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# COMMISSION ON CARE

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## MEETING MINUTES FOR OCTOBER 19-20, 2015

The Commission on Care convened its meeting on October 19-20, 2015, at the Marriott at Metro Center, 775 12<sup>th</sup> Street, NW, in Washington, DC.

### **Commissioners Present:**

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

### **Commission on Care Staff Present:**

Susan M. Webman – Executive Director  
John Goodrich – Executive Assistant  
Susan Edgerton – Access and Scheduling Working Group Staff  
Sharon Gilles – Designated Federal Officer (DFO)

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

David Carroll – Executive Director, Office of Mental Health Operations, Veterans Health Administration (VHA)  
Michael Davies – Executive Director, Access and Clinic Administration, VHA  
Anne Dunn – Deputy Director, Homeless Program Office, VHA  
Patricia Hayes – Chief Consultant for Women’s Health, Office of Policy, VHA  
Harold Kudler – Chief Consultant for Mental Health, Office of Policy, VHA  
Thomas Muir – Director, Shared Services  
Robert Snyder – Principal Deputy Assistant Secretary

### **Other Presenters:**

Susan Dentzer – Robert Wood Johnson Foundation  
Brett Giroir – Senior Fellow, Health Policy Institute, Texas Medical Center  
Marianne Hamilton Lopez – National Academy of Medicine  
J. Michael McGinnis – National Academy of Medicine  
Ken Mullins – Northern Virginia Technology Council  
Jonathan Perlin – Hospital Corporation of America  
Gail Wilensky – Senior Fellow, Project Hope

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**The Commission on Care meeting opened at 8:38 a.m.**

### **Welcome/Opening Remarks**

Ms. Nancy Schlichting (Chairperson) opened the meeting, welcomed everyone present, and gave an overview of the agenda. The Commissioners introduced themselves for the benefit of the newly appointed Commissioners, Ms. Taylor and Ms. McClenney.

### **Blue Ribbon Panel**

Dr. Brett Giroir and Dr. Gail Wilensky provided an overview of the Blue Ribbon Panel. The Panel was created and convened by the MITRE Corporation as part of the independent assessment under the Veterans Access, Choice and Accountability Act of 2014 (Choice Act), to serve as a high level, cross-cutting advisory and review board. The objective was to perform an independent review of MITRE's interim report and integrated final report, to ensure that the recommendations help serve veterans and transform the VA into an effective 21<sup>st</sup> century model of service. After review, the Panel unanimously supported the integrated report. Dr. Giroir reviewed the systemic findings and recommendations of the integrated report identifying that within VA there is:

- A misalignment of demand, resources, and authorities
- Bureaucratic operations and processes that slow down delivery of care
- A widespread crisis in leadership
- A lack of fundamental enterprise systems and data tools

To address these findings, the report indicates that VA should:

- Implement a new governance to clarify vision, allocate resources, assure accountability, and simplify purchased care
- Focus on a patient-centered care model with appropriate local autonomy
- Heal the broken culture and increase the appeal of senior positions
- Deploy modern, common tools to assure data integrity, transparency, and continuous improvement

The Commission discussed the results and methodologies of the report and posed questions to the presenters. Items discussed included:

- How developments in technology are changing patient-provider interaction
- The specifics of various VHA programs
- How changes in private-sector insurance will affect VHA
- The organizational structure of the VHA
- The status of facilities within the VHA system
- The role of purchased care within VHA
- Coordination between VA and other federal government medical systems

### **Perspective on VA Health Care**

Dr. Jonathan Perlin provided his perspective on the VHA system and recent efforts toward improving it. Dr. Perlin explained his background prior to working with the VA and explained the viewpoint his experiences afford him. VHA has a triple aim of desirable characteristics: providing care, promoting health, and creating value. VHA not only provides for veterans' general needs,

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but also addresses military occupational health risks that the private sector may overlook. VHA provides health benefits for veterans through its health and well-being programs, in addition to housing, education/training, and memorialization. VHA can provide value by being a model of health care for the nation, with further value coming from its collateral missions of research, education, and a backup system for the nation.

VA focused on three means to examine VHA operations and recommend improvements. The first was the MyVA Advisory Committee, which is focused on improving the veteran experience, improving the employee experience by focusing on people and culture, achieving support service excellence, establishing a culture of continuous performance improvement, and enhancing strategic partnerships. The second was the Blueprint for Excellence, which had four overarching themes:

- Improving performance
- Promoting a positive culture of service
- Advancing healthcare innovation for veterans and the country
- Increasing operational effectiveness and accountability

Dr. Perlin detailed various strategies to improve on these themes. Third, the independent assessment called for by the Choice Act made systemic findings about the current state of the VHA system and presented its recommended solutions. Dr. Perlin noted VA healthcare is at a point of reinvention to provide better, veteran-centric care, and the recommendations of the MyVA, Blueprint for Excellence, and the independent assessment provide VA with a roadmap toward the future.

### Questions and Answers/Discussion with Presenters

The Commission discussed the presentations and posed question to Dr. Giroir, Dr. Wilensky, and Dr. Perlin. Items discussed included:

- The pros and cons of integrating veterans' healthcare into the private sector
- Integrating the different components of VA (VHA, Veterans Benefits Administration, financial services, etc.)
- The challenges of determining veteran eligibility
- Different approaches to workforce management and operating models
- The current and proposed governance structure of VA
- Challenges facing veterans' access to care
- VA providing social supports for vulnerable veterans, especially with regards to mental health
- VA's unique role in American health care and how to adapt it for the future

### Women's Health

Patricia Hayes provided an overview of Women's Health programs within VHA. The number of women veterans has increased steadily since World War II, when 2.3 percent of all active-duty service members were women, to today, where the number is around 15 percent. As a result, VA has gradually increased its services for women veterans, with the goals of providing them with high quality, equitable care (on par with that of men); care delivered in a safe and healing environment; seamless coordination of services; and recognition of the role of women as veterans. To meet these goals, VA provides comprehensive primary care at one Designated

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Women's Health Provider (DWHP) for services such as acute and chronic illnesses, preventive services, and gender-specific primary care, among other services.

In the past, VHA uncovered gaps in its ability to provide comprehensive primary care for women veterans, as many primary care providers had little or no exposure to women patients, and women were often referred outside of primary care for gender-specific care. As a result, VHA established DWHPs in 2010. These providers are proficient in women's medical care and are available at all sites of primary care throughout VA medical centers and Community-Based Outpatient Clinics. As a result of this program, VHA has seen higher satisfaction and quality of care for women veterans, cost savings for reduced gynecology visits, and a sense of safety and comfort for women veterans.

Beyond primary care, VHA provides other services for women veterans, including:

- mammography
- gynecology
- breast and cervical cancer screening
- maternity care
- newborn care
- women's health education
- military sexual trauma-related health care
- counseling

Ms. Hayes described the specifics of veteran eligibility for programs as well as several innovative women's health programs within VHA (such as the Health Practice-Based Research Network and the Women Veterans Call Center). The Commission discussed women's health within VHA and posed questions to the presenter. Items discussed included:

- The demographics of women who use VHA services;
- Specifics of several women's health programs;
- Differences in women's health coverage between VHA and private-sector providers; and
- Current and future challenges facing VHA women's healthcare.

### **Mental Health**

Dr. David Carroll and Dr. Harold Kudler provided an overview of mental health services within VHA. VHA is committed to providing a uniform package of mental health services that is veteran-centered, recovery-oriented, and evidence-based and that supports personalized, proactive, and patient-centered care. This package involves programs in:

- Integration into primary care
- Inpatient care
- Residential care
- Specialty outpatient care
- Gender-sensitive care
- Care transitions
- Suicide prevention
- Telemental health
- Evidence-based treatments
- Therapeutic and supported employment services
- Disaster preparedness
- Rehabilitation and recovery service
- Collaboration with homeless programs and services for justice involved veterans, among others

The VA has been transforming toward an integrated mental health delivery system in recent years as well as expanding veteran access to mental health services. Veterans can access these services through the Veterans Crisis Line, VA staff on university campuses and other outreach efforts, as well as through standard clinical settings. Furthermore, VA has expanded

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clinical programs to provide proactive screening for depression, posttraumatic stress disorder, problem use of alcohol, military sexual trauma, and delivery of mental health treatment in primary care and other medical and rehabilitation settings.

Dr. Carroll and Dr. Kudler covered specifics of several mental health programs, including Residential Rehabilitation Treatment Programs, Readjustment Counseling Services, and the Veterans Crisis Line. With these and other programs in mind, VHA's strategic priorities for mental health are:

- Providing access to world-class crisis intervention services for every veteran at any time;
- Being measurement-based with a balanced emphasis on clinical outcomes, quality, and veteran and staff satisfaction; and
- Operating within a measurement-based management system with shared leadership at local, network, and central office levels.

The Commission discussed mental health within VHA and posed questions to the presenter. Items discussed included:

- How VHA mental health services compare to private-sector providers
- An explanation of evidence-based mental health
- Specifics of several mental health programs
- Non-traditional treatment modalities
- Local-level challenges facing VHA mental health programs

### **Homelessness**

Anne Dunn provided an overview of VA's homeless programs. VA's goal is to prevent and end homelessness among veterans. To reach this goal, VA focuses on:

- Identifying all veterans experiencing homelessness
- Providing shelter immediately for those who need shelter
- Providing service in transitional housing in limited instances
- Having the capacity to assist veterans to move swiftly into permanent housing
- Having resources and plans and system capacity should any veteran become homeless or at risk

VA's homeless programs work on a local level and focus on helping veterans community by community, to address the needs of veterans tailored to each setting. Rather than waiting for veterans to access the programs, VA searches for veterans in need. The programs are centered on their needs and focus on permanent housing support. Outreach programs include the Homeless Patient Aligned Care Team and Homeless Veteran Community Employment Services. VA partners with the Department of Housing and Urban Development's Supportive Housing Program to provide shelter for homeless veterans. Ms. Dunn highlighted several other VA homeless programs, including the National Call Center for Homeless Veterans, VA Stand Downs, and Veterans Justice Programs.

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The Commission discussed homeless programs within VA and posed questions to the presenter. Items discussed included:

- How VA finds and reaches out to homeless veterans
- The challenges of providing health care for homeless veterans
- Collaborations between VA mental health and homeless programs
- Issues facing homeless veterans that use VA programs
- Differences in helping homeless veterans in rural and urban settings
- The timelines for helping homeless veterans

**Day 1 closing remarks were provided by Ms. Schlichting and the meeting was adjourned at 5:40 p.m.**

**Day 2 of the Commission on Care meeting opened at 8:33 a.m.**

### **Assessment D: Access – Institute of Medicine (IOM)**

Susan Dentzer, Dr. Marianne Hamilton-Lopez, and Dr. Michael McGinnis provided an overview of Assessment D from the independent assessment under the Choice Act. The Institute of Medicine was tasked with assessing scheduling practices within VHA, and created a committee that:

- Reviewed the relevant literature on patterns, standards, and strategies for timely health care provision nationally
- Characterized the variability in needs and practices and the implications for scheduling protocols
- Identified organizations and examples demonstrating best practices in the timely delivery of care
- Organized a public workshop to inform the committee on the evidence of best practices and issues to be considered
- Issued findings, conclusions, and recommendations for practices and standards to improve scheduling and access nationwide

The Committee found that within VHA there is substantial variability, lack of systems strategies, no validated standards or emerging best practices, a need for reframing the concept of supply and demand, and a paucity of leadership. To address these findings, the Committee recommended that VHA national leadership:

- Spread and implement basic access principles
- Collaborate with multiple federal departments on implementing initiatives
- Promote systems strategies in health care
- Propose, test, and apply standards development
- Lead with professional societies in applying systems approaches
- Provide financial incentives and other tools with public and private payers

The Committee recommended that health care facility leadership:

- Anchor front-line scheduling practices in basic access principles
- Commit to basic access principles in governance and leadership

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- Reach out to patients and families in designing and leading change
- Continuously assess and adjust at every care site

### **Section 203 – Northern Virginia Technology Council (NVTC)**

Ken Mullins provided an overview of NVTC's assessment of VA's scheduling practices. Section 203 of the Choice Act called for a technology task force to perform a review of VA's scheduling system and software. VA contracted NVTC to perform the assessment, and charged the task force to examine and propose improvements to schedule new patients on their first visit and scheduling specialty consult visits. In examining these two processes, NVTC analyzed four key domains for VA: people, process, technologies, and performance measurement.

Through the course of their review, NVTC found that:

- VA's exam-scheduling processes are not supported by state-of-the-art technologies, nor are standard operating procedures consistently applied.
- This has resulted in a counterproductive and error-prone working environment that has led to staff-retention problems as well as a gradual erosion of public confidence in VA's ability to provide veterans with timely access to healthcare services.
- Current scheduling processes do not adequately meet the needs of veterans, healthcare providers, or scheduling staff members.

To address these concerns, NVTC recommended that VA:

- Aggressively redesign the human resources and recruitment process
- Prioritize efforts to recruit, retain, and train clerical and support staff
- Develop a comprehensive human capital strategy that addresses impending health care provider shortages
- Create a stronger financial incentive structure in compensation packages
- Accelerate steps to improve the agility, usability, and flexibility of scheduling-enabling technologies that also facilitate performance measurement and reporting functions
- Take aggressive steps to use fixed infrastructure more efficiently
- Evaluate the efficiency and patient support gained by centralizing phone calling functions in facility-based call centers and extending hours of operations
- Invest in more current and usable telephone systems and provide adequate space for call center functions
- Take aggressive measures to alleviate parking congestion
- Engage frontline staff in the process of change
- Embrace a system-wide approach to process redesign

### **Scheduling – VHA**

Dr. Mike Davies provided an overview of VHA's internal efforts to improve the scheduling system. Since joining VHA as Director of the Access and Clinic Administration, Dr. Davies has worked to fix scheduling issues plaguing the VHA system, implement a better clinic management system, and drive to aggressive access goals for patients (offering patients an appointment for any problem same day in primary care and offering patients appointments within two weeks in specialty care). Dr. Davies explained how the current scheduling system, VistA, works, demonstrated the system in action, and highlighted three serious flaws: an inability to measure appointment supply; an inability to measure capacity wait times; and an inability to

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measure and manage clinic resources, as well as a number of other issues making the scheduling system difficult to use.

To fix the scheduling problems, there are four possible solutions:

- Fix legacy VistA bugs
- Enhance legacy VistA
- Develop apps
- Acquire the Medical Appointment Scheduling System (MASS)

Acquiring MASS best meets the goals of fixing VHA's scheduling issues. It changes the paradigm of capabilities for VA, while solving the issues of VistA and positions VA for the future. MASS is a resource-based scheduling system, rather than a clinic-based system like VistA. MASS is a proven and mature medical scheduling solution with a large active user base, and meets more than 96 percent of all business requirements out-of-the-box with built-in industry standard business rules. A veteran-facing portal and mobile application enable veteran self-scheduling, preferences, and special needs, and the system allows for enterprise-wide scheduling to help VA load-balance across the nation and improve access to care. MASS has shown further gains over VistA in a business sense, by reducing no-shows relative to the supply of appointments, improving scheduler efficiency, better coordination of appointments, and an ability to schedule the right provider to the right problem, among other improvements. Dr. Davies demonstrated MASS for the Commission.

### **Access/Scheduling Questions and Answers/Discussion with Presenters**

The Commission discussed the presentations and posed question to Dr. McGinnis, Dr. Hamilton Lopez, Dr. Davies, and Mr. Mullins. Items discussed included:

- Fixing the scheduling system architecture
- Improving staff retention and cutting down on no-shows
- How telehealth is changing the health care landscape
- Improving clinical management throughout the VHA system
- Improving patient experiences

### **MyVA Support Services Excellence Overview**

Thomas Muir and Robert Snyder provided an overview of the MyVA efforts. The MyVA Integrated Plan was published in late July 2015. It details five key areas for improving VA care: performance improvement, strategic partnerships, support services, improving the veteran's experience, and improving the employee experience. Mr. Snyder provided updates on VA efforts in each of the five areas including new tools for veteran interaction, leadership workshops, IT infrastructure improvements, training symposiums, and new partnerships. MyVA is looking to integrate the veteran's experience in the areas of access to quality health care, delivery of timely benefits, timely and accurate appeals, and access to memorial services. In addition to these front-end improvements, MyVA is also transforming VA back-end services, such as developing and retaining passionate leaders, developing an efficient and effective supply chain, building and sustaining facilities, and aligning requirements, strategies, and budget in the operating model, among other improvements.

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Mr. Muir went into more detail about developing support services excellence. One of VA's missions is to deliver best-in-class services and capabilities to VA's administrations and functions, so they can focus on delivering world-class services to veterans and eligible beneficiaries. To execute this mission, support services has five operating principles:

- Establish a strong governance model that will determine what work or activities transition from current organizational structures to a future-state support services excellence organization, as well as priorities and sequencing for those transitions.
- Consider moving common, enterprise-wide transactional work to Support Services by defining the work, the people who do that work, and the end-to-end cost of that work.
- Focus on excellence in service delivery by building the specific people skills, business model, and organization design needed to accomplish this.
- Be a critical enabler of capabilities for the VA administrations and staff offices, allowing them to deliver enterprise services faster and better.
- Work on VA priorities through annual "Joint Business Plans," quarterly reviews, and agreed-to service levels and cost commitments.

Mr. Muir went into detail on what needs to happen for these principles to be met, and what achieving support service excellence entails. The Commission discussed the MyVA transformation within VA and posed question to the presenters. Items discussed included:

- The future of the Blueprint for Excellence
- Specifics about various MyVA efforts
- Outreach efforts to gather feedback from veterans
- Overlap between MyVA efforts and independent assessment recommendations
- Legislative requirements and limitations of the VA transformation
- External influences on VA transformation efforts

**Closing remarks/comments were made and the DFO adjourned the meeting of the Commission on Care at 11:53 a.m.**