STATEMENT OF
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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
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ON
BEYOND GO-LIVE: VA ELECTRONIC HEALTH RECORD MODERNIZATION STATUS UPDATE
SEPTEMBER 2, 2026

Chairman Bost, Ranking Member Takano, and distinguished Members of the Committee, thank you for the opportunity to provide an update on the momentum behind the Department of Veterans Affairs' (VA) Electronic Health Record Modernization (EHRM) program.

I want to start by thanking this Committee, on both sides of the aisle, for your sustained oversight and your shared commitment to ensuring this program serves Veterans effectively. Thanks to the leadership of President Donald J. Trump and Secretary Douglas A. Collins and the Department's continued focus on accountability, VA has accelerated its EHRM deployment schedule and is delivering real, measurable results for the men and women who depend on us.

Since deployments resumed in 2026, the Department has treated EHRM as a no-fail mission to deliver the Federal Electronic Health Record (EHR) to every VA medical center by 2031. VA keeps Veterans at the center of everything we do, including EHR. Veterans and Service members deserve high-quality health care, which means health care that is timely, safe, evidence-based, and efficient. The Federal EHR is, and will remain, a key enabler of VA's ability to deliver the comprehensive health care Veterans have earned. It is the standard we are upholding, and I am pleased to report

that the EHRM program has continued to build momentum since we last testified before this Committee.

Michigan: A Turning Point for the Program

In April 2026, VA achieved its largest single-wave deployment to date, successfully launching the Federal EHR system across an entire market for the first time. We simultaneously activated four sites in Michigan -- Ann Arbor, Battle Creek, Detroit, and Saginaw -- along with all associated community clinics. This achievement was not a modest milestone. It demonstrated that VA and Oracle Health can execute complex, large-scale technology transitions without compromising care.

The results speak for themselves. End-user adoption was strong from day one. Within days, providers at Ann Arbor performed open heart surgery using the new record without incident, the kind of proof point that matters more than any dashboard metric. Pharmacies processed more than 25,000 prescriptions on day one and clinical teams scheduled over 3,400 appointments by day three, surpassing several pre-go-live baselines.

VA and Oracle Health addressed hundreds of legacy issues ahead of launch, contributing to noticeably improved system stability. Michigan ticket volumes were significantly lower than in previous VA go-lives, reflecting better readiness, stronger training, and standardized workflows. Our Change Leadership Teams and Super Users on the ground provided direct, real-time feedback, and VA and Oracle Health teams responded immediately, rapidly correcting referral-mapping issues, optimizing radiology and scheduling workflows, and validating interface performance that reached more than 99.5% data-migration success.

Michigan set the bar, proving that coordinated multi-facility deployment is both feasible and sustainable. This long-awaited health care transformation is finally happening at pace. We will continue applying lessons learned to each wave, as they proceed one after another, on schedule.

Southern Ohio: Consistency at Scale

In June 2026, VA continued its momentum with successful go-lives at the medical centers in Chillicothe, Cincinnati, the Cincinnati–Fort Thomas campus, Dayton, and their associated community clinics. This deployment reinforced what Michigan showed: VA now operates with a disciplined, repeatable approach for implementing the Federal EHR system online safely and effectively.

Southern Ohio's June 6, 2026, cutover delivered exceptionally strong results. The four sites migrated over 773,000 prescriptions, along with hundreds of thousands of laboratory, blood bank, and consult records, all with success rates above 99.5%. Clinical operations stabilized quickly. Emergency and urgent care volumes exceeded pre-go-live averages, radiology turnaround times improved, and pharmacy migration reached a 99.66% weighted-average success rate, setting a new benchmark above Michigan's.

Adoption increased rapidly. Enterprise dashboards gave leaders real-time performance tracking, while ticket closure improved markedly, with closure rates increasing to 71% and resolution times improving by 1.4 hours compared to Michigan's. Sites reported more efficient documentation, smoother medication workflows, and faster specialty care processes than prior to the launch. Community care referrals were also strong, with Chillicothe completing or scheduling 79% of referrals within days. Together, these results demonstrated that Southern Ohio transformed lessons learned into measurable improvement, validating that Michigan's success was not isolated but part of a scalable national model.

Indiana: The Next Step in a Proven Trajectory

Building directly on successful execution in Michigan and Ohio, VA is on schedule to complete the deployment of the Federal EHR across our Indiana sites by September 3, 2026. The first go-live occurred on August 22, 2026, marking our third consecutive multi-site deployment this year. Early feedback from Indiana clinicians and

leadership has been encouraging, consistent with the trend we have now seen across Michigan and Ohio. With Indiana now operational and finishing deployment activities, VA has successfully transitioned a total of 11 sites to the Federal EHR system in 2026 alone, more than in any previous year of this program.

Looking Ahead: Sustaining the Pace

Our progress reflects a different way of doing business. I have visited each of the 13 sites scheduled for deployment this year. I have toured pharmacies, engaged with Change Leadership Teams and Super Users, and listened to frontline leadership and staff. I have observed the level of ownership and excitement about this transformation increase by the day. Leadership and staff are dialed in and owning the outcome, not just convening to talk about it. When problems emerge, we address them directly rather than treating them as background noise.

VA has deployed the Federal EHR at 11 hospitals so far this year under the Department's accelerated schedule. These deployments mean more than 617,000 Veterans and 35,000 VA clinicians and staff across the United States are using the new system and providing more connected, efficient, and patient-centered experiences for Veterans.

With President Trump's continued support for this program, VA is maintaining this momentum. The Department is scheduled to complete go-lives at our Cleveland, Ohio, site, and our Anchorage, Alaska, site – a joint sharing site with the Department of War – on October 24, 2026. These deployments will bring us to the full 13 sites we committed to this calendar year. This success sets the stage for an additional 26 deployments in 2027.

Closing

Chairman Bost, Ranking Member Takano, and Members of the Committee, this Committee has watched VA work through a difficult, complex modernization effort, and I want to acknowledge the bipartisan patience and scrutiny that has helped keep this

program honest and on track. We know Service members, Veterans, and taxpayers are watching for results, not promises, and that is exactly what this program is now delivering consistently at each deployment.

For Veterans, the payoff is simple: they will stop having to repeat their story and their history every time they see a new provider. The new record seamlessly follows them from their time in service through every VA encounter.

For VA, we are transitioning from a federated EHR with more than 130 iterations to a single enterprise EHR with the Department of War, Department of Homeland Security's U.S. Coast Guard, the Department of Commerce's National Oceanic and Atmospheric Administration (NOAA), and other federal agencies, allowing us to provide a more consistent and standardized experience to Service members and Veterans regardless of where they seek care. With the implementation of a commercial enterprise EHR system and enterprise standards, continuous modernization will be far easier, supporting faster innovation in support of the health and well-being of the Service members and Veterans we serve.

We are not finished. With President Trump and Secretary Collins' leadership, a proven execution model, and the continued partnership of this Committee, VA is confident in its ability to deliver a modernized, interoperable Federal EHR system that Service members, Veterans, clinicians, and staff can trust. This concludes my testimony, and I look forward to your questions.