We write to express our support for your judicious consideration of the next steps in the Department of Veterans Affairs’ (VA) Electronic Health Record Modernization (EHRM) program. While, by some metrics, go-live activities were relatively successful at the Mann-Grandstaff VA Medical Center in Spokane, Washington, and related facilities, we are increasingly concerned about the program’s performance and impact on productivity, operations, data syndication, revenue cycle, veteran experience, and other issues as reported by senior Veterans Health Administration (VHA) officials as well as rank-and-file employees. There are significant technical and organizational challenges which must be addressed as the next steps in EHRM are planned, particularly before VA proceeds to deploy the system at the Chalmers P. Wylie VA Ambulatory Care Center in Columbus, Ohio and beyond. As you are less than 30 days into your role as Secretary, you have a unique opportunity to shore up the EHRM program to ensure it delivers for veterans and VA employees. This program’s current and future expenditure of taxpayer funds as well as its impact on veteran health and VA operations demand no less.

The program challenges that have been briefed to Congress impact veterans’ access to care and quality of care, as well as staff morale. It is clear that many of the immediate technical issues are being taken seriously, and we are encouraged by VA’s openness to addressing problematic design, system configuration, and workflows present in the Cerner EHR implemented at Mann-Grandstaff before proceeding. As you know, Mann-Grandstaff and its clinics must maintain a high standard of care for more than 30,000 veterans in Eastern Washington, Northern Idaho, and Northwestern Montana while serving as the initial operating capability sites for EHRM. While we recognize some degradation in productivity is to be expected in the months following any EHR go-live, we are worried that not enough progress is being made to fully mitigate these issues. We appreciate that Dr. Richard Stone, VA’s Acting Under Secretary for Health, and other senior officials traveled to Mann-Grandstaff in late January to gain first-hand knowledge of the issues that staff are facing. We believe now is the best opportunity to correct the local and systemic issues revealed during the Mann-Grandstaff deployment. It is incumbent upon VA to take the necessary time to ensure the EHRM program has the appropriate organizational structure, management, strategy, adherence to industry best practices, change management philosophy, and oversight to ensure it delivers actual value to the end user. It is critical to recalibrate the program now, before it is too late.

In the short term, we understand that based on Dr. Stone’s observations and the complaints articulated by Mann-Grandstaff employees, a number of Tiger Teams have been
formed to diagnose and correct usability problems in the EHR. As described to us, the Tiger Teams consist of Mann-Grandstaff personnel, selected members of the national councils who originally configured the EHR, and other VA and Cerner personnel. Given the importance of resolving these challenges in the initial locations before deploying the EHR to future facilities, we are writing to request more information about the scope, objectives, progress, and completion criteria for this effort. This information will help us further evaluate the short, medium, and long-term actions the Department is taking to set EHRM on a stronger footing.

In addition, as you know, on February 11, 2021, the Government Accountability Office (GAO) released a report entitled, *Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed*, recommending that VA postpone deployment of the EHR to any further sites until all “critical” and “high” severity test findings that may be identified in those sites’ testing are corrected. GAO made a similar recommendation before the Mann-Grandstaff go-live in October 2020. While VA assured GAO and the Committees that all such test findings were resolved, VA has still not demonstrated how this was done. GAO’s report adds to our broad-based concerns with the direction of the program.

With senior VHA leaders, including those on the ground, and GAO voicing concerns about the EHR system and overall program’s fitness, at a minimum, we expect a great deal more information about whether the Tiger Team effort is comprehensively addressing the problems seen at Mann-Grandstaff and how the issues were resolved. We appreciate Dr. Stone’s candor in acknowledging the current reality of the system and his openness to recommending VA delay future deployments if necessary. We firmly believe all such issues must be addressed in parallel under the auspices of a strategic review.

Pursuant to our ongoing oversight of this program, we ask that you provide the following documentation and answer the following questions by March 31:

1) Any documents or reports, including any after action review, related to the January 25-26, 2021, visit by Dr. Stone, Acting Undersecretary for Health, to Mann-Grandstaff VA Medical Center.

2) Any documents or reports generated as a response to said report by the Office of Electronic Health Record Modernization (OEHRM), other VA offices, and Cerner.

3) A listing of the Tiger Teams, their instructions or objectives, their members, the issues they are tasked with working on, their scope of work, any reports or analysis produced to date, and the schedule of any anticipated or future work.

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4) An explanation of what universe of design, configuration, workflow, usability concerns, data syndication, and other problems each Tiger Team is instructed and permitted to address. This should include whether the Tiger Teams are able to address change requests submitted before their formation, change requests submitted after their formation, or concerns by users outside of the change request process.

5) Copies of the tracking documents used to record the problems or concerns each Tiger Team has considered, recommendations for solutions, and their ultimate disposition.

6) An explanation of the exit or completion criteria for the Tiger Teams. Specifically, who determines whether the Tiger Teams’ objectives have been completed? What authority does the leadership of Mann-Grandstaff have to determine whether usability problems with the EHR have been resolved?

7) The consolidated problem set document with status of the outstanding issues, mentioned by Mr. John Windom, Executive Director of OEHRM during the February 17, 2021, EHRM briefing provided to House and Senate Veterans Affairs’ Committees’ staff.

8) A list of all “critical” and “high” severity test findings discussed in the February 11, 2021, GAO report, including current status and timeline for correction or descriptions of their resolution.

9) Any user satisfaction survey conducted following the go-live at Mann-Grandstaff and any data related to survey responses.

10) The criteria and process which you will use to guide the Department’s path forward on EHRM to ensure it delivers meaningful and quantifiable positive impact to veterans, VA medical staff, and leaders.

   Additionally, we request a Member-level briefing on the topics described in this letter to include the EHRM program’s path forward. Briefers should include, at a minimum, representatives from VHA, OEHRM, the Office of Information and Technology, and the Office of the Deputy Secretary, to be held no later than March 31, 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
The Honorable Denis R. McDonough
February 25, 2021
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Jon Tester
Chairman
Senate Committee on Veterans’ Affairs

Jerry Moran
Ranking Member
Senate Committee on Veterans’ Affairs

Frank Mrvan
Chairman
Subcommittee on Technology Modernization

Matt Rosendale
Ranking Member
Subcommittee on Technology Modernization