

ISSUE BRIEF: ELECTRONIC HEALTH RECORD MODERNIZATION

The Situation

- The Department of Veterans Affairs' (VA) Office of Information Technology provides day-to-day support and development for all of VA's information technology (IT) needs, including those of the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA).
- VA's ongoing transition to a new electronic health record (EHR) had challenges in 2021 during its initial roll-out and again in 2022 as reports of problems surfaced regarding patient safety and user dissatisfaction with the new system.
- In April 2023, VA announced it would halt additional deployments of the new federal EHR until it is confident that the system is highly functioning at current sites and ready to deliver for veterans and VA clinicians at future sites.
- In May 2023, the VA renegotiated its contract with Oracle Cerner—extending the contract for five one-year terms with provisions to deliver a modern electronic health record system that veterans deserve. This renegotiated contract dramatically increases VA's ability to hold Oracle Cerner accountable across a variety of key areas, including reliability, responsiveness, and interoperability with other health care systems and other applications that will meaningfully improve veterans' health outcomes.
- On March 9, 2024, the Captain James A. Lovell Federal Health Care Center in North Chicago, Ill., became the first joint site to implement the federal electronic health record (EHR) system, known as MHS GENESIS by the Department of Defense (DOD). This rollout was a rare exception to the DOD and VA's "full-stop" on deployment activities. This milestone also marks the completion of the DOD's MHS GENESIS deployment to all garrison hospitals and clinics worldwide. Lovell FHCC is the only fully integrated VA and DOD health care system, and both departments are collaborating to implement the same federal EHR.
- The new federal EHR is now in use at six VA medical centers, 25 associated clinics, and 104 remote services. The most recent deployment at the Captain James A. Lovell Federal Health Care Center in North Chicago was considered the most successful to date.
- The VA plans to resume pre-deployment activities in fiscal year 2025 and release a new deployment schedule once the system is confirmed to be highly functioning at current sites.

The Challenge

- Efforts to replace VA's VistA system into a commercial system to aid interoperability, which would allow enhanced communication between VA and others, has encountered significant problems causing patient safety issues, cost overruns, implementation delays and user dissatisfaction.

- The VA must rebuild trust and support from veterans, taxpayers, and Congress by demonstrating that the EHR project is improving and meeting all standards and expectations.
- Despite progress, the VA has faced challenges, including system performance issues, user dissatisfaction, and patient safety concerns. These issues have led to a "reset" period where no new deployments are scheduled until current sites return to pre-rollout productivity levels.
- VA has the ability to hold Oracle Cerner accountable; however, trust and support need to be reestablished with veterans, taxpayers and Congress. Results need to show that the project is improving and meeting all the standards and expectations that were agreed upon and promised.
- The VA's budget for the EHRM program has been less than requested, impacting the pace of future deployments. The fiscal 2025 budget request seeks \$894 million for ongoing rollout efforts.

The Solution

- VA must continue modernizing its information systems to make them more interoperable with other care systems and aid in the exchange of information between VA, its Community Care Network and with veterans, which is critical to successfully developing an integrated health care network.
- VA must continue to support its current EHR system—VistA—until the conversion is complete, to maintain and provide safe, uninterrupted and timely patient care.
- VA must ensure an independent assessment to validate that the new system is operationally suitable and effective.
- VA must hold itself accountable to address key operational issues and govern contracts to meet standards, expectations and timely delivery of services that are safe to veterans.
- VA must apply effective and efficient change management at all levels of the EHR deployment and integration process.
- Congress must continue to oversee the implementation of VA's new EHR system to ensure that veterans' health and safety remain paramount, employees receive the appropriate training and can use the system easily and accurately, and that its implementation is within budget and timely.