JERRY MORAN, KANSAS
CHAIRMAN
JOHN BOOZMAN, ARKANSAS
BILL CASSIDY, LOUISIANA
MIKE ROUNDS, SOUTH DAKOTA
THOM TILLIS, NORTH CAROLINA
DAN SULLIVAN, ALASKA
MARSHA BLACKBURN, TENNESSEE
KEVIN CRAMER, NORTH DAKOTA
KELLY LOEFFLER, GEORGIA

CAROLINE CANFIELD, STAFF DIRECTOR

United States Senate

COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

JON TESTER, MONTANA
RANKING MEMBER
PATTY MURRAY, WASHINGTON
BERNARD SANDERS, VERMONT
SHERROD BROWN, OHIO
RICHARD BLUMENTHAL, CONNECTICUT
MAZIE K. HIRONO, HAWAII
JOE MANCHIN III, WEST VIRGINIA
KYRSTEN SINEMA, ARIZONA

TONY McCLAIN, STAFF DIRECTOR

July 7, 2020

The Honorable Robert Wilkie
Secretary of Veterans Affairs
810 Vermont Ave, NW
Washington, DC 20420

Dear Secretary Wilkie,

We write today to request an update on the Department of Veterans Affairs' (VA) progress on its Electronic Health Record Modernization (EHRM) program, including corrective actions taken to address recommendations included in recent VA Office of Inspector General (OIG) and Government Accountability Office (GAO) reports.

Implementation of EHRM has faced a series of delays this year. In particular, the go-live originally planned for March 2020 at the Mann-Grandstaff VA Medical Center (VAMC) in Spokane, WA was postponed in February 2020 due to system readiness and training issues. Further, in response to the COVID-19 pandemic, VA appropriately paused implementation of the new EHR system. Now, as VA moves to re-open facilities and services in some parts of the country, the Department is preparing to resume deployment of the new EHR system when clinically advisable. Given the multi-billion dollar, multi-year scale of the EHRM program, and its ultimate goal of a comprehensive EHR system that is seamless with the Department of Defense (DOD) and modernizes VA care delivery, it is critical that the Department track and measure progress at every step. We are counting on VA to safely and thoughtfully transform the EHR system in order to enhance veterans' health, improve provider satisfaction, and safeguard taxpayer dollars. We would like to raise these areas of concern and request additional information so that we may perform appropriate oversight of the EHRM program.

Clear Measurement of Value of EHRM to Veterans, VA Employees, the Department, and Taxpayers

Much of the discussion regarding EHRM is on schedule and costs. While these are critical elements, we also believe it is important to identify clear and measurable metrics for assessing impact, which are made publicly available. Then, the Department, Congress, and other stakeholders can measure the success of the EHRM program as it progresses nationwide. For example, at each VAMC and other Veterans Health Administration (VHA) sites of care, EHR system implementation should result in improvements in the consistency of the health information collected, as well as improved health outcomes for veterans and greater satisfaction for providers. The EHRM effort is designed not only to create a seamless health record with DOD and interoperability with community providers, but also to standardize, replace, or integrate a vast number of health delivery functions such as enrollment, scheduling, pharmacy, laboratory, and radiology. Similarly, there should also be "business value" returns on investment, and other gains for VA and American taxpayers resulting from EHR system deployment as certain enterprise-wide management tools bring greater oversight and efficiency to care delivery

and monitoring. EHRM will not be considered a success if, after 10 years and $16 billion spent, all VA can report is that the funds Congress appropriated were spent and the software has been installed. There must be measurable improvement for veterans, VA employees, and the VA system as a whole. Congress needs to see VA's expectations for what EHRM will achieve and plans for conducting and reporting on that ongoing evaluation. Those results will be critical for Congress and VA to understand now, and as the EHR system moves forward at additional locations, to what extent the project is having a substantive impact. With at least $6.5 billion in appropriated or requested funds for EHRM-related activities already in place, it is far past time for such an effort.

- Please provide for our review, your near, medium, and long-term plan for an ongoing evaluation process, to include evaluation criteria (quantitative and qualitative), timelines, key performance indicators, related metrics, public reporting and the measurement process VA plans to utilize.

EHRM Implementation and Access to Care

Many veterans' health care appointments were postponed or cancelled during the early months of the COVID-19 pandemic, and some veterans understandably put off needed care due to fear of acquiring the virus during a medical appointment. With the easing of some restrictions and anticipated return of "normal" operations, VA is expecting a large influx of appointments to meet veterans' health needs. Further, the VA OIG noted in their April 2020 report (19-09447-136) that when DOD transitioned to the Cerner EHR in 2017, the workforce experienced a 30 percent decrease in productivity for 18 months following the transition. The April 2020 OIG report also found that the Spokane VAMC had staffing shortages and wait times for primary care and community care that could impede access to care during EHR system deployment. Implementing a new EHR while also resuming operations in the wake of a pandemic could pose serious risks for VA and veterans' access to care. We request responses to the following questions:

- How will VA balance EHR system implementation with potential surges in new and re-scheduled appointments as the Department re-opens?
- How will VA address preexisting staffing shortages and workforce burnout due to COVID-19 to ensure veteran access to care before each go-live site throughout EHR system implementation?
- What is the status of the VA's response to the eight recommendations in the April 2020 OIG report (19-09447-136)? In addition, what is VA's plan to ensure that corrective actions taken to address the recommendations at the initial operating capability (IOC) site in Spokane are also addressed at future deployment sites?
- How much funding was requested by IOC deployment sites to address their EHRM readiness needs and how much was provided in response? This could include for hiring (permanent and temporary), increased use of Community Care, infrastructure, and other related needs.

Clinical Engagement and Training

The new EHR is expected to transform the way VA delivers care and impact almost every employee across the Department's health care system. Engaging VA clinical and support staff in EHR system implementation will be critical for the project's success, as they will be the individuals using the system on a daily basis. As part of this effort, VA convened 18 EHR

councils, and held 8 national and 8 local workshops, designed to give VA staff the opportunity to weigh in on the development of the new EHR product and ensure it met local needs. While these were positive steps for workforce engagement, a June 2020 GAO report (GAO-20-473) found that VA did not always effectively communicate with leadership about representation at these workshops, meaning relevant stakeholders were sometimes left out from having a voice at the table. VA needs to ensure that a wide range of clinicians and staff who will use the new product have the chance to weigh in, which will bolster the likelihood of a successful adoption and minimize disruptions to staff workflow and patient care. It is also important for VA to consider the needs and capacity of its workforce for the EHR transition in the months ahead, as many staff may be emotionally and physically exhausted from responding to an unprecedented pandemic.

- How does VA plan to implement GAO's recommendation to ensure the involvement of all relevant medical facility stakeholders in the EHR system implementation process by VA's December 2020 target completion date?
- How will VA consider and integrate the views of its workforce, including nurses and other clinicians, into decision-making for the new EHR system deployment timeline?
- How will VA take into account the effects of COVID-19 response, and subsequent spikes and waves, on the workforce's readiness for change and their mental health needs when weighing new EHR system implementation timelines?
- What plans does VA have to meet the ongoing training needs of its workforce, beyond the initial training relative to deployment?
- What is VA's plan for sharing lessons learned, including through virtual training events, on the implementation of EHRM for all of the future deployment sites?

EHRM and Infrastructure

In preparation for the new EHR system's deployment at VA health care facilities across the country, significant upgrades are needed to VA's physical and information technology (IT) infrastructure. As you know, an April 2020 OIG report (19-08980-95) examined whether infrastructure-readiness activities were on schedule to support EHRM, starting with the system's initially planned deployment in March 2020 at the Spokane VAMC. Among other things, the OIG found critical physical and IT infrastructure upgrades had not been completed, even as recently as January 2020. The report also found that Current State Reviews performed for the Office of Electronic Health Record Modernization (OEHRM) do not include observations on physical infrastructure. In a May 2019 Engineering Assessment and Recommendations report from VA's Office of Information and Technology (OI&T) for the Spokane VAMC, the VA reported that "*deployment of the Cerner EHRM systems at the Spokane VAMC will put the facility at or over its electrical and mechanical capacities. Project work intended to address these and other deficiencies will not result in a sustainable facility unless changes to planned work are made*" (emphasis added). The findings in this report raise serious concerns about VA's readiness for EHR system implementation at this individual location and the Department's 170 medical centers and more than 1,260 outpatient sites nationwide.

- What is the status of the VA's response to the eight recommendations in the April 2020 OIG infrastructure-focused report (19-08980-95), and what corrective actions will be taken at the Spokane site and future deployment sites to avoid the same vulnerabilities?
- As the OIG noted in its April 27, 2020 report, "VHA officials directed staff at facilities nationwide to begin completing self-assessments similar to the engineering assessment

conducted at the Mann-Grandstaff VAMC." Please provide those results which were expected by March 31 and the next steps generated from them.

- Does VA plan to further replicate the OI&T engineering review conducted for the Spokane VAMC across the VA system?
- How has VA incorporated findings from the OI&T engineering review and recent OIG reports into the Department's budget request and future financial and other planning, if at all?
    - For example, the current Fiscal Year (FY) 2021 budget request includes at least $1.7 billion in EHRM-related infrastructure funding. VA has indicated that of that, $685 million from VHA will cover one-third of the total EHRM Non-Recurring Maintenance infrastructure needs. Has that assumption changed given that Spokane infrastructure costs are estimated at $23.2 million?
- Given the lessons learned from Spokane, please provide updated FY 2022-2028 EHRM planned infrastructure costs broken out by FY and funding source (VHA, EHRM, OI&T, VA Major Programs, and any other funding source) and the schedule to implement these upgrades. Congress needs this information to understand the full lifecycle funding and schedule for EHRM infrastructure.

Overall, the Department faces an enormous challenge in the months and years ahead, implementing the Electronic Health Record Modernization program system-wide. We recognize that implementing a major IT and health care delivery reform during a pandemic would be a challenge for any health care system, let alone the nation's largest. In consultation with its dedicated workforce and experts from the field, the Department must take decisive action to chart a clear path forward, including developing training and staffing plans, addressing infrastructure deficiencies, and implementing an EHR system with the full suite of promised medical and administrative capabilities, including a seamless record with DOD and interoperability with other non-VA providers. Most importantly, VA must develop and publish a set of evaluation criteria and implementation goals so that stakeholders can measure whether there are tangible benefits provided to veterans, medical personnel, and the VA system as a whole. If there are not tangible benefits, significant and immediate corrective action must follow. We look forward to continued partnership on making this project a success, and appreciate your timely response to the questions posed above.

Sincerely,

Jon Tester
United States Senator

Patty Murray
United States Senator

Sherrod Brown
United States Senator

Richard Blumenthal
United States Senator