

**STATEMENT OF THE HONORABLE JAMES BYRNE
GENERAL COUNSEL, PERFORMING THE DUTIES OF DEPUTY SECRETARY
DEPARTMENT OF VETERANS' AFFAIRS
BEFORE THE
SENATE COMMITTEE ON APPROPRIATIONS,
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS AND
RELATED AGENCIES**

FEBRUARY 5, 2019

Good morning Chairman Boozman, Ranking Member Schatz, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today in support of the Department of Veterans Affairs (VA) initiative to modernize its electronic health record (EHR) through the acquisition and deployment of the Cerner Millennium EHR solution. I am accompanied today by Mr. John Windom, Executive Director of the Office of Electronic Health Record Modernization (OEHRM), Dr. Laura Kroupa, Acting Chief Medical Officer of OEHRM and Mr. John Short, Technology and Integration Officer of OEHRM.

I want to begin by thanking Congress, and specifically this Subcommittee, for your continued support and shared commitment for the program's success. Because of your continued support, VA has been able to stay on track for implementation, enabling us 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.

Background

On May 17, 2018, VA awarded an Indefinite Delivery/Indefinite Quantity (ID/IQ) EHR contract to Cerner. Given the complexity of the environment, VA has awarded this ID/IQ to provide maximum flexibility and the necessary structure to control cost. Through this acquisition, VA will adopt the same EHR solution as the Department of Defense (DoD). The solution allows patient data to reside in a single hosting site using a single common system to enable the sharing of health information, improve care delivery and coordination, and provide clinicians with data and tools that support patient safety. VA believes that implementing a single EHR will allow for seamless care for our Nation's Servicemembers and Veterans.

Program Milestones

Since contract award, VA has accomplished several key events outlined below.

Task Orders

As mentioned earlier, VA awarded the Cerner contract on May 17, 2018. VA also awarded the first three Task Orders (TO), which are project management, Initial Operating Capabilities (IOC) site assessments, and data hosting. In September of

2018, VA awarded three TOs for Data Migration and Enterprise Interface Development, Functional Baseline Design and Development and IOC Deployment. By leveraging the ID/IQ contract structure, VA can award TOs as needs arise and negotiate firm-fixed-prices on an individual TO basis, allowing VA to moderate work and modify deployment strategies efficiently. Below are additional details regarding the TOs:

- ***Task Order 1- EHRM Project Management, Planning Strategy, and Pre-IOC***
Under this task order, Cerner will provide project management, planning, strategy, and pre-IOC build support. More specifically, the scope of services included in this task order are project management; enterprise management; functional management; technical management; enterprise design and build activities; and pre-IOC infrastructure build and testing.
- ***Task Order 2- EHRM Site Assessments - Veterans Integrated Service Network (VISN) 20***
Under this task order, Cerner will conduct facility assessments, to prepare for the commercial EHR implementation, for the following VISN 20 IOC sites: Mann-Grandstaff VA Medical Center (VAMC) (Spokane WA), Seattle VAMC, and American Lake VAMC (Tacoma, WA). Cerner will also provide VA with a comprehensive current-state assessment to inform site-specific implementation activities and task order-specific pricing adjustments.
- ***Task Order 3- EHRM Hosting***
Under this task order, Cerner will be funded to deliver a comprehensive EHRM hosting solution and start associated services to include hosting for EHRM applications, application services, and supporting EHRM data.
- ***Task Order 4- Data Migration and Enterprise Interface Development***
Cerner will provide data migration planning refinement, analysis, development, testing, and execution. Cerner will support enterprise interface planning refinement, design, development, testing, and deployment. Cerner will provide commercially available registry selected by VA for IOC as well as details and updates on the progress of IOC data migration and enterprise interface development.
- ***Task Order 5- Functional Baseline Design and Development***
Cerner will provide project management, workflow, training, change management, and EHRM stakeholder communication.
- ***Task Order 6- IOC Deployment***
Cerner will provide: project management; IOC planning and deployment; test and evaluation; pre-deployment training; go-live readiness assessment, deployment, and release; go-live event; post-production health check and deployment completion; post-deployment support; and continued deployment decision support.

Current State Review

In July 2018, VA and Cerner conducted a Current State Review at VA's IOC sites to gain an understanding of the sites' specific as-is state, and how it aligns with the Cerner commercial standards to implement the proposed to-be state. The team conducted organizational reviews around people, process, and technology. They observed and captured current state workflows; identified areas that will affect value achievement and present risk to the project; identified benefits from software being deployed; and identified any scope items that need to be addressed.

VA reviewed final reports analyzing the Current State Review in October 2018 and discovered there are infrastructure readiness areas that are in better condition than initially forecasted and areas that require slightly more investment due to aging infrastructure. However, there were no unexpected major needs or significant deviations from the current projected spend plan.

Model Validation Event

In September 2018, VA held its Model Validation Event, where VA's EHR Councils met with Cerner to begin the National and local workflow development process for VA's new EHR solution. There was a series of working sessions designed to examine Cerner's commercial recommended workflows and evaluate the current workflows used at VAMCs. This allows VA to configure the workflows to best meet the needs of our Veterans, while also implementing commercial best practices.

Cerner Baseline Review

VA is committed to align its workflows closely with commercial best practices; therefore, VA commissioned Cerner to complete a baseline assessment of how closely DoD's MHS GENESIS aligns with these practices. In September 2018, Cerner presented the results of the assessment. VA learned DoD has high adoption of recommendations and system configuration, which are generally in alignment with commercial best practices.

OEHRM Organizational Structure and Strategic Alignment with DoD

On June 25, 2018, VA established OEHRM to ensure VA successfully prepares for, deploys, and maintains the new EHR solution and the health IT tools dependent upon it. OEHRM reports directly to VA Deputy Secretary and works in close coordination with VA Veterans Health Administration and Office of Information Technology. Mr. Windom currently serves as the program's executive director and has supported the effort at a leadership-level since its inception. Prior to joining VA, Mr. Windom was a Program Manager for the Program Executive Office of the Defense Healthcare Management Systems (DHMS).

To ensure appropriate VA and DoD coordination, we emphasize transparency within and across VA through integrated governance and open decision-making. The OEHRM governance structure has been established and is operational, consisting of technical and functional boards that will work to mitigate any potential risks to the EHRM program. The structure and process of the boards are designed to facilitate efficient and effective decision-making and the adjudication of risks to facilitate rapid implementation of recommended changes.

At an inter-agency level, the Departments are committed to instituting an optimal organizational design that prioritizes accountability and effectiveness, while continuing to advance unity, synergy, and efficiencies between VA and DoD. The Departments have instituted an inter-agency working group to review use-cases and collaborate on best practices for business, functional, and IT workflows, with an emphasis on ensuring that interoperability objectives are achieved between the two agencies. VA's and DoD's leadership meet regularly to verify the working group's strategy and course correct when necessary. By learning from DoD, VA will be able to address challenges proactively and reduce potential risks at VA's IOC sites. As challenges arise throughout the deployment, VA will mitigate adverse effects to Veterans' health care.

Implementation Planning and Strategy

It will take OEHRM several years to fully implement VA's new EHR solution and the program will continue to evolve as technological advances are made. The new EHR solution will be designed to accommodate various aspects of health care delivery that are unique to Veterans and VA, while bringing industry best practices to improve VA care for Veterans and their families. Most medical centers should not expect immediate major changes to their EHR systems.

VA's approach involves deploying the EHR solution at IOC sites to identify challenges and correct them. With this IOC site approach, VA will hone governance, identify efficient strategies, and reduce risk to the portfolio by solidifying workflows and detecting course correction opportunities prior to the deployment at additional sites. As mentioned, VA and Cerner have conducted Current-State Reviews for VA's IOC sites. These site assessments include a current-state technical and clinical operations review and the validation of the facility capabilities list. VA started the go-live clock for the IOC sites, as planned, on October 1, 2018.

Further, VA is continuing to work proactively with DoD and experts from the private sector to reduce potential risks during the deployment of VA's new EHR by leveraging DoD's lessons learned from its IOC sites. Several examples of efficiencies that VA is leveraging are: revised contract language to improve trouble ticket resolution based on DoD challenges; optimal VA EHRM governance structure; fully resourced PMO with highly qualified clinical and technical oversight expertise; effective change management strategy; and using Cerner Corporation as a developer and integrator consistent with commercial best practices.

During the multi-year transition effort, VA will continue to use Veterans Information System and Technology Architecture (VistA) and related clinical systems until all legacy VA EHR modules are replaced by the Cerner solution. For the purposes of ensuring uninterrupted health care delivery, existing systems will run concurrently with the deployment of Cerner's platform while we transition each facility. During the transition, VA will ensure a seamless transition of care. A continued investment in legacy VA EHR systems will ensure patient safety, security, and a working functional system for all VA health care professionals.

Change Management and Workflow Councils

Because the program's success will rely heavily on effective user-adoption, VA is deploying a comprehensive change management strategy to support the transformation to VA's new EHR solution. The strategy includes providing the necessary training to end-users: VAMC leadership, managers, supervisors, and clinicians. In addition, there will be on-going communications regarding deployment schedule and anticipated changes to end-user's day-to-day activities and processes. VA will also work with affected stakeholders to identify and resolve any outstanding employee resistance and any additional reinforcement that is needed.

VA has established 18 EHR Councils (EHRC) to support the development of national standardized clinical and business workflows for VA's new EHR solution. The councils represent each of the functional areas of the EHR solution, including behavioral health, pharmacy, ambulatory, dentistry, and business operations. VA understands that to meet the program's goals we must engage frontline staff and clinicians. Therefore, the composition of the EHRCs will continue to be about 60 percent clinicians from the field who provide care for Veterans, and 40 percent from VA Central Office. As VA implements its new EHR solution across the enterprise, certain council membership will evolve to align with contemporaneous implementation locations. While deploying in a particular VISN, the needs of Veterans and clinicians in that particular VISN will be incorporated into national workflows.

Funding

With the support of Congress, OEHRM has not experienced funding shortfalls that would impact the success of the EHRM initiative. OEHRM reviews its lifecycle cost estimate at least once per month to reflect actual execution and to fulfill its programmatic oversight responsibilities. OEHRM will provide Congress with regular updates to ensure that the program is fully funded and to support our commitment to transparency. VA's enacted Fiscal Year 2019 budget of \$1,107.0 million allows VA to continue the implementation, preparation, development, interface, management, rollout, and maintenance of the EHRM initiative. The 2019 enacted budget comprises the following:

- \$575.0 million in the EHR Contract subaccount used for Enterprise Integration task orders, Technology Acquisition Center fees, site assessments, and change management,

- \$120.0 million in the Program Management subaccount used for contract support staff, pay and benefits, travel and administrative expenses, and
- \$412.0 million in the Infrastructure Readiness subaccount for end user devices, testing activities, interfaces, and Medical Community of Interest, or MedCOI.

Closing

Again, the EHRM effort will enable VA to provide the high-quality care and benefits that our Nation's Veterans deserve. VA will continue to keep Congress informed of milestones as they occur. Mr. Chairman, Ranking Member, and Members of the Subcommittee, thank you for the opportunity to testify before the Subcommittee today to discuss one of the VA Secretary's top priorities. I would be happy to respond to any questions that you have.