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# COMMISSION ON CARE

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## MEETING MINUTES FOR DECEMBER 14-16, 2015

The Commission on Care convened its meeting on December 14-16, 2015, at the ASAE Conference Center, 1575 Eye Street, NW, in Washington, DC.

### **Commissioners Present:**

Nancy M. Schlichting – Chairperson  
Toby M. Cosgrove – Vice Chairperson  
Michael A. Blecker  
David P. Blom  
David W. Gorman  
Thomas E. Harvey  
Stewart M. Hickey  
Joyce M. Johnson  
Ikram U. Khan  
Phillip J. Longman  
Lucretia M. McClenney  
Darin S. Selnick  
Martin R. Steele  
Charlene M. Taylor  
Marshall W. Webster

### **Commission Staff Identified:**

Susan Webman – Executive Director  
John Goodrich – Executive Assistant  
Sharon Gilles – Designated Federal Officer (DFO)  
Patrick Ryan – Staff Analyst

### **Department of Veterans Affairs (VA) Presenters:**

LaVerne Council – Assistant Secretary for Information and Technology/Chief Information Officer, Office of Information and Technology, Department of Veterans Affairs  
Chris Hume – Acting Director of Health Informatics, Veterans Health Administration, Department of Veterans Affairs  
Elaine Hunolt – Co-Director of Interoperability, Office of Health Informatics, Veterans Health Administration, Department of Veterans Affairs  
Uchenna S. Uchendu – Executive Director, Office of Health Equity, Veterans Health Administration, Department of Veterans Affairs  
Barbara Ward – Director, Center for Minority Affairs, Department of Veterans Affairs

### **Other Presenters:**

Garry Augustine – Disabled American Veterans  
Carl Blake – Paralyzed Veterans of America  
Rene Campos – Military Officers Association of America  
Louis Celli – The American Legion  
Carlos Fuentes – Veterans of Foreign Wars of the United States  
Wilmya Goldsberry – Veteran  
Ray Kelley – Veterans of Foreign Wars of the United States  
Harry Leider – Walgreens  
Chris Lynn – Walgreens  
Chris Miller – Department of Defense  
Christopher Neiwann – Veteran

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Josef J. Reum – Facilitator

Charles Rossotti – Former Commissioner, Internal Revenue Service

Jon White – Department of Health and Human Services

James Wood – Walgreens

Mariann Yeager – The Sequoia Project

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**The Commission on Care meeting opened at 8:34 a.m.**

### **Opening Remarks**

Nancy Schlichting (Chairperson) opened the meeting, welcomed everyone present, and gave an overview of the agenda.

### **VA Center for Minority Affairs**

Barbara Ward provided an overview of the VA Center for Minority Affairs. The Center was established by public law in 1994, and is tasked with addressing specific issues to minority veterans as well as providing targeted outreach to minority veterans throughout the nation. It serves in an advisory capacity to the Secretary of Veterans Affairs, providing information about the gaps and needs of minority veterans. Ms. Ward gave an overview of the structure and personnel of the office.

Some of the most pressing issues facing veterans today are homelessness, unemployment, lack of awareness of VA benefits, and chronic diseases. These issues affect minority veterans in disproportionately high numbers. In order to provide outreach to veterans to address these issues, the Center for Minority Affairs has created four Minority Veteran Staff Coordinators, referred to as "Staff Liaisons," who coordinate outreach for their respective minority groups. More than 200 Minority Veteran Program Coordinators provide targeted outreach services by hosting workshops and other in-the-field efforts. The Advisory Committee on Minority Veterans includes representatives of the various minority groups within VA, and advises the Secretary on matters important to minority veterans. Ms. Ward provided an overview of the Committee's structure and activities.

The Center also works with outside stakeholders and has attended various veterans service organizations (VSOs) national conventions and serves as the VA representative on various White House initiatives, such as the White House Initiative on Asian American and Pacific Islanders, the White House Initiative on Educational Excellence for Hispanics, and the President's Task Force on Puerto Rico. Ms. Ward concluded her report with several recommendations for the Commission, which included improving collection of racial and ethnic data, improving the lack of diversity in VA senior executive positions, and expanding clinical cultural competency training to all physician providers.

The Commission discussed the work of the Center for Minority Veterans and posed questions to Ms. Ward. Items discussed included:

- The role VSOs play in minority veteran health care
- The diversity mix of VA employees at all levels
- VA Center for Minority Veterans program specifics
- Disbursement of VA benefits to minority veterans

### **Office of Health Equity**

Dr. Uchenna S. Uchendu provided an overview of the Office of Health Equity. The Office of Health Equity champions the advancement of health equity and reduction of health disparities. Dr. Uchendu gave an overview of the structure and personnel of the Office. The work of the Office is defined through the Health Equity Action Plan, which is aligned with the VA and VHA strategic plans, Blueprint for Excellence, and the National Partnership for Action to End Health

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Disparities, and serves as an operational guide for promoting health equity in VHA. The five key areas of the Action Plan are: awareness; leadership; health system and life experiences; cultural and linguistic competency; and data, research, and evaluation.

Dr. Uchendu provided the Commission with definitions of key health equity terms, as well as an in-depth look at several of the Office's projects, including the Hepatitis C Virus-Advanced Liver Disease Dashboard, the Environmental Scan conducted by the office in 2015, a journal supplement dedicated to veteran health equity the office created in collaboration with the American Journal of Public Health, and the upcoming Health Equity Report. The most pressing issues facing the Office are a lack of common definitions for its work, a lack of quality data on vulnerable populations, a lack of stable VA leadership directing work, and staff and resource constraints. The Office is looking forward to the upcoming Healthcare Equality Index report, will soon operate Partnered Evaluation Centers within VA, and is looking into running several cyber seminars.

Dr. Uchendu concluded her report with a list of recommendations for the Commission to consider, including:

- Standardize collection and establish consistent reporting of data
- Create an actionable format of data recording
- Incorporate and act on non-traditional social determinants of health in electronic health records
- Unite efforts in clinical cultural competency across the industry
- Consider equity issues with increased Care in the Community programs

The Commission discussed the work of the Office of Health Equity and posed questions to Dr. Uchendu. Items discussed included:

- The role of the veteran in accessing VA health care
- The state of health disparities both within and outside of VA
- The Office of Health Equity's relationship with other federal agencies

### **Framework for the Future of Veterans Health**

Garry Augustine, Carl Blake, and Ray Kelley provided an overview of the Independent Budget's (IB's) Framework for the Future of Veterans Health. The presenters began with overviews of their respective VSOs and the IB. IB is a partnership between Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars of the United States to provide comprehensive budget and policy recommendations for Congress and the VA. IB has been in existence for more than 30 years, and its recommendations are endorsed by dozens of other VSOs.

IB found that there is a disconnect in the alignment of command, resources, and authorities for VA health care. Increases in both resources and the productivity of resources will be necessary to meet increases in demand for health care over the next five years. In addressing these issues, VA should ensure that access constraints aren't simply shifted from one group of veterans to another, that the quality of care isn't lowered, made less comprehensive or less veteran-centric, and that care shouldn't be sourced out of VA if there are no reasonable private sector options. IB held two standards in mind while designing the Framework:

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- The nation has a sacred obligation to make whole the men and women injured or made ill as a result of their military service in the United States.
- It is the responsibility of the federal government to ensure that veterans have proper access to the full array of benefits, services, and supports promised to them by a grateful nation.

The Framework uses a 20-year mandate, a holistic approach to addressing the future of VA health care, and is built upon four pillars: restructure, realign, redesign, and reform. IB recommends that VA restructures into a blended model with an integrated network, combining the best elements of the VHA network and Care in the Community. This would make VA and the private community complementary of each other, but ensures that VA is still the coordinator of care. VA should realign resources and allocation, by developing broader sharing agreements with the private sector. VA should also establish a quadrennial review and publically update and report actuarial estimates for maintaining systems. VA should redesign the systems and procedures for access to move away from a federally regulated access standard. Access to care should be dictated by the clinical indication and decision made between the veteran, their families, and the provider. Finally, VA should reform by modernizing its workforce through a joint effort in recruiting, training, and retaining quality professionals, while creating a quality patient advocacy program focused on experience.

The Commission discussed the Independent Budget's Framework for the Future of Veterans Health and posed questions to the presenters. Items discussed included:

- The research methodology used in preparing the IB report
- VA coordination with private-sector health care
- Geographic challenges that face VA health care

### **Veterans Service Organizations**

Rene Campos and Louis Celli provided an overview of their VSOs. The Military Officers Association of America serves the entire military community and is the largest military association in the United States, with 390,000 members. Its purpose is to honor the commitments of those who served our nation, with the promise of never stopping its service to our military, veterans, and families. It is a grassroots organization, conducting most of its work through communities, providing products and services to its membership. The heart of the work is advocacy, by engaging membership to tell their stories and concerns, bringing their viewpoints forward and engaging with those that hold a similar interest. Ms. Campos provided several stories from veterans of their personal VHA experiences, as well as their recommendations for improving VA.

VA has multiple statutory missions that they must support, in addition to serving as a good steward of taxpayers' money. However, the system has been neglected and needs attention to continue to carry out its missions. The American Legion does not have the budget or skills to go over the entire VA budget, but it does have connections to the veterans and staff that work in VA, which allows them to provide insight from those who make up and use the VHA system. As such, the American Legion is in the process of creating a statistically valid analysis of the worth of VA health care to help provide further insight into VA.

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The Commission discussed the experiences presented by the VSOs and posed questions to the presenters. Items discussed included:

- Veteran eligibility criteria for VA health care
- The relationship between veteran enrollment numbers and managing cost

### **Voice of the Veteran: Personal Stories**

Wilmya Goldsberry and Christopher Neiwann, two veterans who use VHA care, provided the Commission with their personal accounts of working with VHA. The Commission discussed the experiences of the presenters and posed questions to them. Items discussed included:

- The customer service experience within VHA and how to improve it
- The veterans' preferences in receiving care and reasons why they use VHA care

### **Facilitated Conversation**

The Commission was led in a facilitated discussion by Josef Reum. Items discussed included:

- What future steps are necessary for VHA to realign with its mission?
- What size and structure should VHA take looking forward?
- How do innovation organizations implement change?
- What is the appropriate balance between in-house and contracted care?
- The benefits and challenges of the VA governance structure
- The changing demographics of the veteran population

**The facilitated conversation concluded with no objections expressed during the discussion regarding integrated care.**

**Day 1 closing remarks were provided by Ms. Schlichting and the meeting was adjourned at 4:50 p.m.**

**Day 2 of the Commission on Care meeting opened at 8:31 a.m.**

### **Opening Remarks**

Ms. Schlichting opened the second day of the meeting, welcomed everyone back, and gave an overview of the day's agenda.

### **National Health Information Interoperability**

Jon White provided an overview of the state of national health information interoperability. The Office of the National Coordinator (ONC) is part of the Office of the Secretary of Health and Human Services. The Office has two main responsibilities: to coordinate across federal partners and the private sector to advance the use of health IT to improve health in health care, and to regulate health IT in general. There has been a growing and urgent recognition of the importance of health IT systems among policymakers lately, and this has led to the creation of two significant documents this year: the Federal Health IT Strategic Plan and the Interoperability Roadmap.

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The Federal Health IT Strategic Plan brings the vision of higher quality care, lower costs, a healthy population, and engaged people to its mission. The Strategic Plan is designed to help improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most. The individual goals of the Strategic Plan include advancing person-centered health and self-management; transforming health care delivery in community health; fostering research, scientific knowledge and innovation; and enhancing the nation's health IT infrastructure. The Office has coordinated across the entire administration on the Plan, also meeting with key stakeholders and the public, and it will provide a way forward for the next five years in health IT.

The Interoperability Roadmap lays out ways to develop interoperability and what needs to happen to support a learning health system with great outcomes and continuing improvement. The timeframe of the Roadmap is ten years, but the goal is to start achieving interoperability sooner. Some of the principles of the project include:

- Focusing on value in a quantifiable way
- Person-centeredness
- Protecting privacy, security, and individual preference in all aspects of interoperability
- Building a culture of electronic access and use
- Encouraging innovation and competition
- Building on existing IT infrastructure
- Maintaining a modular and simple system

The efforts of the ONC fall under three shared commitments. First is consumer access: health IT should help consumers easily and securely access their electronic health information, direct it to a desired location, learn how their information can be shared and used, and be assured that this information will be effectively and safely used to benefit their health and community. The second commitment is to minimize information blocking: providers should be allowed to share individuals' health information for care with other providers and their patients wherever permitted by law. Finally, a commitment to standards: the health care industry should implement federally recognized national interoperability standards, policies, and guidance for electronic health information, as well as adopt best practices, including those related to privacy and security.

The Commission discussed national health information interoperability and posed questions to Mr. White. Items discussed included:

- The scope of the Interoperability Roadmap
- The history of the ONC and its mission
- Specifics of how the ONC regulates health IT
- The challenges of improving access for different populations
- Security and privacy issues that make increasing interoperability difficult
- The history of health IT within VHA
- The interoperability between VHA and private health IT systems
- Specifics of VHA health IT systems

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### **DoD EHR Procurement: Lessons Learned/Interagency Program Office**

Charles Hume and Chris Miller provided an overview of the Department of Defense (DoD) and VA joint effort in electronic health record (EHR) procurement. DoD and VA have been working together to increase their EHR interoperability since 2004 with the goal of identifying, understanding, and attacking basic workflows and meeting with stakeholders to assess them. The two networks share more information than any other two large health systems through the Joint Legacy Viewer (JLV) system, a transitional product intended to facilitate records sharing while more robust record sharing is being developed. JLV allows providers to see a comprehensive health record of their patients' care. As its name implies, JLV allows providers to view the information, but it does not facilitate using information between the systems in an interactive way. The goal is to create a serviceable system that allows for more seamless sharing between DoD and VA. Providing users the same experience on both the benefits and clinical side is one of the enhancements the two agencies are seeking to add to the system.

DoD is also in the process of modernizing its own EHR system. In 2013, Secretary of Defense Hagel brought together a team of experts to determine what alternatives exist to DoD's existing EHR system. The panel concluded that interoperability efforts must continue. Even though systems will undoubtedly be modernized over be modernized, there will always be legacy issues necessitate interoperability. The panel further recommended that DoD conduct a competitive acquisition process for off-the-shelf EHR solutions. DoD determined that it did not have the workforce or experience necessary to develop high lever EHR, and thus began to build a partnership with industry to take advantage of what is commercially available.

The Commission discussed VA and DoD's EHR efforts and posed questions to the presenters. Items discussed included:

- Specifics of interoperability between DoD and VA's health IT systems
- Issues facing interoperability between the two health IT systems
- Geographic limitations facing health IT systems
- The implementation process for DoD's new EHR system
- The role of telemedicine in interoperability
- Security and privacy issues that challenge DoD-VHA interoperability
- Differences between open source and proprietary health IT software
- The difficulties that face implementation of new health IT systems

### **Health Information Exchange**

Elaine Hunolt, Harry Leider, James Wood, and Mariann Yeager provided an overview of the Health Information Exchange. Elaine Hunolt began the presentation by giving a history of the VA's health information exchange efforts. VA's first electronic health information exchange program was with DoD. VHA VistA Evaluation information is designed to work with the Joint Legacy Viewer seamlessly, and the program is designed to further evolve and mature. On the private side, VA provides health information through the VLER Health Program, which operates through the eHealth Exchange as well as direct secure messaging. Community health coordinators help facilitate exchanges at VA locations, and are tasked with addressing VA-specific obstacles, such as the Veteran Release of Information consent. Ms. Hunolt then provided a quick overview of how the exchange works.

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Next, Ms. Yeager provided an overview of the eHealth Exchange program. The Exchange began was an ONC program initiative in 2007, with the objective of developing networks that would enable data sharing across health care settings, regardless of whether it was governmental, commercial, payers, providers, and irrespective of which health IT platform is used. Early work for the program was conducted by ONC, and by 2012 it had expanded beyond proof of concept. Stewardship was subsequently passed on to the Sequoia Project. Since then, the network has quadrupled in connectivity, fueled by strong federal partner support. The eHealth Exchange provides a standardized way for VA to share and access veterans' health records with the private sector and other federal agencies, with a single legal agreement that all sharing parties must agree to.

Finally, Harry Leider and Jim Wood provided an overview of the VA/Walgreens Immunization Program. Between 5,000 and 50,000 people die from the flu every year, but most people don't consider it to be a major health threat. As such, they will not go out of their way to get immunized and thus risk their health even when a solution is readily available. To solve this problem, one must provide convenient access to care and employ data integration to ensure that providers are aware when a patient has received an immunization. The joint Walgreens and VA Immunization Program helps provide resources to veterans to receive their immunizations for the flu and other diseases. The program established cooperation and a large footprint between two national organizations with the goal of enabling veterans to receive easy access to immunizations, as well as a transfer of data reflecting the immunization into their clinical record. The program began as a VA innovation center, moved to a regional pilot in VISN 8, and, after proving its effectiveness, has recently been expanded to the national level.

The Commission discussed VA's health information exchange partnerships and posed questions to the presenters. Items discussed included:

- Privacy and security concerns in health information exchange
- Specifics of several VA health information exchange programs
- The role of pharmacies in health information exchange
- Specifics of the joint VA-Walgreens national immunization coordination program
- The future of joint VA-retail health information exchange programs
- Different methods of reaching out to veterans

### **Vision for OI&T/Collaboration with VHA**

LaVerne Council provided an overview of the Office of Information and Technology (OI&T) and its recent rebuilding efforts. Upon joining VA, Ms. Council conducted a review of OI&T to determine the status of the office. She found that, as the largest IT organization in the federal government, VA OI&T supports the largest integrated health care system in the country, in addition to a medium-sized insurance branch and the largest network of cemetery associations in the country. However, the key capabilities to operate its mission were missing from the office. There was a lack of standardization for quality metrics, a need for better leadership, and a need for increased customer focus. There were also several opportunities for innovation and workforce development. Overall, Ms. Council concluded that OI&T must adapt to better carry out its mission.

OI&T will refocus its mission, putting the veteran in the center, and focusing on bringing world-class solutions to the table. The office will build upon four key principles: transparency,

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accountability, innovation, and teamwork. The new focus will also put an increased reliance on a strong technical foundation, bringing speed and efficiency to the delivery of outcomes and a clear understanding of task. The three key initiative areas that the center is focusing on are stabilizing and streamlining core processes, eliminating material weakness, and institutionalizing a new set of capabilities. The linchpin to this transformation is leveraging data and making it useful. Ms. Council explained several new tools that were implemented to collect and analyze data, including the VA Defense Information Repository, the Master Veteran Index, and DS Login. She also provided further updates on VA's EHR systems and future planned projects.

The timeline for the transition is in three parts: present (within six months), near term (six to 18 months) and future (18 to 36 months). The framework for this change takes into consideration the nature of changing leadership structure within the federal government. Ms. Council concluded her presentation by explaining the roles of several new key functions added to OI&T, including the Enterprise Program Management Office and Quality and Compliance Team.

The Commission discussed the revitalization of the OI&T and posed questions to the presenter. Items discussed included:

- How to effect organizational transformation, and challenges to overcome
- The current state and future of VA interoperable health information
- The role that privacy and security concerns play in data collection and analysis
- Structural changes to the VHA OI&T office
- Specifics of several VHA OI&T programs

**Day 2 closing remarks were provided by Ms. Schlichting and the meeting was adjourned at 1:05 p.m.**

**Day 3 of the Commission on Care meeting opened at 8:34 a.m.**

### **Facilitated Conversation**

The Commission was led in a facilitated discussion by Josef Reum. Items discussed included:

- The future size and structure of VHA
- The benefits and challenges of the VA governance structure
- The Veteran Benefits Administration priority group system
- The veteran eligibility requirements system
- The health insurance options available to veterans

### **Leadership and Transformation Presentation**

Charles Rossotti provided an overview of the modernization of the Internal Revenue Service in the late 1990s. Mr. Rossotti served as Commissioner of the IRS in the late 1990s and early 2000s, after a period of gradual but intense focus on the problems at the IRS from both Congress and the public. The problems uncovered ranged from a deterioration of routine services, to ethical issues, misuse of performance statistics, and taxpayer abuse through enforcement powers. In his five years in office, Mr. Rossotti conducted a modernization of the IRS, not just in terms of technology but in its business model as a whole. The modernization

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was segmented into short-term and long-term initiatives to fix both immediate and underlying problems.

Many of the changes that were implemented came in four focus areas: structure, performance metrics, technology, and credibility. The structure of the IRS was established during the Truman Administration in response to corruption in the Service, but the IRS outgrew its original structure by the 1990s. Efforts to comply with performance metrics were misaligned because enforcement was the only way to easily measure performance quantitatively. The existing technology of the IRS was managed poorly, with new additions simply being grafted onto the top of the existing infrastructure under decentralized and disjointed IT office management. Finally, the IRS developed a credibility problem through its poor outreach efforts and insular nature.

To fix these issues, the IRS identified a priority list of problems and communicated accurately with the public about what the problems were and how they would be fixed. A series of task forces made up of employees with relevant experience, supplemented with outside consultants, were created to address longer-term issues, while short-term problems were fixed by dedicated senior staff familiar with the issues. Mr. Rossotti went into the field personally to see the IRS system in progress, making the word of the Commissioner more credible and the executive-level employees more involved in the entire process.

The Commission discussed the modernization of the IRS and posed questions to Mr. Rossotti. Items discussed included:

- The impacts of legislative and governance structures on organizational transformation
- How the modernization of the IRS is applicable to the VA
- The successes and failures of the IRS modernization

### **Facilitated Conversation**

The Commission was led in a facilitated discussion by Josef Reum. Items discussed included:

- What size and structure should VHA take moving forward?
- The benefits and challenges of the VA governance structure
- The health insurance options that veterans must choose from
- The economics of the American health care system
- The tasks ahead of the Commission before it finishes its report

**Closing remarks/comments were provided by Commission members.**

**The meeting of the Commission on Care was adjourned at 11:36 a.m.**