, and adjust to changes in processes. The commercial market is driven by revenue and as a result clinicians are held accountable for ramping back up to full productivity within a set timeframe. Typically, it takes between three to six months for productivity to return to baseline levels after an EHR conversion.

During the initial rollouts, VA took longer to return to baseline levels compared to typical commercial clients or DoD. However, measuring patient loads and productivity under VistA and Millennium has been challenging. Productivity is measured by workload credit (or RVUs, which are the national standard for measuring productivity, budgeting, and expense allocation) in MCA Vera (fed by VistA). When VA originally configured the workflows for the new Federal EHR, VA did not include the necessary requirements to measure productivity in the same way that it was measured in VistA. Oracle has recommended that VA engage on a workload optimization project since 2022 to ensure this can be accurately addressed moving forward. As a result, VA and Oracle have initiated planning sessions to ensure they have the requirements in the system to ensure comparable measurements.

The duration of time it took VA facilities to attain pre-go-live productivity levels is longer than the industry average of 3 months. This attainment of pre-go-live facility level funding can be measured using Patient Weighted Work (PWW), which is a method used to adjust and measure the workload or complexity of patient care based on specific patient characteristics and needs.

Emergency Department (ED) measures are an area that, in many cases, are exceeding pre-implementation productivity levels due to the efficiencies the new EHR has provided ED staff, even with patient volume exceeding pre-implementation levels at all sites. Launch-point, a streamlined ED tracking board designed to enhance departmental workflows by offering real-time access to veterans' records and critical information, has significantly reduced Door-to-Doctor (D2D) and total length of stay (LOS) and providers' productivity has increased by 25-30 percent. The ED volume by site as of December 2024 compared to the baseline was:

- Mann-Grandstaff: Baseline of 1218 and 1,632 in December 2024
- Roseburg: 642 baseline, compared with 845 in December 2024
- Columbus: 1,014 baseline compared with 1,576 in December 2024
- Lovell FHCC: 1,499 baseline compared to 2,586 in December 2024

Addressing the following items, many of which are covered in the Big Rocks projects, will enhance the return to productivity following the implementation of the new EHR system:

1. Referral Management: The decreases in productivity are due to several factors including insufficient staffing levels and backlogs that preceded the go-lives. In addition, the referral process is not standardized across the program and leads to differing requirements from site to site and poor adoption of the standardized Oracle system.
2. Scheduling/National Baseline: Schedules are controlled during go-lives to allow additional time for end users to adopt the system. To return to baseline, the leadership must decide to increase the case load to pre-implementation levels once the facility has adjusted to the new EHR. There should be alignment at a national level of what measurements will be assessed for return to baseline and pre-go-live baseline must be measured in a consistent manner across facilities. Return to baseline targets and timelines should be communicated at a departmental level and sites should be held accountable at an individual level. Resources are available to provide additional support and training to users not meeting expected productivity levels.
3. Addressing Organizational Culture and Leadership Engagement: Site leadership engagement varies from site to site and the lack of strong leadership present and advocating for the program often reflects lower adoption and productivity. Sites have reduced schedules during go-live and no organizational directives are established for when departments are expected to increase patient visits. Oracle recommends enhancing training and support by increasing super user involvement—highly trained individuals who act as subject matter experts (SMEs) and system champions—during go-lives. This approach ensures hands-on guidance and knowledge transfer, rather than relying solely on schedule reductions with no defined timeline for returning to full capacity.
4. User Adoption and Education: Sites must not go live unless recommended training percentiles are reached, and there needs to be sufficient support staff through go-live and into sustainment to ensure end users receive ongoing coaching.
5. Ensure Standard Operating Procedures: VA should ensure local policies are aligned with national policies prior to implementation. Examples of areas that have been historically impacted include Rapid Response, Patient Movement, and Staff Scheduling. Another example, Medication History and Reconciliation is a task that was not completed by nurses in the legacy system. In Oracle, the recommendation is for nurses to complete this task on or before the encounter so that providers can complete their assessments in a timely manner.
6. Optimize Solutions: Several solutions can be utilized to optimize the EHR for the unique needs of the VA. “Big Rock” projects are an example of how VA has continued optimization of national standards to gain efficiency and improve productivity in areas including Quick Orders, Message Center and Referral Management.

***Interoperability:***

A key component of the EHRM program is improving interoperability to ensure seamless care coordination across VA, DoD, and community care networks. EHRM’s interoperability

advancements, such as the Joint Health Information Exchange (JHIE) and Seamless Exchange, enable automated, real-time data sharing, ensuring clinicians have immediate access to comprehensive patient histories and that service members have access to their complete records.

The JHIE is a secure network that shares health information. With the JHIE, all health providers—whether at a DoD Military Treatment Facility or from the TRICARE network—can securely access beneficiary records and health information electronically.

When the EHRM program was envisioned, the focus was making sure service members have a seamless record when transitioning to care at VA. The use of the same system at DoD (where they call it MHS Genesis) and VA (where they use the Cerner commercial name of Millennium) ensures that the record is seamless.

Of course, with VistA having 130 different instances across the VA healthcare system, interoperability just within VA is a challenge. EHRM eliminates this problem by using one standard EHR across the entire VA system, ensuring that no matter which VAMC a veteran uses across the country, the veteran's record will be available – and the veteran should receive the same standard and quality of care.

Since the inception of the EHRM program, interoperability with commercial care providers for veterans has become critically important. The VA MISSION Act enables veterans to receive care in their communities if VA wait times are too long. When veterans go to the community for care, their medical record needs to go with them and come back to VA. The EHRM program ensures this is the case, as the Oracle EHR is interoperable with 90 percent of community care providers.

Seamless Exchange, the use of which is being expanded with Code Block 12, is a collection of record retrieval and reconciliation services that collects external health data, compares it to a patient's chart, and reconciles it for provider review. This allows a provider to have complete and current data in their workflow for care decisions. Seamless Exchange will reduce the amount of reconciliation clinicians need to manually complete to do chart reviews. The addition of all Seamless Exchange capabilities will help the VA realize additional time savings in chart review.

Finally, Oracle is offering VA access to its future Qualified Health Information Network (QHIN) under the federal Trusted Exchange Framework and Common Agreement (TEFCA) at no additional cost, building on these successes to provide a secure and innovative approach to health data exchange and other potential data such as coverage and benefits information. This will allow every health system across the nation to share patient data with the VA, safely and securely.

### ***User Satisfaction:***

After each major code block update (twice a year in Feb. and Aug.), user satisfaction is measured. VA conducts these surveys, which are voluntary, and employees self-select into completing. Given that deployments have been halted since 2022 (other than Lovell FHCC), the user-base for surveys has not expanded beyond users at the initial five sites where dissatisfaction from initial missteps runs high. Despite these methodological limitations, the usability work and code updates that have been implemented have shown that clinician and staff satisfaction with the Federal EHR has increased each year since 2022 — 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.” Oracle strongly believes that providing our Clinical AI Agent and the many updates made during the Reset, as well as completing the pharmacy enhancements, will continue to allow for user satisfaction to improve.

### ***Code Block 12 Upgrade:***

On Feb. 21-23, 2025, the Code Block 12 upgrade will be implemented for the EHR system. The Code Block 12 upgrade includes significant improvements for the EHR system, including:

- **Pharmacy 3b/3c:** See below section on Pharmacy.
- **Seamless Exchange:** Oracle Health Seamless Exchange aggregates external health data from multiple sources - such as national and local exchanges - and deduplicates redundant information to create a cleansed, comprehensive patient history. Seamless Exchange has been piloted at the LaGrande clinic and is now being expanded to all ten Walla Walla connected sites.
- **HealthShare Referral Manager (HSRM) via OPENLink IntegrationPlatform (OIP):** Rearchitect the current Millennium to HSRM interface under a new cloud-based platform with key workflow, dataflow, and process improvements, eliminating the manual workflow steps and provide the clinicians with access to the data required to complete the Referral steps in an efficient manner.
- **Image Viewer – Radiology:** Image Viewer offers clinicians the ability to view Digital Imaging and Communications in Medicine (DICOM) images when configured with the Millennium Platform database to provide referential viewing. Users can also access the web-based viewer when integrated with other application in CareAware Multimedia Study Management, to provide referential viewing from various workflows. This will be replacing SkyVue Distribution Viewer.
- **Financial Management Systems v8:** This is a General Ledger Accounting System, and the enhancement allows for First Party MCCF Refunds to be issued to Veterans from any Millennium site.
- **Lifelimage v1:** “Gatekeeper” users can electronically receive and send DICOM image studies from Community Providers/Systems, eliminating the need to use CDs to receive or share images.
- **Managerial Cost Accounting v2:** MCA is responsible for ALL the cost accounting at FHCC for both DoD and VA. Oracle currently provides MCA with data extracts on the

VA side to support workload capture, budgeting, various reporting requirements, congressional inquiries, etc. For FHCC, additional DoD extracts are needed to provide MCA with DoD data.

- **Medtronic PaceArt v1:** PaceArt is a workflow solution that compiles and manages patient's cardiac device data. The system collects, stores, and retrieves data from programmers and remote monitoring systems from cardiac device manufacturers. PaceArt captures data from implant, in-clinic checks, and remote transmissions, patient's data is generated and, it can be stored in the PaceArt database to be sent to EHR.
- **Medtronic PillCam v1:** Medtronic PillCam gives the ability for clinicians to perform capsule endoscopy and with this integration, send results into Millennium.
- **Mental Health Suite (MHS) v2:** MHS is used for creating, editing, renewing patient intakes and treatment plans, and enabling care teams to collaborate to ensure provider compliance with regulatory guidelines. The MHS software was designed for psychiatrists, psychologists, social workers, and anyone involved in the creation of treatment plans for mental health patients.
- **Siemens Syngo v2:** The functionality will provide the ability for echocardiograms to be interpreted by a cardiologist at a second EHRM VAMC, after the Echo is ordered, performed, and documented at an initial EHRM VAMC site.

### ***Pharmacy:***

Overall, pharmacy operations in the six sites are stable. While we recognize pharmacy staffing has increased, we are hopeful that the new enhancements that have been provided in the recent Code Block release will enable VA pharmacists to operate more productively going-forward. The process in the new EHR for pharmacy is different than in VistA, but it also provides patient safety features that VistA does not have, which may take additional end user time but improves the standard of care and safety for veterans. As an example, Medication Management Retail (MMR – the outpatient pharmacy application) displays the veteran's lab values within the clinical workflow of the pharmacist allowing streamlined decision making around medication dosing.

Seven million prescriptions have been filled using the new EHR at the first five live sites from the VA Consolidated Mail Outpatient Pharmacy since October 2020. This is in line with prescription fill volumes under VistA.

At the Lovell FHCC, pharmacy adoption is going well too. Barcode scanning (BCMA) for the month of Jan. 2025 at Lovell FHCC was 98.56 percent. This is better than the overall VA average of 97.7 percent and supports higher patient safety, such as the Opioid Advisor Tool. Dual beneficiary patients (those with both DoD and VA benefits) are all in one system now for pharmacy. All prescriptions are on one medication list regardless of whether VA or DoD is filling them. This provides patient safety and efficiency benefits. Finally, Lovell FHCC is

continuing to use the conversion to the new Federal EHR to drive electronic prescribing. In the last 30 days, 99.8 percent of prescriptions have been authored electronically.

Reflecting back to the original deployment in Spokane, at that time VA and Cerner had not adequately accounted for the unique ways that VA operates its pharmacy. In choosing a commercial off-the-shelf EHR, there should have been a recognition that the commercial market (and even other government customers) does not operate their pharmacies the same way as VA and adjustments should have been made earlier.

A typical Oracle Millennium commercial EHR system contains functionality that enables the ordering of a prescription by the provider (ordering party); the receiving pharmacy then utilizes its own software for the dispensing of the medication (dispensing party). Our original contract with VA for its EHRM program included these standard capabilities.

However, after the Spokane and later deployments, it became apparent that the baseline Millennium pharmacy capabilities originally contracted needed to be enhanced to encompass the level of tight integration required to meet VA's outpatient pharmacy needs because in the VA healthcare system, VA is both the ordering party and the dispensing party.

By the time of Oracle's acquisition of Cerner in June 2022, frustrations with the pharmacy module of the EHR were very high. In fact, it was the top concern we heard about in meeting after meeting, both with VA and with Members of Congress. By August 30, 2022, VA had put on Task Order the work necessary to customize the pharmacy module to fit VA's unique needs. Seven key enhancements were contracted for, and there was a three-year timeline for delivery. Oracle delivered the first six and a half enhancements in a year and a half by Feb. 2024. The last enhancement, which is 3b/3c, took longer due to changing requirements from VA, but is still being delivered in Feb. 2025, earlier than three years.

The 3b enhancement going in Code Block 12 over Feb. 21-23, 2025, is an update that will enable VA pharmacists to modify a prescription and have those edits return to the provider-facing application in the EHR. Those edits will then flow through subsequent renewals of the particular prescription. This requirement is unique to VA, and the 3b/3c enhancement should enable pharmacists to work more productively. We will of course work with VA to monitor the impact of 3b/3c to see if any further action is necessary for pharmacy going-forward, but delivery and implementation of 3b/3c completes the seven enhancements that Oracle has provided to VA for the pharmacy module of the EHR.

Appendix A provides a summary of the first six enhancements and other pharmacy updates that have been made, as well as various safety features.

### ***Training, Adoption and Support Services:***

After our acquisition of Cerner in June 2022, it was made clear to us that the training conducted for Spokane, and even later deployments, was insufficient. Of course, with the deployment in Spokane, the training challenges were compounded by deploying during the pandemic and the associated stresses placed on healthcare providers at that time.

Oracle invested significant resources in improving the training program for new users as well as providing continued training for existing users on the overall system and updates to it. With better trained users, tickets and the need for support services generally decrease.

At the live sites, we have conducted various onsite education and optimization activities to help end users adopt existing workflows and identify and execute configuration and workflow improvement opportunities. In addition to observing how end users interact with the new EHR and resolving their high-priority issues, we proactively identify end users with poor performance experiences and collaborate with VA to resolve these issues, including issues that are the responsibility of VA.

In the last six months we have held over 2,000 training classes for end users at the live sites. Specifically, we have conducted training for Oncology and Long-Acting Injections at VISN 20 sites to improve end user workflow adoption and experience. At White City and Mann-Grandstaff, we worked with VA to identify and implement optimization opportunities and educate users on workflows for Optometry. At Jonathan M. Wainwright and Columbus, we executed similar projects for Audiology.

Oracle also utilizes workflow data to identify end users needing additional training. Once identified, we send our staff onsite to partner with the end users, assisting them in streamlining their workflows, thereby reducing time spent in veteran charts and increasing the time available to spend with veterans.

For provisioning tickets to give end users access to the system or to specific roles, we have worked with VA to improve processes. In Jan. 2025, we successfully met the VA's target dates on 98 percent of the provisioning tickets logged. Performance improvements have been achieved with the transition to the Microsoft Edge platform, resulting in a 51 percent reduction in full-page load time for Community Care Coordination workflows.

Training for the deployment at the Lovell FHCC included new end user adoption activities (e.g., Departmental Workflow Readiness sessions and Learning Labs). These activities reinforced formal training and provided participants with an opportunity to practice their workflows through simulated scenarios in the VA Sandbox.

Learning Labs were created to bring together end users, with support from super users (who are highly experienced users), provider champions and informaticists to develop a

comprehensive understanding of selected respective service line workflows as a cohesive care team. They were first piloted at Lovell FHCC in December 2023 for a small group of 54 super users. Post event survey data showed that more than ninety percent (92.1%) of respondents reported at least moderate improvement in their preparation for go-live, with nearly two thirds (65.8%) reporting great or exceptional improvement.

Based on the overwhelmingly positive feedback, the site and VA asked to partner with Oracle to expand the use of Learning Labs for end users prior to go-live. In close partnership with VA, we quickly stood up an additional 55 sessions for more than 200 end users. Because of the feedback from end users at Lovell FHCC, Learning Labs will be a key activity to help future sites prepare to adopt the new system.

More than 70 supplemental training materials were provided to end users prior to go-live to reinforce important training topics. In addition to the new end user adoption activities for Lovell FHCC, Oracle also made 36 early-access computer-based training programs available to super users to support their work and provided supplementary surge training to dual hat users, pharmacists, and pharmacy technicians just before go-live. Weeklong sessions were conducted in November 2023 with the entire pharmacy operations staff, working through various situations and workflows. Also, knowledge transfer series led by pharmacists were held. Overall, Lovell FHCC pharmacy staff provided a 9.82 out of 10 rating for the workflow adoption training sessions they received.

### ***Lovell FHCC:***

The Lovell FHCC deployment is the first and only deployment that has taken place under Oracle's ownership of Cerner. The previous five sites that were deployed, were completed by Cerner. Oracle strongly believes that the work done since the acquisition to improve technical performance of the system, improve training, and work with VA to simplify and standardize workflows and make other improvements enables us to confirm, now that we are nearly one year after the March 2024 deployment, that it was successful.

The system at Lovell FHCC has been well-received by users, enabling them to provide excellent care to veterans, active-duty military, and their dependents. Compared to the original five live sites, improvements in change management, training, and communications led to notably higher adoption rates at Lovell FHCC. Oracle provided significant in-person, on-site support for users and worked with Lovell FHCC on specific areas where their workflows needed to be modified to adapt to the new standard provided in the EHR.

In many cases, productivity at Lovell FHCC has returned to patient volumes prior to the deployment. For example, providers are averaging less than 21 minutes in the EHR, and nurses just under 4 minutes per patient seen. In the Emergency Department, the pre-deployment baseline monthly average of patients seen was 1,499, and the current monthly



average volume is far exceeding that at 2,856 patients. Similarly, the Surgery Department is operating at 110 percent of baseline under the new EHR.

The complexity of medical care at Lovell FHCC stems from its comprehensive range of integrated services, making it a strong predictor of success for larger VAMCs seeking to enhance care coordination. Lovell FHCC offers a full spectrum of services, including primary care, specialty care, behavioral health, surgical services, rehabilitation, and long-term care, mirroring the broad scope of care required at larger VAMCs. Key aspects that contribute to its complexity and scalability include:

- **Integrated Military and Veteran Care:** Lovell FHCC serves both active-duty military and veterans, requiring seamless coordination between DoD and VA systems, a challenge also present in large VAMCs with complex patient populations.
- **Multidisciplinary Specialty Services:** Offering cardiology, orthopedics, neurology, and mental health care in one facility allows for efficient referrals and comprehensive treatment planning, a model that can be scaled for larger VAMCs.
- **Advanced Surgical and Rehabilitation Services:** Lovell FHCC provides both inpatient and outpatient surgical services, along with post-operative rehabilitation, ensuring continuity of care, an essential feature for larger VA health systems.
- **Behavioral Health & Substance Use Treatment:** The integration of mental health services, PTSD treatment, and substance use programs aligns with the needs of high-risk veteran populations in large VA hospitals.

The success of these multifaceted services at Lovell FHCC demonstrates that with adequate resources, technology integration, and strong care coordination, similar models can be scaled to larger VAMCs to improve efficiency, patient outcomes, and overall healthcare delivery.

### ***Patient Safety:***

Patient safety is the top priority for Oracle and VA in the deployment of the new EHR. The EHRM program represents a transformation in veteran healthcare delivery, aimed at improving care coordination, reducing medical errors, and ensuring seamless interoperability between VA, DoD, and community partners.

However, we recognize that concerns have been raised regarding patient safety, from oversight bodies such as the Inspector General and the Government Accountability Office (GAO), as well as anecdotal claims of patient harm. Items such as the Unknown Queue<sup>2</sup> have

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<sup>2</sup> Shortly after our acquisition of Cerner in June 2022, we were made aware by media reports and a leaked Inspector General report of a patient safety concern with the operation of the Unknown Queue (UQ). Despite its unfortunate name, the UQ was not a bug, it was a backstop to account for patient scheduling tasks to facilities or providers that were not recognized by the system or entered incorrectly by the provider. These scheduling tasks were not lost, rather they were routed for manual review and processing, but employees were not trained to monitor it.

By the time of this reporting on the UQ, the awareness and training issues had been addressed and minimal numbers of orders were entering the UQ. However, as the new owner we wanted to make certain that we brought our technical and engineering expertise to the issue to further reduce the chances of a provider entering an order incorrectly. On August 1, 2022, we delivered to VA updates that alert a provider when an order they entered could

left the misimpression that the Oracle EHR cannot be safely used at VA, even though it is safely used at DoD and at commercial facilities across the United States and worldwide.

In fact, the Oracle EHR is being used safely at VA too, and Oracle continues its ongoing work to strengthen safety efforts, demonstrating that the new EHR is not only safe but also continuously improving and ready for nationwide deployment. The deployment at Lovell FHCC was conducted with no patient safety incidents. In the time since Oracle's acquisition of Cerner in June 2022, there has been an 80 percent decrease in tickets reported as a safety concern by end users.

EHR safety is not a static goal—it requires continuous refinement based on real-world clinician feedback, safety audits, and system performance data. Oracle and VA have built a dedicated patient safety infrastructure to rapidly identify, investigate, and resolve potential issues. A key component of this approach is the Oracle Health VA Patient Safety Team, which serves as the subject matter expert body for patient safety. This team works closely with VA leadership, site-level clinical teams, and national safety organizations to proactively assess and mitigate risks.

Key safety initiatives include:

- Real-time monitoring and response: A bi-directional data feed between VA's ServiceNow (SNOW) and Oracle Health's Remedy system ensures real-time tracking of patient safety tickets.
- National safety governance: A structured patient safety management model ensures stakeholder alignment across clinical, operational, and financial domains to measure and mitigate risks.
- Independent safety audits: As a demonstration of our commitment to patient safety, Oracle commissioned a 3<sup>rd</sup> party to conduct a risk assessment across high-impact clinical workflows (oncology, emergency medicine, and perioperative care), identifying 74 risk areas—39 of which required configuration updates, 16 code enhancements, and 19 governance policy changes.
- Patient Safety Checkpoints: Oracle developed a structured program that integrates the patient safety team into the Change Control process to provide additional support to the government as they adjudicate and approve the proposed changes. This initiative aims to proactively assess and mitigate risks associated with proposed changes in the system before they are acted on, ultimately ensuring the highest standards of patient safety for the new EHR. Risks are assessed by utilizing a library a curated patient safety controls, resulting in a detailed analysis of identified risks and recommendations for the selected change request.

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not be scheduled and requires correction as well as a similar message to the provider in their notification center. These alerts continue until the order is corrected by the provider. These updates were provided by us at no cost to VA. For the past two years, on average, only one scheduling task per site per day is routed to the UQ, and it is not an issue of any continuing concern.

The Oracle Health VA Patient Safety Team operates a Go-Live Patient Safety Command Center, which runs 24/7 during deployments to oversee and coordinate safety reporting and resolution in real time.

- During each deployment, a dedicated Patient Safety Manager is on-site, working alongside VA leadership and Oracle staff to oversee patient safety risks.
- National governance structures codified in VA Task Orders ensure increased coordination between Oracle, VA safety agencies (NCPS, IPS, VISN), and frontline clinical staff.

The new EHR has enhanced patient safety measures compared to VistA. Key improvements include the implementation of medication safety protocols and closed-loop medication documentation, which ensure accurate medication administration. The implementation of bedside barcode scanning has enhanced verification processes by allowing clinicians to confirm patient identities and medication accuracy at the point of care, thereby reducing the risk of errors. Furthermore, the full deployment of automated medication dispensing cabinets streamlines medication management, providing secure and efficient access to medications while minimizing the potential for dispensing mistakes. Together, these advancements create a safer environment for patient care and improve overall treatment outcomes.

While early implementation challenges were identified, the system has evolved and improved rapidly. These improvements, supported by measurable reductions in safety risks, enhanced governance, and accelerated issue resolution, demonstrate that the new EHR is not only safe but also positioned for successful national rollout.

***Patient Behavioral Health Flags:***

The new EHR contains Patient Behavioral Health Flags that assist in making providers aware of risks like suicide for veteran patients. In Feb. 2023, Patient Behavioral Health Flags were updated to be included in the Radiology and Lab components of the EHR. Flags were updated again in August 2023 to extend their visibility across all users, including schedulers using the registration function of the EHR. This addition ensured behavior health flags are visible both upon registration and between encounters to enhance coordination across a veteran's entire care team. In 2024 they were extended even further in the EHR to Pharmacy. Oracle Health continues to partner with the VA to evaluate opportunities to improve identification and management of Category 1 Patient Record Flags to enhance end user experience and veteran safety.

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## **Opportunities Going Forward**

Oracle is committed to continual quality improvement and there are opportunities for enhancement that we continue to partner with the VA to address, but we do not believe any of these challenges should stand in the way of proceeding with the four deployments in Michigan and further accelerating deployments. The EHR system is in a vastly different, improved place from the system of two to three years ago. Due to the amount of time it takes from beginning pre-deployment work to the actual go-live, we have the remainder of this year to continue improving the system while VA makes needed operational changes.

### ***Cybersecurity and Moving to the Cloud:***

We believe there is wide recognition for the need to better secure our veterans' healthcare data. The Government Accountability Office (GAO) has repeatedly flagged VistA's decentralized architecture as outdated and increasingly vulnerable to security threats. Transitioning to a modern, cloud-based EHR will strengthen data protection, system resilience, and overall cybersecurity posture, ensuring the integrity of veterans' health information in an evolving threat landscape.

Within the U.S. government federal space, Oracle holds a number of DOD security accreditations and FedRAMP authorizations, and we are an approved vendor under the Intelligence Community's Commercial Cloud Enterprise (C2E) program and the DoD's Joint Warfighting Cloud Capability (JWCC) program.

Oracle Cloud Infrastructure (OCI) was built with its foundation in scalability and security, which is fully integrated with features such as bastions for zero trust access, security zones for compartmentalized workloads and integration of security across the Infrastructure, Database and Application Layers.

Moving the Federal Enclave to OCI is underway. The first phase will be complete later this year, after which we will be able to start integrating new features into Millennium for VA. One feature we expect to integrate quickly is our Clinical AI Agent that reduces the need for providers to spend time in the EHR and enables greater patient engagement.

We anticipate the full migration of the EHR to the cloud to be complete next year. Oracle has committed to making this move to OCI at our expense.

Hosting the EHR on OCI will not only accelerate our ability to increase capacity as we scale the number of deployments, but also enable greater stability and reliability as the number of EHR users grows.

**Big Rocks:**

As mentioned above, Oracle made several recommendations to VA through the course of the Reset, including for how VA can: (1) institute stronger governance controls through clearer escalation paths for program decisions, such as those requiring cross-council consensus; (2) enhance change control processes through closed loop communications with end users and enforcement to standards; (3) standardize workflows and healthcare protocols, such as referral management, workload capture, and mammography; (4) improve system performance and operations; (5) optimize end user engagement and communications; and (6) advance workflow adoption and optimization.

Akin to our recommendations, VA stood up ten workstreams during the reset period and onboarded several “Big Rock” projects, which are specific initiatives aimed at improving the user experience, efficiency, and outcomes. VA’s efforts towards standardization, establishing an effective configuration process, and creating playbooks to ensure alignment to model workflows will help VA create one standard of care across its healthcare enterprise and enable VA to provide quicker answers when deviations from the standard EHR are requested. Further, several of VA’s “big rock” projects, such as position standardization (i.e., ensuring every healthcare worker with the same job title and responsibilities uses the EHR system in the same way), referral management, and ad hoc folders (i.e., organizing documentation that captures patient information in a standardized way), demonstrate a commitment to achieving standardization across the VA healthcare system.

Finishing the Big Rock projects is critical to the ability to accelerate deployments.

**Oracle Recommendations for VA:**

To accelerate deployments and set up the EHRM program for success, Oracle has made the following recommendations to VA:

1. **Adopt a National Standard:** Leverage known configurations that are working well at DoD and the six live facilities to implement a single, national EHR standard across all VA facilities. Standardizing workflows will not only ensure veterans receive consistent, high-quality care regardless of location but also reduce costs associated with bespoke configurations at each VAMC. Additionally, a national standard will streamline implementation efforts, improving deployment velocity and accelerating the modernization timeline.
2. **Advance Optimizations and Limit Third-Party Integrations:** VA should expedite execution of known optimization opportunities (e.g., workload credit, service connected / special authority compliance changes) alongside deployment activity to improve system usability. Further, VA should reduce reliance on third-party integrations to simplify workflows, decrease costs and limit cybersecurity exposures.
3. **Unlock Innovation and Scale by Migrating to the Cloud:** Transition from the on-premises systems to Oracle Cloud Infrastructure (OCI) to enhance cybersecurity and system

resilience. This will allow for faster implementations and ability to adopt modern technology today and in the future.

- a. Migration to the cloud is underway. With timely cooperation from VA and DoD for both infrastructure needs and necessary government approvals, migration of the Core EHR could be completed by 2026. This requires alignment to a predictable and streamlined cybersecurity review for SaaS and cloud-based technologies across VA and DOD to be quickly established.
4. **Adopt Modern Technologies.** Oracle Health is poised to deliver several new technologies to the VA in 2025, including our Qualified Health Information Network (QHIN), Clinical AI Agent (CAA), Health Data Intelligence (HDI) Companion App, and Patient Portal. As these solutions are EHR-agnostic, VA can deploy them across the enterprise now, even before completing the transition from VistA to the Federal EHR. This strategic approach will enable VA to immediately benefit from enhanced interoperability, advanced clinical decision support, and improved patient engagement—accelerating modernization efforts without waiting for the full EHR conversion. This will help all providers and patients benefit from new modern technology. We believe this will also help with adoption of the new EHR as providers working in facilities slated for a later deployment will start to understand how the new technology will assist them.
5. **Accelerate Federal EHR Deployments:** Based on the current plan and pace of deploying to four new facilities in VA’s Fiscal Year 2026, full deployment would take over 40 years. Instead, VA should build on the success of the Lovell FHCC deployment and the optimization work done during Reset to accelerate the deployment plan. Current State Reviews (CSRs) should begin for additional sites so that after the Michigan deployments there is not a time lag before the next deployments can begin. In addition, VA should use a Veterans Integrated Service Networks (VISN)-based deployment approach to scale, optimize resource allocation, and ensure facilities within a network adopt a common standard simultaneously.
6. **Streamline VA Contracting:** To address specific needs or objectives with VA, task orders are awarded to Oracle Health under the VA EHRM IDIQ contract with defined scope, deliverables and timelines for a particular service or project(s) to be delivered. To streamline management and improve efficiency, VA should consolidate the approximately 35 active task orders. By merging overlapping tasks, centralizing oversight, and standardizing reporting, the program can reduce administrative burden and eliminate redundancies. Ultimately, this will lead to cost savings, increased accountability, and a more efficient path forward for the EHRM initiative.

**Referrals:**

One of the Big Rocks is Referral Management:

- As part of the Big Rocks project, Oracle implemented updates to the referral system including a new custom referral form, functionality to enable sites to send one referral for multiple diagnoses, added audit history and added functionality so all open and archived referrals are shown in one comprehensive view.

- These enhancements address VA's top requests and were provided at no cost to the VA, including features like internal closed-loop referrals.

### ***Deployment Schedule:***

The EHRM program has not had a proper deployment schedule since before the Reset. Oracle is encouraged that VA is working with us to prepare an integrated master schedule so that we all are working towards the same goals and timeline.

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### **Innovation and Modernization for the EHRM Program**

While VA purchased the Cerner EHR, Oracle has made significant investments in developing modern health care applications that are available in OCI. Oracle's strategic investments in our product offerings are closely tied to OCI. Many of our new products and product features that we have brought to market, beginning in 2024 and all the way through 2027, leverage OCI's capabilities. These advances help to address areas that have proven difficult in the VA adoption of the new EHR.

By migrating to OCI, VA can access these new state-of-the-art EHR features, healthcare-specific solutions, advanced analytics, and interoperability tools that are optimized for this cloud ecosystem. Importantly, the VA does not need to be fully migrated to OCI to start benefiting from these innovations—taking the initial step toward OCI unlocks access to these capabilities, including:

- Clinical Artificial Intelligence Agent (CAA) described above.
- Oracle EHR: Oracle is rolling out its new state of the art, modernized EHR in an iterative fashion, starting with a fully featured Ambulatory EHR, with subsequent releases for specific specialties and inpatient care. This will be introduced to our commercial clients this year. The new EHR is designed to embed AI across the entire clinical workflow to automate processes, deliver insights at the point of care, and dramatically simplify appointment prep, documentation, and follow up for physicians and staff. With native integrations across a broad range of Oracle applications, the EHR is also designed to help streamline information exchange between payers and providers, support patient recruitment for clinical trials, simplify regulatory compliance, and optimize financial performance.
- Patient Administration System (PAS): PAS is focused on improving the efficiency and effectiveness of patient management tasks, including registration, scheduling, billing, and overall patient flow.
- Patient Portal: The Patient Portal is a digital platform designed to enhance patient engagement by providing individuals with secure, easy access to their complete longitudinal health record from their time in service, at the VA and in the community; and communication tools with their healthcare providers.

- Health Data Intelligence Platform (HDIP): The HDIP is a comprehensive solution designed to aggregate, analyze, and derive actionable insights from health data. This platform integrates data from various sources across the healthcare continuum, including the EHR, clinical systems, and third-party data providers. HDIP is currently available at the six live facilities and can be integrated with VistA, which would help VA close care gaps by proactively identifying missed interventions, enabling timely clinical actions, and supporting better health outcomes for veterans.
- Oracle's Qualified Health Information Network (QHIN) described above.

By utilizing a commercial off-the-shelf product, VA has access to the latest technology, Oracle Health is delivering tangible cost savings while ensuring VA has the tools needed for a more effective, efficient, and resilient healthcare system for veterans.

### **Closing**

We believe that when the totality of updates, enhancements and innovations are considered, the EHR system must be viewed as a drastically improved system from the system that was originally deployed in Spokane in 2020.

Oracle is proud to continue working with VA to modernize its EHR system, and we are confident that the EHRM program is ready to deploy in Michigan and on an accelerated schedule for additional deployments.

We are steadfast in our mission to serve our nation's veterans through this project. Thank you and I look forward to answering your questions.



## **Appendix A – Pharmacy**

Summary of the first six enhancements:

### Enhancement 1: Toggle Prescription Synonym Visibility

- Implemented Feb. 2023
- This guides providers to order prescription/supplies based on what is formulary and fillable through the VA/Consolidated Mail Outpatient Pharmacy (CMOP). The intent is to reduce re-work efforts by Pharmacist/Provider to adjust prescriptions after the initial order entry.
- Shortened the amount of prescriptions a provider sees by almost 50 percent.

### Enhancement 2: Optional Order Stop Date in Retail Med Manager

- Implemented Feb. 2023
- Keep ongoing medications for a patient on the active medication list so providers and pharmacists continue to have better visibility to the medications even when a new prescription is needed.
- Maintenance prescriptions will no longer change to a completed status once the legal date has been met. They must now be manually completed/ discontinued.

### Enhancement 3a: Display Legal Rx Expiration Date in Orders

- Implemented Feb. 2023
- Prescription Legal Expiration date will now display face up to users in PowerChart. Prescriptions with 0 (zero) refills remaining and expiration dates that have passed will display in red text and will no longer be refillable regardless of refills remaining but may be considered for renewal.
- Visibility for providers when a prescription is no longer fillable (past legal expiration date), to help identify when a new prescription is needed.
- This enhancement will add the prescription Legal Expiration date to the Home Medications component and Orders profile to display within the home medications, the patient's medication list and Message Center.

### Enhancement 4: Support mCDS Discontinue in Retail Med Manager

- Implemented Aug. 2023
- Reduce the step/clicks for pharmacy staff to discontinue duplicate prescriptions within the drug interaction checking alerts window.

### Enhancement 5: Enable Orders Renewal Action on Retail Med Manager Prescriptions

- Implemented Feb. 2024
- This enhancement allows providers to easily renew and take other actions on outpatient pharmacy generated prescriptions for consistency with provider entered prescriptions.

#### Enhancement 6: Optional Pharmacist Verification for Pharmacy Technicians Refills

- Implemented Aug. 2023
- Increase Pharmacist efficiency (save Pharmacist time) by removing Pharmacist verification requirement.

#### Enhancement 7: Request Refills from Power Chart to Outpatient Pharmacy

- Implemented 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.

In the last two years, additional enhancements beyond these seven were made as follows:

#### Task Order 31: Three Drug Image

- This enhancement provides drug metadata (round, scored, color, drug ID, imprint) in outpatient pharmacy workflows so that a pharmacy user can accurately identify medications.

#### Task Order 31: Mobile Inventory Scanning

- 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 31: E-Rx Monitoring Filling

- 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

- This enhancement increased the release cadence for Multum content to move from monthly releases to release weekly, allowing for increased delivery of drug content as it is updated.

Also in Feb. 2023, an upgrade was included outside of the seven enhancements that quickened the search history for prescriptions in Medication Manager Retail (MMR). Pharmacists use this search history to research previously prescribed outpatient prescriptions and associated activity. This upgrade reduced the average time of 15.3 seconds for a search to 1 second, making it much easier for pharmacists to use.

Finally, all of the currently live sites benefit from pharmacy safety features inherent in the Oracle pharmacy module, known as Medication Manager Retail (MMR), that are not present in VistA:

- In MMR, pharmacists can view VA and community care prescriptions together, in a single provider view.
- Pharmacists can see relevant clinical information and lab values within the pharmacy application during prescription processing. This capability informs proper prescription dosing without leaving the order to go to another screen, unlike VistA.
- The new EHR allows for improved communication between VA pharmacists and Consolidated Mail Outpatient Pharmacy (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 feature has been used nearly 34,000 times in fiscal year 2025, which saves time in the fulfillment of prescriptions because it reduces the chances of the CMOP canceling a prescription back to the local VA facility.
- 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 9,200 times in fiscal year 2025. This represents 9,200 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.

Pharmacists and providers also benefit from the Opioid Advisor Tool in the new EHR, which includes enhanced decision support, including dose range checking alerts and the Opioid Advisor Tool. The Opioid Advisor Tool 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 4,360 modifications to opioid prescriptions since October 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.