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STATEMENT OF
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BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS

CURRENT STATE OF AFFAIRS FOR INFORMATION TECHNOLOGY
WITHIN VHA MEDICAL CENTERS

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Thank you Chairman Akaka and members of the Committee. I am pleased to have this
opportunity to appear before this Committee as a proud and long time employee of the Veterans
Health Administration (VHA). Today I would like to discuss my personal knowledge and
experience with the realignment of the Department of Veterans Affairs (VA) Office of
Information and Technology (OI&T). I wanted to first take a moment to review the
reorganization process. I will then follow with some personal observations on what I think has
worked, and what I think needs to be watched closely to ensure that we improve the effectiveness
of the newly revised IT organization.

I would also like to state upfront as a personal observation, that VistA is a system put together by
clinicians for clinicians and it works, still works, and no one who uses it, ever wants to go back
to what they had, or in many cases, didn't have. We should never lose sight that VA's VistA
system remains a world class system and the Industry Standard for Electronic Health Records
(EHRs) by a long shot.

In March, 2006, Secretary Nicholson approved a new business model as the framework for VA's
IT System. This generated the initial realignment to OI&T in the neighborhood of 6,000
Operations and Maintenance personnel who were previously part of VHA, the Veterans Benefit
Administration (VBA), National Cemetery Administration (NCA) and other parts of VA. On
October 31, 2006, Secretary Nicholson approved the transition of the VA IT Management System
for the Department of Veterans Affairs (VA) to a single IT leadership authority - the VA Chief
Information Officer (VA CIO). This included the permanent assignment of all VA personnel
dedicated to IT development, approximately 1,000 personnel, to the Office of the Assistant
Secretary for Information Technology (AS/IT) to be completed by April 2007. The final
transition and realignment, to include institution of a governance structure, clear understanding
of roles and responsibilities, establishment of standardized policies and business practices, etc.,
was directed to be completed by the Secretary by June 2008. This transition is significant due
to the large numbers of people transitioned, many new polices and business processes having to
be evaluated and implemented, and new communication paths and operating procedures tried,

rejected in some cases, restructured and then re-implemented. All the while, caring for our patients has remained our primary mission.

I will certainly not try to hide the fact that the realignment, due to its magnitude, has created some distractions, as well as anxieties in VHA's medical community. Specifically, at Tampa, we were concerned that we would lose the authority to make the necessary medical decisions at the point of care and that, by the transfer of our development team to OI&T, we would lose our ability to "innovate" - the very engine that created the World Class VistA system in the first place. Thus far, those fears have not proven true and more importantly, we have not lost sight of our first priority to provide the highest quality care to our veteran patients, the men and women who deserve no less given the sacrifices they have made for our Nation.

What is working?

- The people have been moved and they can and are now concentrating on getting the job done. The uncertainty is over.
- The new centralized structure gives us far greater purchasing power through "economies of scale" although I would like to mention that, at the same time, facilities need the flexibility to be able to meet local needs and unforeseen emergencies as I will reiterate later.
• A centralized approach to Data Security and Patient Privacy can be remarkably effective with goals, expectations and policies set at the national level, but at the same time local staff and leadership will continue to require training in the "roll out" of these policies and expectations, as well as be provided the tools necessary to act.


What needs to be closely watched as we move forward?

- As I said in my earlier testimony, while I believe that there are many good things that have occurred as a result of centralization like central procurements with inherent economies of scale, and standardization in policies and processes (provided the user contributes to policy formation)), they can not be at the expense of effective and safe health care delivery. We must continue to find the right balance.
- We also can not take away the decision making capability at the direct point of care or we will have created a bureaucracy and impediment to the kind of organizational construct that in my mind has made the VHA's health care delivery the best in the world.
- We can not put a wall, however slight, between our clinicians and our developers as this would effectively stifle that very innovation that was the genesis of VistA in the first place.
- We must engage clinicians about the tools they use and to leverage effective and safe health care.
- While I understand that there are many changes that we need to make as an organization in terms of privacy, security, etc, these policies and procedures must always be accomplished with a joint assessment of the impact of that policy or directive on VA's ability to deliver safe, effective health care.
• There must be a continuing balance between the needs and priorities of infrastructure and medical system requirements as well as the ability for local facilities to make IT purchasing

decisions that can improve the efficiency and effectiveness of their operations. Continued work on VA's governance process will be critical to ensure that this is the case and not the exception.

And why is all of this so critical? VA has made significant progress in the evolution of its IT systems and we must continue to foster an environment where we can continue to do so in the future. The original VA IT health care system was hospital-centric, meaning it focused primarily on establishing over 100 applications at specific care locations. The needs of VA patients require a patient-centric approach, which will allow veterans and their care providers to access seamless health records and information at any time regardless of location. And so it is important that VHA and OI&T continue to work together to ensure we have a system in the future that:

- Replaces current hospital-centric systems with patient-centric system to better support modern health care needs
- Provides a complete medical record available everywhere and at all times
- Supports interoperability with other government and private health care systems
- Supports patient decision support and interdisciplinary clinical care
- Provides an open, robust systems architecture that is cost effective and easy to maintain
- Remains available to support hospital operations 24x7

Let me conclude by saying that the realignment was not without its challenges, but I see a spirit of cooperation and mutual objectives that will allow us to overcome them as we continue to remain the world's leader and benchmark for health care delivery. I am also proud to say today that, despite all of the natural and expected distraction that occur in a major realignment, we are still serving the veteran with quality care, and I only expect it to get better as we continue to improve the process and work towards better communication and cooperation.

Mr. Chairman, this concludes my statement. I will be pleased to answer any questions that you or other members of the Committee might have.