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November 18, 2021



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The word "Boondoggle" does not adequately describe the situation occurring with the Department of Veterans Affairs (VA) and the billions of taxpayer dollars already invested in developing a veterans' Electronic Health Records (EHR) System.



The VA had an existing software program, entitled Legacy Veterans Health Information System and Technology Architecture (Vista), to store veterans' health records. In 2018, the VA decided to



John Plahovinsak.

transition to a new electronic health record (EHR) System, which is a Cerner-built cloud that will be interoperable with the existing Military Health System.

The new EHR System was envisioned to connect all VA medical facilities with the Department of Defense and participating community care providers, allowing medical clinicians easy access to a veteran's full medical history in one location. The EHR System was to be fully operational within ten (10) years (in 2028) and cost \$16 billion dollars.

In October of 2020, after three (3) years of development, the VA decided to "roll out" the developed software program, as a pilot project, at the Mann-Grandstaff VA Medical Center (MC) in Spokane, Washington. The VAMC in Columbus, Ohio, was going to be the second pilot project.

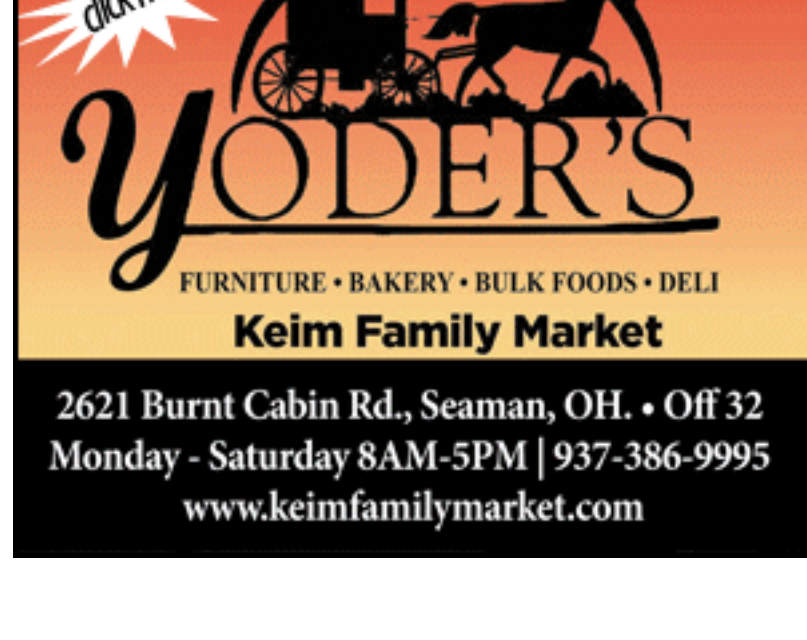
Unfortunately, the software program had so many problems, it had to be suspended at the Spokane site. The VA's Office of Electronic Health Records Management (OEHRM) characterized the implementation of this EHR software as "really, really challenging" and "painful."

The former VA's Acting Deputy Secretary Carolyn Clancy indicated that the VAMC Staff at Spokane was not trained for the EHR implementation. According to Clancy, the staff and facility had expressed their concerns about the software program, but she only learned about their opinions after the pilot program ended.

On July 14, 2021, VA Secretary Denis McDonough provided his blunt assessment of the initial EHR in Spokane.

"Most challenges were not breakdowns of the technology, nor of the great people at Mann-Grandstaff who did the best they could in the worst of circumstances, implemented this program in the heart of a pandemic, dutifully shared findings that improved the system and ensured that our veterans were safe despite the challenges they faced," McDonough said. "Instead, the missteps were ours, at VA, and Cerner."

The Cerner Company acknowledged that they could have done a better job explaining the system's long-term benefits to the VA employees, but they wanted the VA to establish clearer requirements and performance metrics.



Where are we now? The second pilot project for the Columbus VAMC has been cancelled and the VA is still trying to fix the problems in Spokane. The VA will not try again until 2022 and they may have another site in mind for the pilot project, depending on the state of physical and Information Technology (IT) infrastructure, leadership, staffing and other factors.

But attempting to fix the EHR software problem is only one IT problem that the VA has. According to two (2) VA Inspector General (IG) released reports this year, the VA had previously underreported the costs of making

physical and IT infrastructure upgrades needed to support the EHR by as much as \$5 billion dollars.

In addition to the underreporting of the EHR modernization program, the VA has not accounted for the actual costs expanded for the project.

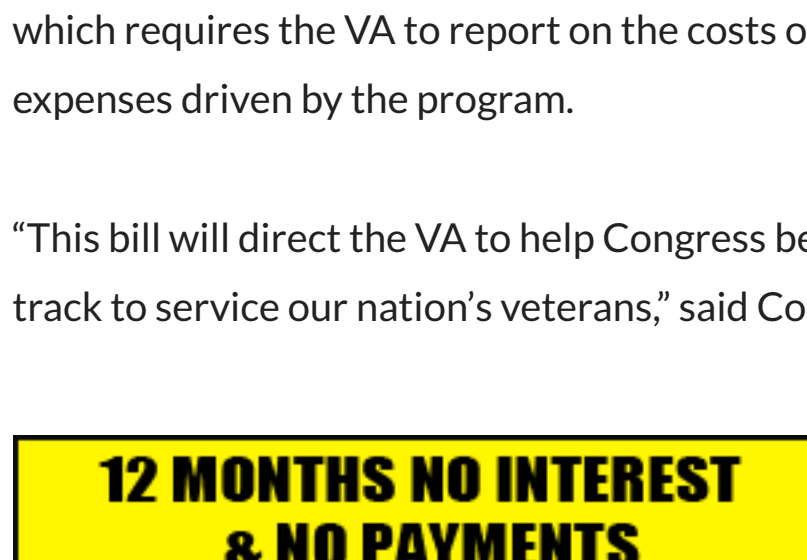
"I find it concerning that three years into a \$16 billion dollar program, the VA is unable to account for actual expenses related to the project," said Representative Frank Mrvan, Chairman of the Technology Modernization Subcommittee.

"The VA is 'starting from scratch' a new independent lifecycle cost estimate of its' EHR modernization initiative in October," said Clancy. But the VA anticipates the entire process will take a year.

"The time has come to do that," said Congressman Matt Rosendale. "We're already monitoring the program's obligations, but once VA places funding on the Cerner contract and other contracts, it goes into a black box."

On July 21, 2021, Congressman Mrvan introduced the VA Electronic Health Record Transparency Act, which requires the VA to report on the costs of the HER Modernization Program, including by describing all expenses driven by the program.

"This bill will direct the VA to help Congress better understand whether the EHRM project is on the right track to service our nation's veterans," said Congressman Mark Takano, one of the bill's co-sponsors.



The VA indicated that it supports the overall intent of the bill, according to VA's Paul Brubaker, but he sees some logistical problems in implementing the proposed legislation.

Both Congress and the VA agree that changes need to be made in accounting for the project's true cost. However, the VA still hasn't decided how it will attribute the costs of making certain infrastructure upgrades, which are necessary to support the new EHR modernization.

The Senate is also very interested in the VA's IT projects and Senator Jon Tester has introduced the VA IT Reform Act. Specifically, the bill sets procedures for VA to come to Congress early on before launching a major IT project.

"When veterans aren't getting their earned benefits as a result of poor planning or IT system failures at VA, we've got to hold the department accountable," said Senator Tester. "Our bipartisan bill will increase transparency and provide VA with the right tools to deliver 21st Century technology systems that work for all veterans."

My Opinion: The previous Presidential Administration was responsible for drafting and signing the \$16 billion dollar contract with the Cerner Company for the new Electronic Health Records Modernization (EHRM) Program.

VA Secretary Denis McDonough inherited the "boondoggle" when he was confirmed in March of 2021.

I have read reports concerning the "painful" and "challenging" attempt to use the newly developed EHR program at the VAMC in Spokane. I am glad the VA decided not to try to implement EHR Program at the VAMC in Columbus, Ohio, which was slated to be the second pilot project site.

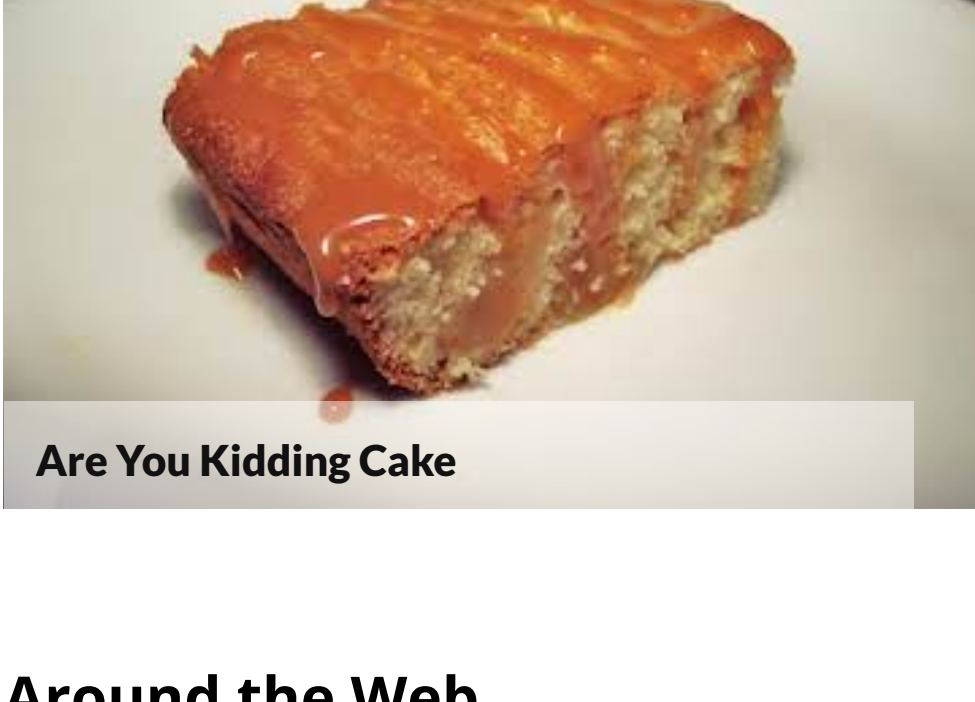
Perhaps Congressman Rosendale is correct in his assessment. If the IT experts "cannot make headway with the situation in Spokane, then the reason is probably pretty simple. The software just isn't any good, folks. Either that, or it isn't good for the VA."

What is really hard to comprehend is why it is so difficult to determine how much had been spent on the development of the EHR modernization system. The modernization program has been going on since 2018 and yet the VA spokesman, Paul Brubaker, states it is going to take the VA a year to determine an independent cost estimate of its electronic health record modernization initiative.

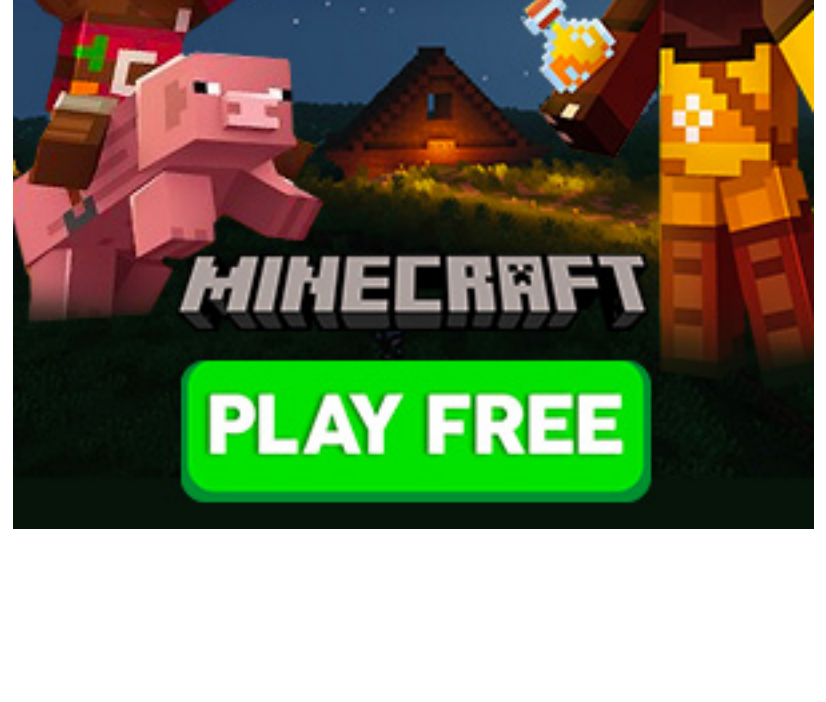
I agree with VA Secretary McDonough that the missteps in implementing this EHR modernization program were ours, at the VA, and Cerner. Unfortunately, it is the taxpayers and the disabled veterans that have to pay the price for this "boondoggle."

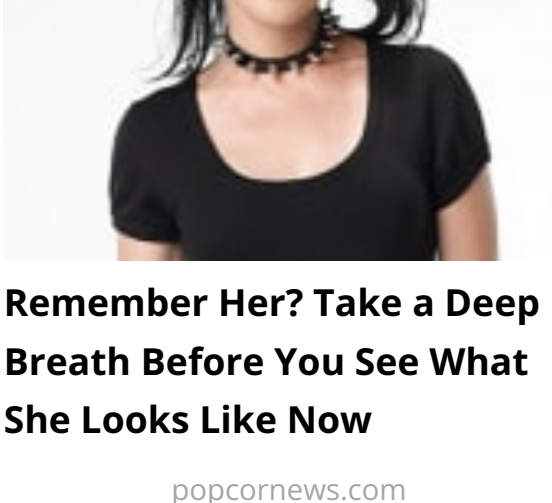
John Plahovinsak is a 32-year retired Army veteran, who has been following the VA's EHR modernization since March of 2021. He is the Disabled American Veterans (DAV) Department of Ohio Benefits Protection Team Leader (BPTL).

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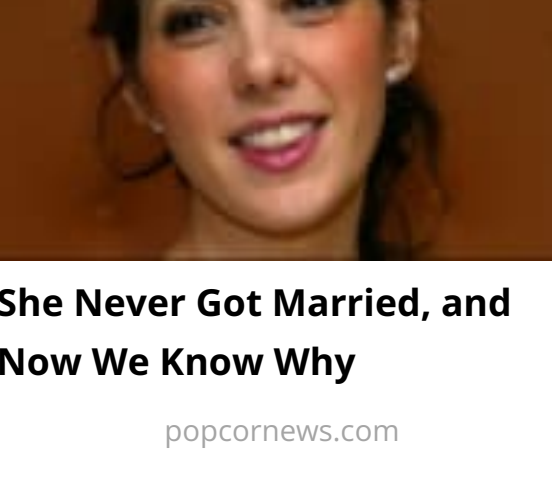





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Congress determined that the VA shouldn't be in the business of software development even though the in-house developed system was the finished EHR on earth bar none. Lobbyists convinced congress that "COTS" (commercial off the shelf) software was the answer. The problem remains that there is no COTS capable of replacing the software the VA developed in house. At most all that was needed was to transfer continued development of the existing software (Vista) to a commercial concern that was familiar with it. At best, they would have continued supporting and developing Vista in house like they had been since the 1980s. Vista not only supports the veterans EHR, it supports the IT needs of almost every other department in the VA because it was so flexible and versatile. The Cemetery System also uses it for their record keeping needs. Early on DoD was invited to join in the development of the system and they refused. They had an unlimited budget and have purchased several system since then and none proved satisfactory for their needs. I can't believe there's no one in congress that's familiar with the history of Vista - built from the ground up to duplicate the recording keeping that the VA had been using long before it became automated. It was designed from the beginning to meet the needs of the users instead of being forced on them by a contractor not being aware of the needs of the users which is why COTS failed in Spokane.

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Billions to implement a new system instead of millions to bring the existing award winning system up to date. I find it hard to blame this on incompetence. Greed is a more appropriate diagnosis.

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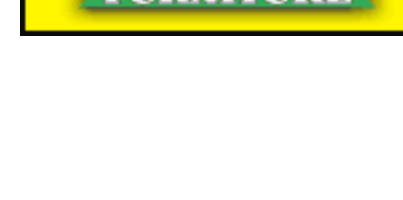
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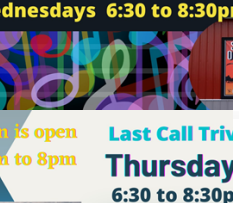
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