

Congress of the United States
Washington, D.C. 20515

October 1, 2021

The Honorable Donald Remy
Deputy Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Dear Deputy Secretary Remy:

Thank you for resuming briefings on the status of the Electronic Health Record Modernization (EHRM) program with our staffs. VA has indicated that the strategic pause imposed in March is ending and implementation of the Cerner electronic health record is resuming, with the Chalmers P. Wylie VA Ambulatory Care Center in Columbus, Ohio, slated to go-live in the first quarter of calendar year 2022.

We appreciate your candor in explaining to our staff that many strategic review recommendations remain to be implemented. At a minimum, we request detailed timelines indicating when each recommendation, particularly pertaining to governance and patient safety, will be carried out. These should track the broad objectives discussed in VA's July 2021 Comprehensive Lessons Learned report and the individual recommendations enumerated in the Institute for Defense Analysis's January 2021 report, among other documents.

Similarly, the information provided in the briefing about the role of the Veterans Health Administration functional champion was notably different from the role articulated in VA's April 2021 Functional Champion and EHR Implementation Focus Areas report. It appears that the enhanced functional champion continues to exist only on paper, and the functional champion still lacks the structure and resources to discharge the responsibilities that have been assigned. We request a follow-up briefing explaining the decision-making as to the functional champion.

We believe it is appropriate for the EHRM program to carry over substantial funding into fiscal year 2022. Given the strategic pause during much of fiscal year 2021, it would be difficult to justify expending the \$2.6 billion appropriation. It is unfortunate that VA declined to share the fact earlier that nearly half the funding (\$1.2 billion) remained, but the situation can be corrected by adjusting the fiscal year 2023 request accordingly.

Disappointingly, the strategic review and last week's briefing focused very little on improvements to the Cerner electronic health record itself. For this reason, it is vitally important that VA and Cerner expeditiously agree on quality and outcome metrics and make them public, along with the supporting data indicating performance on a regular basis. The metrics should concern usage and performance of the electronic health record system, as well as its impact on operations, safety, and quality in the medical centers. The metrics which have previously been released, such as the number of help desk tickets, system log-in time, and average transaction response time, are inadequate because they are exclusively technical. Others, such as urgent care throughput and medication fill and refill volumes, are useful but omit most clinical operations.

The Comprehensive Lessons Learned report included a number of possible measures of success. Cerner has repeatedly stated that its software includes over 50 available metrics. Simply put, the metrics and supporting data are clearly available. The time has come to choose and move forward with transparency.

We are apprehensive that VA has decided to resume implementation of the Cerner system without addressing the above concerns and demonstrating tangible improvement at the Mann-Grandstaff medical center. At its core, the electronic health record is meant to inform and improve health care delivery. If the underlying issues in the new system and its rollout are not addressed, veteran health and safety could be compromised. While VA works to implement the recommendations of the external and internal reviews, it is not clear whether the Department has met its own criteria for proceeding with deployments in Veterans Integrated Services Networks (VISNs) 10 and 20. For this reason, we request the data, informed by the strategic review, demonstrating the readiness of facilities in VISNs 10 and 20 for EHRM implementation.

The strategic review was a useful exercise and, even though it did not identify solutions to all of the EHRM program's challenges, it identified many positive recommendations which we believe would improve outcomes if implemented. VA now has a responsibility to demonstrate progress. Please provide the timelines, quality metrics, data, and other information requested in this letter in conjunction with a staff-level briefing no later than October 21, 2021. Thank you for your attention and timely response to this matter.

Sincerely,



Mark Takano
Chairman
House Committee on Veterans' Affairs



Mike Bost
Ranking Member
House Committee on Veterans' Affairs



Jon Tester
Chairman
Senate Committee on Veterans' Affairs



Jerry Moran
Ranking Member
Senate Committee on Veterans' Affairs



Frank J. Mrvan
Chairman
Subcommittee on Technology Modernization



Matthew Rosendale, Sr.
Ranking Member
Subcommittee on Technology Modernization