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VA ELECTRONIC HEALTH RECORD MODERNIZATION

Critical Actions Needed to Support Accelerated System Deployments

Statement of Carol C. Harris, Director, Information Technology and Cybersecurity

GAO-26-108812

GAO Highlights

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GAO-26-108812 December 2025

A testimony before the Subcommittee on Technology Modernization, Committee on Veterans' Affairs, House of Representatives

For more information, contact: Carol Harris at HarrisCC@gao.gov

What GAO Found

After three unsuccessful attempts over two decades, the Department of Veterans Affairs (VA) undertook a fourth effort in 2017—the Electronic Health Record Modernization (EHRM) program—to modernize its legacy health information system. GAO has previously reported on the challenges VA has experienced with this effort. In these reports, GAO made 18 recommendations to improve cost estimating, schedule, program management, user adoption and satisfaction, and operational testing. GAO deemed 12 of these as priority recommendations because of their criticality to successful future deployments. VA has not yet fully implemented 16 of the 18 recommendations.

Implementation Status of GAO Electronic Health Record System-Related Recommendations to the Department of Veterans Affairs as of December 2025

Report	Total number of recommendations	Number of priority recommendations	Implementation status of recommendations
GAO-25-106874 (March 2025)	3	2	2 priority open (not implemented) 1 closed (implemented)
GAO-23-106731 (May 2023)	10	10	9 priority open (not implemented) 1 priority open (partially implemented)
GAO-22-103718 (February 2022)	2	0	1 open (not implemented) 1 closed (implemented)
GAO-21-224 (February 2021)	2	0	2 open (not implemented)
GAO-20-473 (June 2020)	1	0	1 open (not implemented)

Source: GAO reports. I GAO-26-108812

In March 2025, GAO reported that VA had made improvements at five initial sites but noted that the department's actions to address challenges had impacted the program's total cost estimate and schedule. Accordingly, GAO made two priority recommendations to update the cost estimate and schedule. Senate and House Authorizing and Appropriations Committees subsequently sent a letter to VA requesting a detailed cost estimate and schedule before September 30, 2025. While VA has delivered a notional schedule to congressional committees, it has not provided a cost estimate or detailed documentation of its schedule necessary to determine the extent to which it is consistent with leading practices.

In May 2023, GAO reported that users expressed dissatisfaction with the new system and VA did not adequately identify and address system issues. GAO made 10 priority recommendations to address change management, user satisfaction, system trouble ticket, and independent operational assessment deficiencies. VA has not yet fully implemented the 10 recommendations.

Until VA fully implements the priority recommendations, future deployments risk prolonging management challenges like those experienced in the initial deployments and users will likely not be positioned to achieve optimal usage of the new electronic health record (EHR) system.

Why GAO Did This Study

VA depends on its EHR system to manage health care for its patients. Since 2017, the department's EHRM program has undertaken efforts to replace its legacy EHR system with a modernized, commercial system.

VA first deployed its new EHR system in October 2020 and followed up with further deployments to four additional sites in 2022. However, in 2023, it halted future system deployments due to feedback from veterans and clinicians that the new system was not meeting expectations. In December 2024, VA announced plans to restart deployments beginning with four facilities in Michigan. The department plans for nine additional site deployments in 2026. VA plans to accelerate deployments to complete approximately 170 sites by 2031.

GAO has previously designated VA health care as a high-risk area for the federal government, in part due to its challenges implementing EHRM initiatives.

GAO was asked to testify on its key prior reports and related recommendations to improve VA's EHRM program. GAO summarized the results of five prior reports and followed up with VA on actions to implement recommendations.

What GAO Recommends

GAO has made a total of 18 recommendations in prior reports to VA to improve its EHRM efforts, 12 of which GAO has deemed priority recommendations. The department has fully implemented two of the 18 recommendations and partially implemented one priority recommendation, but has not fully addressed 15, including the remaining priority recommendations.

Chairman Barrett, Ranking Member Budzinski, and Members of the Subcommittee:

Thank you for the opportunity to discuss the readiness of the Department of Veterans Affairs' (VA) Electronic Health Record Modernization (EHRM) program. As you know, VA operates one of the largest health care systems in the nation. It provides services to more than 9 million veterans who generally have greater health care needs than the broader population. To support this mission, VA depends on its electronic health record (EHR) system to manage health care for its patients.[1] Since 2017, the department's EHRM program has undertaken an effort to replace its legacy EHR system with a modernized, commercial system.

VA first deployed the new EHR system in October 2020 and followed up with further deployments to four additional sites in 2022. In April 2023, VA paused deployments to additional sites due to feedback from veterans and clinicians that the new system was not meeting expectations. An exception to this pause was the Captain James A. Lovell Federal Health Care Center in North Chicago, which was deployed in March 2024.[2] In December 2024, VA announced that it was resuming planning for future deployments starting with four facilities in Michigan. After the Michigan deployments, the department plans to deploy the new EHR to nine additional sites in 2026.

We have previously designated VA health care as a high-risk area for the federal government, in part due to its challenges with IT and

[1]An EHR is a collection of information about the health of an individual or the care provided, such as patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.

[2]The Captain James A. Lovell Federal Health Care Center in North Chicago is the only fully integrated health care system operated by both VA and the Department of Defense (DOD).

implementation of EHRM initiatives.[3] In our 2025 high-risk update, we noted that VA had halted the EHR system deployment and focused on making improvements at the five initial sites using the system. However, efforts to deploy the new EHR system remained in the early stages and VA had not refined its corrective action plan to provide a clearer roadmap for addressing root causes of IT concerns related to deploying the new system.

In this statement, I will summarize the results of our key prior reports that describe the challenges in VA's implementation of the new EHR system—including the status of actions taken by the department to implement recommendations—that could impact future planned deployments of the system.

In developing this testimony, we summarized challenges identified in five of our prior reports on VA's efforts to implement its EHRM. Specifically, we included results from our prior reports and incorporated information on the department's actions taken in response to key recommendations made in our prior work. The reports cited throughout this statement include detailed information on their scope and methodologies.[4]

The work on which this statement is based was conducted in accordance with generally accepted government auditing standards. Those standards

[3]VA's IT issues were highlighted in our 2015 high-risk report and subsequent high-risk reports. See GAO, *High-Risk Series: An Update*, GAO-15-290 (Washington, D.C.: Feb. 11, 2015); *High-Risk Series: Progress on Many High-Risk Areas, While Substantial Efforts Needed on Others*, GAO-17-317 (Washington, D.C.: Feb. 15, 2017); *High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas*, GAO-19-157SP (Washington, D.C.: Mar. 6, 2019); *High-Risk Series: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas*, GAO-21-119SP (Washington, D.C.: Mar. 2, 2021); *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, GAO-23-106203 (Washington, D.C.: Apr. 20, 2023); and *High-Risk Series: Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness*, GAO-25-107743 (Washington, D.C.: Feb. 25, 2025).

[4]GAO, *Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule*, GAO-25-106874 (Washington, D.C.: Mar. 12, 2025); *Electronic Health Records: VA Needs to Address Management Challenges with New System*, GAO-23-106731 (Washington, D.C.: May 18, 2023); *Electronic Health Records: VA Needs to Address Data Management Challenges for New System*, GAO-22-103718 (Washington, D.C.: Feb. 1, 2022); *Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed*, GAO-21-224 (Washington, D.C.: Feb. 11, 2021); and *Electronic Health Records: Ongoing Stakeholder Involvement Needed in the Department of Veterans Affairs' Modernization Effort*, GAO-20-473 (Washington, D.C.: June 5, 2020).

require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Within VA, the Veterans Health Administration (VHA) operates one of the nation's largest health care systems. The administration relies on its legacy health information system—the Veterans Health Information Systems and Technology Architecture (VistA)—to deliver health care to veterans and to document this care. This technically complex system has been in operation for more than 30 years, is costly to maintain, and does not optimally support VA's need to electronically exchange health records with other organizations, such as the Department of Defense (DOD) and community providers (who are non-VA providers that provide care to veterans and are reimbursed by VA).

The department has undertaken, and we have reported on, a number of initiatives to modernize and improve interoperability (i.e., the ability to exchange and use electronic health information) across the department.[5] These initiatives have included four efforts over two decades to modernize VistA. The first three efforts—HealtheVet, the integrated Electronic Health Record (iEHR), and VistA Evolution—reflect varying approaches that the department had taken since 2001 to achieve a modernized electronic health record system. However, these approaches were abandoned due to concerns about project planning, high costs, and undelivered capabilities.

VA's current approach, its EHRM program, began in June 2017. At that time, the former VA Secretary announced that the department planned to acquire the Oracle Health EHR system—the same commercial system that DOD was implementing across the military health system—and

[5]See, for example, GAO-25-106874, GAO-23-106731; GAO-22-103718; GAO-21-224; GAO-20-473; GAO, *Electronic Health Records: VA Needs to Identify and Report System Costs*, GAO-19-125 (Washington, D.C.: July 25, 2019); *VA Health IT Modernization: Historical Perspective on Prior Contracts and Update on Plans for New Initiative*, GAO-18-208 (Washington, D.C.: Jan. 18, 2018); and *Electronic Health Records: Outcome-Oriented Metrics and Goals Needed to Gauge DOD's and VA's Progress in Achieving Interoperability*, GAO-15-530 (Washington, D.C.: Aug. 13, 2015).

configure it for VA.[6] Further, the department decided to acquire the same system as DOD because it would allow all of VA's and DOD's patient data to reside in one system. A single system is intended to enable seamless care between VA and DOD without the manual and electronic exchange and reconciliation of data between two separate systems.[7]

VA's EHRM Integration Office manages the EHRM program and coordinates with stakeholders (e.g., VHA subject matter experts and site-specific staff) at the facility, regional, and national levels on the transition to a new EHR system. According to the department, EHRM is designed to improve veterans' experiences by establishing a modernized, seamless, and secure EHR for VA. This modernization approach is also intended to improve VA health care providers' ability to deliver care by standardizing clinical practice workflows, enabling interoperability between VA and DOD, and increasing interoperability with community care partners.

The EHRM program originally planned to implement the new EHR system across VA's medical facilities in phases over the span of a decade. VA deployed the new EHR system at its first location, the Mann-Grandstaff VA Medical Center in Spokane, Washington, in October 2020. In 2021, VA performed a strategic review of the program and decided to pause new deployments and focus on fixing initial deployment issues.

In fiscal year 2022, VA moved forward with implementation of the new system at four additional locations:[8]

[6]VA and DOD use the same Oracle Health Millennium system with agency-specific configuration differences. VA refers to its EHR system as the Federal EHR, while DOD refers to its system as Military Health System (MHS) GENESIS. VA contracted with Cerner Government Services, Inc. for the department's new EHR system in May 2018. Subsequently, in June 2022, Cerner was acquired by Oracle Health Government Services, Inc. We use Oracle Health throughout this statement.

[7]DOD's initial implementation of MHS GENESIS began in 2017 at four military treatment facilities in the state of Washington. The department completed the last of its deployments of the EHR system in March 2024.

[8]VHA is divided into regions called Veterans Integrated Services Networks (VISN). There are currently 18 VISNs throughout VHA based on geographical location. VISNs provide oversight and guidance to the VA Medical Centers and VA Health Care Systems within their areas and are sometimes called a "network." The five initial sites are within VHA's VISN 20 and VISN 10. VISN 20 includes medical centers and community-based outpatient clinics in the states of Alaska, Washington, Oregon, most of Idaho, and one county each in Montana and California. VISN 10 serves veterans in Ohio, Indiana, and Michigan.

- Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Washington, in March 2022.
- VA Central Ohio Health Care System in Columbus, Ohio, in April 2022.
- Roseburg VA Health Care System in Roseburg, Oregon, in June 2022.
- VA Southern Oregon Rehabilitation Center and Clinics in White City, Oregon, in June 2022.

Following the Roseburg and White City deployments, VA decided to delay upcoming deployments to address feedback from users at the initial sites who identified patient safety and system reliability issues. In addition, the department performed an assessment to diagnose and address problems with program governance and associated processes. In April 2023, VA announced that feedback from veterans and clinicians continued to indicate that the new system was not meeting expectations at the five deployed sites. Consequently, the department halted future deployments, with the exception of the Captain James A. Lovell Federal Health Care Center in North Chicago, to focus on making improvements at the five initial sites.[9] VA referred to these improvement efforts as a program "reset".

While the reset efforts continued, VA deployed the new EHR system at the Captain James A. Lovell Federal Health Care Center in North Chicago, Illinois, in March 2024. On December 20, 2024, VA announced that it was beginning early-stage planning for restarting deployments to four sites in Michigan in mid-2026.[10] In March 2025, VA announced nine additional medical facilities at which it planned to deploy the new EHR

[9]The Captain James A. Lovell Federal Health Care Center in North Chicago, Illinois, integrates services previously provided by the former North Chicago VA Medical Center and its community-based outpatient clinics and the Naval Health Clinic Great Lakes and its associated clinics. The Federal Health Care Center provides health care to service members, veterans and other beneficiaries throughout northern Illinois and southeastern Wisconsin. Additionally, the Federal Health Care Center ensures that Navy recruits who pass through Naval Station Great Lakes each year are medically ready. The Federal Health Care Center is part of VISN 12, the VA Great Lakes Health Care System, which serves veterans who reside in Illinois, the Upper Peninsula of Michigan, Wisconsin, and northwestern Indiana.

[10]The four Michigan facilities are: (1) John D. Dingell VA Medical Center in Detroit, Michigan; (2) Battle Creek VA Medical Center in Battle Creek, Michigan; (3) Lieutenant Colonel Charles S. Kettles VA Medical Center in Ann Arbor, Michigan; and (4) the Aleda E. Lutz VA Medical Center in Saginaw, Michigan.

system in 2026 under an accelerated deployment schedule.[11] VA plans to accelerate deployments to complete approximately 170 sites throughout the nation by 2031.

For the period of fiscal year 2018 through the second quarter of fiscal year 2025, VA reported that it obligated a total of about $13.84 billion on the EHRM program. This total is comprised of the following elements:

- EHR contract ($5.85 billion)
- IT infrastructure ($3.35 billion)
- Program management ($1.48 billion)
- VHA ($2.85 billion)
- Office of Information and Technology (OIT) ($324 million).

VA Faced Challenges with EHR System Deployments and Has Not Addressed Key GAO Recommendations

From June 2020 to March 2025, we issued five reports on VA's efforts to deploy its new EHR system.[12] The reports described actions taken by the department and identified challenges with key planning tools critical for program oversight. We also reported on challenges experienced with the initial deployments, including user dissatisfaction with the new system.

To address these challenges, we made 18 recommendations—12 of which we deemed priority recommendations because of the critical impact they would have on strengthening successful future deployments. While VA has taken actions to address our recommendations, the department has not fully implemented 16 of these recommendations. Table 1 shows the implementation status of the recommendations. See appendix I for a detailed list of recommendations on the VA EHRM program.

[11]Additional planned deployment sites for 2026 are: (5) the Cincinnati VA Medical Center in Cincinnati, Ohio; (6) Cincinnati VA Medical Center at Fort Thomas in Fort Thomas, Kentucky; (7) Chillicothe VA Medical Center in Chillicothe, Ohio; (8) Dayton VA Medical Center in Dayton, Ohio; (9) Fort Wayne VA Medical Center in Fort Wayne, Indiana; (10) Marion VA Medical Center in Marion, Indiana; (11) Richard L. Roudebush VA Medical Center in Indianapolis, Indiana; (12) Alaska VA Healthcare System in Anchorage, Alaska; and (13) Louis Stokes Cleveland VA Medical Center in Cleveland, Ohio.

[12]GAO-25-106874, GAO-23-106731; GAO-22-103718; GAO-21-224; GAO-20-473.

Table 1: Implementation Status of GAO Electronic Health Record System-Related Recommendations to the Department of Veterans Affairs (VA) as of December 2025

GAO report	Total number of recommendations	Number of priority recommendations	Implementation status of recommendations
GAO-25-106874 Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule (March 2025)	3	2	2 priority open (not implemented) 1 closed (implemented)
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System (May 2023)	10	10	9 priority open (not implemented) 1 priority open (partially implemented)
GAO-22-103718 Electronic Health Records: VA Needs to Address Data Management Challenges for New System (February 2022)	2	0	1 open (not implemented) 1 closed (implemented)
GAO-21-224 Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed (February 2021)	2	0	2 open (not implemented)
GAO-20-473 Electronic Health Records: Ongoing Stakeholder Involvement Needed in the Department of Veterans Affairs' Modernization Effort (June 2020)	1	0	1 open (not implemented)

Source: GAO reports. I GAO-26-108812

VA Needs to Produce Updated Cost Estimate and Schedule

In March 2025, we reported that the many changes undertaken by VA to pause deployments and make improvements impacted the program's total life cycle cost estimate and integrated master schedule.[13] Regarding costs, in 2022 the Institute for Defense Analyses estimated that EHR

[13]GAO-25-106874.

modernization life cycle costs would total $49.8 billion—$32.7 billion for 13 years of implementation and $17.1 billion for 15 years of sustainment.

Updating that estimate to reflect events over the last 2 years, such as the pause, is imperative to understanding the full magnitude of VA's investment. Similarly, it is critically important that VA update its schedule to inform decision-making. Accordingly, we made two priority recommendations to the Secretary of VA: (1) obtain an updated and independent total life cycle cost estimate using best practices described in GAO's Cost Estimating and Assessment Guide, and (2) expeditiously and reliably update its integrated master schedule using best practices described in GAO's Schedule Assessment Guide.[14] VA concurred and planned to update the cost and schedule.

Senate and House Authorizing and Appropriations Committees subsequently sent a letter to VA requesting that it provide a detailed cost estimate and schedule before September 30, 2025. As of December 2025, the department has not provided an updated cost estimate. In addition, while the department has delivered a notional schedule to congressional committees, the EHRM program has not yet provided the detailed documents needed to determine the extent to which the schedule is consistent with leading practices. Consequently, as the department increases its momentum to complete 170 total site deployments by 2031, more information critical to controlling risks and informing congressional oversight is needed.

In our March 2025 report, we also determined that VA had identified performance measures for the new EHR reset and identified baselines and targets for eight of nine metrics to measure the impact of the new system at the live sites. However, VA had not established baselines and targets for one metric: the time to user-acknowledged ticket resolution for change requests. We recommended that VA identify baselines and performance targets for all nine identified metrics intended to measure program and system performance and VA concurred with the recommendation. Subsequently, in September 2025, VA provided evidence that it had established baselines and targets for all nine

[14]GAO, *Cost Estimating and Assessment Guide: Best Practices for Developing and Managing Program Costs*, GAO-20-195G (Washington, D.C.: Mar. 12, 2020) and *Schedule Assessment Guide: Best Practices for Project Schedules*, GAO-16-89G (Washington, D.C.: Dec. 22, 2015).

identified metrics, and we closed the recommendation as implemented.[15] By identifying baselines and performance targets for its identified metrics, VA has improved its ability to measure and communicate the performance expected to be achieved by the program in current and future deployments.

More Work Needed to Demonstrate Results of VA's Actions to Address User Concerns and System Issues

In May 2023, we reported that the organizational change management activities for the EHRM program were partially consistent with seven leading practices and not consistent with one leading practice.[16] We also reported that users expressed dissatisfaction with the new system and that VA did not adequately identify and address system issues. We made 10 priority recommendations to address change management, user satisfaction, system trouble ticket, and independent operational assessment deficiencies. VA concurred with the recommendations.

As of December 2025, VA has partially implemented one of 10 priority recommendations and continues to work toward implementing the remaining nine. For example, VA partially implemented one recommendation to address users' barriers to change. Specifically, VA had developed plans to address user concerns about the new EHR system identified in a strategic review of the program. However, the department has not yet adequately demonstrated that corresponding improvement projects have fully addressed underlying barriers.

In addition, VA had not approved and implemented a VA-specific change management strategy to formalize how it will improve the readiness of end users to adapt to working in the new EHR system. Further, VA had not instituted plans to conduct an independent operational assessment to evaluate the suitability and effectiveness of the new EHR system for users in the operational environment. An operational assessment, particularly if it were conducted by an independent entity, would help VA catalog findings with greater rigor, transparency, and accountability. In addition, without having conducted an independent operational assessment, VA had not validated that the system satisfies user needs in an operational environment. This elevates the risk of deploying the system prematurely, thereby posing unnecessary risks to patient health and safety.

[15]VA determined that resolving change request tickets in 80 days or less was a stable baseline measure and its target was established to maintain that level of performance.

[16]GAO-23-106731.

We will continue to monitor the 10 priority recommendations made to VA. Until these recommendations are fully implemented, future deployments are at risk of prolonging challenges like those experienced in the initial deployments. This in turn could hinder users' ability to interact with the system and impede their knowledge of new workflows.

Continued Focus on Efforts Related to Data Quality, Stakeholder Input, and Resolution of Test Findings Needed

GAO issued three additional reports on EHRM in 2020, 2021, and 2022. Our February 2022 report on VA's data management plans discussed migrating data to the new EHR system and supporting the continuity of reporting.[17] We noted that VA had made progress towards implementing planned data management activities, but clinicians faced challenges with the quality of migrated data. In addition, VA had not established performance measures and goals for data quality and had not used a stakeholder register to identify and engage all stakeholders. Accordingly, we made two recommendations to VA to (1) establish performance measures and (2) use a stakeholder register to meet reporting needs. VA concurred and took action to fully implement the second recommendation. However, because the program had paused system deployments and lacked a path to migrating data at the next sites, we do not yet have sufficient evidence to demonstrate that the first recommendation has been implemented.

In February 2021, we reported that VA had made progress toward implementing its new system but needed to postpone further deployment until it had addressed all critical and high severity test findings.[18] We made two recommendations that it do so, and VA concurred. In March 2025, we reported that the department had made progress toward implementing the recommendations as it had no critical or high-severity test findings at subsequent locations.[19] To gauge the extent to which VA has fully implemented our two recommendations, we plan to observe the sustained resolution of significant test findings in the upcoming 2026 deployments.

Our June 2020 report found that VA's decision-making procedures for configuring the EHR system were generally effective but did not always ensure key stakeholder involvement.[20] We recommended that the

[17]GAO-22-103718.

[18]GAO-21-224.

[19]GAO-25-106874.

[20]GAO-20-473.

department ensure the involvement of all relevant medical facility stakeholders in the EHR system configuration decision process. VA concurred with our recommendation and stated that it intended to refine local workshop agendas and descriptions to facilitate subject matter expert identification and participation. However, VA has not yet provided sufficient support that the recommendation has been implemented.

In summary, we will continue to assess the extent that VA has implemented our recommendations, with particular attention to the 12 priority ones. Full implementation of our recommendations will help ensure the department's actions are sustained and that the program is well positioned to support its accelerated deployments and optimal use of the new system.

Chairman Barrett, Ranking Member Budzinski, and Members of the Subcommittee, this concludes my prepared statement. I would be happy to answer any questions that you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff have any questions about this testimony, please contact Carol C. Harris at harriscc@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement.

GAO staff who made key contributions to this testimony include Jennifer Stavros-Turner (Assistant Director), Merry Woo (Analyst-in-Charge), Christy Tyson Brown, Chris Businsky, Jess Lionne, Anh-Thi Le, Jacqueline Mai, and Norma-Jean Simon.

Appendix I: Summary of GAO's Recommendations on VA's Electronic Health Record Modernization

Table 2: GAO Recommendations to VA on Electronic Health Record Modernization

Report	Recommendation	Priority recommendation?	Status
GAO-25-106874 Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule	The Secretary of VA should direct the EHRM Integration Office to obtain an updated and independent total life cycle cost estimate using best practices described in GAO's Cost Estimating and Assessment Guide. (Recommendation 1)	Yes	Open - Not Implemented
GAO-25-106874 Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule	The Secretary of VA should direct the EHRM Integration Office to expeditiously and reliably update its integrated master schedule using best practices described in GAO's Schedule Assessment Guide. (Recommendation 2)	Yes	Open - Not implemented
GAO-25-106874 Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule	The Secretary of VA should direct the EHRM Integration Office and the VHA to identify baselines and performance targets for all nine identified metrics intended to measure program and system performance. (Recommendation 3)		Closed - Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should ensure that VA documents a VA-specific change management strategy to formalize its approach to drive user adoption. (Recommendation 1)	Yes	Open - Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should ensure that the department's planned improvements to communication of system changes meet users' needs for the frequency of the updates provided. (Recommendation 2)	Yes	Open - Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should take steps to improve change readiness scores prior to future system deployments. (Recommendation 3)	Yes	Open - Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should ensure steps taken by the EHRM program and Oracle Cerner to increase workforce skills and competencies through improved training and related change management activities have been effective. (Recommendation 4)	Yes	Open – Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should address users' barriers to change, by ensuring planned completion of all actions identified in the Secretary's Strategic Review. (Recommendation 5)	Yes	Open – Partially Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should develop a plan, including a timeline, for establishing (1) targets for measuring the adoption of changes and (2) metrics and targets to measure the resulting outcomes of the change. (Recommendation 6)	Yes	Open – Not Implemented

Report	Recommendation	Priority recommendation?	Status
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should measure and report on outcomes of the change and take actions to support users' ability to use the system to reinforce and sustain the change. (Recommendation 7)	Yes	Open – Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should establish user satisfaction targets (i.e., goals) and ensure that the program demonstrates improvement toward meeting those targets prior to future system deployments. (Recommendation 8)	Yes	Open – Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should make certain that future system trouble tickets are resolved within established timeliness goals. (Recommendation 9)	Yes	Open – Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should reinstitute plans to conduct an independent operational assessment to evaluate the suitability and effectiveness of the new EHR system for users in the operational environment. (Recommendation 10)	Yes	Open – Not Implemented
GAO-22-103718 Electronic Health Records: VA Needs to Address Data Management Challenges for New System	The Secretary of VA should direct the Deputy Secretary to establish and use performance measures and goals to ensure that the quality of migrated data meets stakeholder needs for accessibility, accuracy, and appropriateness prior to future system deployments. (Recommendation 1)		Open – Not Implemented
GAO-22-103718 Electronic Health Records: VA Needs to Address Data Management Challenges for New System	The Secretary of VA should direct the Deputy Secretary to use a stakeholder register to improve the identification and engagement of all relevant EHRM stakeholders to address their reporting needs. (Recommendation 2)		Closed - Implemented
GAO-21-224 Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed	The Secretary of VA should direct the Executive Director of the Office of Electronic Health Record Modernization to postpone deployment of the new EHR in new locations until all existing open critical severity test findings are resolved and closed, and until any additional critical severity findings identified before planned deployment are closed. (Recommendation 1)		Open – Not Implemented
GAO-21-224 Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed	The Secretary of VA should direct the Executive Director of the Office of Electronic Health Record Modernization to postpone deployment of the new EHR in new locations until all existing open high severity test findings are either resolved and closed or deferred, and until any additional high severity test findings identified before planned deployment are either closed or deferred. (Recommendation 2)		Open – Not Implemented

Report	Recommendation	Priority recommendation?	Status
GAO-20-473 Electronic Health Records: Ongoing Stakeholder Involvement Needed in the Department of Veterans Affairs' Modernization Effort	For implementation of the EHR system at future VA medical facilities, we recommend that the Secretary of VA direct the EHRM Executive Director to clarify terminology and include adequate detail in descriptions of local workshop sessions to facilitate the participation of all relevant stakeholders including medical facility clinicians and staff. (Recommendation 1)		Open – Not Implemented

Source: GAO reports. I GAO-26-108812