

COMMISSION ON CARE

MEETING MINUTES FOR JUNE 7–8, 2016

The Commission on Care convened its meeting on June 7–8, 2016, at the ASAE Conference Center, 1575 Eye Street, NW, 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
Marshall W. Webster

Commission on Care Staff Identified:

Susan M. Webman – Executive Director
John Goodrich – Designated Federal Officer
Stephen Dillard – Program Analyst
Susan Edgerton – Program Analyst
Beth Engiles – Program Analyst
Sherrie Hans – Program Analyst
Dan Huck – Program Analyst
Ralph Ibson – Program Analyst
Wendy LaRue – Writer
Gideon Lukens – Staff Economist
Jennifer McKinney – Writer
Jamie Taber – Staff Economist

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The Commission on Care meeting opened at 8:30a.m.

Opening Remarks

Nancy Schlichting (Chairperson) opened the meeting and welcomed everyone present.

A recap of the May meeting was given, and the Commissioners were mailed the draft report for review prior to the meeting. Several members expressed some concern over the contents and whether the draft report accurately reflected the Commission's recommendations from the May meeting.

Chairperson Schlichting guided a discussion regarding the redesign of the VHA Care System and integrated delivery networks. Today's focus was on reviewing the recommendations made by the Commissioners in May, identifying the documentation that supports these recommendations, and ensuring that everyone fully understands the recommendations. Chairperson Schlichting commented that some of the content from the previous discussion around community network access choice principles, including the concept of the VHA Care System should be reviewed. The VHA Care System is used as a kind of brand, and covers care provided both in the VHA facilities as well as by other community providers. Chairperson Schlichting referred to previous meetings and notes to confirm consensus of the committee. Substantive items discussed included:

- The possibility of having the staff economist redo the economic analysis with new information regarding a scenario with only VA referrals to Specialty Care
- The overarching recommendation to develop locally-based integrated delivery networks in partnership with community providers to expand veterans' access to high-quality healthcare
- That the veteran has a choice between seeing VHA-employed providers or VHA-credentialed community providers in the VA Care System, both being equal in quality; that the veteran can select a primary care provider within the VHA Care System to be the primary provider; and that the primary care provider is responsible for coordinating the veterans' care
- Including referrals for specialty care from the VA cost scenarios should
- Streamlining and focusing VHA performance measurement using core quality and access metrics identical to those used in the private sector
- Putting low performing (i.e., one star) facilities on an improvement plan to improve within a designated period of time or be closed
- Resolving IT issues across the country as well as a cost projection based on accurate economic data must be addressed

Report issues discussed included:

- Eliminating the first three pages (i.e., introduction to the actual recommendation) of the "Redesigning the Veterans' Health Care Delivery System" section for the final report
- Concern over "items missing" in the process, and the possibility of writing "concurring opinions" based on different reasoning than the majority.
- That significant areas of disagreement be outlined.
- Organizing recommendations by topic, and condensing them into one sentence per topic
- The role specific language will play in the Commission's recommendations

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Access/Choice/Integration Recommendations Discussion

The Commission continued its discussion on the recommendations related to access and choice:

- That VA's IT infrastructure be modernized to improve veterans' health and well-being, and provide the foundation needed to support VHA's key business processes.
- That VA establish, with local input and knowledge from across the United States, high-performing integrated community networks of high-quality providers to improve veterans' access to care.
- That, collectively, these networks, which will include VHA and community providers and facilities, be referred to as the VHA Care System; that VHA may establish networks and relationships with national resources, but local knowledge and input be used in either case.
- That the highest priority be given to providing access to service-connected veterans, and all points of access decision-making should fully incorporate this principle.

Specific matters discussed include:

- A review of the Community Network/Access/Choice Principles document
- The assumption that increased access via the VHA Care System may lead to increased utilization, thereby potentially increasing the overall cost of veteran care. Cost levers that could be pulled to mitigate the price of expanded access include care eligibility, closing/re-purposing of underutilized facilities, shifting of VHA resources from inpatient to outpatient care, VHA's collection of money from veterans' Other Health Insurance (OHI), and cost sharing. All cost savings associated with improved efficiency and operations need to be reinvested into the VHA Care System to incentivize cost mitigation.
- VHA's need an organized approach (i.e., a national strategy and plan) for building and managing the VHA Care System and local networks.
 - The board of directors will assist in developing the criteria for community providers to be allowed to enter the VHA Care System
 - The board will focus on the balance between providing quality care and managing the budget. The networks could be built out in a phased approach to better manage costs (e.g., VHA could focus first on areas where access is the biggest challenge and/or VA facilities are underperforming).
 - The board members should be very high quality and have high ethical standards.
- Develop fully integrated care networks of VHA and community providers through which veterans receive coordinated medical care
- The concept of the VHA Care System with veterans having a choice within the delivery system that includes both the community and VHA facilities, managed by VA to make sure that coordination occurs with local knowledge
- The definition of "Narrow Network" so that people understand what it means. Create one organized system of care
- Greater access leads to increased enrollment, which in turn leads to an increase in utilization
- Identify emerging problems with access and continue to develop clinically meaningful benchmarks and standards that reflect the many dimensions of access
- How to ensure an integrated healthcare network maximizes choice for patients
- What criteria should community providers meet to partner with VA health care and who should determine requirements

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- What the balance of community and VHA care that ensures the best results for veterans is
- The differences between access and choice
- Economic factors that influence veterans' choice and access
- Setting standards to ensure minimum requirements for access

Governance and Leadership Recommendations Discussion

Chairperson Schlichting led the Commission in a facilitated discussion about the draft report/recommendations under Governance and Leadership.

Specific items discussed included:

- What form a potential governing board for VA should take, and what responsibilities it will have; what its relationship with VHA leadership will be and how the board, VHA leadership, and Congress will interact to manage VA healthcare
- That board should make recommendations to Congress regarding budgets for the VHA Care System and be responsible for managing this budget at a high level. The local VHA Medical/Facility Directors will be responsible for managing the funds allotted to their local networks
- The meaning behind specific words and phrases in the final report and how they are intended to be understood outside of the Commission
- What fiduciary role a potential VA governing board would have
- The appointment of a well-qualified CEO or Under Secretary to manage VHA
- How to ensure sustainable board leadership while still leaving room for external ideas
- The importance of creating a new governance structure for VHA to ensure future improvement
- Create new policy for the board to approve

Access/Choice/Integration Recommendations Discussion

The Commission continued its discussion on recommendations related to access and choice. Specific items discussed included:

- The VHA Care System definition, the process for creating local networks, how networks will operate, how care in the system should be administered and managed
- The question of total access to primary care, and how it would affect the existing VA system of care
- What form future VA community partnerships should take, and what model should be used [Possible: follow State examples]
- Who should determine how large a "narrow network" is, and whether details of that should be left at the local level
- The administrative costs associated with coordinating an integrated healthcare network
- What criteria community providers should meet to partner with VA healthcare
- The demographic makeup of the veteran population and the challenges this presents for VA health care (e.g., senior vs. new veterans)
- Whether skilled nursing facilities should be included in the VHA network and requirements for qualification
- VA's role in the "navigation" process of coordinating care

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- Whether a board should be in place to handle more detailed matters before other recommendations are implemented
- Include specialty services in recommendations such as prosthetics, mental health, and long-term care

Additional topics: Possible phase-in plan for: If budget realities require greater cost, service-connected veterans are the highest priority. Veterans with limited financial means should also be a high priority. If needed, cost-sharing should be applicable only to those who are not service-connected and disabled and can provide a means for offering broader choice.

- It is the highest priority that access should be provided to service-connected veterans, and all points of access decision-making should fully incorporate this principle
- Discussed the selection processes that the Board of Directors will utilize to select the CEO
- Build in privacy elements to any records exchange to protect the patient
- Best ways to integrate a set of providers for the VA system
- How do we ensure that the community providers are culturally/military competent?
- The challenges in the health care market surrounding IT matters
- Health care information exchange
- Utilization of VHA resources, especially special emphasis care, should be a priority.

Administrative Infrastructure, Management, and Oversight

The Commission continued its discussion on recommendations related to management, IT matters, and oversight. Specific items discussed included:

- Facility, governance and leadership
- The three clinical operations recommendations were discussed for reaction
 - Need to focus on maximum use of licensure for clinicians, including nurse practitioners, with necessary oversight. This will increase access for veterans.
 - Need to discuss new HR system under Title 38 in one section of the report.
 - Need to include ambulatory leadership track.
 - Establish a clinical appeals process. Include the need to build capacity to address the coming wave of older veterans.
 - Need for a unified, strategically driven entity, like the VERC, to drive the transformation. The entity should be funded appropriately.
 - Important elements of clinical operations will be consolidated into one recommendation.
- Governing board to align facility needs with veterans' needs. Any money saved/earned through the sale/reuse of VA facilities should come back to the VHA for management and build out of the VHA Care System.
- Whether the board and the BRAC committee should overlap to deal with realignment issues. The role of congressional oversight, if any.
- The board's oversight role, or lack thereof.
- Need to strengthen the language creating a board and the scope of its authority.

Day 1 closing remarks were provided by Chairperson Schlichting and the meeting was adjourned at 5:55 p.m.

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Day 2 of the Commission on Care meeting opened at 8:34 a.m.

Nancy Schlichting (Chairperson) opened the meeting and welcomed everyone present.

A recap of the previous day's meeting was given, and the Commissioners had been given an updated version of the high level draft recommendations for review during the meeting. Brief discussion took place regarding the following items:

- There is agreement on expansion of practice authority and agreement on clinical managers and clinical support assistance and Title 38. Language should be clarified
- What legislation may be required to implement the recommendations
- Need for reporting of bed closures by the VA.
- Whether bed closure reporting affects local employment

Administrative Infrastructure and Capital Assets/Supply Chain Recommendation Discussion

The Commission continued its discussion regarding a recommendation related to administrative infrastructure, to include a recommendation on how to transform the management of the medical and surgical supply chain in VHA. Specific items discussed included:

- The meaning behind specific words and phrases in the draft report and how they are intended to be understood outside of the Commission
- How involved physicians should be in supply chain decisions
- The impact of contracting on VA's supply chain and the challenges contracting presents

Contracting Recommendations Discussion

The Commission continued the discussion about a recommendation related to contracting, i.e., transform contracting support and culture to create a more flexible and responsive approach to business functions across VHA. Specific items discussed included:

- The meaning behind specific words and phrases in the final report and how they are intended to be understood outside of the Commission
- The far-reaching effects of VA's contracting issues, and specific examples of these problems

General Discussion

The Commission reviewed the processes and timeline for finishing the final report, also recognizing that outside influences will continue to affect the success of the overall plan. The discussion included acknowledgement and thoughts as to why the level of change being suggested by the Commission is impossible without a sustained governance body to oversee the process. Commissioners also identified that there will need to be changes to the various appendices to the report. It was suggested that an updated list of recommendations based on the day's discussion be sent to members.

Closing remarks/comments were provided by Chairperson Schlichting and Commission members.

The meeting was adjourned at 12:25 p.m.