

**STATEMENT OF
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BEFORE THE
HOUSE COMMITTEE ON VETERANS’ AFFAIRS**

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Chairman Roe, Ranking Member Walz, distinguished Members of the Committee; thank you for the opportunity to testify today in support of the Department of Veterans Affairs (VA) initiative to modernize its electronic health record (EHR) through the acquisition of the EHR solution. Let me also thank the Committee, and other members of Congress, for your prior and on-going support of this program. Without that support, VA would not have been able to move forward with the acquisition in support of our Veterans. I am accompanied today by Mr. John Windom, the Program Executive Officer, Dr. Ashwini Zenooz, the Chief Medical Officer, and Mr. John Short, the Chief Technology Officer all from the Electronic Health Record Modernization (EHRM).

On May 17, 2018, the Department of Veterans Affairs (VA) awarded an Indefinite Delivery/Indefinite Quantity (ID/IQ) contract for an electronic health record system to Cerner Corporation. Given the complexity of this environment VA has awarded this ID/IQ to provide maximum flexibility and necessary structure to control cost. The solution allows patient data from VA and the Department of Defense (DoD) to reside in a single hosting site utilizing a single common system to enable the sharing of health information, improve care delivery and coordination, and provide clinicians with data and tools that support patient safety. VA believes that implementing a single EHR platform will allow for seamless care for our Nation’s Servicemembers and Veterans.

VA is making progress towards these positive outcomes for Veterans by issuing the first three Task Orders (TO) on this contract. The awarding of these firm fixed price

TOs allow VA to manage workflows and modify deployment strategies more efficiently. VA would like to provide additional details regarding the first three task orders:

- ***Task Order 1- EHRM Project Management, Planning Strategy, and Pre-Initial Operational Capabilities (IOC)***

Under this task order, the contractor will provide project management, planning, strategy, and pre-IOC build support. More specifically, the scope of services included in this task order are project management; enterprise management; functional management; technical management; enterprise design and build activities; and pre-IOC infrastructure build and testing.

- ***Task Order 2- EHRM Site Assessments - Veterans Integrated Service Network (VISN) 20***

Under this task order, the contractor will conduct facility assessments to prepare for the commercial EHR implementation for the following VISN 20 IOC sites: Mann-Grandstaff VA Medical Center (VAMC), Seattle VAMC, and American Lake VAMC. The contractor will also provide VA with a comprehensive current-state assessment to inform site-specific implementation activities and task order-specific pricing adjustments.

- ***Task Order 3- EHRM Hosting***

Under this task order, VA will fund the contractor to deliver a comprehensive EHRM hosting solution and start associated services to include hosting for EHRM applications, application services, and supporting EHRM data.

Implementation Strategy

The EHRM effort is anticipated to take several years to complete and continue to be an evolving process as technology advances are made. The new EHR will be designed to accommodate aspects of healthcare delivery that are unique to VA, while bringing industry best practices to improve VA care for Veterans and their families. Most medical centers should not expect immediate, major changes to their EHR systems.

Over the course of the next three months, VA will be full steam ahead with activities to support the EHR implementation. VA and the contractor are conducting ongoing discussions regarding several critical activities including optimizing the deployment strategy, establishing governance boards, and conducting current state reviews. Knowing the potential challenges with large-scale Information Technology (IT) projects, VA's approach involves deploying the EHR solution at targeted IOC sites to identify challenges and correct them before deploying to additional sites. The contractor will begin conducting site assessments for the IOC sites beginning in July 2018 and concluding in September 2018. These site assessments include a current state technical and clinical operations review and the validation of the facility capabilities list. VA anticipates the system implementation for the IOC sites to begin October 1, 2018, with an estimated completion date set in March 2020. With this IOC site approach, we will be able to hone governance, identify efficient strategies, and reduce risk to the portfolio by solidifying workflows and detecting course correction opportunities prior to deployment.

Change Management Strategy

An impactful change management strategy involves working with users earlier in the implementation process to determine their needs and quickly alleviate their concerns. VA understands that a significant factor involved in this transformation is the human component. In the end, implementation is not primarily a technical challenge, but a cultural challenge. VA leaders are essential to success. We have also solicited advice from leaders of large, renowned private sector healthcare systems, regarding challenges and solutions. VA is working to engage end-users early in the process to train facility staff, ensuring successful user adoption. Furthermore, EHRM is establishing clinical councils that include nurses, doctors, and other EHR users from the field to support configuration of workflows. Through these councils, staff can elevate their workflow concerns and propose solutions. In addition, VISNs will also be given the opportunity to configure their workflows without customizing, based on any unique circumstances for that VISN. Councils will be working to document existing workflows

and ensure that the work already being done will be supported by the EHRM solution. Certain changes in clinical workflows will require council decisions and may need to be adjudicated through interagency governance with DoD. This provides VA a structured approach to work through joint cost, schedule, performance, and interoperability objectives with DoD counterparts.

During the multi-year transition effort, VA will continue to use Veterans Information System and Technology Architecture (VistA) and related clinical systems until all legacy VA EHR modules are replaced by the EHR solution. For the purposes of ensuring uninterrupted healthcare delivery, existing systems will run concurrently with the deployment of the new EHR platform while we transition each facility. The entire roll-out will occur over a period of years. During the transition, VA will work tirelessly to ensure a seamless transition of care. A continued investment focused patient safety, security, and interoperability in legacy VA EHR systems will ensure a working functional system for all VA health care professionals.

Governance Structure

The EHRM PEO interim governance structure consists of five Boards that will meet myriad of challenges the program will undoubtedly encounter. VA has a foundational challenge to replace 130 instances of VistA across the enterprise and to establish a single common solution with DoD to promote interoperability and seamless care. To mitigate these risks to the EHRM program, VA will govern through the involvement of these five Boards: (1) EHRM Steering Committee; (2) EHRM Governance Integration Board; (3) Functional Governance Board; (4) Technical Governance Board (5) Legacy EHRM Pivot Work Group. Moving forward, these Functional, Technical and Programmatic governance boards will implement a structure and process, which facilitates efficient and effective decision making and the adjudication of risks for rapid implementation of recommended changes.

To ensure interagency coordination, there is an emphasis on transparency through integrated governance both within and across VA and from a decision-making perspective. VA and DoD have instituted an interagency working group to review use cases and collaborate on best practices for business, functional, and IT workflows, with

an emphasis on ensuring interoperability objectives between the two agencies. VA and DoD's leaders will meet regularly to verify the working group's strategy, and course corrections as necessary.

Efficiencies and Lessons-Learned

Understanding the significant challenges related to DoD's EHR implementation, VA is proactively working to address these areas to further reduce potential risks at VA's IOC sites. Both Departments are working closely together to ensure lessons learned at DoD sites will enhance future deployments at DoD as well as VA.

Program Management Office (PMO) Oversight

A major key to successful EHR implementation will be PMO oversight. The PMO will be properly staffed with the requisite functional, technical, advisory, and other subject matter experts. Its primary responsibilities will be enforcing adherence to cost, schedule, and performance-quality objectives. In addition, the PMO will ensure that the appropriate risk mitigation strategies are implemented, promoting proactive and preemptive contract management approach.

Closing

This initiative will honor our Nation's commitment to Veterans by better enabling VA to provide the high-quality care and benefits our Veterans have earned. It will support Department efforts to modernize the VA health care system and ensure that VA is a source of pride for Veterans, beneficiaries, employees, and taxpayers. Mr. Chairman and Members of the Committee, this concludes my statement. Thank you for the opportunity to testify before the Committee today to discuss the EHRM efforts. I would be happy to respond to any questions you may have.