

January 26, 2023

The Honorable Denis R. McDonough
Department of Veterans Affairs
810 Vermont Ave NW
Washington, D.C. 20420

The Honorable Michael Missal
Department of Veterans Affairs
810 Vermont Ave NW
Washington, D.C. 20420

Dear Secretary McDonough and Inspector General Missal,

I wish to convey my significant concerns over the current state of the Department of Veteran's Affairs (VA) Electronic Health Record Modernization (EHRM) program. My office has explored an increasingly high number of systematic failures at the rollout sites of the EHRM program. There are rampant complications from frequent software failures to incomplete or incorrect patient records that derail access to care and leave afflicted veterans without the resources they need and deserve. Disturbingly, I have received reports from VA staff who indicate that they have no hope that the VA will resolve these issues and are resigned to using faulty software, which impedes their ability to provide the best care possible and sets the VA up for failure. Thousands of Montana veterans rely on the VA, and the unfulfilled promise of a modern digital record system undermines the VA's current and future obligation to provide effective and comprehensive care.

I previously expressed skepticism on the VA's implementation plan and demand immediate transparency and accountability in future rollout efforts. The VA estimated that the EHRM's ten-year implementation would cost up to \$16 billion. It was a severe miscalculation to invest such a significant amount of money in a software that may be rendered obsolete by future innovation within that window, and this is exactly what we are seeing. During an Appropriations Committee hearing in 2019, the VA pledged to evolve with the commercial software product. Thus far, we are seeing an insufficient software product and no real plan to evolve or improve.

Montana has one of the highest rates of veterans per-capita in the United States, and nearly half of all Montana veterans are seniors. Our veterans are owed the highest standard of care and accessibility, yet the consequences from this disastrous implementation jeopardize both the quality and availability of care. While we have received a wide-array of complaints with the current system, there is one clear fact: The EHRM is not working and it is jeopardizing our veterans' healthcare. It is impossible to list every issue that has been identified, but some of the most alarming disruptions include:

- Patient records disappear from the server, leaving no records for veterans who might be at suicide risk or face other serious health risks that require intensive monitoring.
 - A clinician completed a Comprehensive Suicide Risk Evaluation (CSRE), but the record disappeared within twenty-four hours after completion. The afflicted veteran's documentation of admission of suicidality was not recorded.
- Doctors are unable to electronically sign medication prescriptions due to software issues with EHRM, leaving patients without vital medication.
- Clinicians are unable to see expiring prescriptions and cannot renew them.

- Prescription refills for controlled substances are rejected due to software issues.
- Prescriptions are sent to veteran's former addresses despite their records being current and up to date.
- Patients are erroneously sent records of other patients, threatening confidentiality.
- Clinicians do not receive medical alerts from afflicted patients or receive alerts as late as 15 months later because Cerner messaging systems operate intermittently and inconsistently.
- Important patient notes and information are not transferred from the Joint Legacy Viewer (JLV) software to Cerner.
- Issues with the new system erroneously closing patient tickets that have not been resolved by medical staff.
- New software deletes information such as a veteran's name, address, and gender from their records.
- The system crashes frequently or will not operate despite multiple computer restarts and IT staff intervention.
- Information sent between clinicians is not reliably delivered and Cerner support was reportedly not responsive. Clinicians cannot be sure that outgoing messages are received.
- Healthcare staff and clinicians have to decide whether to address IT issues or provide care, creating a significant backlog.
- Certain VA facilities no longer give appointment reminder phone calls because the information on Cerner is too inaccurate, resulting in an increase in unfulfilled or missed appointments.

These concerns offer a small window into the systematic failures of the EHRM and a disturbing view into the inability of the VA, Cerner, and the EHRM Project Management Team to respond to the most traditional IT project management concerns as well as manage the implementation of the EHRM modernization as a whole. It is unacceptable that staff may be unaware that a veteran may be suicidal because of faulty software, cannot fulfill prescriptions for lifesaving medicine, schedule appointments, or even access basic and accurate patient information. The EHRM rollout is failing across the board to an unacceptable degree given the EHRM's promising potential.

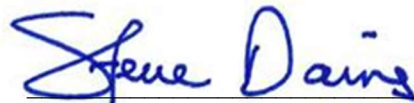
Due to these significant concerns, I request that you provide the following information:

- The VA establishes and presents to myself and relevant oversight committees:
 - A full path forward for completion and implementation of the EHRM system;
 - To include a standardized change control process,
 - Full work breakdown structure,
 - In-depth review of any prior, current, and possibly new Gantt Charts,
 - Monte Carlo based Joint Confidence Level (JCL) Analysis in order to show findings of risk analysis and the reality of a risk adjusted budget and schedule for the project,
 - Preferably including a JCL scatterplot to provide a comprehensive insight of the possible project durations and associated costs,
 - A separate Earned Value Analysis (EVA) to establish the true amount and value of work performed,
 - Including a graphic performance report that illustrates Planned Value, Actual Costs, Earned Value, and Variance Analysis for both cost and schedule,
 - The resulting Schedule and Cost Performance Indexes,
 - Estimate at Completion and Budget at Completion,
 - In depth exploration of the differences between the JCL and EVA findings,

- A remediation plan for current and chronic system issues;
 - Including a standardized problem resolution process which also includes an emergency escalation process for problems that may jeopardize patient safety,
- The full project justification and Cerner proposal to complete the EHR Modernization;
- Baseline cost tracking; which includes historical uplifts to the budget for the project thus far,
- Assessment of the accuracy of any bids or proposals presented to the VA;
- The amount and frequency of executive level EHRM meetings held by VA leadership;
 - Sub-categorized by which ones were attended/led by the Deputy Secretary,
- The frequency of which the Deputy Secretary works remotely.
- **OIG increase resources and oversight of the EHRM design and implementation. Specifically:**
 - Explore concerns that there has been new/increased usage of technology that would specifically result in vendor or proprietary lock-in for any future modernization of EHRM;
 - Identify whether the original bids and project scope presented to Congress accurately represented the time and budget needed to complete this project;
 - Preferably in the form of a risk adjusted schedule with a 90% confidence rate,
 - Provide a follow-up briefing to Congress from the July 14, 2022 EHRM oversight briefing which includes any new details regarding accuracy of VA information reporting and any other topics which are deemed of significance.

It is imperative that myself and Congress develop a full understanding of how both the cost and scope of the project has been steadily altered. I look forward to your timely response and the opportunity to work with the Department in order to explore this extremely expensive and valuable project, and observe the VA's development of a path forward that clearly defines the future and expectations of Electronic Health Record Modernization which better serves veterans in Montana and across the country.

Sincerely,



Steve Daines
United States Senator

cc: Chairman Jon Tester, Senate Committee on Veterans Affairs
Ranking Member Jerry Moran, Senate Committee on Veterans Affairs
Chairman Mike Bost, House Committee on Veterans Affairs
Ranking Member Mark Takano, House Committee on Veterans Affairs