United States Government Accountability Office

Testimony

Before the Committee on Veterans' Affairs, U.S. Senate

For Release on Delivery
Expected at 4:00 p.m ET
Wednesday, November 18, 2026

VA ELECTRONIC HEALTH RECORD MODERNIZATION

System Deployed to 13 Sites in 2026 and Work Planned to Continue at an Accelerated Pace

Statement of Statement of Carol C. Harris, Director, Information Technology and Cybersecurity

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GAO-27-109529

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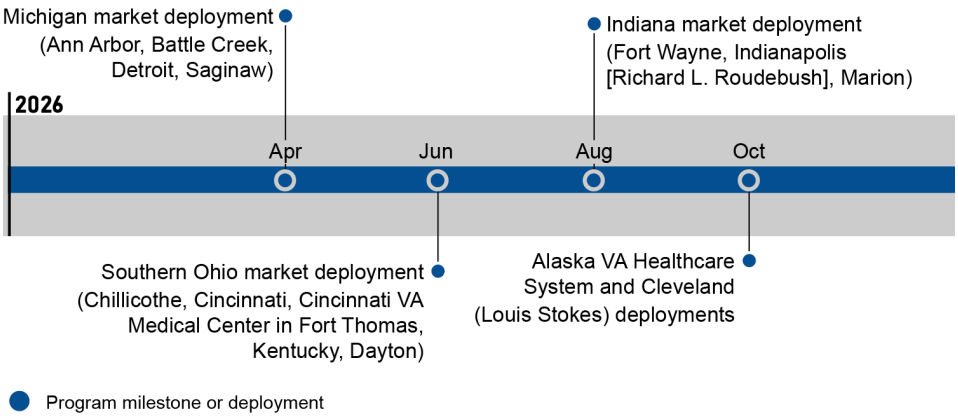
A testimony before the Committee on Veterans' Affairs, U.S. Senate

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What GAO Found

In 2017, the Department of Veterans Affairs (VA) began its most recent effort to modernize its legacy electronic health records (EHR) system. After a 3-year pause to make improvements, VA deployed the new EHR to all 13 planned medical centers in 2026. The pace of these 2026 deployments (13 live sites in 6 months) was considerably faster than the deployment of the six original sites between October 2020 and March 2024. The department intends to continue this accelerated pace, with 26 system deployments planned for 2027.

Department of Veterans Affairs' (VA) Electronic Health Record System Deployments in 2026



Source: GAO analysis. | GAO-27-109529

The department relied on standardized processes and workflows for the accelerated deployments. According to VA officials, data from post-deployment assessments demonstrate that the four Michigan medical centers are generally meeting performance metric targets, which indicates to them that sites are generally able to serve veterans as they did prior to the deployments. However, a survey of user satisfaction is not yet complete.

From June 2020 to March 2025, GAO issued five reports on VA's efforts to implement its EHR system. In these reports, GAO made 18 recommendations. While VA has taken steps to address some recommendations, the department has not fully implemented 11 of the 18. In particular, GAO's preliminary results show that, as of November 2026, VA has not yet demonstrated that it employed leading scheduling practices for the EHR modernization program as GAO has previously recommended. It has not developed a complete integrated master schedule incorporating the entire required scope of work or detailed documentation for scheduled activities.

Fully implementing GAO's recommendations would help ensure that the program is well positioned to support its accelerated deployments. It is critically important that VA update its integrated schedule to inform decision-making and allow the department and Congress to understand tradeoffs that must be made to complete deployments by 2031.

Why GAO Did This Study

VA's health care system provides services to more than 9 million veterans. VA has been working to replace its legacy EHR system with a modernized, commercial system. In April 2023, after deploying the new system to five of its medical centers, VA paused deployments to address user concerns and ensure patient safety. In 2024, VA announced the restart of deployment activities with 13 sites in 2026, beginning with four sites in Michigan. VA plans to complete 170 site deployments by 2031.

GAO was asked to testify on VA's progress deploying its new EHR system to medical facilities in 2026 and the status of open GAO recommendations related to VA's EHR modernization.

GAO summarized the preliminary results of a draft report currently with the agency for comment that addresses, among other things, VA's progress deploying the new EHR in 2026 and VA's scheduling practices. GAO also summarized the status of VA's actions to implement recommendations made in five prior reports.

What GAO Recommends

GAO has previously made 18 recommendations on EHR modernization in issued reports, 11 of which have not been fully implemented. GAO reiterates that VA should address the 11 recommendations previously made that have not been fully implemented, including expeditiously updating its master schedule.

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:

Thank you for the opportunity to discuss the status of the Department of Veterans Affairs' (VA) Electronic Health Record Modernization (EHRM) program. As you know, VA operates one of the largest health care systems in the nation. It provides services to more than 9 million veterans who generally have greater health care needs than the broader population. To support this mission, VA depends on its electronic health record (EHR) system to manage health care for its patients.[1]

Since 2017, the department's EHRM program has undertaken an effort to replace its legacy EHR system with a modernized, commercial system. These efforts are led by the EHRM Integration Office, which coordinates with the VA medical facilities and Oracle Health to deploy the same commercial system used by the Department of Defense (DOD) and several other federal agencies. VA refers to this system as the federal EHR.

VA deployed the new federal EHR system to the first of its 170 medical centers in October 2020 and followed up with further deployments to four additional medical centers in 2022.[2] However, in 2023, it paused future system deployments due to feedback from veterans and clinicians that the new system was not meeting expectations. The pause lasted for about 3 years while the department worked on making improvements to the system and standardizing its approach to delivering healthcare.[3] In April 2026, the EHRM program resumed deployments at an accelerated pace. It deployed the new system to 13 medical centers in 2026 and plans to deploy the system to 26 medical centers in 2027.

[1]An EHR is a collection of information about the health of an individual and the care provided, such as patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.

[2]The five initial sites where VA deployed the new system were the (1) Mann-Grandstaff VA Medical Center in Spokane, Washington; (2) Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Washington; (3) VA Central Ohio Health Care System in Columbus, Ohio; (4) Roseburg VA Health Care System in Roseburg, Oregon; and (5) Southern Oregon Rehabilitation Center and Clinics in White City, Oregon.

[3]The department paused deployments of the new EHR with the exception of the Captain James A. Lovell Federal Health Care Center, a joint VA/DOD facility in North Chicago, which was the sixth medical center to which the EHR system was deployed in March 2024.

We have previously designated VA health care as a High Risk area for the federal government, in part due to its challenges with information technology (IT) and implementation of EHRM initiatives.[4] In our 2025 High Risk update, we noted that VA had halted the EHR system deployment and focused on making improvements at the five initial sites using the system. However, efforts to deploy the new EHR system remained in the early stages and VA had not refined its corrective action plan to provide a clearer roadmap for addressing root causes of IT concerns related to deploying the new system. Given the magnitude of the modernization investment and the progress of deployments, this area remains on our High Risk List.

In this statement, I will summarize VA's progress in rolling out its new EHR system and discuss the status of actions taken by the department to implement prior GAO recommendations that could impact future planned deployments of the system.

In developing this testimony, we summarized information about progress VA has made in deploying its new EHR to 13 sites in 2026, which is described in a draft report that is currently with the agency for comment.[5] To do so, we examined VA EHRM system implementation plans, such as site-specific plans, progress reports, performance measures, and other project management documents, with a more detailed focus on the four Michigan market sites.[6] We did not assess the validity of specific performance measures nor the reliability of underlying post-deployment assessment data. We also reviewed and summarized executive briefings

[4]VA's IT issues were highlighted in our 2015 High Risk report and subsequent High Risk reports. See GAO, *High-Risk Series: An Update*, GAO-15-290 (Washington, D.C.: Feb. 11, 2015); *High-Risk Series: Progress on Many High-Risk Areas, While Substantial Efforts Needed on Others*, GAO-17-317 (Washington, D.C.: Feb. 15, 2017); *High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas*, GAO-19-157SP (Washington, D.C.: Mar. 6, 2019); *High-Risk Series: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas*, GAO-21-119SP (Washington, D.C.: Mar. 2, 2021); *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, GAO-23-106203 (Washington, D.C.: Apr. 20, 2023); and *High-Risk Series: Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness*, GAO-25-107743 (Washington, D.C.: Feb. 25, 2025).

[5]GAO-27-108523 (expected issuance in January 2027).

[6]The Michigan market deployment sites included the following medical centers and their related facilities (such as clinics): (1) John D. Dingell VA Medical Center in Detroit, Michigan; (2) Battle Creek VA Medical Center in Battle Creek, Michigan; (3) Lieutenant Colonel Charles S. Kettles VA Medical Center in Ann Arbor, Michigan; and (4) the Aleda E. Lutz VA Medical Center in Saginaw, Michigan.

and program documents to describe the staffing approach for the 2026 EHR system deployments with a focus on staff utilized to support transition to the federal EHR, with a more detailed review of the Michigan market. We supplemented our document reviews by interviewing VA officials from the EHRM program office and the Veterans Health Administration (VHA) on the deployments, workforce, user satisfaction survey, and actions taken to address prior recommendations.

In addition, we summarized recommendations made in five of our prior reports on VA's efforts to implement its EHRM and incorporated the department's progress in response to those recommendations.[7] We also included results from our recent draft report about VA's approach to the EHRM program schedule. Specifically, we examined slide presentations and interviewed cognizant VA officials and contractor representatives about VA's approach to developing the EHRM program schedule. The scope of our work focused on VA's progress in delivering an integrated master schedule, basic assumptions used to develop the schedule baseline, the critical path for rolling out the new system across VA, and schedule risk. We assessed documentation related to the program's schedule against selected leading practices from GAO's *Schedule Assessment Guide*.[8] The reports cited throughout this statement include detailed information on their scope and methodologies.

This statement is primarily based on work that is currently being conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. This statement is also based in part on reports published from June 2020 to March 2025. More detailed information on the objectives, scope, and methodology for our previously published work can be found in the issued

[7]GAO, *Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule*, GAO-25-106874 (Washington, D.C.: Mar. 12, 2025); *Electronic Health Records: VA Needs to Address Management Challenges with New System*, GAO-23-106731 (Washington, D.C.: May 18, 2023); *Electronic Health Records: VA Needs to Address Data Management Challenges for New System*, GAO-22-103718 (Washington, D.C.: Feb. 1, 2022); *Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed*, GAO-21-224 (Washington, D.C.: Feb. 11, 2021); and *Electronic Health Records: Ongoing Stakeholder Involvement Needed in the Department of Veterans Affairs' Modernization Effort*, GAO-20-473 (Washington, D.C.: June 5, 2020).

[8]GAO, *Schedule Assessment Guide: Best Practices for Project Schedules*, GAO-16-89G (Washington, D.C.: Dec. 22, 2015).

reports listed in Related GAO Products at the conclusion of this statement. We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

To assist in care delivery to veterans, the department relies on the Veterans Health Information Systems and Technology Architecture (VistA) to support the operation of its medical facilities, including clinical, administrative, financial, logistics, scheduling, and other critical functions, in the daily operations of providing health care to patients. This legacy platform is more than 40 years old and is comprised of hundreds of different software applications. Over time, local development and implementation efforts to address site-specific needs have resulted in approximately 130 different instances, or variations, of VistA being used across the department's medical facilities. While these instances share a common architectural foundation and core functionality, each maintains its own data and incorporates unique configurations, workflows, interfaces, and locally developed enhancements. With the complexity and the age of the platform, VistA is increasingly difficult and costly to maintain and does not optimally support VA's need to electronically exchange health records with other organizations, such as DOD and community providers (who are non-VA providers that provide care to veterans and are reimbursed by VA).

The department has undertaken, and we have reported on, a number of initiatives to modernize and improve interoperability (i.e., the ability to exchange and use electronic health information) across the department.[9] These initiatives have included four efforts over two decades to modernize VistA. The first three efforts—HealtheVet, the integrated Electronic Health Record, and VistA Evolution—reflect varying approaches that the department had taken since 2001 to achieve a modernized electronic health record system. However, these approaches were abandoned due to concerns about project planning, high costs, and undelivered capabilities.

[9]See, for example, GAO-25-106874, GAO-23-106731; GAO-22-103718; GAO-21-224; GAO-20-473; GAO, *Electronic Health Records: VA Needs to Identify and Report System Costs*, GAO-19-125 (Washington, D.C.: July 25, 2019); *VA Health IT Modernization: Historical Perspective on Prior Contracts and Update on Plans for New Initiative*, GAO-18-208 (Washington, D.C.: Jan. 18, 2018); and *Electronic Health Records: Outcome-Oriented Metrics and Goals Needed to Gauge DOD's and VA's Progress in Achieving Interoperability*, GAO-15-530 (Washington, D.C.: Aug. 13, 2015).

VA's fourth and current approach, its EHRM program, began almost 10 years ago. At that time, the former VA Secretary announced that the department had decided to acquire the same system as DOD because it would allow all of VA's and DOD's patient data to reside in one system. A single EHR across the entire VA enterprise is intended to consolidate veterans' health information and include health records from DOD, VA, and external community health providers.[10] This program and modernization effort are also intended to improve VA health care providers' ability to deliver care by standardizing clinical practice workflows. Further, a single federal EHR system is intended to support rapid diffusion of innovation and nationally standardized health care delivery based on best practices, regardless of location.

The VA EHRM Integration Office manages the EHRM program and coordinates with stakeholders (e.g., medical subject matter experts and site-specific staff) at the local facility, regional, and national levels for the transition to the new, modernized EHR system. It does so in cooperation with Oracle Health, the contractor responsible for delivering and implementing an enterprise-wide EHR solution and leading the deployment process.

The EHRM Integration Office also coordinates with VHA on EHR system modernization efforts. VHA and its regional networks are responsible for overseeing VA's 170 medical centers and more than 1,000 outpatient clinics and other facilities. VHA's clinical and operational service lines (e.g., Pharmacy Benefits Management and the Office of Integrated Veteran Care) support facilities and medical staff provide care to veterans across the country.[11]

Early Progress and Projected Timeline for EHR Deployments

The EHRM program originally planned to implement the new EHR system across VA's health care medical facilities in phases over the span of a decade. VA deployed the new EHR system at its first location, the Mann Grandstaff VA Medical Center in Spokane, Washington, in October 2020.

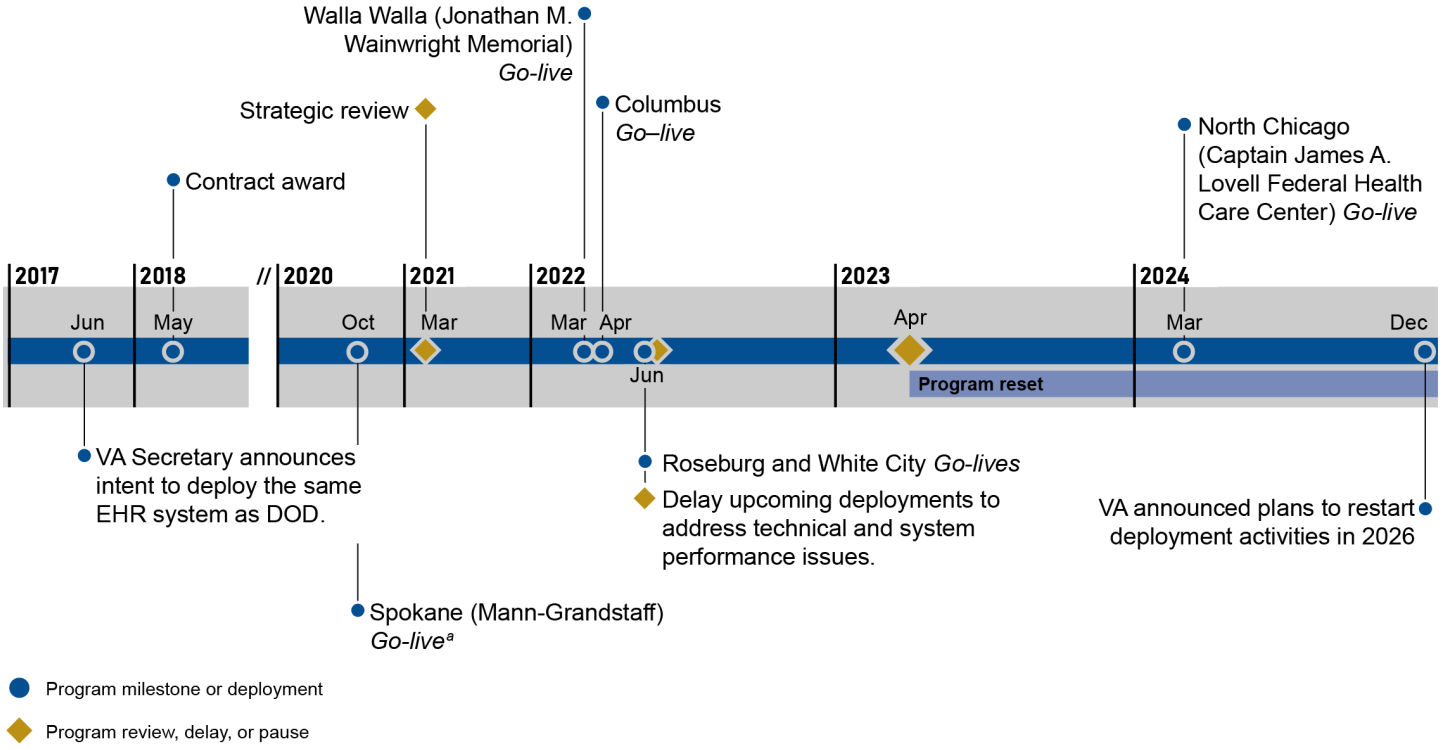
[10]VA and DOD use the same Oracle Health Millennium system with agency-specific configuration differences. VA refers to its EHR system as the federal EHR, while DOD refers to its system as Military Health System (MHS) GENESIS.

[11]All VHA facilities are located within Veterans Integrated Service Networks (VISN), which are regional care areas responsible for providing guidance and oversight within their respective regions. Each VISN is divided into health service areas. In 2026, VHA restructured its VISN locations by condensing 18 geographic VISN territories into five total VISNs. VA medical facilities using the federal EHR as of October 2026 are currently located in VISN 3 and VISN 5.

In 2021, VA performed a strategic review of the program and decided to pause new deployments and focus on fixing initial deployment issues. In fiscal year 2022, VA moved forward with implementation of the system at four additional locations.[12] In April 2023, VA announced that feedback from veterans and clinicians indicated that the new system was not meeting expectations at the five deployed sites. Consequently, to focus on making improvements, the department halted future deployments with the exception of the Captain James A. Lovell Federal Health Care Center, a joint VA/DOD facility in North Chicago, which deployed the system in March 2024. Figure 1 shows the progress of the EHR's deployment through December 2024.

[12]VA deployed the new system at the (1) Mann-Grandstaff VA Medical Center in Spokane, Washington; (2) Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Washington; (3) VA Central Ohio Health Care System in Columbus, Ohio; (4) Roseburg VA Health Care System in Roseburg, Oregon; and the (5) Southern Oregon Rehabilitation Center and Clinics in White City, Oregon.

Figure 1: Department of Veterans Affairs' (VA) Electronic Health Record System Modernization Efforts from 2017 Through 2024



VA = Department of Veterans Affairs, EHR = electronic health record, DOD = Department of Defense

Source: GAO analysis. | GAO-27-109529

[a]Go-live refers to the migration of patient and business data into the new health record and the launch of the new EHR for documentation of care and services.

The temporary halt to deployments—referred to by the department as the "program reset"—was intended to focus on addressing issues at the original five sites. Specifically, VA established outcome-oriented reset goals: (1) ensure that the new system is working as promised for its end users at the first five sites, (2) prepare for and deploy the system at the Captain James A. Lovell Federal Health Care Center in North Chicago, and (3) invest in foundational work for successful future deployments of the EHR across the enterprise (e.g., improving processes to manage issues for the new system and workforce development).

During the program reset, the department reported that the program and Oracle Health made updates to the EHR system, which they referred to as "block" updates, twice per year. Further, VA took steps to make

improvements to pharmacy services and to implement 14 highest-priority patient safety enhancements that needed to be addressed before future deployments resumed. The program also undertook a number of complex projects deemed necessary to address user challenges, such as improvements related to role assignments, system configuration, medication clinical decision support alerts, and referral management.

In December 2024, VA announced its plans to restart deployment activities beginning with 13 sites in 2026.[13] VA planned to accelerate these planned deployments using a market-based approach to deploy the system at multiple sites at a time. According to the EHRM Integration Office, the deployment plan was based on site complexity, the number of users, assessment of readiness, and associated referral networks within regional areas.

VA currently plans to deploy the EHR system to all of its 170 medical centers by 2031 (see table 1). As of November 2026, VA estimates supporting more than 500,000 users when the system is fully deployed.[14]

Table 1: Number of Planned Deployments of the Department of Veterans Affairs' Federal Electronic Health Record System

Year	2020-2025	2026	2027	2028	2029	2030	2031	Total
Number of deployment sites	6	13	26	28	32	32	33	170

Source: GAO analysis of Department of Veterans Affairs data. I GAO-27-109529

[13]The 2026 deployment sites include: (1) John D. Dingell VA Medical Center in Detroit, Michigan; (2) Battle Creek VA Medical Center in Battle Creek, Michigan; (3) Lieutenant Colonel Charles S. Kettles VA Medical Center in Ann Arbor, Michigan; (4) Aleda E. Lutz VA Medical Center in Saginaw, Michigan; (5) Cincinnati VA Medical Center in Cincinnati, Ohio; (6) Cincinnati VA Medical Center at Fort Thomas in Fort Thomas, Kentucky; (7) Chillicothe VA Medical Center in Chillicothe, Ohio; (8) Dayton VA Medical Center in Dayton, Ohio; (9) Fort Wayne VA Medical Center in Fort Wayne, Indiana; (10) Marion VA Medical Center in Marion, Indiana; (11) Richard L. Roudebush VA Medical Center in Indianapolis, Indiana; (12) Alaska VA Healthcare System in Anchorage, Alaska; and (13) Louis Stokes Cleveland VA Medical Center in Cleveland, Ohio. Sites 1-4 (Michigan market) went live on April 11, 2026. Sites 5-8 (Southern Ohio market) went live on June 6, 2026. Sites 9-11 (Indiana market) went live on August 22, 2026. Sites 12-13 (Alaska and Cleveland) went live on October 24, 2026.

[14]This estimate includes about 400,000 VA staff and approximately 120,000-150,000 health professional trainees who would also use the federal EHR system.

History of the EHRM Contract and Related Costs

As part of VA's EHRM efforts, the department has been managing costs and overseeing the contract with Oracle Health. Specifically:

- In June 2017, the former Secretary of VA signed a "Determination and Findings"[15] to justify a public interest exception to the requirement for full and open competition and authorized VA to issue a solicitation directly to the Cerner Corporation to acquire the same system as DOD.[16] VA planned to deploy the new system at sites in stages based on their geographical location over a 10-year period, through 2028.
- In May 2018, the department awarded an indefinite delivery, indefinite quantity base contract to Cerner Government Services Inc. for a maximum amount of about $10 billion.[17] Individual orders would subsequently be issued against the base contract on a firm fixed price basis.[18] The contract was intended for Cerner to replace the 130 instances of VistA with a standard commercial system across VA over 10 years.[19]

[15]A "Determination and Findings" is a special form of written approval by an authorized official that is required by statute or regulation as a prerequisite to taking certain contract actions. See Federal Acquisition Regulation (FAR) section 1.701, *Definition* (corresponding to section 1.501, *Definition*, currently proposed by the Revolutionary FAR Overhaul).

[16]See FAR subsection 6.302-7, *Public Interest* (corresponding to subsection 6.103-7, *Public Interest*, currently proposed by the Revolutionary FAR Overhaul). In July 2015, DOD awarded a $4.3 billion contract for a commercial EHR system developed by Cerner. This system—Cerner Millennium—is now referred to as MHS GENESIS. DOD's transition to the new system began in February 2017 in the Pacific Northwest region of the United States and deployments were completed in 2024 with the Captain James A. Lovell Federal Health Care Center, a joint VA/DOD facility in North Chicago.

[17]An indefinite delivery, indefinite quantity contract provides for an indefinite quantity of supplies or services within specified minimum and maximum limits over a set period. In June 2022, Cerner was acquired by Oracle Health Government Services, Inc. Today, Cerner is known as Oracle Health, which is how we refer to the EHR contractor in this statement.

[18]FAR part 16.202 states that a firm-fixed-price contract provides for a price that is not subject to any adjustment on the basis of the contractor's cost experience in performing the contract. This contract type places upon the contractor maximum risk and full responsibility for all costs and resulting profit or loss.

[19]According to the Performance Work Statement, the initial contract was structured as a 5-year base ordering period with one 5-year optional ordering period. After the first 5-year base period, the contract was modified so that the 5-year option period was changed to five 1-year option periods.

- In January 2019, VA estimated that its 10-year life cycle cost for EHRM would total about $16.1 billion, which included the nearly $10 billion value of the EHRM contract and about $6.1 billion for infrastructure readiness and project management support.[20]
- In October 2022, an independent cost estimate from the Institute for Defense Analyses reported a total life cycle cost estimate for the EHRM program of $49.8 billion (constant dollars for fiscal year 2022)—$32.7 billion for a 13-year implementation phase and $17.1 billion for 15 years of sustainment costs.[21]
- In September 2025, the VA EHRM program office provided a notional revised estimate for the costs to implement and operate the federal EHR across the enterprise by the end of 2031 that totaled about $37.2 billion.[22] According to VA officials, the revised estimate includes an average site implementation cost of about $65 million. In February 2026, the VA EHRM program estimated a 10-year sustainment cost of $11.3 billion. The EHRM program also estimated that an additional $8 billion in sustainment funding would be required, bringing the total life cycle cost to an estimated $56.5 billion.
- In August 2026, VA modified the base contract to extend the ordering period to 2031 and increase the maximum amount to nearly $27 billion. From 2018 to November 2026, VA issued more than 60 orders against the base contract.

According to VA documentation, the department obligated nearly $16.2 billion between September 2017 and December 2025 on, for example, the contract with Oracle Health as well as program management, IT

[20] According to EHRM program officials, the original VA cost estimate was based on an assumption that the first few deployments to the system for initial operating capability would be more expensive and, as the department progressed towards full-rate production, there would be economies of scale, thus reducing costs.

[21]The conversion to constant dollars normalizes inflation to 2022 levels; actual future expenditures would be expected to be higher.

[22]In GAO-25-106874, GAO made a recommendation that the Secretary of VA should direct the EHRM Integration Office to obtain an updated and independent total life cycle cost estimate using best practices described in GAO's Cost Estimating and Assessment Guide. As of November 2026, the department had provided a notional cost estimate and schedule but had not yet provided the detailed documents needed to determine the extent to which the cost estimate and schedule were consistent with leading practices. See appendix I for the status of this recommendation.

infrastructure improvements, application support and labor, and VHA construction.[23]

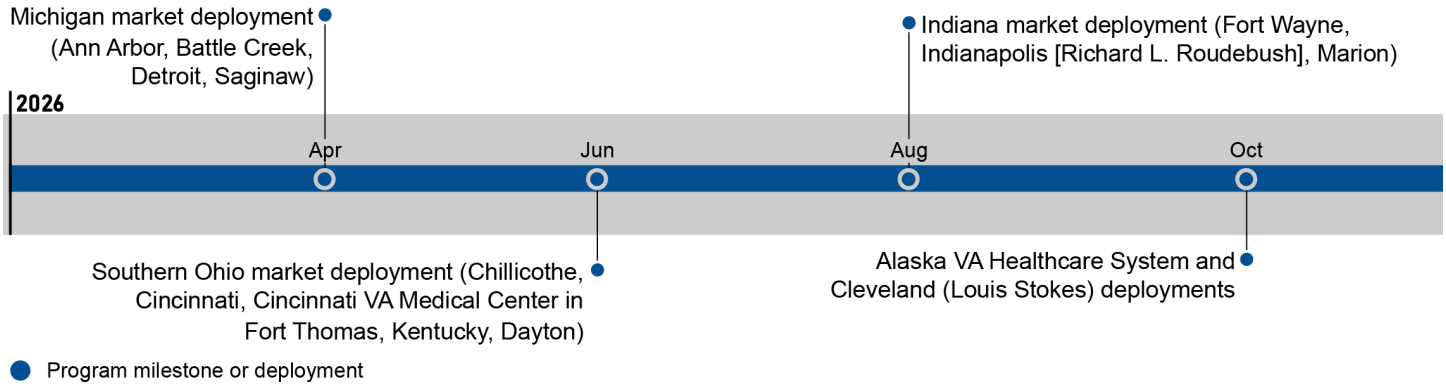
VA Met Its 2026 Deployment Plan and Continues to Assess Performance

VA deployed its new EHR to all 13 planned sites in 2026 at an accelerated pace compared to the deployment to the initial six sites between 2020 and 2024. The department relied on the standardization of workflows and processes to accommodate the acceleration in deployments. In addition, the department has focused on identifying the workforce needed to support the EHR rollout and provide extra assistance to users. The EHRM Integration Office also reported various steps it is taking to assess how well the system is performing and meeting the needs of users at these sites.

VA Employed an Accelerated Process to Deploy Its New EHR System to 13 Sites in 2026

After the 3-year pause in deployments, VA resumed and completed deployments of the federal EHR to all 13 planned sites in 2026 in four regional markets. VA reported that the system was deployed to all of the markets by their planned deployment dates. These deployments collectively resulted in more than 31,000 new users at 13 medical centers and their related community-based outreach clinics. The pace of the 2026 deployments (13 live sites in 6 months) was considerably faster than the speed of the deployment to the six original sites between October 2020 and March 2024. Figure 2 shows VA's EHR deployments in 2026.

Figure 2: Department of Veterans Affairs' (VA) Electronic Health Record System Deployments in 2026



Source: GAO analysis. | GAO-27-109529

[23]The Office of Information and Technology provides facility infrastructure and IT equipment updates and technical support for VA's medical facilities.

- In April 2026, VA deployed the new system to four sites in the Michigan market (Ann Arbor, Battle Creek, Detroit, and Saginaw). The Michigan market deployment added about 10,300 users to the federal EHR system and deployed a number of new services and interfaces for the first time. Michigan users and the users at the initial six sites also benefitted from seven pharmacy enhancements that were deployed in a planned system update in February 2026.
- In June 2026, VA deployed the new EHR system to four sites in the Southern Ohio market (Chillicothe; Cincinnati; Cincinnati VA Medical Center in Ft. Thomas, Kentucky; and Dayton). The Southern Ohio market deployment added about 7,200 clinicians and staff users to the federal EHR system. Services related to coordinated transition of care for geriatrics and extended care were deployed for the first time in the Southern Ohio market.
- In August 2026, VA deployed the new EHR system to three sites in the Indiana market (Fort Wayne, Indianapolis, and Marion), which added about 6,000 new users. The Indianapolis medical center was the first level 1a VA facility to deploy the federal EHR.[24] There were eight pharmacy enhancements made in advance of the Indiana market deployment in a planned system update.
- In October 2026, VA deployed the new EHR system to two sites in the Alaska Cleveland market (Anchorage and Cleveland), which added about 7,800 users. According to the program, the Cleveland medical center was also a level 1a VA facility that included the first spinal cord injury hub deployment. The Alaska deployment involved a number of joint sharing workflow decisions between VA and DOD for referrals and pharmacy policy.

The VA medical centers that deployed the federal EHR in 2026 had been preparing for deployment to some degree prior to the program reset that began in April 2023. For example, leadership and staff at the 2026 deployment sites were already in the planning stages, making decisions about system design and build, testing, or training in anticipation of implementing a new EHR system before deployments were paused for about 3 years. Thus, the 2026 sites had initiated preparations for

[24]A Level 1a facility indicates the highest complexity medical centers, providing the largest volume of care, the most complex clinical services, and extensive research and teaching programs. VHA assigns each VA medical center one of five complexity levels (ranked from most to least complex): 1a, 1b, 1c, 2, and 3.

deployments prior to 2023 and benefited from learning from earlier deployments.

As of November 2026, the department has also been supporting preparation activities for six active waves for market deployments planned for 2027. These waves are comprised of 26 VA medical centers and their geographically related community-based outpatient clinics in Wisconsin, Michigan, Illinois, North Dakota, South Dakota, Minnesota, Iowa, Nebraska, Washington, Idaho, Oregon, and Missouri. Further, the department is at various stages of early pre-deployment preparations for the federal EHR system across six additional planned waves in 2028, comprised of 28 VA medical centers and their related clinics. The department intends to deploy the federal EHR to these markets in 2027 and 2028 in waves roughly about 8-9 weeks apart, which is an accelerated pace compared to the initial deployment. If realized, the planned 2027 and 2028 deployments will also double the number of medical center deployments that went live with the federal EHR in 2026.

VA Standardized Workflows and Processes to Support Acceleration

In addition to the preparatory activities described above, VA's progress in deploying its new EHR also relied on the standardization of workflows and processes. To accommodate the acceleration in deployments, the EHRM Integration Office and Oracle Health focused efforts on standardization efforts intended to increase local participation in deployments, improve user adoption of the new workflows and the EHR system, and facilitate enterprise standards for delivering healthcare to veterans. Areas of standardization across the department included:

- **Clinical workflows:** nationally standardized health care workflows intended to support consistent delivery of care regardless of location.
- **A system baseline:** the federal EHR baseline is an enterprise tool that provides information on the more than 2,300 functional and technology components available for sites using the federal EHR. The baseline is a point of comparison for sites to leverage as they begin to determine what each facility needs, what changes need to be made to adopt the new EHR system, and what technologies will be supported. For the Michigan market, the system build included more than 35 new services (e.g., radiation oncology and cardiac rehabilitation) and 21 new interfaces—all of which were incorporated into the baseline and were deployed for the first time by VA at the Michigan Go-live.

- **The implementation process:** a 3-phased approach and timeline from pre-deployment to post-deployment activities spanning about 29 months for each deployment wave.
- **Change management:** opportunities employed throughout implementation to increase buy-in for this critical system change at the local level and assign more responsibility and ownership of the transition process to leadership at each medical facility.

VA Has Identified the Workforce It Relies on to Deploy the New EHR System

To deploy a system of this magnitude, VA has also focused on preparing the employees at each facility and identifying and assigning a temporary workforce that is brought to a deployment market specifically to support the EHR rollout. Users at the medical centers relied on these temporary staff and volunteers who provided extra assistance during the transition and "at-the-elbow" support, assisted with troubleshooting issues, guided permanent employees through complex technical learning curves, and, at times, addressed temporarily increased workloads. The workforce supporting the deployment included the EHRM Integration Office deployment team and Pay-it-Forward program, the VHA National EHRM Supplemental Staffing Unit (NESSU), and the Enterprise Informatics Workforce Modernization Program (EIWMP).

- **EHRM Integration Office.** The EHRM Integration Office provides program management and deployment teams to oversee the EHRM implementation effort and coordinates resources from VHA to augment clinical support staff across facilities as needed. VA reported that, as of November 2026, it had filled 308 of 342 planned positions. The EHRM Integration Office also provided on-site support for Go-live efforts at the Michigan market sites. This included 49 staff to be on-site at Ann Arbor, 36 staff at Detroit, 19 staff at Battle Creek, and 26 staff at Saginaw. VA also reported that Oracle Health had staff on site for each of the market deployments for approximately 4 weeks. For example, 842 Oracle Health contractors supported the Michigan market deployment.
- **Pay-It Forward.** The EHRM Integration Office, in collaboration with VHA, developed the Pay-It-Forward volunteer program (which was modeled on a similar program implemented by DOD) to send experienced end users to sites at the time of their deployment to provide support for novice users.[25] The Pay-It-Forward program

[25]The EHRM Integration Office had funding responsibility for the Pay-It-Forward program through the Alaska and Cleveland deployments in October 2026. According to officials, the department is currently considering how the program will be funded in support of the current year 2027 deployments.

provides support in person and virtually. According to VA, volunteers for the program are end users from past sites that have previously deployed the federal EHR. Pay-It-Forward volunteers are to provide hands-on support during Go-live by guiding peers through workflows, helping peers adopt the federal EHR system, and escalating issues through tiered levels of program support, among other things. They may provide support up to 16 calendar days, including travel days, per deployment wave.

A pilot of the Pay-It-Forward program was implemented at the VA medical centers and community-based outpatient clinics in the Michigan market. According to VA, there were 156 Pay-It-Forward volunteers who supported the Michigan Market, including 69 volunteers at Ann Arbor, 44 at Detroit, 24 at Battle Creek, and 19 at Saginaw. Pay-It-Forward volunteers provided at-the-elbow support to end users in the Michigan market from April 10, 2026, through April 24, 2026.

- **NESSU.** VHA established NESSU in 2021 to support VA medical facilities during the transition to the federal EHR. This is a VHA-funded program intended to ensure continuity of veteran care and operational stability at each deployment site during the period of reduced staff capacity associated with system training and cutover.[26] NESSU serves in a surge, transition, and advisory role and engages every deployment site months before a market's Go-live date through the post-stabilization period. According to VA, NESSU provides services in data migration, direct patient care, and peer support both in-person and virtually. According to VA, as of May 2026, NESSU was authorized for 164 staff and had 130 staff on board. Of these NESSU staff, approximately 102 were clinical field full-time equivalent (FTE) positions. This included 35 FTEs that supported the scheduling clinical service, 16 supporting outpatient nursing, 11 supporting inpatient nursing, 15 supporting primary care, 11 supporting behavioral health, and 14 supporting pharmacy.

[26]According to officials, NESSU receives funding through the VHA budget and not the EHRM budget because the NESSU staff are VHA clinicians doing clinical work. The officials also said that they plan to continue NESSU through approximately 2031, when the EHR deployments are expected to finish. Officials also stated that the program stays within its allocated budget, covering staff salaries and travel for on-site personnel.

- **EIWMP.** The VHA developed EIWMP to establish a staffing model for its informatics workforce, among other things.[27] EIWMP is a VHA-funded program that provides essential support to users during EHR market deployments.[28] According to VHA officials, while the informatics program does not solely support the EHR deployment, it is complementary and works with the EHRM program office. Among other things, local site informaticists review EHR trouble tickets and route those tickets to be resolved. VHA officials indicated that the sites in the Michigan market had 72 full-time equivalent informatics staff.[29]

VA Continues to Assess System Performance Including Metrics and Post-Deployment Assessments

The EHRM Integration Office reported that it is tracking several performance assessments to understand how federal EHR deployment went at an individual site. These assessments include metrics that indicate to department leadership how health services are working compared to the legacy environment or "return to normal" operations. In addition, local staff have the opportunity to provide Oracle Health with post-deployment feedback. VA also relies on a survey of user satisfaction with the new EHR.

VA Assessed Progress Using Return to Normal Operations Metrics

To inform the department about the impact of the standardization efforts and the actual results of using the new system, the EHRM program and VHA leadership have agreed upon metrics to monitor the return to normal operations at the medical facilities where the new EHR has been implemented. The program deemed eight key metrics to be of high or critical importance to returning to normal levels of productivity consistent with the legacy system environment. These metrics can be aggregated by leadership on a daily, weekly, or monthly basis.

[27]Informatics is a multidisciplinary and integrative field that focuses on health information management and IT in support of health and health care. This field draws from computer, cognitive and social sciences for the development, change management, implementation, configuration, deployment and evaluation of systems that manage health information.

[28]According to VHA officials, the EIWMP is 100 percent funded through VHA and they have no funding from the EHR program.

[29]According to VA, the number of full-time equivalent informatics staff at each deployment site in the Michigan market was 22 at Ann Arbor, 17 at Battle Creek, 18 at Detroit, and 15 at Saginaw; and the Southern Ohio market had 24 at Chillicothe, 18 at Cincinnati, and 22 at Dayton.

These are:

1. **Patient Uniques:** the number of distinct patients seen in all encounter types.

2. **Completed Appointments:** appointments in the system that were not cancelled and have a checked-in or checked-out date and time.

3. **Patients Seen–Outpatient:** the total number of patients seen in any clinic and/or unit. As long as the patient is seen in the same clinic and/or unit more than one hour apart, each episode is counted individually.

4. **Inpatient Average Daily Census:** the total number of patients in a bed each day divided by the number of days in the period being monitored.

5. **Inpatient Admissions:** the total number of patients admitted each day.

6. **Surgeries–Completed:** the total number of surgical cases that were completed and have a recorded surgical completed end date.

7. **Community Care Referrals:** the total number of community care active referrals that are or will be used for patient care.

8. **Rx Total:** the total number of prescriptions filled.

EHRM Integration Office officials stated that they would like the key metrics to be between 90-100 percent of baseline levels within 7-16 weeks after Go-live, depending on the measure.[30] For example, according to program documentation, Michigan medical facilities had generally met performance targets by 16 weeks following Go-live, though the metrics did fluctuate between approximately 75 and 100+ percent of

[30]VA determined that the baseline would be the average throughput from the same week or month of the previous 2 years. For example, the baseline for week 16 in 2026 is the average of the data from week 16 in 2024 and week 16 in 2025. VA determined that the target is to reach 90-100 percent of baseline performance for each metric.

baseline levels, depending on the measure.[31] According to VHA and EHRM program officials, the measurement trends may reflect, in part, factors such as: actions taken to ramp down and ramp up the number of appointments during Go-live, differences in the way the data is captured in the legacy system and the new EHR system, and changes in staffing resources and services provided.[32] According to VA officials, the metrics provide data to facilitate valuable discussion and indicate whether sites are generally able to serve veterans as they did prior to the new federal EHR deployment.[33]

VA Made Modifications to User Support to Address Issues Identified in Oracle Health's Post-Deployment Assessment for the Michigan Market

According to the EHRM Implementation Guide, Oracle Health is to complete an evaluation of the performance of the newly deployed system by conducting focus groups, observations and walk-throughs at each site. This week-long assessment is to provide site leadership and staff with an opportunity to identify both operational and adoption risks as well as opportunities to improve patient safety, quality concerns, outcomes, and staff productivity. Oracle Health conducted the EHRM Health Check assessment for the Michigan market sites (i.e., Ann Arbor, Battle Creek, Detroit, and Saginaw) in June 2026, about 8 weeks after the new system was deployed.

A summary of the Health Check findings prepared for program leadership collectively identified and categorized more than 600 findings (both positive and negative) from the four Michigan medical facilities. The contractor identified and categorized these findings and assigned priority levels and expected impacts for each. Oracle Health predominantly categorized the observations from the Michigan market Health Check as related to education and training issues.[34]

[31]Some metrics may not apply in all locations or may reflect differences in baseline measures for smaller facilities.

[32]VA planned a ramp down, i.e. reduced clinic volumes to protect blocks of time for training and adoption, and ramp up goals to gradually increase and resume full scheduling within a certain amount of time after deployment. For example, primary care's clinic volume reduced to 25 percent at Go-live and had a goal to resume 100 percent scheduling by 16 weeks following Go-live.

[33]We did not assess the reliability or validity of the return to normal metrics or any underlying data.

[34]We did not determine the data reliability of these collected comments. The EHRM Integration Office and local facility leadership were responsible for the prioritization of the findings and the determination of next steps for any actions to be taken on the recommendations.

According to EHRM officials, in response to the health check assessments, VA conducted a host of interventions to address comments from the Michigan sites identified by the Health Check. For example, it held biweekly calls with super users for 3 months following Go-live.[35] It also held a 2-day event with Informatics staff to address topics such as telehealth issues, reporting, and analytics. There were also 2-day workflow support events to address specific workflows that were reporting issues. Additionally, in collaboration with VHA, the program added a Days 15-100 support campaign and retroactively applied the support campaign to the Southern Ohio and Michigan market sites as well as the Indiana market.

VA Has Not Yet Completed Its User Satisfaction Survey at the 2026 Deployed Sites

According to VA officials, the EHRM program had planned to conduct a user experience survey of the initial six sites and the four Michigan sites in August 2026. However, the survey was postponed until November 2026 because the department did not want to increase the burden on users who were also asked to complete another VA employee survey. EHRM program officials have confirmed that the EHRM user experience survey, which is currently in progress, is now intended to measure user satisfaction for the initial six sites and the eight sites in Michigan and Ohio. The officials noted that it is too soon to include the Indiana, Cleveland, or Alaska users in the upcoming survey. The current survey is expected to finish in late November 2026.

VA Took Action on Some GAO Recommendations, but Has Not Developed a Complete Master Schedule In Accordance With Leading Practices

Between June 2020 and March 2025, we issued five reports on VA's efforts to deploy its new EHR system.[36] The reports described actions taken by the department and identified challenges with key planning tools, such as a cost estimate and schedule, critical for program oversight. We also reported on challenges experienced with the initial deployments, including user dissatisfaction with the new system and challenges related to data quality.

To address these challenges, we made 18 recommendations—12 of which we deemed priority recommendations because of the critical impact they would have on strengthening the success of future deployments. While VA has taken actions to address seven of our recommendations, the department has not fully implemented 11 of them. Full implementation of our recommendations will help ensure the department's actions are

[35]Super users are individuals selected to support the new EHR training and serve as peer-to-peer support during deployment activities.

[36]GAO-25-106874, GAO-23-106731; GAO-22-103718; GAO-21-224; and GAO-20-473.

sustained and that the program is well positioned to support its accelerated deployment schedule and the optimal use of the new system. As of November 2026, we are continuing to review actions taken by VA to determine the extent to which it has addressed our recommendations. See appendix I for a detailed list of recommendations from our June 2020 to March 2025 reports on the VA EHRM program and their implementation status.

In particular, we previously recommended that VA expeditiously and reliably update its integrated master schedule (IMS) using best practices described in GAO's Schedule Assessment Guide.[37] As of November 2026, VA had not yet demonstrated that it had employed leading scheduling practices for the EHRM program, and this recommendation remains open. Accordingly, in a draft report that is currently at the agency for comment, we reiterated that VA should expeditiously complete an IMS in accordance with leading practices.

This recommendation is critical because, according to the GAO Schedule Assessment Guide, the success of a program depends in part on having an integrated and reliable master schedule that defines when and how long work will occur and how each activity is related to the others.[38] The program schedule is necessary for government acquisition programs and provides not only a road map for systematic project execution but also the means by which to gauge progress, identify and resolve potential problems, and promote accountability at all levels of the program. It is an essential basis for managing tradeoffs between cost, schedule, and scope.

Moreover, an IMS constitutes a program schedule that incorporates the entire required scope of work including the effort necessary from government, contractors, and other key parties for a program's successful execution from start to finish. Although the IMS should include all government, contractor, and external effort, the government program management office is ultimately responsible for its development and maintenance.

In the last year, VA officials have provided presentation slides to GAO and Congress that included a notional baseline timeline for the EHRM program and its total of 170 planned site deployments through 2031. The

[37]GAO-25-106874.

[38]GAO-16-89G.

notional information also states that the program determined the number of Go-lives per year and the order of sites based on the structure of VA's medical facilities and the market areas they serve as well as other factors such as the services provided at each site, previous completed infrastructure investments, operational metrics, and total system users. However, the program has not developed key artifacts for the underlying schedule information that informed their resource decisions and timeline. These artifacts include a work breakdown structure, the designation of a critical path, and a schedule risk analysis.

VA officials have described their approach to developing individual site schedules for active waves from an existing template with the help of management contractors. Further, they stated that the specific scheduling requirements for the program have been met by current integrated schedules for active market deployments. However, they also acknowledge that the number of waves and their associated complexity mean that it is technically challenging to create a single IMS for the whole project. According to officials, VA is pursuing software tools to fully address the requirements to support an IMS. EHRM program officials have also indicated that they are working to mature the existing schedule and to integrate site schedules into a master schedule, and further stated that sites have the schedule information they need to implement the system. Officials estimated that the EHRM program would complete an IMS and the supporting documentation by February 2027.

We acknowledge that the EHRM Integration Office is working to mature the program's approach to managing deployment schedules. However, we reaffirm that without having a fully integrated IMS as we have recommended, the program is at risk that the individual wave schedules or notional program timelines do not fully and accurately reflect the program and may not include the entire required scope of effort, including the effort necessary from all parties for the program's successful execution from start to finish.

In addition, by not adhering to leading practices for creating an IMS, no determination can be made about the reliability of the schedule or about critical tradeoffs that must be made to accommodate current and future accelerated deployments. As such, VA leadership and Congress lack transparency into activities, resources, and interdependencies that may not be accounted for and may not effectively inform program oversight. Unless a complete network of logically sequenced scheduling activities is established, program management and congressional stakeholders will not have insight into the effects of any delays caused by, among other

things, misallocated resources, delayed activities, external events, and unrealistic deadlines. We will continue to assess VA's progress on their IMS efforts moving forward.

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee, this concludes my prepared statement. I would be happy to answer any questions that you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff have any questions about this testimony, please contact Carol C. Harris at harriscc@gao.gov. Contact points for our Offices of Congressional Relations and Media Relations may be found on the last page of this statement.

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Appendix I: Summary of GAO's Recommendations on the Department of Veterans Affairs' Electronic Health Record Modernization

Table 2: GAO Recommendations to the Department of Veterans Affairs (VA) on Electronic Health Record Modernization (EHRM)

Report	Recommendation	Priority recommendation?	Status
GAO-25-106874 Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule	The Secretary of VA should direct the EHRM Integration Office to obtain an updated and independent total life cycle cost estimate using best practices described in GAO's Cost Estimating and Assessment Guide. (Recommendation 1)	Yes	Open - Not Implemented
GAO-25-106874 Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule	The Secretary of VA should direct the EHRM Integration Office to expeditiously and reliably update its integrated master schedule using best practices described in GAO's Schedule Assessment Guide. (Recommendation 2)	Yes	Open - Not implemented
GAO-25-106874 Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule	The Secretary of VA should direct the EHRM Integration Office and the VHA to identify baselines and performance targets for all nine identified metrics intended to measure program and system performance. (Recommendation 3)		Closed - Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should ensure that VA documents a VA-specific change management strategy to formalize its approach to drive user adoption. (Recommendation 1)	Yes	Closed - Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should ensure that the department's planned improvements to communication of system changes meet users' needs for the frequency of the updates provided. (Recommendation 2)	Yes	Closed - Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should take steps to improve change readiness scores prior to future system deployments. (Recommendation 3)	Yes	Open - Not Implemented

GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should ensure steps taken by the EHRM program and Oracle Cerner to increase workforce skills and competencies through improved training and related change management activities have been effective. (Recommendation 4)	Yes	Open – Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should address users' barriers to change, by ensuring planned completion of all actions identified in the Secretary's Strategic Review. (Recommendation 5)	Yes	Open – Partially Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should develop a plan, including a timeline, for establishing (1) targets for measuring the adoption of changes and (2) metrics and targets to measure the resulting outcomes of the change. (Recommendation 6)	Yes	Open – Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should measure and report on outcomes of the change and take actions to support users' ability to use the system to reinforce and sustain the change. (Recommendation 7)	Yes	Open – Not Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should establish user satisfaction targets (i.e., goals) and ensure that the program demonstrates improvement toward meeting those targets prior to future system deployments. (Recommendation 8)	Yes	Open – Partially Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should make certain that future system trouble tickets are resolved within established timeliness goals. (Recommendation 9)	Yes	Open – Partially Implemented
GAO-23-106731 Electronic Health Records: VA Needs to Address Management Challenges with New System	The Secretary of VA should reinstitute plans to conduct an independent operational assessment to evaluate the suitability and effectiveness of the new EHR system for users in the operational environment. (Recommendation 10)	Yes	Open – Not Implemented
GAO-22-103718 Electronic Health Records: VA Needs to Address Data Management Challenges for New System	The Secretary of VA should direct the Deputy Secretary to establish and use performance measures and goals to ensure that the quality of migrated data meets stakeholder needs for accessibility, accuracy, and appropriateness prior to future system deployments. (Recommendation 1)		Open – Not Implemented

GAO-22-103718 Electronic Health Records: VA Needs to Address Data Management Challenges for New System	The Secretary of VA should direct the Deputy Secretary to use a stakeholder register to improve the identification and engagement of all relevant EHRM stakeholders to address their reporting needs. (Recommendation 2)	Closed - Implemented
GAO-21-224 Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed	The Secretary of VA should direct the Executive Director of the Office of Electronic Health Record Modernization to postpone deployment of the new EHR in new locations until all existing open critical severity test findings are resolved and closed, and until any additional critical severity findings identified before planned deployment are closed. (Recommendation 1)	Closed - Implemented
GAO-21-224 Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed	The Secretary of VA should direct the Executive Director of the Office of Electronic Health Record Modernization to postpone deployment of the new EHR in new locations until all existing open high severity test findings are either resolved and closed or deferred, and until any additional high severity test findings identified before planned deployment are either closed or deferred. (Recommendation 2)	Closed - Implemented
GAO-20-473 Electronic Health Records: Ongoing Stakeholder Involvement Needed in the Department of Veterans Affairs' Modernization Effort	For implementation of the EHR system at future VA medical facilities, we recommend that the Secretary of VA direct the EHRM Executive Director to clarify terminology and include adequate detail in descriptions of local workshop sessions to facilitate the participation of all relevant stakeholders including medical facility clinicians and staff. (Recommendation 1)	Closed - Implemented

Source: GAO reports. I GAO-27-109529

Related GAO Products

Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule. GAO-25-106874. Washington, D.C.: March 12, 2025.

Electronic Health Records: VA Needs to Address Management Challenges with New System. GAO-23-106731. Washington, D.C.: May 18, 2023.

Electronic Health Records: VA Needs to Address Data Management Challenges for New System. GAO-22-103718. Washington, D.C.: February 1, 2022.

Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed. GAO-21-224. Washington, D.C.: February 11, 2021.

Electronic Health Records: Ongoing Stakeholder Involvement Needed in the Department of Veterans Affairs' Modernization Effort. GAO-20-473. Washington, D.C.: June 5, 2020.

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