



**DEPARTMENT OF VETERANS AFFAIRS**  
Veterans Health Administration  
Washington DC 20420

In Reply Refer To: 10AD2

May 9, 2016

Honorable David J. Shulkin, M.D.  
Under Secretary for Health  
Veterans Health Administration (10)

Dear Dr. Shulkin,

Thank you for meeting with VA's National Academic Affiliations Council (NAAC) last week to share your vision for the Veterans Health Administration. As is the usual practice for a federal advisory committee, the Council will share the recommendations arising from its deliberations with you and Secretary McDonald in due course and through the usual channels. One particular item is of such urgency, however, that I'm writing today to reiterate one of the issues discussed with you at some length during the meeting.

As you know, the Council was alarmed about the system failure precipitated by the unexpected and potentially dangerous suspension of IT access for hundreds of health professions trainees in the southeast region, including but not limited to large segments of the trainee population at the Durham VAMC and similar affiliated facilities. Because trainees provide direct patient care and require ongoing access to VA's electronic medical record for patient care, both on-site and from outside the VA, such actions have the very real potential to reduce access to care and threaten patient safety.

Unfortunately, IT system failures that endanger veterans and damage VA-academic relations are not uncommon; the Office of Academic Affiliations can provide you with a more detailed history going back years. Such incidents are generally characterized by lack of communication between VA IT and VHA Offices with primary oversight for patient care, health professional education and biomedical research. Moreover, they are one of the root causes for deteriorating morale amongst the clinical workforce more generally.

The Council feels that immediate action to address patient access and safety issues is necessary. Unfortunately, it appears that the user names and passwords expunged cannot be reinstated so that clinicians must now call their local help desks to create new ones. For this, help desks must be adequately staffed so that prolonged turn-around times do not further endanger patient care. In addition, we urge that further action at the regional or national level to expunge user names and passwords (technical enforcement of PIV Only Authentication) be delayed until an accountable system for issuing chip-based cards to some 125,000 trainees has been implemented and tested, and alternatives to the cards are authorized as necessary for patient care reasons. Just as it is the department's responsibility to manage the transformation to a long-delayed

and more stringent security system so too is it's the department's responsibility to provide efficient and effective customer service to its staff and trainees.

The Council would also emphasize that repeated system failures of this type will only be eliminated by enhanced communication and consultation between VA IT and the VHA Offices responsible for clinical care, health professional education and biomedical research. Irrespective of whether VA IT remains centralized or not, appropriate responsibility should be ceded to officials responsible for patients, education and research. At a minimum, a strong matrix model of management is necessary.

On behalf of the Council, I would like to thank you in advance for your attention to this matter. If the Council can assist in any further way, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Malcolm Cox', with a horizontal flourish underneath.

Malcolm Cox, M.D.  
Chair, VA National Academic Affiliations Council