VA Races to Implement MISSION Act as Deadline Looms

Among concerns to meet a June 6 deadline include usability issues with the Decision Support Tool.
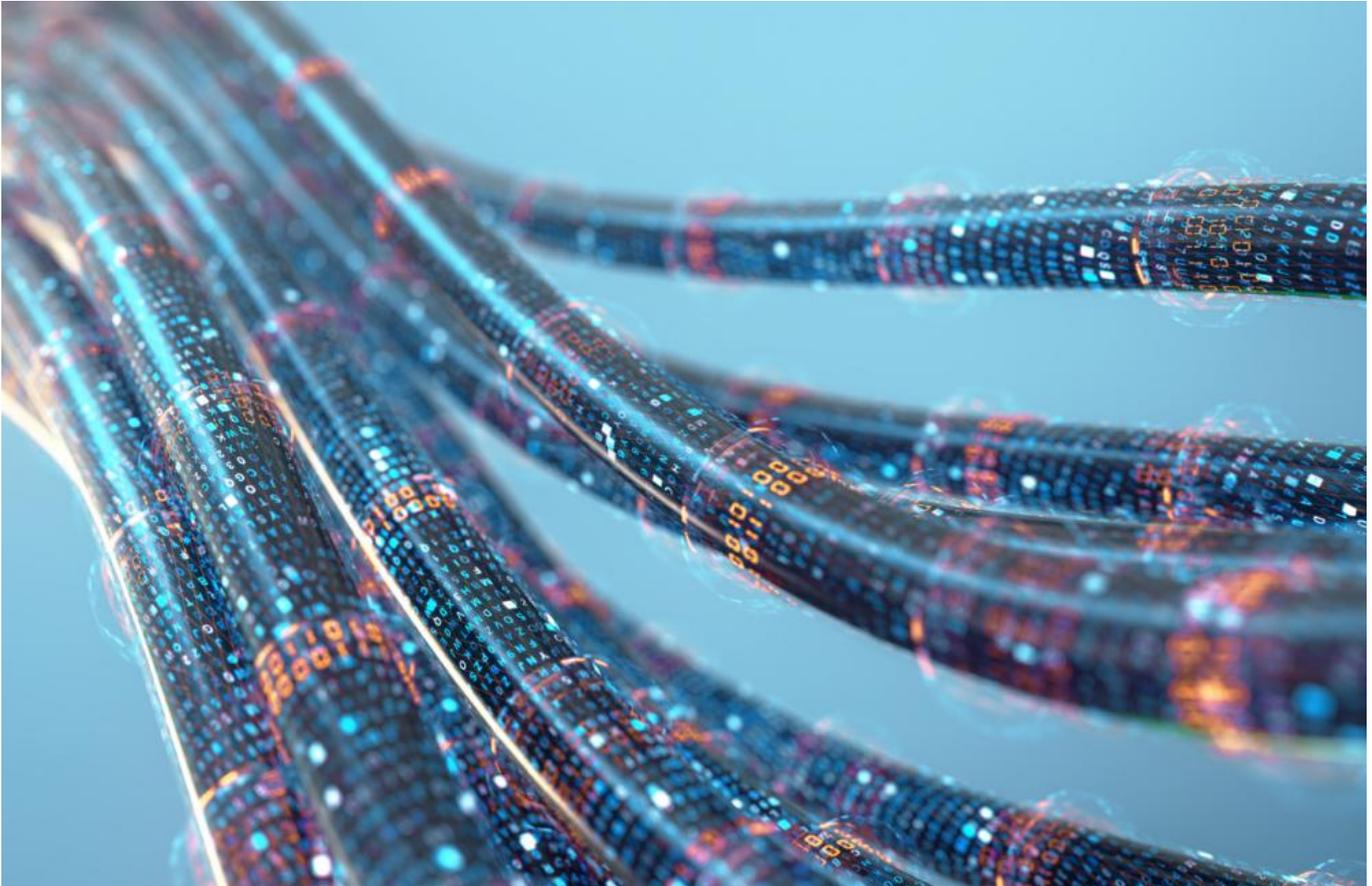
[Abigail Blue](#)

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In response to a recent U.S. Digital Service report, members of the House Committee on Veterans' Affairs are skeptical the Department of Veterans Affairs would be able to meet its one-year deadline concluding June 6 to implement the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act, which will replace the department's electronic health record and transform business systems.

At the forefront of concern was the Decision Support Tool, designed to help provider care teams determine patient eligibility for community care as set forth by the act.

"Three systems … are at the core of what the Decision Support Tool has to reference in order to help the clinician and the veteran reach this best, medical-interest decision. One is the master veteran index, one is the enrollment system, and the other is the provider database," said witness James Gfrerer, CIO and assistant secretary for information and technology at the VA, at a House Committee on Veterans' Affairs hearing April 2.

The USDS report noted a potential worst-case scenario that the VA's daily appointment capacity nationwide could be reduced by 75,000, in the event the DST usability issues are as severe as believed.

Included in these issues is the tool's 40-mile drive limit. It has been considered a significant problem in need of addressing because it does not account for regional disparities.

Dr. Richard Stone, executive in charge at the Veterans Health Administration, even acknowledged the shortcoming.

"We struggled mightily with the 40-mile limit just because of geography, that 40 miles in an area like the Pacific Northwest may be just completely untenable, whereas in … Montana, it may be fairly acceptable in an area that's easy to get through," he said.

To make matters worse, the USDS report also found that much of the data necessary to calculate distance and other eligibility is housed across several VA systems that do not interoperate. The VA only gave itself 12 weeks to address this issue.

The provider care team is responsible for the veteran's best interest, however, and is trained to perform oversight of the automated decisions to override any incorrect eligibility determinations.

In emphasizing distinction between features, Stone was quick to defend the tool's accuracy of drive times. "The actual 30- and 60-minute drive time is a commercially available system … and is in current use today, so we're comfortable at its accuracy," he added.

Nonetheless, the tool remains provider-facing and doesn't allow for veteran use, another limitation noted in the USDS report.

Representative Andy Barr of Kentucky sought reassurance from the VA leaders that VA staff would be able to effectively administer care incorporating new technology by the upcoming deadline, but his concerns were met with a brief statement explaining the automated, web-based training modules available.

An encouraging aspect of the technology does exist, though, and can be found in the Decision Support Tool's operability. If one of the three, core systems experiences a glitch, continuity of care will not be disrupted.

It will "fail elegantly," said Gfrerer. The single entity may fail, but the system will continue.

At the end of the hearing, Stone reminded everyone of their common goal in light of the critical report.

"The real importance of this as a health care system is about our ability to integrate care and not just simply send people out to a website in order to make a decision on care," Stone said. "What we do is partner with the veteran and make this a veteran-centric system."

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