

Questions for the Record
Senate Committee on Appropriations
Subcommittee on Military Construction, Veterans Affairs, and Related
Agencies
Implementation of the Department of Veterans Affairs (VA)
Electronic Health Record (EHR)
February 5, 2019

Questions from Senator John Hoeven

Question 1: Last week, the VA announced its proposed access standards for community care which were required under the VA MISSION Act of 2018. The new access standards will give our veterans more of a choice when it comes to their care and where they would like to receive that care. As the VA rolls out its new, interoperable EHR platform, how will the Department work with, educate, and train VA community care partners to ensure that providers can properly access and update a veteran's medical record?

VA Response: Understanding that many transformation efforts fail due to lack of leadership buy-in and/or cultural resistance to change, VA has a robust training and change management strategy to support the implementation of its new EHR solution. The Office of Electronic Health Record Modernization (OEHRM) analyzed the lessons learned from Department of Defense (DoD) and will continue to collaborate with VA clinicians, government stakeholders, and industry partners to identify effective end-user retention and adoption strategies to optimize the success of the new EHR solution. To engage frontline staff, VA is also hosting several roadshows and workshops to enable end-users to present their concerns and suggestions. Furthermore, VA will be providing on-site training for clinicians and providers prior to deployment of its EHR solutions.

Question 2: It is critical that the VA and DOD maintain an open line of communication as the new EHR system is implemented. I understand that the Departments have established an inter-agency working group to ensure that interoperability objectives are reached between the two agencies. How is the working group performing? Have potential challenges to implementation been identified? Are there any specific challenges the Departments are experiencing while operating under the current organizational structure?

VA Response: VA and DoD are committed to successfully deploying their EHRs to improve access and the quality of health care for our Nation's Servicemembers and Veterans. The Federal Electronic Health Record Modernization (FEHRM) Working Group (WG) has been established to ensure VA and DoD have an effective and efficient inter-agency arbiter.

FEHRM WG will assess the Departments' current EHR implementation strategy and requirements, management and governance structures, and existing legislative authorities to recommend the optimal organizational construct for aligning plans,

strategies, and structure across VA and DoD. The goal is to ensure both organizations receive timely decisions regarding the architecture and operations needed for the core technology.

Since November 2018, the WG met with technical, legal, acquisition, financial, functional, and data management subject matter experts from DoD and VA. Additionally, the WG has met with the Interagency Program Office to develop functional, technical, and programmatic functions for the ongoing success of the inter-agency working group. There have been no issues that would adversely affect the WG or its mission.

Question 3: VA Fiscal Year 2019 appropriations include a little over \$1.2 billion for the VA to continue the implementation, development, rollout and maintenance of VA's new EHR system. What do you see as the most significant items of concern that could either drive up the cost or delay the rollout of VA's EHR system?

VA Response: There are three items that could potentially impact the cost or timeline of VA's EHR deployment: system training and change management, information technology infrastructure upgrades, and creation of clinical workflows. End-users must receive adequate training on the new EHR solution to provide safe, high-quality care to our Veterans. VA seeks to mitigate this risk by developing and executing a training schedule 8 weeks prior to the Go-Live date at each rollout site. Infrastructure upgrades must be implemented at the enterprise and site levels to deploy a fully operational EHR solution. In addition, VA infrastructure must be capable of supporting the simultaneous operation of legacy systems (i.e., VistA) and the new EHR solution during the transition period. To mitigate infrastructure risks, VA is evaluating Initial Operating Capability site Current State Reviews conducted by Cerner to identify infrastructure requirements through gap analyses. VA is also developing acquisition strategies to meet identified infrastructure needs. Clinical workflows must be developed to improve clinicians' ability to provide high-quality care to Veterans. Cerner must provide education to VA to structure and align the workflow development process. VA must collaborate with clinicians and community care partners to design the workflows. VA held a Model Validation event in September 2018. This event resulted in an 8-stage process, which includes conducting eight follow-on national and local workshop events to identify potential workflow issues.

Question 4: Electronic health records are an important part of how we receive health care today. Having a record that one's health care provider can readily access can help save both time and money. That being said, given today's cybersecurity risks, there are also legitimate concerns about what is being done to safeguard private health information from cybercriminals. What steps are being taken to ensure that a veterans' private health information is protected? Are there additional safeguards that need to be taken in order to ensure that this information remains secure?

VA Response: The joint EHR is stored within the DoD-authorized enclave (MHS GENESIS) hosted at Cerner Corporation. MHS GENESIS risk management and

continuous monitoring activities are supported through Defense Health Agency, DoD Health Management System Modernization Program Management Office, and OEHRM unified interagency cybersecurity programs.

VA and DoD cybersecurity and network operations teams are working as one team to fight against cyber threats. Both departments are employing every reasonable measure at their disposal to ensure Servicemembers' and Veterans' patient records are secure.

VA will deploy security boundary protections including jointly agreed upon DoD authorized security architecture. VA and DoD require and employ data encryption both in transit and at rest using Federal Information Processing Standards-certified cryptographic modules. VA will use two factor authentication for access to the system as well as audit access to ensure users have correct access to the data their profile allows. Both VA and DoD use National Institute of Standards and Technology requirements and guidance to design, employ, and test security controls throughout the lifecycle of a system and the joint electronic health record initiative is no exception.

Furthermore, VA will embed personnel within the DoD's Cyber Security Service Provider forming a joint Network Security Operations Center (NSOC) specifically focused on the joint EHR initiative. Forming a joint NSOC will allow the agencies to integrate their respective protect, detect, respond, and sustain services allowing for more efficient, effective, and integrated vulnerability monitoring and management, network security (and performance) monitoring, intrusion detection, attack sensing and warning, vulnerability analysis, vulnerability assessment, and threat intelligence sharing.

Questions from Ranking Member Brian Schatz (Responses required from each witness.)

I have concerns about the role that private individuals have played in VA procurement decisions. There are a lot of good men and women at the VA working in earnest to make decisions in the best interest of veterans and American taxpayers. I have no reason to suspect that any of you have acted otherwise. However, when it comes to the largest transformation in the history of the department, people need to be confident in how decisions are made.

Question 1: Besides workshops, council meetings, site visits, and other routine and related community events, have you formally or informally corresponded with any private individual not officially involved with the EHR modernization through a contract for services or provider agreement?

VA Response (James Byrne): No.

VA Response (John Windom): I have not formally or informally corresponded with any private individuals not officially involved with Electronic Health Record Modernization (EHRM) through a contract for services or provider agreement.

VA Response (John Short): No, I have not formally or informally corresponded with any private individuals not officially involved with the EHRM effort through a contract for services or provider agreement.

VA Response (Dr. Laura Kroupa): No

Question 2: If so, what was the nature of that correspondence and did it directly affect, in any way, a procurement decision?

VA Response (James Byrne): N/A

VA Response (John Windom): N/A

VA Response (John Short): N/A

VA Response (Dr. Laura Kroupa): N/A

Question 3: Please provide the committee with any formal or informal correspondence that relates to the above request.

VA Response (James Byrne): N/A

VA Response (John Windom): N/A

VA Response (John Short): N/A

VA Response (Dr. Laura Kroupa): N/A