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U.S. HOUSE OF REPRESENTATIVES
ON
"CLOSING THE DATA GAP: IMPROVING INTEROPERABILITY BETWEEN VA AND COMMUNITY PROVIDERS"

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Good morning, Chairman Barrett, Ranking Member Budzinski, and distinguished Members of the Subcommittee. Joining me today is Dr. Laura Prietula, Deputy Chief Information Officer, Electronic Health Record Modernization Integration Office. Thank you for the opportunity to testify about the interoperability between the VA electronic health record (EHR) system and the systems that facilitate care for Veterans in their communities beyond VA.

Efforts to expand Veterans' access to care have led to unprecedented utilization of their earned benefits. the Veterans COMPACT Act of 2020 ("the COMPACT Act," P.L. 116-214) and VA MISSION ACT of 2018 (P.L. 115-182) empower Veterans to seek care from community providers when it's in the best medical interest for the Veteran or when VA care is unavailable. As a result, health information exchange between VA and community providers has reached an all-time high, enhancing care coordination and accessibility.

The exchange and use of health care data are essential for ensuring that Veterans have better access, better health, and reduced out-of-pocket expenses. VA is working to improve how different health care systems talk to each other, or enhance interoperability, by using a common set of rules called Fast Healthcare Interoperability Resources. Achieving more benefits for treatment, quality improvement, population health, and benefits adjudication requires more functionality and higher quality data than

what traditional health information exchanges (HIE) or current Qualified Health Information Networks (QHIN) offer.

Since 2009, clinicians have been able to view all VA and Department of Defense (DoD) data, reducing the need for paper records. The 2009 product, VistaWeb, had some challenges. In 2014, VA and DoD released the Joint Legacy Viewer, now known as Joint Longitudinal Viewer (JLV) which is more reliable and user-friendly. JLV now contains nearly all necessary VA and DoD data and can display community care documents. To illustrate its widespread use and utility, in January 2025 alone, about 110,000 VA employees used JLV over 7.4 million times, opening over 2.2 million community care documents. A survey last year showed that 48% of users reported that the JLV system improved patient outcomes, 70% reported time savings, and 23% reported reductions in duplicative testing.

Since VA and DoD launched the Joint Health Information Exchange (JHIE) in 2020, Federal EHR interoperability has increased significantly, with data exchange partners reaching more than 90% of U.S. hospitals in 2024. Through two national exchanges–electronic health exchange (eHX) and CommonWell (CW)–JHIE connects to over 100,000 provider sites. In January 2025, JHIE exchanged over 360 million documents for over 18 million patient matches.

As the demand for interoperability with community care provider increases, VA continues to work to address interoperability gaps in collaboration with multiple communities. One issue is connectivity to small provider organizations that do not use a “top-five” EHR, such as Epic, Allscripts, Meditech, and Athena Health. Many of these smaller organizations connect to state or metropolitan exchanges provided by regional health information organizations (RHIOs). A 2024 study by one of VA’s third-party administrators showed that approximately 80% of Veterans enrolled in or otherwise receiving care from VHA, also receive care from at least one provider connected to national health information exchanges. At the same time, only ~30% of providers billing VA for community care are connected to eHX or CW.

RHIOs offer services not available through eHX and CW, such as longitudinal viewers and push notifications for hospital admissions, transfers, and discharges. VA providers often receive notifications by word of mouth, impairing care coordination.

VA is also working with community partners to improve data quality that impacts clinical decision support, quality measurement, population health, and benefits adjudication. Examples of data quality challenges include incorrect weights, empty serum sodium values, incomprehensible codes, and misclassified allergies. Stakeholders are collaborating to create open-source technologies to objectively code data quality and offer suggestions for improvement.

The Trusted Exchange Framework and Common Agreement (TEFCA) is a Nationwide framework for health information sharing. The goal is to remove barriers for sharing health records electronically among health care providers, patients, public health agencies, and payers. VA aims to participate in TEFCA, contract with a QHIN provider and be fully functional and tested for the purpose of treatment by early December 2025. The Federal Electronic Health Record Modernization (FEHRM) office, which is charged with coordinating EHR implementation across the Federal government, VA, and DoD are working together towards this aim. VA obtained an independent and comprehensive assessment by the Institute for Defense Analysis Systems and Analysis Center – a DoD sponsored Federally Funded Research and Development Center–relative to QHIN candidates that can support VA and DoD health data exchange across different health information networks in accordance with TEFCA. The key decision points are the accuracy of patient match and cost.

QHIN participation will increase our connectivity but impose a practical deadline for participation of December 2025. A prominent feature of a QHIN is that once connected to one, a health care participant is connected to all QHINs. However, QHINs do not exchange data with traditional HIEs. Our JHIE gateway is currently connected to traditional national HIEs (e.g., eHX and CW). After December 2025, health care systems that use Epic, and the Epic QHIN, will start disconnecting from traditional HIEs because of the extra costs associated with the continued connection to traditional HIEs. Epic tells us that their partners will accelerate disconnecting over the first quarter of calendar year 2026. Epic systems originate 60% of community documents that VA providers read. If VA is not fully operational with QHIN participation by the December 2025 deadline, we could lose access to these records, thus reducing care coordination.

The Veteran Interoperability Pledge (VIP) and associated activity is an example of a creative approach to interoperability that is yielding a significant benefit to Veterans at a low cost to VA. In 2023, VA met with 13 high-quality health care systems. Together, we created the VIP, which addresses interoperability goals beyond TEFCA and other U.S. Department of Health and Human Services (HHS) initiatives. The major goals are:

1. Accurately identify Veterans when they seek care from providers in our communities.
2. Connect Veterans with VA and community resources that promote health and health care—especially VA services that lower Veterans' out-of-pocket expenses.
3. Responsively and reliably coordinate care for shared patients–including exchange of information about care requested and provided.

The first phase of VIP involved getting health care providers to connect to VA's Veteran Confirmation application programming interface (API). Given demographic information, this API returns a simple "confirmed" or "unconfirmed" as meeting the title 38 definition for Veteran. Tufts University and Sanford/Marshfield Clinic worked with Epic and Oracle, their respective vendors, to develop functionality so that all users of their EHRs can access the API. This work was done at no cost to VA or vendor partners. Several partners are now using the API at check-in and once a year thereafter. On average, partners are identifying 20% more Veterans than by self-reported status.

Community partners are now using the Veteran Status API to provide crucial benefits to Veterans. Some are sending Veteran status to their financial department, which prevents initiation of collection activities on a Veteran's health care debt. Some provide Veterans with VA information about VA benefits at check-in. Some trigger workflows for social workers, so Veterans in suicidal crisis can receive full benefits provided by the COMPACT Act. Some trigger workflows for clinicians to identify patients with conditions related to toxic exposure who may be eligible under the Honoring our PACT Act of 2022 ("the PACT Act" P.L. 117-168). By the end of last calendar year, providers had identified over 200,000 Veterans that can benefit from either the COMPACT Act or the PACT Act and helped connect those Veterans to these benefits.

Next, VA will work to expand membership to more health care systems, payors, community organizations, and vendors that help coordinate health care benefits. Health care systems and organizations have asked VA to work with the industry to automate benefits determination. We also expect this collaboration to result in improved Veteran access to many Federal, state, and donated benefits.

VA's interoperability goals demonstrate our commitment to put Veterans at the center of everything VA does, focusing relentlessly on customer service and convenience. In addition to the interoperability efforts cited above, 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 and the interoperability it provides will, improve the Veteran experience, allow care teams to understand patient medical history more holistically, and ultimately ensure Veterans receive care that is more seamlessly coordinated across the enterprise. VA's interoperability efforts and deployment of the Federal EHR will remain a key enabler of VA's ability to deliver the comprehensive health care Veterans deserve.

We appreciate the Subcommittee's commitment and oversight to ensure VA serves Veterans with excellence. We look forward to responding to any questions that you may have.