

**STATEMENT OF THE HONORABLE MELISSA S. GLYNN, Ph.D.
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DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
HOUSE COMMITTEE ON APPROPRIATIONS,
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND
RELATED AGENCIES**

FEBRUARY 27, 2020

Good afternoon Madam Chairwoman, Ranking Member Carter, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today in support of the Department of Veterans Affairs (VA) electronic health record modernization (EHRM) initiative and deployment of the Cerner Millennium electronic health record (EHR) solution. I am accompanied today by Dr. Richard Stone, Executive in Charge of the Veterans Health Administration, and Mr. John Windom, Executive Director of the Office of Electronic Health Record Modernization.

I would like to begin by introducing myself and my role within VA. The Office of Enterprise Integration helps guide VA operations, inform decision-making, and integrate initiatives within the Department and with other agencies. In my role, I support the Secretary on major transformational initiatives, including our supply chain modernization, financial management business transformation, the MISSION Act and EHRM deployment. In this capacity, I work closely with leadership in our Office of Electronic Health Record Modernization and the Veterans Health Administration to support implementation activities at the enterprise level. Additionally, my office is the lead for coordination activities with the Department of Defense (DoD) which is vital to this joint endeavor. Our internal coordination with DoD will ensure seamless delivery of quality health care to Servicemembers, Veterans, and qualified beneficiaries.

We have made tremendous progress since our last hearing before this Subcommittee in March 2019. We met critical milestones including site assessments, infrastructure upgrades, migration of 78 billion health records, development of an enterprise interface, and the completion of eight national user workshops. These workshops spanned nearly 1,500 sessions and over 50,000 cumulative work hours by more than 1,000 frontline clinicians and end users from across the enterprise. We established national councils comprised of VA and DoD clinicians, technologists, and industry leaders to collaborate as we build a single, standardized system.

We received valuable insight from DoD, which has brought lessons learned and context to the EHR configuration, and by industry advisors who shared commercial best practices. Through these workshops, we reached consensus on more than 1,300 design decisions and over approximately 900 workflows were standardized to best meet the needs of our Veterans.

These efforts have moved us beyond mere partnership to support true coordination with DoD. We established a joint Federal Electronic Health Record Modernization Office, and in Spring 2020 we are poised to deliver a Joint Health Information Exchange together with DoD. This will benefit all legacy and modernized VA and DoD health care sites, as well as community providers who exchange records with both departments. I am proud of our progress and we are continuing to work toward a successful EHR deployment.

EHRM Deployment

VA pioneered the first EHR in the 1980s, which paved the way for widespread EHR adoption throughout the U.S. health care system. To achieve greater interoperability with DoD, in May 2018, VA awarded Cerner Corporation a contract to replace the Department's legacy patient record systems with the commercial-off-the-shelf solution adopted by DoD. A single, interoperable solution across VA and DoD will enable the secure transfer of active-duty Servicemembers' health data as they transition to Veteran status. This 10-year modernization effort will create a lifetime of seamless care for Servicemembers and Veterans.

VA's health care platform is composed of a highly complex clinical and technical environment, delivering Veterans specialty care not typically supported by commercial EHRs with unique requirements that must be configured and properly integrated to ensure continuity of care. No other health care organization in the world is attempting something of this scale and complexity, and we are committed to getting this absolutely right for our Veterans.

We selected the Mann-Grandstaff VA Medical Center in Spokane, Washington, as our initial operating capability (IOC) site and established a very aggressive and optimistic deployment timeline that also prioritizes patient safety, balances risk, enhances user adoption, and leverages lessons learned from DoD's deployment. During the IOC deployment, we are working to identify efficiencies to optimize the schedule, hone governance, refine configuration, and standardize processes for future locations.

Our immediate focus for our IOC site is readiness of the system to support training. After we completed the second Integration Validation Testing (IV2) in early February 2020, we identified that additional efforts are needed to configure the system to meet VA's unique requirements for community care, beneficiary travel and others—for which there are not similar requirements elsewhere in modern health care. We were able to identify these issues because leadership and clinicians at the Mann-Grandstaff VA Medical Center raised concerns using feedback mechanisms built into our deployment plan. This led to a decision on whether to sustain the user training schedule or continue development to move the system build closer to 100 percent complete before conducting training. The training event, which was scheduled to begin the week of February 10th, would have marked the start of ongoing education for the professionals—clinicians, providers and VA staff—who will use the new EHR.

The governance process I established to support leadership oversight provided a check point to validate the beginning of this end user training and the overall implementation timeline with the completion of IV2. Thus, reaffirming the timeline for our go-live date was anticipated to occur at this point. As the IOC timeline has been expected to occur over many months, a re-planned go-live date will still occur during the IOC period.

It is important to note that we are not adjusting our 18-month timeline for IOC at Mann-Grandstaff. We are still operating within the designated time period for IOC. We are continuing to build capabilities into the system so that our clinicians and users can train on a more complete EHR interface.

Congress and other stakeholders have cautioned VA not to rush and deploy a product that would fall short of the quality patient care Veterans expect and deserve. We could not agree more that getting it right is more important than meeting an aggressive schedule, and we decided to postpone our go-live date at Mann-Grandstaff VA Medical Center. Detecting course correction opportunities prior to go-live is at the core of our approach to deploying an EHR solution. This approach ensures patient safety, security and a functional system for all VA health care professionals.

Current Status

A large-scale EHR deployment follows an iterative model in which new capabilities are added as the system is deployed. Though we initially planned to commence user training when the system was 75-80 percent complete, our clinicians in the field identified some critical requirements that must be completed prior to go-live at Mann-Grandstaff.

If not addressed, these critical requirements would pose significant risk to preserving continuity of care to our Veterans, thus VA will take all precautions to manage this risk to an acceptable level for our clinicians and users, and even more importantly our Veterans. Therefore, we decided to continue development to move the system closer to 100 percent complete before conducting user training.

We are currently working to have the system closer to 100 percent and expect to validate this milestone in the spring. Once we validate functionality of the system, we will commence user training with the goal of establishing a new go live phase in July of 2020.

Ultimately, our EHR transformation success revolves around user adoption. By adjusting our training schedule, we will be adding additional capabilities originally scheduled to be incorporated after our go live date. These capabilities are intended to enhance user adoption, improve productivity and efficiency for our field staff, and enhance the Veteran experience.

It is also important to recognize that we are not doing this alone—our VA deployment schedule leverages lessons learned as we deliver a single, longitudinal health record at VA and military health facilities.

EHRM Budget

With the support of Congress and the President, we have a Fiscal Year (FY) 2021 budget request of \$2.6 billion for our EHRM, which is \$1.2 billion above FY 2020. This budget request provides necessary resources for full deployment of VA's new EHR solution at the remaining sites in Veterans Integrated Service Network (VISN) 20 and VISN 22. Additionally, it funds the concurrent deployment of waves comprised of sites in VISNs 7 and 21. This budget will also allow us to continue implementation efforts and nationwide deployment of the simultaneous Centralized Scheduling Solution.

We are currently testing the Centralized Scheduling Solution at the Chalmers P. Wylie Ambulatory Care Center in Columbus, Ohio, and through our governance process, we will validate commencement of user training and our implementation schedule. Our intent is to implement this new, resource-based scheduling solution across the enterprise on an accelerated timeline and enhance scheduling accuracy. This initiative will bring the benefit of a modern, resourced-based scheduling system to VA and to our Nation's Veterans before the full EHR solution is implemented. By providing this capability sooner, VA will improve timely access to care for Veterans, increase provider productivity, and enable the adoption of the full EHR solution.

Because we are still operating within our designated IOC 18-month schedule, we do not anticipate a change in funding requirements at this time. Should our deployment schedule change such that it impacts our current or proposed budget, we are committed to providing Congress with timely notification.

Closing

I would like to once again thank Congress, and specifically this Subcommittee, for your continued support and shared commitment to our success. Because of your support, we are able to continue our mission of improving health care delivery to our Nation's Veterans and those who care for them while being a good steward of taxpayer dollars. We are committed to providing the high-quality care and benefits that our Nation's Veterans deserve and we will continue to keep Congress informed of milestones as they occur.

Madam Chairwoman, Ranking Member, and Members of the Subcommittee, thank you for the opportunity to testify before the Subcommittee today to discuss our deployment of the Cerner EHR solution. I would be happy to respond to any questions that you have.