



LEGISLATIVE POINT PAPER

THE FUTURE OF VA HEALTHCARE

BACKGROUND

The future of Department of Veterans Affairs (VA) healthcare is as a hybrid system consisting of inpatient and outpatient care, telehealth, and community care. Ensuring VA is equipped to meet the unique needs of an increasingly diverse veteran population requires VA fully leverage all healthcare modalities and a seamless transition between them. Modernizing electronic health records, veteran-centric access standards, and a transparent online scheduling system for VA-provided care and community care alike are key to ensuring veterans receive the benefits they deserve. The means by which VA delivers care may change, but one thing cannot – VA must deliver the best care anywhere to our nation’s veterans.

A critical component of modernizing VA healthcare is investing in its infrastructure. The average age of a VA medical facility is approaching 60 years old, while the median age of a private sector medical facility is approximately 11 years old. The changing nature of healthcare over the last 60 years, combined with shifting veteran demographics, has outpaced VA’s ability to realign its infrastructure according to patient demand. While the authorization of 31 major medical leases in Section 702 of the *PACT Act* was a critical first step in addressing VA’s infrastructure demands, more must be done.

Another cornerstone of VA healthcare modernization is the Electronic Health Record Modernization (EHRM) Program. It is expected to take ten years to implement across all VA facilities, with projected completion in Fiscal Year 2028. The acquisition of the Cerner system has been riddled with challenges. For example, VA staff reported difficulties adjusting to the new systems due to a lack of proper training. In addition, it was discovered the new system created an “unknown queue,” a problematic feature causing referral orders to effectively go missing at VA.

Moreover, according to the Office of Inspector General’s (OIG) audit team, VA lacked a reliable integrated master schedule consistent with scheduling standards, which increases the risk of missing milestones and delaying the delivery of a system to support timely quality care to veterans. Scheduling delays extending the program are also likely to result in \$1.95 billion in annual cost overruns and may undermine VA’s other modernization efforts on supply chain and financial management systems. More must be done to rectify these issues.

KEY POINTS

- Modernizing VA's healthcare system infrastructure and technological capabilities is an investment in veterans and the future of VA.
- Over the next ten years, VA will move to a new EHR system that links VA, DOD, and community healthcare providers to patient records while unifying all VA facilities under one system.
- According to VA OIG, serious issues have plagued the EHRM program, which have resulted in patient safety harm and diminished VA's ability to meet the standards of providing high-quality and reliable healthcare.

WHAT CONGRESS CAN DO

- Oversee the implementation of *the VA Electronic Health Record Transparency Act of 2021* to ensure VA is reporting quarterly on the costs of EHRM, performance metrics, and outcomes of the program.
- Hold VA accountable to deadlines, contracts, and acquisition milestones for various IT system upgrades and installations.
- Require VA to maintain a publicly available website on patient wait times, facility performance, and staff vacancy information for each VAMC.
- Fully fund VA infrastructure accounts to ensure they can optimize their infrastructure to meet the demands of today's veteran population.

RELEVANT RESOLUTIONS

- Resolution No. 83 (2016): *Virtual Lifetime Electronic Record*.¹
- Resolution No. 19 (2021): *Improving Telehealth Access*.²
- Resolution No. 10 (2022): *Care for the LGBTQ+ Veteran Community*.³
- Resolution No. 13 (2022): *Standards and Training for Community Care Providers*.⁴

¹ The American Legion Resolution No. 83 (2016): [*Virtual Lifetime Electronic Record*](#)

² The American Legion Resolution No. 19 (2021): [*Improving Telehealth Access*](#)

³ The American Legion Resolution No. 10 (2022): [*Care for the LGBTQ+ Veteran Community*](#)

⁴ The American Legion Resolution No. 13 (2022): [*Standards and Training for Community Care Providers*](#)