ISSUE BRIEF: VA HEALTH INFORMATION TECHNOLOGY

The Situation

- Department of Veterans Affairs (VA) clinicians developed and deployed the first modules of what is now known as the Veterans Health Information System and Technology Architecture (VistA). It includes an electronic health record (EHR) recognized as the industry gold standard for clinicians as recently as 2016. Through VistA, patient information is accessible anywhere in the VA system of care and is aggregated to create and promote quality standards and population health, which is just now being used by some in the private health care industry.

- Over the last several years, efforts to keep VistA at the leading edge of health informatics stagnated due in large part to a change in agency priorities, which put security and standardization before adoption and implementation of innovations in patient care and safety.

- Most recently, information sharing between VA, the Department of Defense (DOD) and community providers was made a high priority and in 2018, VA contracted for a commercial electronic health record solution to replace VistA to solve the long-standing problem of meaningful information sharing between VA, DOD, and other health care providers.

The Challenge

- VistA is highly customized to support the largest integrated health care system in the United States and to help providers deliver a comprehensive medical benefit package with many supportive services not found in the private sector.

- The commercial EHR VA is acquiring must bring industry best practices to improve VA's administrative capabilities, but currently it lacks the breadth and depth of clinical capabilities inherent in VistA, which supports 172 VA medical centers that, in many cases continue to outperform private hospitals in their local markets.

- Cost of full integration of the commercial EHR is projected at $16 billion over the next 10 years, with $5.8 billion of those funds set aside to manage and support the current VistA infrastructure. A 10-year EHRM deployment plan presents challenges to VA facilities and may impact the care veterans receive–especially those in the eastern U.S. where it will be implemented last.

The Solution

- VA and Congress must ensure the new EHR brings industry best practices to improve administrative capabilities while not diminishing VA's current and future clinical capabilities.

- VA must make modernizing its scheduling system a high priority. Scheduling is a tool used to balance patient demand with capacity. If scheduling is problematic, veterans will continue to have problems accessing needed health care.

- Congress must provide and VA must dedicate sufficient resources to continue developing VistA over the next ten years and successfully develop and deploy the commercial EHR replacement.