February 15, 2024

House Veterans Affairs Committee
Summary | "Electronic Health Record Modernization Deep Dive: Can the Oracle Pharmacy Software Be Made Safe and Effective?"

On February 15, 2024, the House Committee on Veterans' Affairs Subcommittee on Technology Modernization, held a hearing titled "Electronic Health Record Modernization Deep Dive: Can the Oracle Pharmacy Software Be Made Safe and Effective?" Led by Chairman Matt Rosendale (R-Mont.), this hearing focused on addressing persistent patient safety and efficiency issues with Oracle Cerner's pharmacy software at VA medical centers and concerns about its future deployment.

While Oracle Cerner's pharmacy software was supposed to help facilitate the smooth integration of a federal EHR system at the VA, the rollout of this system has been plagued with major problems documented by the OIG, including software and data transfer issues that not only increased waiting times but also jeopardized patient safety and well-being. "What we do know is that the results of VA and Oracle's strategy to improve the EHR have been one step forward, one step back," said Chair Rosendale.

Legislative proposals, such as the EHR Program RESET Act of 2023 have been introduced to address some of these concerns. The VA needs to embrace EHR technology that allows for streamlined care and record keeping, but the need for modernization should not come at the cost of patient quality of care, safety, and well-being.

Expert testimony was provided by officials from the U.S. Department of Veterans Affairs and the Executive Vice President at Oracle Corporation:

Neil Evans, M.D.
Acting Program Executive Director
U.S. Department of Veterans Affairs

Thomas Emmendorfer, Pharm.D
Executive Director, Pharmacy Benefits Management Services
U.S. Department of Veterans Affairs

Robert Silverman, Pharm.D.
Chairman, EHRM Pharmacy Council
U.S. Department of Veterans Affairs

David Case
Deputy Inspector General
U.S. Department of Veterans Affairs

Mike Sicilia
Executive Vice President
Oracle Corporation

The witnesses outlined the steps to mitigate issues with the federal EHR system to ensure that veterans were receiving consistent and timely care.

Mr. Neil Evans, M.D.: Dr. Neil Evans highlighted the Department's continued commitment to providing high-quality, safe, and reliable care for veterans through the implementation of a federal EHR system. Mr. Evans focused his testimony on three issues:

- *How a Federal EHR will improve the delivery and quality of care for veterans.*
- *The status of the EHR RESET Program; and*
- *The upcoming deployment of the EHR system at future sites.*

"Improving the pharmacy experience for patients and providers is a priority of the VA", said Dr. Evans. The VA has rolled out updates that enhance the EHR system's functionality for pharmacists, including improved visibility of current prescriptions and supplies of available medications, and optimized system options for maintenance medications. The VA has also responded to clinician concerns about patient safety by halting all work on future deployments of the Federal EHR system until a thorough review of the system has been completed. Additionally, Mr. Evans testified that the VA "expects that the facility [at Lovell] will be ready to go live next month with no disruption to clinical care, medical education, or research activities."

Mr. David Case: In his testimony, Mr. Case, Deputy Inspector General of the U.S. Department of Veterans Affairs offered a more critical perspective of the federal EHR system in contrast to Dr. Evans.' He argued that the VA's reforms were insufficient and problems regarding patient care and system reliability remained unresolved. Mr. Case focused on the system's impact on the timely delivery of medications and pharmacy management. During its investigations, OIG discovered serious flaws in the system that made it unreliable and difficult to use. It also found that patient medication data inputted into the system was often incomplete or inaccurate, leading to confusion among providers and putting patients at risk. In one instance, a system software bug may have even contributed to the death of a high-risk, SUDs patient who relapsed after staff failed to follow up on his treatment due to a software scheduling error. Furthermore, the system placed greater strain on providers, exacerbating the staffing shortage, as clinicians were forced to hire more staff to keep up with demand and be able to process prescription requests promptly. Mr. Case expressed grave concern about the VA's plan to go live with Lovell Federal Health Care Center on March 2024, "despite myriad unmitigated issues."

Mr. Mike Sicilia: As Executive Vice President of the Oracle Corporation, Mr. Sicillia testified that Oracle is committed to delivering medications to veterans on time. His testimony focused on pharmacy toplines, pharmacy patient safety features, pharmacy updates and enhancements, and the deployment of the federal EHR system at the Lovell Federal Health Center. Mr. Sicilia called attention to the system's benefits, including shrinking wait times for veterans to receive their prescription medications, and reducing pharmacy backlogs. Addressing clinician and provider concerns about the system's reliability, he pointed to a list of safety features that will accompany the release of the new EHR system. This new and improved system will ensure providers can access all relevant patient data in one place, require a pharmacist's intervention regarding clinical decisions, and send alerts to providers about missing drug information. It also makes it easier for providers to communicate with community providers and other medical professionals about prescription renewals. These changes, he argued, show Oracle's willingness

to cooperate with the VA to tailor their software to clinicians' needs while eliminating software bugs. With these new features, Mr. Sicilia believes the system is ready to be deployed at the Lovell Health Center.

Dr. Thomas Emmendorfer and Dr. Robert Silverman did not provide official testimony for the record. However, Dr. Emmendorfer commented on the VA's commitment to "safety and quality" in the VA pharmacy, as well as a continuous process of improvement. "One of the major updates we need is the B Directional Data Synchronization", said Dr. Emmendorfer. This request from the VA has been in place since block 8, February 2023.

Dr. Silverman addressed the VA's decision to not correct inaccurate pharmacy data as it would "fall out of the system" in 2024. The process to correct this data was deemed too costly and not time-effective. "Oracle continues to benefit from a product that is simply, not delivering", said Chairman Rosendale. Due to the inaccurate information that exists within these records, veterans are at risk of inaccurate healthcare. Chairman Rosendale asked Dr. Silverman if he regretted deciding to not correct the data. Dr. Silverman confirmed the VA was taking the appropriate steps to inactivate inaccurate records within their HDR system.

CTeL's Analysis: What's Next?

Implementing a federal EHR for the VA can transform healthcare delivery for veterans across America, leading to shorter wait times, reduced pharmacy backlogs, and reduced physician burnout. A comprehensive federal EHR will consolidate patient information into one location ensuring that providers have a complete picture of the patient, so they can provide the highest standard of care to them. However, the rollout of the federal EHR system has been mired in problems from the very beginning that raised serious concerns about patient safety and prompted congressional action to address them. While the VA and Oracle have taken important steps to implement new safeguards that improve the reliability and functionality of the software, there is still ongoing debate about the benefits and potential drawbacks of deploying the federal EHR at Lovell.

CTeL will continue to monitor legislation and regulations surrounding integration of EHR system in the VA.

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For more information on the hearing, please visit here.

Members | House Committee on Veterans' Affairs Subcommittee on Technology Modernization

Republican Majority:

*Chair: Matt Rosendale (MT)

- Nancy Mace (SC)
- Keith Self (TX)

Democratic Minority:

- *Ranking Member: Sheila Cherfilus-McCormick (FL)
- Greg Landsman (OH)