
COMMISSION ON CARE

MEETING MINUTES FOR JANUARY 19 AND 21, 2016

The Commission on Care convened its meeting on January 19 and 21, 2016, at the ASAE Conference Center, 1575 Eye Street, NW, Washington, DC.

Commissioners Present:

Nancy M. Schlichting – 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 on Care Staff Identified:

Susan Webman – Executive Director
John Goodrich – Designated Federal Officer
Monica Cummins – Alternate Designated Federal Officer

Presenters:

Ken Kizer – Former Undersecretary for Health (Veterans Health Administration (VHA))
Michael Kussman – Former Undersecretary for Health
Bradford Adams – Swords to Plowshares
Keith Armstrong – San Francisco Veterans Affairs Healthcare System
Jenny L. Boyer – American Psychiatric Association
LeAnn Bruce – Association of Veterans Affairs Social Workers (AVASW)
Robert E. Burke – George Washington University
Joan Clifford – Nurses Organization of Veterans Affairs (NOVA)
Sharon Johnson – NOVA
Thomas Kirchberg – Association of Veterans Affairs Psychologist Leaders (AVAPL)
Russell Lemle – AVAPL
John R. McQuaid – Association of Veterans Affairs Leaders
Liz Medina – Veteran
Edgardo Padin-Rivera – AVAPL
Marilyn Park – American Federation of Government Employees
Jerry Satterwhite – AVASW
Samuel Spagnolo – National Association of Veterans Affairs Physicians and Dentists
Michael Vasquez – Veteran
Antonette Zeiss – AVAPL

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The Commission on Care meeting opened at 8:37 a.m.

Opening Remarks

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

Facility Visits Review

Commissioner Ikram Khan provided an overview of his visit to the Las Vegas VA Medical Center (VAMC). Commissioner Khan explained how he met with leadership, physicians, and staff, and learned about the challenges they face in delivering care to veterans.

Commissioner Thomas Harvey provided an overview of his visit to the Montrose VAMC. Commissioner Harvey explained meeting with the center's leadership, physicians, and staff, and what challenges the center faces in delivering care to veterans. The Commission discussed the facility visits and posed questions to the presenters. Items discussed included:

- Specifics about operations and policies at various VA medical centers
- Scheduling practices within the VHA
- The budgetary impact of increased demand for VHA healthcare
- The implementation of the Veterans Access, Choice, and Accountability Act

Voice of the Veteran: Personal Stories

Liz Medina, a veteran who uses VHA/VAMC care, provided the Commission with her personal account of working with VHA. The Commission discussed the experiences of the presenter and posed questions to Ms. Medina. Items discussed included:

- The customer service experience within VHA
- The veteran's preferences in receiving care and reasons for why she uses VHA care
- The claims process within the Veterans Benefits Administration
- Women's health services in VHA

Former VHA Leadership

Dr. Michael Kussman provided an overview of his perspective of the current status of VHA. Dr. Kussman served as the Undersecretary for Health from 2007 to 2009, during which time he directed the VHA health care system. Since retirement, he has continued to follow the progress of VHA, tracking what has changed and what has caused current challenges for the system. He helped co-author a Concerned Veterans for America (CVA) report in 2015 that examined the roadblocks that are preventing VHA from delivering health care to veterans.

The report focused on the needs and wants of the veterans who use VHA. Dr. Kussman highlighted two key findings from the CVA report. First, many difficulties stem from running the largest integrated healthcare system in the country in a heavily politicized environment. VA must react to decisions made in Congress rather than make decisions that best help the veteran. And secondly, veterans' expectations and needs are changing rapidly while the system isn't reacting quickly enough to these changes.

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The Commission discussed the challenges facing VHA health care and posed questions to the Dr. Kussman. Items discussed included:

- Lessons learned from the Department of Defense's TRICARE program
- The difficulties of providing health care for veterans in a politicized environment
- Future challenges on the horizon for VA
- The current status of VHA's university affiliate programs
- The changing landscape of American health care

Dr. Ken Kizer provided an overview of the VHA transformation in the 1990s. Dr. Kizer joined VA as the Undersecretary for Health in 1994 when the VHA system was widely acknowledged to be broken, but with no obvious fixes. Several of the problems included care that was specialist-oriented, fragmented, difficult to access and reactionary, of unpredictable quality with little accountability; had frequent changes in leadership, a centralized and heavily bureaucratic management structure; and existed in a political environment that valued small political gains over what was best for the system.

The VHA transformation under Dr. Kizer began with a vision for improving VA healthcare. Dr. Kizer's goals were for the system to provide consistent, high quality, patient-centered care, while demonstrating that it provided equal or better value than the private sector. Furthermore, the transformation would move decision-making to the lowest appropriate level and institute these changes both system-wide and locally. The reform came in five parts:

- Increased accountability
- Integrated coordinated care
- Improved and standardized superior quality
- Modernized information management
- Aligned finances with desired outcomes

To operationalize these changes, Dr. Kizer implemented new management structures in the form of the Veterans Integrated Service Networks (VISNs), splitting the country into 22 integrated service networks and the Accountable Care Organizations. He placed a premium on improved patient services, rigorous cross-management, and process improvement outcomes, and began to utilize data-driven methods.

As a result, by the end of five years VA was treating 700,000 more patients while reducing staffing and closing more than half of all beds in the system. VHA implemented universal care, opened more than 300 new community-based clinics, reducing waiting times in the process, and saved more than \$640 million per year with purchased drugs. Bed days of care were reduced by 68 percent and operating costs were reduced by more than \$1 billion per year, while a culture of quality and accountability started to take hold and patient satisfaction increased.

Since then, VHA has begun to experience increased demand for services, staff shortages, and other pressures leading to the challenges of the current era. Many of the same factors that led to the crisis in the 1990s have contributed to today's issues, including inconsistent and frequently changing leadership, a highly partisan political environment, scheduling system

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inadequacies, excessive recentralization of decisionmaking, and a change to a punitive and risk-adverse culture.

The Commission discussed the transformation of VHA healthcare under Dr. Kizer and posed questions to the Dr. Kizer. Items discussed included:

- Parallels between the transformation of the 1990s and the current status of VA
- Challenges in implementing organizational change
- The role of leadership in improving the VHA system
- The core elements that drive the mission of the VHA
- Issues facing veteran demand and potential solutions

Voice of the Veteran: Personal Stories

Mike Vasquez, a veteran who uses VHA care, provided the Commission with his personal account of working with VHA. The Commission discussed Mr. Vasquez's experiences and posed questions on related topics, including:

- The customer service experience within VHA
- Veterans' preferences in receiving care and reasons for why they use VHA care
- Compensation benefits for veterans with service-connected disabilities
- The process behind VHA medical procedure decisions

Future Vision for VHA

The Commission was led in a facilitated discussion about the future of VHA by Dr. Robert Burke. Items discussed included:

- How the Commission can create a lasting impact on the VHA's transformation
- What organizational structure VHA should take in the future
- What demographic changes will mean for the future of VHA
- The changing landscape of American healthcare
- The future of health information technology and its role in VHA health care
- Emerging financial structures of health care institutions
- Similarities and differences between VHA and private health care
- The future of coordination of care and integrating VHA care
- What future steps are necessary for VHA to realign with its mission

Day 1 closing remarks were provided by Chair Schlichting and the meeting was adjourned at 5:03 p.m.

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Day 2 of the Commission on Care meeting opened at 8:35 a.m.

Opening Remarks

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

Labor Perspectives

Joan Clifford, Sharon Johnson, Marilyn Park, and Samuel Spagnolo provided an overview of their respective VA labor organizations. Sharon Johnson and Joan Clifford began with a synopsis of the Nurses Organization of Veterans Affairs (NOVA). NOVA was established in 1980 as a professional organization and voice for all VA nurses with a mission to educate, communicate, and advocate for VA nurses professionally, personally, and legislatively. The organization's vision is for VA nurses to provide high-quality care. It achieves this through advocating for an optimal work environment with the support, supplies, and resources that nurses need to take care of their patients; informing their members on relevant issues that impact VA health care and the nursing practice; and providing a strong voice in the legislative arena and at the VHA corporate level. NOVA's key advocating priorities are in the areas of patient safety, staffing levels, continuous learning and teamwork, care coordination, recruitment and retention, and supplies. The organization holds annual legislative roundtable meetings, where a mix of people meet and discuss topics concerning VA nurses. It also participates in the Nurses in Washington Internship, where members meet with colleagues, discuss concerns, and share ideas.

Marilyn Park continued the presentation with an overview of the American Federation of Government Employees (AFGE). Covering 220,000 VA employees, AFGE is the largest VA employee union with both professional and support personnel and a presence in every VAMC, Vet center, VISN office, and the VA Central Office. AFGE negotiates with management, making VA safer, more efficient, and improving recruitment and retention. In addition, the union represents VA employees in administrative hearings, court proceedings, and grievances, covering all employees with one national grievant. In non-traditional roles, AFGE advocates for issues affecting working conditions and provides a voice for VA employees in legislative matters. AFGE has a hand in ongoing VA transformation efforts, contributing to the MyVA and VISN realignment discussions. Ms. Park ended her presentation with examples of current issues that AFGE is advocating on for VA employees including professional development training, workplace safety, and the need for additional support personnel for nurses and doctors.

Dr. Samuel Spagnolo ended with an overview of the National Association of VA Physicians and Dentists (NAVAPD). NAVAPD believes the key means of enhancing care of the physicians is (1) employing the best physicians and dentists possible, and (2) allowing health care providers to guide the decisions regarding delivery and quality of care. These two tenets guide the organization's mission of representing and supporting all VA physicians and dentists, although recent changes within VA have greatly diminished the role of the physician as the leader of medical care. Insufficient exam rooms, poor configuration of space, insufficient clinical administrative support, organizational silos, and a fragmentation of the agency has left many physicians and dentists with the impression that their opinions are neither helpful nor requested. To fix these issues, Dr. Spagnolo recommended streamlining the agency and its processes and making them transparent; restoring the leadership role of VA physicians and dentists; and expediting the Commission's review so decisions don't languish.

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The Commission discussed the roles of VA labor organizations and posed questions to the presenters. Items discussed included:

- Challenges that VAMCs face in hiring medical professionals
- VA labor associations' relationships with VHA corporate leadership
- Specifics of VHA recruitment, education, and retention programs
- Present and future challenges facing VA staff in performing their duties

Behavioral Health

Jenny Boyer, LeAnn Bruce, Thomas Kirchberg, Russell Lemle, John McQuaid, Edgardo Padin-Rivera, Jerry Satterwhite, and Antonette Zeiss provided an overview of their respective VA behavioral health professional organizations. Thomas Kirchberg, Russell Lemle, John McQuaid, Edgardo Padin-Rivera, and Antonette Zeiss began with a presentation about the Association of VA Psychologist Leaders (AVAPL). Independent of VA, AVAPL is a non-profit organization with voluntary membership of VA psychologists. The group's primary goal is to provide and advance the highest quality mental health and behavioral health care to our nation's veterans. VA mental health is evidence-based psychotherapy, where randomized controlled trials are used to determine the most effective treatments for conditions. Over the last ten years, VA has developed a workforce of more than 10,000 providers trained in 15 different evidence-based therapies. These therapies are used for conditions such as posttraumatic stress disorder, depression, and insomnia. VA mental health outperforms the private health care community in many facets, with more longevity for patients and better health outcomes.

Since 2008, VA has instituted a primary care health integration model, which allows psychological screening in the primary care setting, initiating early treatment if necessary, or referral onto specialty care. The program helps increase access and reduce the stigma associated with mental health, and has a higher rate of success for identifying and properly treating problems. VA has also integrated mental health care into an interdisciplinary pain management program. Using a stepped care model allows multiple disciplines to work together and collaborate on evaluation and treatment for pain, and has shown strong evidence for efficacy in reducing pain and increasing function, as well as reducing costs. The AVAPL representatives ended by highlighting several access-to-care problems as well as suggestions on how to advance VHA health care into the future.

Jerry Satterwhite and LeAnn Bruce continued with an overview of the Association of VA Social Workers (AVASW). Established in 1978, AVASW was founded with the purpose of providing social work leaders with a forum for networking and supporting the profession. Unlike many community health models, VA social workers are involved in every part of the health care system, including outpatient primary care clinics, intervention and discharge planning, hospice units, and homeless programs. This allows them to effectively assess and address diverse factors known to impact an individual's health, quality of life, compliance with treatments, and safety, as well as help promote integrated efforts to a holistic approach to health care in the VHA model. The AVASW presenters concluded by highlighting several problems that social workers face and possible solutions.

Dr. Jenny Boyer provided an overview of her experience working as a psychiatric physician in the VA, emphasizing the team approach that psychiatric physicians use in diagnosing and

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treating veterans. She explained, in detail, several case vignettes, as well as the methods and training she used to provide help for her patients.

The Commission discussed behavioral health services within VA and posed questions to the presenters. Items discussed included:

- VA recruitment and retention efforts in the mental health arena
- The leadership structures of VA behavioral health programs
- The relationship between providers and veterans in VA behavioral health programs
- Collaboration between VA and community providers in mental health

Behavioral Health/Homeless Veterans

Keith Armstrong provided an overview of the San Francisco VA's family and student mental health programs. War zone deployment has been shown to impact the children and spouses of service members significantly, with higher rates of child maltreatment, increases in behavioral symptoms and family violence, and lower levels of life satisfaction. Despite this, many veteran-centered therapy programs do not focus on the families of veterans. Since 1977, the San Francisco VA's Family Therapy Program has provided therapy for the families of veterans with a level of expertise dealing with military issues. The program has taught and trained professionals in a variety of disciplines, as well as diagnosing and treating veterans with a variety of conditions. Mr. Armstrong provided a case vignette of one couple that the program was able to help.

The Student Veterans Health Program at the City College of San Francisco is another program that helps veterans readjust to civilian life. Started in 2010, the program provides easy-to-access mental health care and social work services driven by student-veterans' needs, as well as educating them about programs they're entitled to and supporting their academic success. Mr. Armstrong concluded his presentation with several recommendations on how to help implement mental health programs similar to the San Francisco VA's including increasing the accessibility of couples and family therapy to treat the "whole veteran," and increasing college outreach programs to address veterans in the larger context of their entire lives.

The Commission discussed the San Francisco VA's family and student mental health programs and posed questions to the presenter. Items discussed included:

- Other mental health programs at the San Francisco VA
- VA student-veteran programs throughout the country

Other Than Honorable Discharge

Bradford Adams provided an overview of military discharges and their relationship with VA benefits. There are five levels of military discharges: Fully Honorable, General, Other than Honorable (OTH), Bad Conduct, and Dishonorable. The top three levels are administrative, non-punitive, and cannot be given by a court martial. The bottom two levels—Bad Conduct and Dishonorable—result from court martial convictions and are punitive. VA doesn't consider any veteran with an OTH, Bad Conduct, or Dishonorable discharge for benefits, although there is a review process for OTH. This is not mandated by statute, but rather from VA policy.

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As such, one in ten veterans is not recognized by VA. OTH discharge veterans do not receive health care and compensation benefits, even though their discharges may be the result of a variety of reasons. Mental health is often implicated in discharge characterization, as well as racial bias and Service policy. For example, while 10 percent of Marines receive OTH discharges or lower, only one percent of airmen receive the same designations. Mr. Adams provided a series of case vignettes explaining the circumstances behind several veterans' OTH discharges.

The Commission discussed military discharges and their relationship to VHA benefits and posed questions to the presenter. Items discussed included:

- The statutory and administrative processes behind determining veteran benefits
- Biases that play into military discharge characterizations
- The implications of military discharges in veteran benefits
- Homeless programs in VA and their relationship to benefits

Closing remarks/comments were provided by Commission members.

The meeting was adjourned at 2:02 p.m.