

**STATEMENT OF
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BEFORE THE
VETERANS' AFFAIRS COMMITTEE
OF THE U.S. SENATE**

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Good afternoon, Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee. Thank you for the opportunity to participate in this hearing and to discuss the Veterans Health Administration's (VHA) inclusion on the Government Accountability Office's (GAO) 2015 High Risk Series report. I am accompanied today by Stephen Warren, Executive in Charge for the Office of Information Technology and Chief Information Officer for the Department of Veterans Affairs (VA).

We welcome VHA's inclusion in the 2015 High Risk Series report. The report comes at a critical time for VHA and highlights issues that are important to Veterans and the public. In many ways, VHA is on the cutting-edge of the health care industry. We recognize that we need to make significant improvements. VA recently implemented important changes to remedy many of the issues and concerns identified by GAO. In September 2014, VA began the MyVA initiative, which focuses VA's efforts to view customer service from a Veteran's perspective. With this initiative, VHA's future goals are to ensure that:

- 1.) Veterans have a clear understanding of VA and where to go for what they need within any of VHA's facilities;
- 2.) VA employees are empowered with the authority, knowledge, and tools they need to solve problems and take action, and;
- 3.) The products and services that VHA delivers to Veterans are integrated within the organization.

VA will continue to identify and rectify issues within our Department. We respect GAO's work and take their recommendations regarding VA programs and policies very seriously. Therefore, we share GAO's goal of ensuring Veterans are provided with the high quality health care they have earned and deserve.

GAO categorized its concerns about VA's ability to ensure the timeliness, cost-effectiveness, quality, and safety of the health care the department provides into five broad areas: (1) policies and processes: (2) oversight and accountability: (3) information technology:

(4) training for VA staff; and (5) resource needs and allocation priorities. VHA is taking the following steps to address these high risk areas GAO has identified.

Policies and Processes

VHA has subject matter experts in all program areas responsible for developing and maintaining national policies. The subjects of these national policies can range from something as extremely complex as organ procurement for transplants, to something as fundamental as the handbook on employee uniforms. Before VHA issues a national policy, the policy undergoes thorough review and approval to ensure it is compliant with law and regulation. During policy development, subject matter experts obtain input from relevant VA stakeholders. All national policies undergo labor and management review. In addition, all policies undergo an extensive concurrence process before they are published for national implementation.

Importantly, health care is a dynamic industry, and our policies must be flexible enough to accommodate evolving standards for clinical care. In addition, VHA policies strive to accommodate clinical care standards that can vary across the country. We will continue to improve our processes and implementation of policies to address the GAO and Office of the Inspector General (OIG) findings.

Oversight and Accountability

The Office of the Medical Inspector (OMI) is an integral element of VHA's oversight and compliance program. Responsible for assessing the quality of VA health care through site-specific investigations and system-wide assessments, OMI reports directly to the Under Secretary for Health. OMI's policies and procedures were restructured in 2014 to ensure that health care quality and patient safety remain a primary and constant focus.

OMI exercises its traditional oversight role by investigating concerns about the quality of health care that VHA provides to Veterans. These concerns may come to our attention via VHA's internal monitoring of activities, complaints from individual Veterans, issues raised by Members of Congress, or whistleblower allegations referred by the Office of Special Counsel (OSC). In carrying out these investigations, OMI conducts record reviews, site visits, interviews, and surveys. In each instance, OMI produces comprehensive reports containing recommendations for quality improvements to VA medical centers, Veterans Integrated Service Networks (VISN), and VHA Program Offices, and then works with them to ensure that corrective actions are completed. OMI's analyses have changed local and national health care policy and procedures.

OMI meets monthly with the Assistant Inspector General, Office of Health Care Inspections, to review cases and health care issues that each are addressing to share information about ongoing and planned inspections, and to avoid duplication of effort. In addition, OMI meets regularly with OSC to review the status of whistleblower investigations, and to discuss schedules for reports and other deliverables. These meetings have improved communication between OSC and VA on investigative findings, ensuring complaints are thoroughly examined and that whistleblowers receive the protections they are entitled to under the law.

As part of VHA's "Blueprint for Excellence," OMI is expanding beyond its traditional investigative functions to create an internal audit capability within VHA, based on the core elements of risk assessment, testing of critical control measures, and for-cause investigation. The information and data gathered through audit and assessment activities helps VHA to better identify system vulnerabilities and manage risks across VHA.

Last summer, VA established the Office of Accountability Review (OAR) to ensure that appropriate leadership accountability actions are taken when facility leaders are implicated in findings by the OIG, OMI, or other oversight bodies. OAR reports directly to the Secretary and thus functions independently of VHA.

VHA also has other offices that have roles in VHA's integrity, oversight, and compliance activities. Taken collectively, these activities help ensure integrity and accountability across VA's health care system. The improved cooperation we are fostering will help overcome some of VHA's current challenges in providing effective health care oversight, and support efforts to restore Veterans' and the public's trust.

Information Technology

VHA runs the largest health care system in the country; delivering the quality care Veterans deserve is not possible without innovative information technology and data sharing. VA's Electronic Health Record (EHR), VistA¹, is the most widely used EHR in the United States, and VA is working rapidly to modernize it. VA is developing a new web application and services platform called the Enterprise Health Management Platform (eHMP). eHMP is the VistA application clinicians will use during their clinical interactions with Veterans. eHMP brings exciting new features to the clinician, including Google-like search capabilities and information buttons that help clinicians find needed information much faster than current systems. VA is

¹ Veterans Health Information Systems and Technology Architecture

already piloting eHMP, and expects to deploy it to 30 sites by the end of the calendar year, with full rollout – including regular updates – over the next three years.

VA continues to work with the Department of Defense (DoD) on health data interoperability, but it is important to note that the two Departments already share health care data on millions of Servicemembers and Veterans. In fact, the two Departments share more health data than any other health care entities in the nation. In addition to sharing health care data, VA and DoD have also paved the way for standardizing health care data, so that regardless of what system a clinician uses, the data is available in the right place and in the right way; for example, Tylenol and acetaminophen appear in the same place in the record because the system understands, through our data standardization, that they are the same medication. Today, VA and DoD clinicians can use the Joint Legacy Viewer (JLV) to see VA and DoD data on a single screen in a Servicemember or Veteran's record. Eventually, eHMP will replace JLV and will allow clinicians to see VA, DoD, and third-party provider data in their regular clinical care tool.

Training for VA Staff

VHA understands that training is a critical element of development and we are committed to offering innovative training that utilizes clinical simulation, medical modeling, and other emerging technologies for our clinical, administrative and technical staff. VHA's Employee Education System holds 13 national and two state system-wide accreditations supporting VHA's clinical/professional continuing education requirements. With its interagency shared training, VHA continues to expand capacity by leveraging learning content offered through other federal agencies. VHA is also partnering with the VA Learning University to improve our training materials and methodologies. Our priority is to continue to assess target audience satisfaction, appropriate content level, and various methods of delivery to improve training outcomes.

Resource Needs and Allocation Priorities

In order to meet the VA's health care mission most effectively, VHA must share a customer service perspective that places Veterans' needs – and VHA's ability to meet those needs – as paramount. Staff offices must leverage all possible authorities and streamline processes to promote agility compared with the efficiency of the best private sector health systems. VA and VHA are moving forward with implementing a planning, programming, budget

and execution program that will ensure our medical care planning and prioritization drives the budget request and execution.

Conclusion

Mr. Chairman, VA welcomes the review and assessment of its programs as part of its commitment to providing the best health care to Veterans. We look forward to building a better and stronger federal agency for our nation's Veterans. This concludes my testimony. My colleague and I are prepared to answer any questions you or other Members of the Committee may have.