

# GAO@100 Highlights

Highlights of [GAO-21-224](#), a report to congressional committees

## Why GAO Did This Study

VA relies on its health information system—the Veterans Health Information Systems and Technology Architecture (VistA)—to deliver health care to 9 million patients annually. VistA contains the department’s EHR and exchanges information with many other applications and interfaces. However, VistA is a technically complex system, has been in operation for more than 30 years, is costly to maintain, and does not fully support VA’s needs. In May 2018, VA contracted to acquire a commercial EHR system as part of its EHRM program over 10 years at a maximum cost of \$10 billion.

GAO was asked to review VA’s EHR deployment. This report discusses progress VA is making on implementing the new EHR system, among other topics.

To perform its review, GAO assessed VA’s progress toward making system configuration decisions, developing system capabilities, developing system interfaces, completing end user training, and resolving system test findings. GAO also interviewed relevant officials.

## What GAO Recommends

GAO is making two recommendations, including that VA should postpone deployment of its new EHR system at planned locations until any resulting critical and high severity test findings are appropriately addressed.

VA concurred with the recommendations and described actions the department plans to take to address them.

View [GAO-21-224](#). For more information, contact Carol C. Harris at (202) 512-4456 or [harriscc@gao.gov](mailto:harriscc@gao.gov)

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## ELECTRONIC HEALTH RECORDS

### VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed

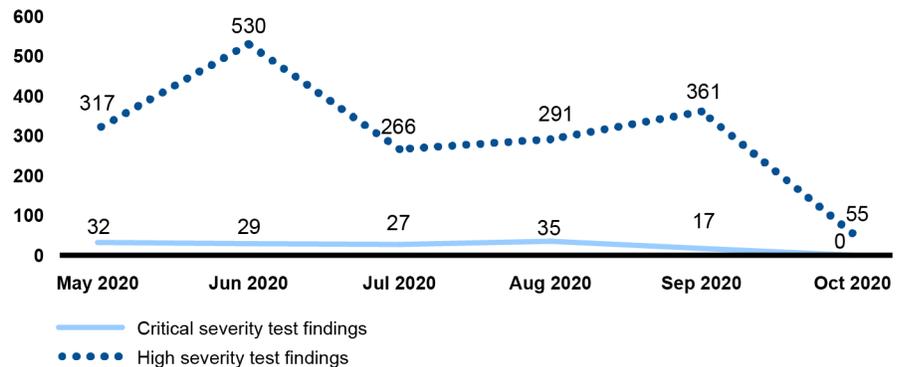
## What GAO Found

In an October 22, 2020, briefing, GAO informed Congressional staff that the Department of Veterans Affairs (VA) had made progress toward implementing its new electronic health record (EHR) system by making system configuration decisions, developing system capabilities and system interfaces, conducting end user training, and completing system testing events. However, GAO noted that the department had not yet resolved all critical severity test findings (that could result in system failure) and high severity test findings (that could result in system failure, but have acceptable workarounds), as called for in its testing plan. Specifically, 17 critical severity test findings and 361 high severity test findings remained open as of late September 2020. As a result, VA was at risk of deploying a system that did not perform as intended and could negatively impact the likelihood of its successful adoption by users if these test findings were not resolved prior to initial deployment. Accordingly, GAO recommended that VA delay deployment of the new EHR until the (1) critical severity test findings were closed, and (2) high severity findings were closed or otherwise addressed with workarounds.

VA deployed its new EHR system in Spokane, Washington, on October 24, 2020, with no open critical severity test findings and with 306 of the 361 high severity test findings closed (see figure). Of the 55 remaining, 47 had workarounds that were accepted by the user community, seven were associated with future deployments, and one had a solution identified at the time of initial deployment. VA’s actions reflect implementation of GAO’s October recommendations.

**The Department of Veterans’ Affairs Electronic Health Record Modernization Open Critical and High Severity Test Findings May 2020-October 2020**

Number of residual test findings



Source: Department of Veterans Affairs’ test finding exports from May 2020-October 2020. | GAO-21-224

Nevertheless, as the department moves forward with deployment of additional capabilities at new locations, VA will likely identify new critical and high severity test findings. If VA does not close or appropriately address all critical and high severity test findings prior to deploying at future locations, the system may not perform as intended.