

**SPECIAL MEDICAL ADVISORY GROUP MEETING
APRIL 19, 2012
MINUTES**

Welcome/Introduction

Darrell G. Kirch, MD

Robert A. Petzel, MD

Dr. Kirch initiated the meeting by introducing himself and asking that all attendees and SMAG members introduce themselves. SMAG members in attendance were the following: Robert A. Petzel, Robert L. Jesse, Madhulika Agarwal, Linda R. Cronenwett, Lester L. Jones, Joy J. Ilem, Arthur Nezu, Rosemary Donley, Eve Higginbotham, and Catherine Dischner. Also in attendance (not including presenters) were Ken Cox (on behalf of Dr. Woodson), Michelle Greenhalgh, Susan Carroll, Angela Jeansonne, and Pamela Murphy. The three new SMAG members were acknowledged: Lester Jones, Joy Ilem, and Arthur Nezu. Dr. Cronenwett was presented with a letter of commendation from Dr. Petzel for her service to the SMAG.

Dr. Kirch remarked that the SMAG is interested in having Department of Veterans Affairs (VA) health care be the very best and in better understanding the system and whether it is meeting the needs of the Veteran population. He noted VA's interdisciplinary approach as a strength of the system, because social and behavioral factors contribute to health status as powerfully as technical interventions or medical treatments. He further praised VA for its transformation into a system that exemplifies quality monitoring, performance improvement, and attention to the broader socio-behavioral scope of issues.

Dr. Petzel mentioned three items not on the agenda. First, he discussed the fact that VA is often recognized through negative publicity; whereas, the Veterans Health Administration (VHA) has 78 million outpatient visits that each lend themselves to a patient narrative, an enormous number of which would present other positive perspectives. Second, he mentioned recent news regarding VA mental health staffing. He explained VA's efforts in the area of assessing and reviewing the efficiency and quality of mental health services to Veterans. Third, he raised the issue of the focus on the VA budget. He mentioned close scrutiny of the construction and medical services budget to ensure that every dollar is being spent in the best way possible.

Per Dr. Kirch's request, Dr. Petzel briefly described the VA budget cycle. The medical care budget is funded for two years; under an advanced appropriation, we are now looking toward the budget for fiscal year 2013, to include funding for 2014. Finally, Dr. Petzel thanked the SMAG for their valuable efforts in informing VA how it can improve its care for Veterans.

Dr. Kirch mentioned a letter from the Area Health Education Consortium (AHEC) Program, a Title 7 federally funded program from the Health Research Services Administration, in which AHEC expresses its support for a partnership with VA. In keeping with the theme of affiliations, Dr. Kirch introduced Dr. Karen Sanders.

Update on the National Academic Affiliations Council (NAAC)

Karen Sanders, MD

Dr. Sanders began by discussing another Federal Advisory Committee, the Blue Ribbon Panel on VA Medical School Affiliations. The Blue Ribbon Panel was convened from 2006-2009 to look at medical school-VA relationships. The Panel recommended creating a standing Advisory Committee that would look at not only medical school relationships, but also academic relationships with schools for other health professions. The resultant National Academic Affiliations Council (NAAC) Charter was signed in October 2011 by the Secretary of VA.

The Council's charge is to advise the Secretary of VA on matters affecting the partnerships between VA and its academic affiliates. Major items on the Charter include the development of a statement of values and principles for ongoing engagement between VA and its academic affiliates; strategies for effective communication between VA and stakeholders; mechanisms to expand mutually beneficial affiliations between VA and the academic community; and mechanisms to facilitate strategic alliances or joint ventures between VA and academic medical centers. The Charter also charges the NAAC with identifying educational initiatives; funding opportunities; policy, regulatory, and administrative impediments to affiliation management; and performance measures for VA and affiliates. Dr. Sanders remarked that the Office of Academic Affiliations (OAA) creates the workforce pipeline (through trainee engagement) that enhances care for Veterans.

Dr. Sanders gave SMAG members the opportunity to view the list of NAAC membership, to include Dr. Kirch. The membership is a diverse group encompassing medicine, nursing, osteopathy, and other professions. NAAC may charter subcommittees, so this membership is not limited. The first NAAC meeting took place on February 8 and 9, 2012. The meeting was primarily an orientation for all new members, and provided an overview of the Blue Ribbon Panel summary, findings, and recommendations, and of the organization of the VHA field educational structure and OAA's portfolio. The NAAC had a special session on education innovations and special demonstration pilots (such as the VA Nursing Academy and Centers of Excellence in Primary Care Education).

Dr. Sanders then covered the NAAC recommendations. The first was to explore (through a new subcommittee) whether new partnership agreements, joint ventures, or strategic alliances with the academic community should exist, and whether these would add value to both VA and the partner. NAAC recommended continuing to enhance nursing school partnerships after hearing about the positive outcomes of the VA Nursing Academy pilot. Dr. Sanders also cited the exciting progress VA has seen at the Centers of Excellence in Primary Care Education. She further discussed the importance of moving robust affiliation relationships beyond the medical school and into other health professions. NAAC also made recommendations to examine Dean's committees and their effectiveness, and to examine the role of medical center and regional leadership in the oversight and management of VA's educational mission, through performance metrics and professional development programs. The three remaining issues, which NAAC will discuss at its next meeting on June 5-6, 2012, are (1) how research impacts

affiliations, (2) the many challenges to effective affiliation management, and (3) how VA constitutes NAAC for strategic and joint ventures.

In response to a question from Dr. Higginbotham, Dr. Sanders reiterated that the Veteran is implicit in the Charter of the advisory committee and in all that OAA does in their affiliations efforts.

Group Discussion

Sr. Donley stated that professionally diverse affiliations can be hindered when cities have more medical than nursing schools. Dr. Kirch mentioned the issue of accreditation in human subjects research and what entity will accredit IRBs involved in VA-based research. Dr. Jesse added that VA is an enriching place to work as a researcher because of the ability to look both into and across medical records. He cited the Million Veterans Program and daVinci, two VA programs that provide robust research resources. Sr. Donley raised a concern with the amount of time it may take a nursing or doctoral student to get approved for research at VA. Members endorsed the recommendation that enabling research in VA or with VA data be made a more efficient and transparent process for students at affiliated professional schools.

Dr. Jones opined that, in his experience, the institutional review board approval process can be extremely arduous. Dr. Nezu mentioned that it can be a slow process before partnerships can occur with medical schools which are not affiliated with VA. Dr. Higginbotham raised an issue with research in rehabilitative medicine for wounded warriors at MIT. Dr. Jesse responded with information on VA's Veterans Engineering Resource Centers, which have academic affiliations with schools of engineering. The group briefly discussed VA's Quality Scholar Programs.

Dr. Jones praised VA for involving students and graduates from medicine, dentistry, nursing, and others. Ms. Ilem mentioned that Veterans who use the VA system benefit from knowing about what VA is doing in the area of affiliations. Members expressed support for the NAAC efforts and endorsed ideas of expanding and diversifying local affiliation partnership councils. Dr. Kirch recommended that the minutes and charter from the NAAC be distributed to SMAG members.

White House Initiative – Joining Forces

Jennifer Lee, MD

Karen Sanders, MD

Cathy Rick, RN, CNAA, FACHE

Dr. Jennifer Lee began by providing an overview of the First Lady's Joining Forces Initiative, a national effort led by First Lady Michelle Obama and Dr. Jill Biden to support military service members, Veterans, and families.

The Initiative has three goals: (1) to help Veterans find jobs, (2) to assist children in kindergarten through high school who are part of a military family, and (3) to improve and understand Veteran wellness. The education focus comprises a two-part approach: to educate future providers and to reach out to current providers. The second approach

began with a round table in January 2012 of stakeholders from various healthcare organizations. Drs. Petzel and Woodson participated in this meeting. The Association of American Medical Colleges (AAMC) was simultaneously working with the Initiative by asking medical schools to gather information on military and Veteran patients and on provider education. Over 130 schools were asked to sign a pledge to incorporate into their curricula basic components of health care for military and Veteran communities.

Ms. Cathy Rick discussed the role of the nursing profession in the Initiative. The American Nurses Association (ANA) and the American Academy of Nurse Practitioners (AANP) had become very involved in the Initiative, and VA decided to compose a group of nursing-thought leaders to develop strategies to showcase nursing efforts in military and Veteran care. The group included the ANA, AANP, American Psychiatric Nurse's Association, American Organization of Nurse Executives, Flight Officers, and Chief Nurses from the Department of Defense (DoD). On April 11, 2012, a meeting to unite nursing leaders from across the country was held to support the Initiative. The First Lady also scheduled a public announcement on April 11, 2012, to recognize nursing efforts towards taking the lead on caring for military families. The primary goal of the half day summit, held at the University of Pennsylvania School of Nursing, was to establish relationships across the nursing profession and generate innovative ideas to provide opportunities for employment, education, and wellness with particular focus on post-traumatic stress disorder and traumatic brain injury. The leaders of the meeting, including VA, DoD, ANA, U.S. Public Health Service, and other prominent nursing leaders, facilitated the discussions on collaboration, idea sharing, and a call to action to support the Joining Forces initiative.

To date, over 500 schools and nearly 200 nursing organizations have pledged to support a collective effort on ensuring that veterans and their families receive the high quality care and life-sustaining services that they deserve from the nursing community. VA has formed a workgroup that is developing sample curricula and experiential opportunities for educating nurses on caring for Veterans.

Ms. Rick further explored the range of activities and outcomes that will result from the Initiative and VA's work to educate both the health care community and other stakeholders.

Dr. Sanders discussed issues OAA is encountering regarding medical school involvement in the Joining Forces Initiative. OAA created a list of actions for designated education officers at every VA affiliate facility to take to spearhead Initiative goals. OAA is also looking at the variance in curricular needs across different professions and across different phases in education programs for these professions. Finally, OAA is exploring how the examination process in various professional schools pushes curricular reform.

Group Discussion

Sr. Donley asked whether state nursing boards were asked to participate in the Initiative discussions. Ms. Rick responded that they have been part of the discussion, but that the boards may not yet be prepared to change aspects of the nursing exam.

Sr. Donley mentioned that Ms. Rick will be the keynote speaker at the upcoming McGinley Symposium at Duquesne University.

Dr. Cronenwett indicated that partnering with the Institute for Health Improvement Open School is a means of contributing to education series on Veterans issues. She asked about VA's efforts to involve nontraditional providers, such as community health workers. Dr. Jesse discussed the role of the VA Chaplain Service in working to train lay chaplains, particularly in rural areas, on the early signs of mental health problems or social concerns in the Veteran community. Ms. Rick raised the issue of how VA communicates positive Veteran stories; she said that at the recent Leadership Summit, this was a topic of discussion.

Ethics Briefing

Jonathan Gurland, JD

Mr. Gurland began by defining Special Government Employees (SGEs), which includes everyone on the SMAG, unless one's appointment letter from the SMAG says otherwise. Ethics rules apply to SGEs but are not as rigorous as they are for regular VA employees. He provided the contact information for ethics officials at VA (GovernmentEthics@va.gov). SMAG members were encouraged to contact VA ethics officials with any ethics concerns regarding their roles in the SMAG or outside interests. Obtaining written advice from an ethics official prior to taking action in compliance with that advice will protect SGEs from criminal prosecution or administrative action. Ethics rules apply even if the SGE is serving without compensation.

SMAG members are not exempted from submitting complete financial disclosure reports due to the nature of the matters that come before the Committee. Mr. Gurland mentioned individual cautionary memos, which will be provided to each SMAG member, that caution the member with regard to the criminal conflict of interest law and Standards of Ethical Conduct. All SMAG members submitted financial disclosure forms that were certified two days prior to the meeting, so members were cleared to participate in substantive deliberations of the Committee.

Mr. Gurland next discussed major components of ethics laws. Criminal conflict of interest laws have existed in some form since shortly after the Civil War, and the Standards of Ethical Conduct. Mr. Gurland also noted some other laws to be discussed including the Hatch Act, which contains some limitations on partisan political activities. The cornerstone provision of the criminal conflict of interest law is that Federal employees not participate personally and substantially in any official matters that would directly and predictably affect outside financial interests or the interests of a number of related individuals (partners, family, outside employers, etc.). A trigger for this conflict of interest law is a direct causal link between the employee's participation in the official matter and the impact on the financial interest. A particular matter is narrowly focused on a specific party, such as contracts, grants, Veterans' benefits claims, or research applications. There are also matters of general applicability which are focused on a discreet class of persons.

SGEs are allowed to participate in matters of general applicability where one's outside employer is affected as part of the group as long as the only interest one has in the outside employer is employment. If one's outside employer is also a publicly traded company and one's interest is not only in being an employee, director, or officer, but a shareholder, then the exception will not cover the equity interest in the company. If the matter before the SMAG is one that impacts a member's outside employer as part of a discrete class and does not have a unique impact on the employer, then the SGE can participate in the matter. General employees, on the other hand, cannot participate unless they receive a waiver of the criminal conflict of interest law. For an SGE, the balancing test is not as rigorous. The official responsible for appointment (here, the Secretary of VA) must decide that VA's interest in having the SGE participate in the matter outweighs any concerns about the conflicting financial interest. Conflict of interest waivers are rare, although when they do come up, it is typically in the area of research with dually appointed VA/academic center physicians or investigators.

Mr. Gurland next covered a Standard of Conduct closely related to this criminal conflict of interest law governing an appearance of a conflict. Specifically, an employee, SGE or general, may not participate in a specific party matter where a person with whom s/he has a "covered relationship" is, or represents, a party. An employee has a "covered relationship" with those persons whose interests are attributed to the employee under criminal conflict of interest law, and with others.

Mr. Gurland advised on the two types of prohibited compensation under criminal conflict of interest law. The first is an illegal supplementation of salary; the law here says that general employees are not allowed to receive any non-Federal compensation for performing official duties, except for money coming from the Treasury of the State, County, or Municipality. The second type of prohibited compensation is bribery, which applies to SGEs and general employees alike, whereas the illegal supplementation prohibition does not apply to SGEs.

Mr. Gurland advised on representational activity prohibited under criminal conflict of interest law. SGEs are prohibited from representing any non-Federal person before any Federal agency in court or in connection with any of specific party matters in which the Government is a party or has a direct and substantial interest and where the SGE officially participated in the specific party matter at issue. A related Standard of Conduct governing service as an expert witness, prohibits an SGE from serving as an expert witness for a party opposing the Government, i.e. where the United States is a party or has a direct and substantial interest and the SGE officially participated in the underlying proceedings. Further, for SGE SMAG members, if VA is a party in a legal case or has a direct and substantial interest in the case, the member should only be serving as an expert witness for the United States.

Mr. Gurland also advised on similar post-Government employment criminal conflict of interest prohibitions against representing non-Federal persons before a Federal agency or court in connection with specific party matters in which the former employee officially participated.

Mr. Gurland referenced a one-page handout with fourteen principles upon which the standards and specific prohibitions are based. The fourteen principles essentially

fall into the two categories: using public office for private gain, and unauthorized preferential treatment.

Mr. Gurland advised that under the Standards of Conduct employees are allowed to receive compensation for teaching, speaking, and writing in their general area of expertise, unless the underlying subject matter is related to official duties. For all employees the subject matter is related to official duties, where: the employee is assigned to engage in the activity; or the invitation to engage in the activity is extended primarily because of official position or by someone who has interests that can be substantially affected by their official duties. For SGEs, the prohibition also applies if the subject matter deals in significant part with a specific party matter to which the SGE has been assigned to the Committee, either currently, or in the last year. For General employees, the prohibition applies if the subject matter of the activity deals in significant part with VA programs, policies and operations, or matters to which the employee has been assigned. An exception is where an invite is made to an employee primarily because of the employee's official position and it is to engage in teaching a course (multiple presentations) as part of the regular curriculum of any institution of education, then the employee may accept compensation.

Rules for gifts are the same for general employees and SGEs: they must not solicit or accept gifts given by a prohibited source or because of their official position. An example of a prohibited source is the Association of American Medical Colleges. One exception to the gift rule is de minimis – that the gift be \$20 or less per occasion, and less than \$50 during a calendar year for any one source. In discussing the emoluments clause and Foreign Gifts and Decorations Act Mr. Gurland notes that for a gift from a foreign governmental entity, the maximum per occasion is \$350. Mr. Gurland also noted that SGEs would not likely be covered by the Emoluments clause prohibition against gifts from foreign governmental entities unless the SGE served on a committee whose recommendations the Department was required to implement, i.e. they served in more than an advisory capacity.

Finally, Mr. Gurland advised that the Hatch Act places restrictions on partisan political activity of employees; it bans partisan political activity while on duty and soliciting or receiving partisan political contributions or being a candidate for partisan political office. The Hatch Act only applies to SGEs when they are performing official duties.

Update on Social Services

Carol Sheets, LICSW, ACSW

Lisa Pape, LISW

Carol Sheets began by introducing herself and Lisa Pape to discuss how social work and psychosocial programming in VHA are meeting the needs of high-risk Veterans. Psychosocial stressors of war include anticipation of combat, combat trauma, non-combat trauma, military sexual trauma, separation from family and home, marital or family disruption, occupational and financial hardship, and disruption of social networks, all of which can be exacerbated by multiple deployments. Greater representation of women and minorities in the military, more frequent and longer deployments, and

increased numbers of returning service members with catastrophic injuries all contribute to the need for expanded social services for Veterans. Veterans with multiple diagnoses may experience impairment in function and social reintegration. This poses risks for unemployment and homelessness, as well as challenges in family and marital relationships.

VA recognizes that Veterans cannot be understood apart from the individual, multifaceted context of their environments. This whole-person approach seeks to understand and assess both the psychological and social aspects of a Veteran's behavior and to intervene accordingly. VA has robust programs in place to provide case management services to vulnerable Veterans. Every primary care team has a social worker, to whom Veterans have access for resolving psychosocial, emotional, and economic barriers to their health and wellbeing.

VA's non-institutional care initiatives and caregiver support initiatives have expanded to respond to Veteran demand. VA is proactive in engaging Veterans to assess them for high-risk factors that are indicative of a need for case management services. This cohort includes Veterans at risk for homelessness, aging Veterans, and those with chronic mental or physical illness. VA vigilantly looks for Veterans who may be suspected victims of abuse, neglect, or exploitation.

Ms. Sheets explored the various institutional and non-institutional programs available to serve Veterans' case management needs. VA provides services in community living centers, nursing homes, and at the home. Home-based primary care (HBPC) is a team of healthcare professionals and providers who go to the home of the Veteran to provide in-home physical and psychological health care, and social support to the Veteran and his or her caregiver in the home setting. Team members include a physician, nurse, social worker, rehabilitation therapist, dietician, pharmacist, psychologist, and sometimes a chaplain. These Veterans are not able to access VA clinics and have more than eight chronic conditions. The impact of HBPC is significant: it has resulted in a 78 percent reduction in inpatient days and an 18.2 percent decrease in 30-day readmission rates. This has also resulted in a significant cost reduction.

The Comprehensive Caregiver Support Program is one of VA's newest social services. Every VA medical center has a Caregiver Support Coordinator; VA also has a caregiver support phone line for caregivers to seek assistance and guidance.

VA is expanding mental health care by integrating mental health services into non-mental health primary care, HBPC, hospice and palliative care, and community living centers. VA has an extensive training program for mental health providers for evidence-based therapies and a full range of cognitive and psychological assessments and treatment services.

VA liaisons for healthcare are VA social workers and nurses who are strategically placed in major military treatment facilities to help service members transition from DoD to VA facilities. VA has also developed a specialized comprehensive care management team at every VA medical center to assist returning service members with psychosocial issues as they re-integrate into civilian life. The team coordinates clinical care, provides case management services, and assists Veterans in navigating VA healthcare and benefits, as well as assisting them in locating community resources. VA maintains

strong partnerships with community agencies to provide outreach and referrals for Veterans.

Lisa Pape began her presentation of VA's homeless programs. VA has approximately 17 unique homeless programs. She touched upon the Secretary's commitment to ending homelessness among Veterans by 2015. In order to accomplish this mission, VA had to transition from a rescue system to a system that provides resources and interventions to prevent Veterans from falling into homelessness. This effort included a "no wrong door" approach for Veterans, so that even those who chose not to come to VA would be connected with an agency or community partner who could assist the Veteran. VA also set out six major strategies to impact services for Veterans. VA built prevention services, enhanced treatment services, and improved housing and supportive services.

Ms. Pape discussed VA's programs with the Department of Housing and Urban Development (HUD) to provide vouchers to Veterans for housing and also to provide point in time counts, in which HUD and VA representatives go into communities to count the number of homeless Veterans that are on the streets at any given time. The last point in time count occurred in January 2011, and 67,495 Veterans were counted. This represents a 12 percent decrease from 2010.

Ms. Pape next provided a snapshot of who comprise the homeless Veteran population. 64 percent report having a medical problem, and 87 percent report a substance use disorder or serious psychiatric diagnosis. The average age is about 55 years old, largely representative of the Vietnam and post-Vietnam Veteran cohort.

VA is the largest single provider of homeless treatment and benefit services to homeless Veterans: in fiscal year 2011, VA saw 182,000 Veterans entering its homeless programs, as being either homeless or at risk of homelessness. Ms. Pape touched on the various services available for rural Veterans at risk of homelessness, as well as on case management services and their benefits for Veterans. VA also conducts surveys with community and VA providers and Veterans to identify the greatest need for services. Services for women and dental services were two areas perceived to be of great need.

In instances where VA does not have the capacity or ability to serve a Veteran's specific need, they are able to grant funds to non-profit community, agency, state, or federal partner to provide services. Ms. Pape mentioned other services, such as Safe Havens, Housing First, and Community Resource and Referral Centers.

Through the Homeless Information Management System and Homeless Registry, VA will have an electronic listing of all homeless or at-risk Veterans who have entered the system. This data can be analyzed for trends at the facility, regional, or national level.

Homeless services at VA operate as a continuum of care – from outreach to permanent housing. VA has domiciliaries providing residential rehabilitation 24-hours-a-day, as well as transitional housing through the grant per diem program. VA's Justice Programs involve reaching into prisons to identify and support Veterans before release into the community. VA also provides a call center for Veterans, agencies, friends, or families to call to connect the Veteran with the closest medical center.

Group Discussion

Dr. Kirch commended VA for increased savings and efficiencies resulting from reductions in readmissions through the HBPC program. He asked whether VA has discussed these results with the Center for Medicare and Medicaid Services (CMS). Dr. Agarwal responded that Tom Edes, VA's Director of Geriatrics and Extended Care Operations, has been working with CMS to create pilots akin to what VA is already doing. She then passed out a supplement of the American Journal of Public Health, which covered mental health conditions and suicide prevention. Drs. Kirch, Jesse, and Agarwal discussed the importance of including a full breadth of social services alongside health care. Ms. Pape mentioned that because of the social services VA provides, emergency room visits and costs of care have also decreased. VA is currently working to publish these results.

Dr. Jesse added that the Veterans Benefits Administration is also assisting in restructuring or deferring loans for those who are at risk of defaulting to ensure that Veterans' homes are not going into foreclosure. Ms. Sheets discussed various VA efforts to participate in DoD activities and on bases in order to reach out to returning service members. New proposed legislation to make enrollment in VA mandatory was referenced.

Ms. Pape remarked on VA's pilot for transitioning Veterans that has been set up at five sites. The pilots assist with jobs and housing, and provide support services. Ms. Ilem asked about pilot programs for Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) women Veterans. Ms. Pape responded that women homeless Veterans are VA's fastest growing population. This is partly because VA offers many more services for this cohort than it did previously. The group also discussed a new Women's Task Force created by the Secretary of VA.

Dr. Jesse discussed the Vet Center program, which is particularly important for providing outreach and services for Vietnam-era Veterans. The group also talked about the importance of VA's social services at a time when state and local budgets are being eroded.

Dr. Cronenwett asked whether VA includes efforts to separate Veterans from firearms during the high-risk assessment period. Dr. Agarwal commented on an initiative at some facilities to offer gun locks through a partnership with facility police. Discussion followed regarding issues surrounding Veteran suicide. Ms. Dischner mentioned the National Veteran Suicide Hotline as an essential resource for Veterans in crisis. 39 staff from VA homeless programs also take calls on the hotline and are trained in providing guidance for suicide and homelessness concerns.

Dr. Higginbotham asked about characteristics of the OEF/OIF cohort. Dr. Jesse said that this group has GI Bill benefits, so education can be a strong means of preventing homelessness. Dr. Nezu asked how the Suicide Hotline is communicated. Dr. Agarwal and Ms. Pape responded with details on the Make the Connection campaign, as well as on a number of public service announcements. The Hotline is advertised heavily on billboards and bus shelters. Ms. Ilem commented that her organization has the number next to all of their telephones, and it has been incredibly useful. Ms. Sheets added that all VA facility voicemails say the Hotline number.

Recap/Agenda for Next SMAG Meeting Darrell G. Kirch, MD

Dr. Kirch praised VA's work to decrease healthcare costs by addressing social determinants. He suggested that VA not lose opportunities to discuss lessons learned. Dr. Petzel thanked Dr. Kirch for wanting to address the relationship between health care and social issues. Dr. Kirch reviewed the presentations given throughout the day. The group mentioned the importance of expanding affiliations to include more health care professions. He encouraged SMAG members to consider future topics and to send them to Juanita Leslie. Dr. Kirch thanked Dr. Cronenwett again. She expressed her appreciation for the group. He then thanked the three new members, and wished the group safe travels.

RECOMMENDATIONS

1. Provide the NAAC Charter to Dr. Kirch and SMAG members.



NAACCharter10-5-1
1.pdf

2. Provide SMAG with the NAAC minutes; Dr. Kirch to provide SMAG minutes to the NAAC.



Memo from Dr.
Jordan Cohen and Mii

TOPICS FOR FUTURE MEETINGS

1. Tom Edes, Director, Geriatrics and Extended Care Operations, on HBPC (discussion would include invitation for CMS attendees to listen to the positive results of this program).