VA Continuing Health Records Modernization Amid COVID-19

Recently implemented telework measures are allowing the agency to focus on the Cerner transition despite challenges in pandemic.

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The Department of Veterans Affairs is using data sharing and telework to move forward with electronic health record modernization despite the limitations imposed by the ongoing pandemic.

In discussing continuity of operations during the COVID-19 response, VA Special Advisor Alan Constantian emphasized the sheer volume of employees who had to be rapidly transitioned to full-time remote work.
“The biggest impacts that we’ve had have been challenging the infrastructure to rise to the occasion both in terms of telehealth visits, but also in terms of many employees being online," he said during GovernmentCIO Media & Research's virtual event on data sharing. "There are almost 400,000 government employees in VA, those in the hospitals are mostly in the hospitals. But there’s a larger percentage who are out."

The agency’s wholesale transition to the Cerner electronic health records system from the prior Vista platform necessitated a considerable dedication of employee hours and IT resources, standing as one of the agency’s most substantial modernization projects. VA sustained multiple foundational aspects of the Cerner implementation through remote work.

“From a work perspective — if you can imagine any work that can be done remotely, that work is continuing," said VA Executive Director of the Office of Technical Integration Paul Tibbits. "Software development, cybersecurity, documentation, authority to operate, authority to connect, et cetera, is all continuing unabated. There’s been minimal COVID impact on that kind of interface work."

However, Tibbits recognized that certain areas of the Cerner implementation have necessarily been put on hold — particularly those requiring on-site work and manual input.

“The impact that’s been seen most is on site-level activity where servers had to be installed, on site-configuration had to happen because we did not allow travel of either VA employees or contractors," he said. "That on-site work couldn’t happen and therefore had to be displaced forward into the future."

Despite this temporary hold and general uncertainties around COVID-19, Tibbits asserted that in regards to the resumption of on-site work, “We’re getting ready to open that up, probably this month.”

As a wholesale endeavor, Tibbits mentioned that VA leadership is evaluating the quickest timeframe under which to safely resume on-site work for the Cerner transition — with an eye on completing these areas of development alongside projects that can be completed via remote capacities.
"We're in the middle of a lot of discussions about when the new go-live dates will be. We haven't quite settled on that yet," he said. "VHA leadership is looking very closely at the evolution of the pandemic itself."

This rapid adaptation around COVID-19 and significant expansion in telework capacity has allowed the VA to both sustain momentum with ongoing initiatives as well as begin new projects to bolster the agency’s response to the epidemic. This has required a renewed focus on communication between individual VA medical centers and leadership within VA's Office of Information and Technology (OIT).

“We were directly there listening to what the IT impact might be ... we were there taking notes, and as soon as that call was over, we were on our own call asking what the latency problem was and how to fix it,” Tibbits said.

In regards to opportunities that this pandemic might uncover for government to innovate, data linking will be critical here, said Andrew McClenahan, solutions architect at LexisNexis Risk Solutions.

"Those data lakes and the integrations with hundreds of community partners that are providing health services out there, particularly with the expansion of telehealth to Medicaid and Medicare, means that it's going to be critical for patient linking and patient identity," McClenahan said. "Partnering with industry to access those robust public records data to advance the health care services, especially to providing assistance to veterans and protecting their safety, ... that has to be timed with improvements to antiquated technologies across the government spectrum."

One of the most promising new utilities the VA has been able to design and implement has been the National Biosurveillance Tool for tracking the sum of COVID-19 treatment and intake across VA facilities — a project that has dovetailed with VA’s newfound emphasis on precise and responsive tracking of medical device availability and supply chains.
“The National Biosurveillance Tool was built in just a matter of weeks and shows who’s ordering COVID labs, where they are being ordered, how long are the labs taking, what’s the test status of patients, how many patients do we have,” Constantian said. "In terms of equipment ... we’re counting ventilators through this national surveillance process, we’re counting PPE equipment at specific locations."

Constantian noted that the biosurveillance tool has also been vital in aiding the VA in executing its Fourth Mission, particularly in caring for non-veteran patients in the case of overflow at local civilian hospitals.

“The other thing that was really exciting that we’ve been able to do with data because we had a good handle on the equipment, the beds, the negative pressure rooms, the ICU space — we’ve been able to open community beds to non-VA patients where there’s overflow in the community and VA has the space without risking our first obligation to our veterans,” he said.

In looking forward, Constantian and Tibbits both expressed optimism that newly launched data-sharing and telehealth initiatives VA has implemented during the epidemic will translate into an increased and scope of agency telehealth services overall.

“I think people will discover what is possible in a remote telehealth environment... and we won’t return to the same normal that we were in before,” Tibbits said.