



**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:  
"READY, SET, GO-LIVE: ASSESSING VA'S EHR MODERNIZATION  
DEPLOYMENT READINESS"**

**December 15, 2025**

## **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.

Since the last hearing, VA announced an accelerated deployment schedule that will complete the full deployment by 2031. In 2026, the Federal EHR will go-live at 13 sites in Michigan, Ohio, Alaska, and Indiana, and will go-live at 26 facilities in Minnesota, Wisconsin, Oregon, Washington, Missouri, Idaho, Nebraska, South Dakota, North Dakota, Illinois, Iowa, and Kansas to go-live in 2027. I am pleased to be able to report significant and successful progress on the accelerated deployment plan for EHRM, and to express that Oracle is confident, prepared, and fully aligned with VA to meet this goal.

First, and most importantly, leadership engagement and ownership for the EHR implementation across VA has never been stronger. There is clear direction from the highest levels and a deep sense of accountability across all partners. This alignment is driving faster decisions, tighter coordination, and an overall program posture focused squarely on deployment readiness and sustained success.

Second, overall system performance is strong. We are seeing stable uptime and a decrease in interruptions to end users. These improvements are the result of coordinated efforts between Oracle and VA to identify issues and implement consistent end-user monitoring across all deployed sites.

Third, we have implemented targeted EHR optimizations, projects designed to address VA's unique needs in the areas most critical for a successful expansion. Many of these enhancements were delivered as part of the Capability Block (CB) 13 upgrade in August, which introduced a set of focused improvements in care coordination, revenue cycle, and staff efficiency. For example, the new Bed Capacity Management and Command Center tools now give staff real-time visibility into bed availability and patient flow, replacing manual spreadsheets and reducing delays in care. The

Interfacility Consults (IFC) interface improves care coordination between facilities by reducing clicks, eliminating manual steps, thereby improving access to timely care. Additionally, the bi-directional copay synchronization optimization established between the Federal EHR and VistA reduces errors and protects Veterans from incorrect billing.

Finally, we have strengthened every part of our deployment methodology, with a deliberate focus on improving staff readiness. This includes clearer and more proactive communications, more rigorous workflow and content validation, enhanced training and change-management programs, expanded testing protocols, and a more structured post-go-live support model. Together, these improvements ensure that clinicians are better prepared, workflows are better aligned, and facilities enter go-live with greater confidence and fewer disruptions. At the same time, we are modernizing the underlying infrastructure through the migration of the Federal enclave to Oracle Cloud Infrastructure (OCI) and the introduction of new AI-assisted capabilities, including our Clinical AI Agent (CAA), to reduce clinician burden, improve documentation accuracy, and support safer, more efficient care. -For these reasons, Oracle is fully prepared for the accelerated deployment schedule.

### ***Strong Partnership with VA Leadership***

Oracle and VA are working more closely together than ever before, and we are united in our commitment to efficiently and successfully deploy the EHRM program. This collaborative effort reflects Oracle's dedication to harnessing advanced technology in partnership with VA's unwavering focus on service, ensuring veterans benefit from modern, integrated healthcare solutions sooner than ever before.

We greatly value the leadership of this administration, and we are particularly appreciative of Secretary Collins' and Deputy Secretary Lawrence's steadfast commitment to advancing this transformative initiative. The OH team meets weekly with the Deputy Secretary, acting Deputy Under Secretary for Health, EHRM IO Program Executive Director, and other key VA leaders to conduct detailed progress reviews, focusing on key areas such as deployment progress, EHR optimizations, operational performance, and the resolution of open actions and decisions. In addition, Deputy Secretary Lawrence and I, along with Oracle's CEO, meet twice each month in person to ensure everyone is on track for our full court press to complete

deployment. Our frequent meetings are a testament to our shared dedication to driving meaningful progress and achieving successful deployment on schedule.

We also want to recognize and commend VA leadership for their clear commitment to standardization and accountability across the enterprise. Their willingness to be out front, consistently visiting VA Medical Centers, engaging directly with frontline staff, and making themselves available for real-time issue escalation, has created a level of partnership that is both rare and invaluable. This hands-on decisive leadership has strengthened the program, reinforced trust across the field, enhanced facility enthusiasm, and demonstrated a shared determination to deliver a unified, high-performing EHR system for veterans.

### ***System Performance is Strong***

From July 2023 through November 2025, a 29-month period, Oracle met or exceeded the Outage Free Time (OFT) requirement in 25 of 29 months, with only four isolated exceptions: March 2024, April 2024, January 2025, and March 2025.

Equally important, system performance has shown a clear, sustained upward trajectory. Oracle has achieved seven consecutive months of OFT compliance, meeting or surpassing the 99.95 percent threshold every month since April 2025.

This level of reliability is especially important as VA prepares for the rollout schedule in 2026. The consistency demonstrated throughout 2025 provides a strong foundation and builds the confidence necessary to support 13 planned calendar year 2026 deployments and beyond. The system's recent performance shows that it is stable and fully capable of supporting deployments at scale while maintaining the reliability veterans and clinicians expect.

### ***Federal EHR Optimizations are Delivering Results***

VA and Oracle have worked together to deliver a broad set of targeted improvements across workflows most essential to safe, efficient, and coordinated care. These enhancements, spanning critical areas such as pharmacy, referral management and care coordination, research, revenue cycle, clinical documentation and order management have directly strengthened patient safety, provider productivity, and interoperability across the live sites.

- **Pharmacy:** The transition to the Federal EHR and the Medication Manager Retail (MMR) application for outpatient pharmacy, has introduced standardized workflows and new patient safety features across VA facilities. Pharmacists now work within a unified, queue-driven system that supports more consistent processes and improves coordination with the Consolidated Mail Outpatient Pharmacy (CMOP) and community care providers. Clinical information, such as lab values and community prescriptions, is now integrated into pharmacy workflows, helping to reduce the risk of dosing errors and support timely prescription processing. Oracle and VA have collaborated on multiple targeted system optimizations, including features that help pharmacists quickly find the right version of a medication that can be filled; improved visibility into prescription expiration dates; and, mobile inventory scanning, which have helped improve efficiency and safety. While adoption and operational improvements are ongoing, early evidence indicates that some pharmacists across the six live sites are achieving productivity levels comparable to the average performance under the legacy system, and prescription fulfillment rates at live sites are aligning with legacy benchmarks.
- **Referral Management and Care Coordination:** VA and Oracle have fully expanded Seamless Exchange to all six Federal EHR sites as of September 2025, marking a significant advancement in patient care, interoperability, and provider satisfaction. Seamless Exchange integrates directly into clinical workflows, automatically syncing and reconciling patient data from internal systems like VistA and external Health Information Exchange (HIE) networks. By eliminating redundant data across all encounters, Seamless Exchange reduces the volume of external data that requires review, improving both medical charting efficiency and decision-making accuracy.

In its first month after expansion, Seamless Exchange processed over 412 million records, removing 99.3% of duplicate data and significantly reducing administrative work for clinicians. Providers now have access to a comprehensive view of veteran health information in a single system—minimizing time spent switching between systems, avoiding unnecessary services or tests, and closing information gaps for safer, more effective care. Key data, such as allergies, immunizations, and procedures, are automatically

written into patient records, supporting best practices and improving provider satisfaction with fewer clicks and better visibility.

In addition to Seamless Exchange, VA and Oracle have implemented six other major enhancements aimed at simplifying and automating referral and transfer processes. Improvements to the HealthShare Referral Manager (HSRM) interface reduce duplicate documents and streamline workflows, while updates such as auto-text for referral comments cut down on manual copy-and-paste tasks and lower the risk of transcription errors. Together, these changes save care teams time, reduce manual work, and strengthen care coordination for veterans.

- **Revenue Cycle:** VA and Oracle have strengthened revenue cycle operations by improving cash collections, notably exceeding FY25 goals following the Change Healthcare cyberattack, achieving 180% of VHA's target, with standout performance at sites such as Columbus (217%) and Spokane (216%). The teams have put in place clear rules, policies, and national workflows to make processes consistent across facilities. More than 30 projects have been completed to make daily work easier, including improving billing statements, providing better end-of-month reports, and simplifying worklists so staff spend less time on tasks that don't generate revenue. Automatic processing of coding data now removes duplicate work and saves time, and a long-term project is underway to better track clinician work and forecast funding for each facility.
- **Clinical Documentation, Decision Support, and Patient Safety:** To further enhance clinical efficiency, VA and Oracle have implemented standardized quick-orders within the Federal EHR. This customizable page organizes frequently used orders by specialty and functionality across VA facilities, improving the accuracy and consistency of order placement, simplifying the ordering process, and supporting appropriate charge capture. The teams also enhanced the EHR message-center experience by establishing consistent practices for the creation and maintenance of messaging pools to reduce variability and support clearer communication.

Additionally, VA and Oracle collaborated to reduce unnecessary drug-drug interaction alerts that were overwhelming providers and contributing to alert

fatigue. By reviewing contraindications and refining alert logic, the system now surfaces fewer low-value alerts, including a 75% decrease in duplicate antidepressant drug notifications, thereby improving workflow efficiency and reducing clinician burden while maintaining patient safety.

Oracle has also achieved significant advancements in patient safety and clinical decision support. Configurable alerts at the point of care enhance clinicians' ability to make safer, evidence-based decisions regarding medications, treatments, and testing. Comprehensive medication management solutions now support seamless transitions of care through features such as Medication Reconciliation and Barcode Administration, while new safety tools for medication ordering and dispensing streamline workflows and reduce the risk of error. Implementation of opioid risk management tools has provided an additional safeguard: since 2021, over 5,000 opioid prescriptions have been modified by VA providers in response to these alerts, reducing patient risk and earning a Federal Innovation Award.

As a result of all these improvements, workflows are more standardized, frontline tools are more effective, and users are experiencing clear, measurable gains in efficiency and safety. We continue to observe meaningful, quantifiable gains in provider-level productivity across the enterprise. As of September 2025, all facilities, except for Roseburg, are performing above baseline productivity levels, according to the EHRM Focus dashboard. Although productivity experienced a temporary dip during the transition period, consistent with typical EHR modernization initiatives, it has since rebounded and, in many locations, now exceeds baseline benchmarks. For example, provider time spent in the EHR has decreased due to system updates implemented by both Oracle and VA: Primary Care Providers in Columbus reduced their average time in the EHR from 66.2 minutes per patient during the initial go-live month to approximately 29.2 minutes per patient by November 2025.

Taken together, these gains demonstrate that we are now operating from a significantly stronger foundation than at any previous deployment. This strengthened foundation gives us greater confidence as we prepare for the deployments and ensures that Veterans and clinicians alike will continue to benefit from a modern, integrated, and reliable Federal EHR.

### ***Improving Staff Readiness Through New Strategies***

Effective training, robust support, and high adoption rates are critical to the success of any EHR implementation, it's not just about the technology, but ensuring that users know how to use it efficiently and confidently. Since Oracle acquired Cerner and the ownership of the VA EHRM contract in 2022, change management strategies have evolved significantly, placing stronger emphasis on alignment between Change Management (CM), Training, and Communications. Leveraging lessons learned from earlier deployments, Oracle and VA now provide end users with more robust support both before Deployment Kick Off and after go-live.

A super user is a federal EHR expert who reinforces the knowledge and skills of all staff. The role has been strategically expanded with dedicated onboarding workshops, earlier training opportunities, and increased responsibilities such as proctoring hands-on learning labs. These labs, which offer approximately 100 real-world sandbox scenarios, enable interdisciplinary care teams to practice VA-approved workflows and gain practical experience with integrations between roles. Learning labs were first piloted at FHCC and based on their success we have expanded them. The number of scenarios increased nearly fivefold, and the number of sessions grew fourfold, allowing more users to gain confidence and competence with the system. We have begun hosting learning labs for super users in the Michigan market, four months before deployment. In the first two weeks alone, we held more than 350 sessions with over 1,300 super users participating. Of those participants, 59% said that they felt moderately or greatly more able to lead their staff/peers through the EHRM transformation due to attendance at the learning labs. If you include feeling "slightly more ready," the percentage jumps to 91%. Additionally, 63% said that they felt moderately or greatly more capable of using the Federal EHR after the learning lab. If you include "slightly more capable" the percentage jumps to 95%. We expect these scores to continue to increase the closer we get to go-live.

Further improvements include the addition of a virtual and market-based approach to instructor-led training, providing sites greater scheduling flexibility. Training schedules are now delivered 90 days in advance of sessions and revised super user pre-requisite computer-based training programs required to gain access to the Sandbox have reduced the training burden by 87%. Clearer messaging and targeted invitations have improved engagement and helped users better understand the purpose of each activity. Additionally, workflow readiness activities and market-based sessions are now

prioritized, while the shift from track-based to role-based programs requires every critical role – including providers – to have an assigned, trained super user. Together, these enhancements in change management have helped accelerate deployment, increase user preparedness, reduce support tickets, and drive successful adoption of the Federal EHR at VA sites.

### ***Transition to the Cloud***

In my testimony in February, I reflected on the widespread recognition of the need to move the Federal EHR to the cloud. I explained the benefits of Oracle Cloud Infrastructure (OCI), including enhanced security, scalability and performance, improved reliability and resilience, in addition to allowing VA to adopt innovative modern technology.

The Federal EHR migration to OCI will be completed in phases, which will move groups of solutions and services from the on-premises data center to OCI. Since the Federal EHR is shared, the migration will be a coordinated effort between Federal EHR partners, including DoD, VA, and the Federal Electronic Health Record Modernization (FEHRM) office. The goal of this migration is to enhance the performance, security, scalability, stability, and innovation of the federal government’s health care solutions, thereby better serving the nation’s Service members, Veterans, and other beneficiaries.

I’m pleased to share that we successfully completed the migration of the first phase to the cloud on time earlier this month. This first phase was a foundational milestone for the OCI migration program. Completing it meant we established the core technical and security underpinnings that every subsequent phase will depend on. It delivered the required cyber authorizations, created connectivity between OCI and the Kansas City data center to enable new, cloud-based and AI-enabled technologies that do not have to be adjacent to the EHR, and, critically, set the repeatable pattern for migrating all remaining services and applications. In simple terms, this first phase “built the house” and the remaining tranches are about “moving the furniture” and configuring it for clinicians and veterans. We look forward to completing the full migration of all remaining tranches and as a reminder, Oracle has committed to making this move at our expense.

### **Future Opportunities**

#### ***Interoperability***

Oracle Health Information Network's (OHIN) recent official designation as a TEFCA Qualified Health Information Network (QHIN) within the Trusted Exchange Framework and Common Agreement (TEFCA) will empower even broader and more secure exchange of patient health records across disparate health systems. As a designated QHIN, OHIN will streamline connectivity, enhance data accessibility, and help ensure that every care provider has timely, comprehensive information to support better outcomes for veterans everywhere. As pledged participants of the Center for Medicare and Medicaid Services (CMS) Aligned Network at the Department of Health and Human Services, we are exploring ways to leverage the network to create further data exchange solutions to serve veterans wherever they are receiving care. Oracle will invite all providers in America to connect directly with us to allow for real-time data exchange on behalf of Veterans

## ***AI***

I am optimistic about introducing our Clinical AI Agent software to the Federal EHR. CAA enables providers to spend less time in the EHR and more time engaging with their patients, and user feedback has been overwhelmingly positive. The agents we have implemented do not replace the provider, and humans are always in the loop and the decision maker. Rather, they empower and allow providers to concentrate on patient care instead of a computer screen. Providers retain full authority over all clinical decisions. By automating routine documentation and administrative tasks within the EHR, AI helps doctors reduce burden reclaim valuable time, increase their productivity, and devote more energy to meaningful face-to-face engagement with their patients – ultimately allowing them to focus on what brought them into medicine in the first place.

One of our commercial customers shared that their facility's providers were using CAA less than 30 minutes from its installation, without training, and found it improved treatment and outcomes, had intuitive user interface, shaved minutes off their visits, and resulted in no calls to the helpline for support. We are hoping to deliver the same positive experience with CAA at VA.

## ***New EHR***

I'm excited to announce that Oracle's next-generation ambulatory EHR has received Health IT certification from the Department of Health and Human Services (HHS)

Office of the National Coordinator (ONC). This marks a significant milestone for Oracle and the broader healthcare industry.

With this certification, ambulatory clinics across the U.S.—including VA—can begin planning for the adoption of our transformative, AI-powered EHR. Unlike other EHRs, Oracle’s solution was built from the ground up with AI embedded in every layer and workflow, on a secure, modern cloud architecture. This allows for streamlined clinical workflows, automation of manual tasks, and enhanced patient care, supporting clinicians with actionable, explainable insights at the point of care.

In addition to ONC certification, the EHR has met DEA Electronic Prescriptions for Controlled Substances (EPCS) compliance requirements, enabling secure e-prescribing and helping reduce administrative burdens and the risk of prescription fraud. Looking ahead, we anticipate our acute care EHR will follow soon with its own certification, paving the way for VA and other health organizations to plan for a comprehensive migration to Oracle’s new platform. We’re committed to helping VA harness the full potential of agentic AI to improve outcomes, operational performance, and the patient and clinician experience.

### **Closing**

Chairman Barrett, Ranking Member Budzinski, and members of the Subcommittee, thank you once again for the opportunity to appear before you today and for your continued oversight of the VA’s EHR modernization program. Oracle is proud to be a partner in this vital mission to improve the health care our nations Veterans deserve. We are working alongside VA leadership and frontline staff to deliver the modern, reliable, and interoperable health record system America’s veterans need. The progress we have made together has been substantial, and we stand fully committed to building on this foundation—supporting the accelerated deployment schedule and ensuring every VA facility has the tools, training, and technologies needed to deliver safe, efficient, and high-quality care. As we move into 2026, we are confident and prepared to deploy the Federal EHR in partnership with the VA.

As we move forward, we will remain vigilant about system performance, relentlessly focused on staff readiness, and unwavering in our commitment to patient safety. By harnessing innovation—whether through cloud migration, artificial intelligence, or next-generation EHR platforms—we are enabling VA clinicians to spend more time

with patients and less time on administrative tasks, ultimately fulfilling the promise of modern healthcare for our nation's veterans.

Thank you for your leadership and partnership in this endeavor. I look forward to answering your questions.