GAO Highlights

Highlights of GAO-25-106874, a report to congressional committees

March 2025

ELECTRONIC HEALTH RECORDS

VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule

Why GAO Did This Study

After three unsuccessful attempts since 2001, VA initiated its fourth effort—the EHR modernization program—to replace its legacy system. In April 2023, after deploying the new system to five of its medical centers, VA paused deployments due to user concerns. On December 20, 2024, VA announced resumption of planned deployments to four Michigan facilities.

Congressional report language includes provisions for GAO to review VA's EHR deployment. GAO's objectives were to (1) determine the improvements VA has made to its new system at initial deployment sites, (2) describe user feedback on the new EHR system, and (3) determine the extent to which VA is measuring modernization progress.

GAO reviewed VA's approach and goals for improving the new EHR system and compared actions taken to leading practices for program management. In addition, GAO conducted structured interviews with users from the five sites and reviewed survey results. GAO also compared the program's efforts for measuring performance to leading practices.

What GAO Recommends

GAO is making three new recommendations to VA, including updating the EHR's modernization life cycle cost estimate and schedule. VA concurred but its planned actions on updating cost and schedule do not encompass the modernization's life cycle. GAO has previously made a total of 15 EHR recommendations. One has been implemented. The remaining 14 are critical to reducing EHR risks and delivering a quality system.

View GAO-25-106874. For more information, contact Carol Harris at (202) 512-4456 or HarrisCC@gao.gov

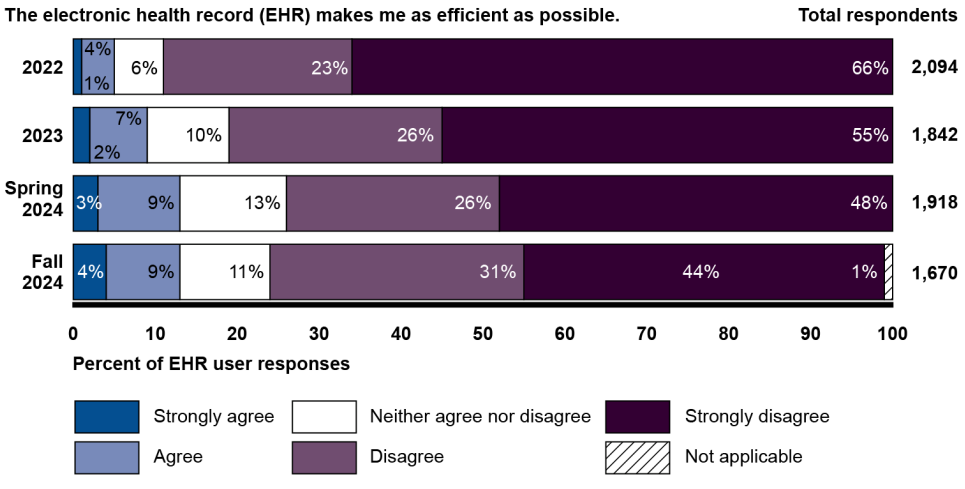
What GAO Found

The Department of Veterans Affairs (VA) is making incremental improvements to the new electronic health record (EHR) system but much more remains to be done. For example, as of June 2024, VA implemented over 1,500 configuration changes to the system. However, as of February 2025, it had not addressed about 1,800 configuration change requests. Among its other improvements at the initial five sites, VA has delivered patient safety and pharmacy enhancements, addressed system trouble ticket resolution, and increased system performance.

During the 20-month deployment pause, VA made numerous changes to the system at the initial five locations, initiated additional needed complex projects to address challenges identified via user feedback, and delayed planned enhancements. These many changes impact estimated costs and schedule. Regarding costs, in 2022 the Institute for Defense Analyses estimated that EHR modernization life cycle costs would total $49.8 billion—$32.7 billion for 13 years of implementation and $17.1 billion for 15 years of sustainment. Updating that estimate to reflect events over the last 2 years, such as the pause, is imperative to understanding the full magnitude of VA's investment. Similarly, it is critically important that VA update its schedule to informing decision-making.

Regarding user feedback, while VA's 2024 surveys show improvement since 2022, they continue to reflect general dissatisfaction with the new system. For example, as of September 2024, 75 percent (1,247 of 1,670) of users disagreed or strongly disagreed that the new system made them as efficient as possible.

Department of Veterans Affairs User Feedback on Electronic Health Record Enabling Efficiency



Source: GAO summary of Department of Veterans Affairs information. | GAO-25-106874

Consistent with federal guidance, VA identified nine metrics to measure modernization progress, including improved end user experience. It also established and implemented baselines and performance targets for eight of the nine metrics. However, VA has not yet set a baseline and target for one metric on resolution of configuration change requests due to recent process changes.