Department of Veterans Affairs (VA)
Federal Advisory Committee
Special Medical Advisory Group (SMAG)
Meeting Minutes October 5, 2011
VA Central Office
Washington, DC

The Special Medical Advisory Group met on October 5, 2011, at VA Central Office in Washington, DC. A quorum was present, affording the Committee the opportunity to conduct normal business.

Members Attending

Robert J. Alpern, MD
Dean, Ensign Professor of Medicine
Yale University School of Medicine

Darrell G. Kirch, MD (Chairman)
President
Association of American Medical Colleges

Eve Higginbotham, SM, MD
Senior Vice President and Executive Dean for Health Sciences
Howard University

Sr. Rosemary Donley, PhD, APRN, ANP, BC, FAAN
Jacques Laval Chair in Justice for Vulnerable Populations
Duquesne University School of Nursing

Denise A. Williams
Assistant Director for Health Policy
The American Legion Washington Office

VA Attendees

Robert A. Petzel, MD
Under Secretary for Health
Veterans Health Administration

Madhulika Agarwal, MD, MPH
Deputy Under Secretary for Health
for Policy and Services
Veterans Health Administration

Robert M. Baum
Executive Assistant to the Principal Deputy
Under Secretary for Health
Designated Federal Officer

Welcome/Introduction of New Members

Dr. Darrell Kirch

Dr. Darrell Kirch opened the meeting by welcoming Dr. Eve Higginbotham, newest member of the SMAG; and then asked all attendees to introduce themselves to the group.

Dr. Kirch cited a recent meeting he attended at the Institute of Medicine whereby he made reference to the number of attendees who were leaders in the healthcare industry; however, he was struck by the absence of any reference to the Department of Veterans Affairs (VA) although VA is in the forefront of healthcare transformation and patient centered care initiatives, such as Patient Aligned Care Teams (PACT). Dr. Kirch stressed that these types of venues are perfect opportunities for fellow SMAG members to share their VA observations and get the word out about what VA is doing. Dr. Kirch also commented on how impressed he is with the progress VA is making on the National SimLearn Center in Orlando and how he is looking forward to working with VA and other academic affiliations on this project. Dr. Petzel reiterated VA's commitment to this project and commended Congress for supporting this initiative as well.

Robert A. Petzel, M.D.

Dr. Petzel talked about the FY12 budget and how VA has an advanced appropriation; therefore, the continuing resolution will not affect care and services for the current year. However, he did allude to the possibility that the budget for FY13 and FY 14 may be of some concern and we would have to wait and see how VA will fare during upcoming budget talks. Dr. Petzel continued by commenting on several topics that have given VA positive exposure over the last couple of weeks. The first being the recent Joint Commission (JC) release and recognition of 405 facilities who attained and sustained excellence in accountability measure performance for the full previous year (2010). While all 152 VA medical centers are accredited by The Joint Commission, JC's list recognizes medical centers that are top performers based on The Joint Commission's review of evidence-based care processes that are closely linked to positive patient outcomes. The 405 facilities on the list were identified from and represent approximately 14 percent of The Joint Commission-accredited hospitals and critical access hospitals that report core measure performance data. There were 20 VA medical centers recognized on this list. SMAG members applauded this announcement. Dr. Petzel also mentioned the Post-Traumatic Stress Disorder (PTSD) IPhone application that VA developed, which is now being used within our facilities, and also is available to the general public. He continued by commenting how this is evidence that VA continues to be innovative and on the leading edge. The last initiative mentioned was VA's efforts to engage with other leaders in the industry in the area of quality and value. This is being accomplished by VA's efforts to convene a Health Care Quality Round Table. The Round Table met last week and discussed the concept of establishing a uniform population element to measure quality and value in health care. Dr. Petzel emphasized the importance of ensuring health care must start measuring value from the patient's

perspective and that there are distinctions between performance measures and improvement measures. Dr. Petzel conveyed the fact that the Secretary is interested in convening a round table on this topic at least annually. Dr. Kirch and other SMAG members applauded this effort.

Future of Medical Education

Malcolm Cox, M.D.

Dr. Cox gave credit to the Administration's vision and drive towards transformation, especially the New Models of Care initiative, and stated, "without this enterprise-wide move" VA would not be in the position it is today in terms of our centers of excellence and drive towards ensuring continued high quality education and quality patient-centered care.

Dr. Cox opened his presentation with a quote from Dr. Jesse, Principal Deputy Under Secretary for Health, that the role of the Centers of Excellence in Primary Care Education is to "transform the primary care workforce where healthcare begins…in the systems of teaching and training." Dr. Cox continued that the goals of the centers are to ensure quality healthcare for Veterans by attracting the most promising clinicians and educators to primary care; to develop innovative education models and integrate them more broadly into team-based PACT programs; to enhance inter-professional training through engagement with academic affiliates and the broader health professions community; and to improve the primary care training experience for patients, trainees, faculty, and staff.

Dr. Cox provided an update on the request for proposals, which were released in August 2010. Out of 37 proposals initially received, 5 were approved for funding (San Francisco VAMC/University of California at San Francisco Schools of medicine and Nursing; Puget Sound VAMC/University of Washington Schools of Medicine and Nursing; Connecticut VA Healthcare System/Fairfield University School of Nursing and Yale University Schools of Medicine and Nursing; Boise VAMC/Gonzaga University School of Nursing, Boise Internal Medicine Residency program and Idaho State University School of Pharmacy; and Louis Stokes Cleveland VAMC/Case Western Reserve University School of Nursing and Cleveland Clinic Foundation Internal Medicine Residency program. Core evaluation measures for the first year were discussed, which emphasized sustained relationships, shared decision making, inter-professional collaboration and performance improvement. Also discussed were challenges such as ACGME requirements, recruitment, contracting, and Information Technology capability, as well as consistently implementing assessment strategies in the midst of educational calendars that vary significantly by local curriculum structure for each profession. SMAG members were impressed and applauded VA's ambitious effort.

Discussion then led into a common theme that VA and our academic affiliates are interdependent and both need to ensure that the experience of the patient and the

resident are closely monitored to ensure both quality care and quality education. Another important note was that educating medicine and nursing trainees to work together “as teams” is both difficult and of central importance. Dr. Alpern questioned whether VA had any information on where trainees are ten years after training and inferred it may be an indicator or a mechanism to determine how training and continued interest in the specific fields may be changing. Dr. Cox replied by stating it would be difficult to track the employment records of these providers in the absence of a coordinated, national database but that efforts would be made to do so. Dr. Higginbotham suggested that VA consider developing criteria to evaluate the patient’s experience or quality of life. Dr. Cox noted that this was already included in the project evaluation.

Cultural Transformation: A Pivotal Moment for Healthcare in this Country

Bonnie S. Graham, MBA

Continuing and complementing the previous discussion on education, Ms. Graham focused her presentation on how educating our staff and affiliates is key to ensuring patient-centered care (PCC). Ms. Graham described key elements of PCC, including but not limited to ensuring better customer service; ensuring better access to care; providing additional modalities of care; providing better settings for care; treating people with respect; and including patients and their families in decision-making. Ms. Graham continued to emphasize the importance of transforming from a problem-based disease care system to a patient centered health care system and that patient engagement and how they value our care is important. Furthermore, the health and actions of our employees are a key link to our success. The model includes focusing on the person; being proactive; identifying and minimizing risk; lifelong planning and personalized health plans; working as partners; developing whole person approaches; and having available the tools and resources necessary to implement this strategy. Other approaches planned are improving teaching skills to ensure mindfulness, good nutrition, stress reduction, movement and exercise, and team/clinician follow-up. Ms. Graham outlined the strategy VHA will use to implement this initiative, which includes further defining the process and practice of healthcare that begins and ends with the Veteran. During FY12, the office of Patient Centered Care will focus on this and on providing the training, tools, and systems to deliver such care ensuring the study of the outcomes. Ms. Graham continued by identifying emerging centers of innovation within VA that will be used to pilot and establish baselines. These include New Orleans, Denver, Orlando, and Las Vegas VAMC, since these are our newest facilities. Ms. Graham closed with the theme that we have one aim and that is the Veteran, and if we ensure that the patient is at the center of our care and that we build our health care around them, “we will achieve increased quality, decreased costs, improved experience of our patients and joy in work.”

Dr. Petzel commented that what was presented was at the micro level and the macro level will include efforts to get this out to our patients. Dr. Petzel further commented the importance of this since patients will have a choice, and we want them to choose VA.

Significant discussion led to the emerging role of "health coaches" and how this concept can assist VA in our transformation. Ms. Graham commented that VA is currently working with Duke University since they have a training and certification program for health coaches. SMAG members were impressed with this effort and requested follow-up on how this program will be implemented within VA. **It was recommended that VA share more information on this effort and consider working with the academic affiliates to develop a new career track for this type of specialty within the system**.

Discussion also led to a question on whether VA is using Mobile Health Units to ensure increased access, especially for rural Veterans. Dr. Petzel commented that VA is already doing this and emphasized its continued importance, but that the projected cost benefit is not where we thought it would be. Dr. Higginbotham asked where VA was in terms of using these vans in inner cities. Members present did not have any information available to answer and therefore this led to a **recommendation that VA provide more information on the use of Mobile Health Units, their current use and any planned use in urban areas.**

Women Veterans Health Care

Sally G. Haskell, M.D.

Dr. Haskell opened her presentation by providing the latest statistics on women Veterans, which illustrated a significant increase in workload in VHA. While older women are the largest sub-population of female VA users, there is an influx in younger Veterans, which requires VHA to increase services and expertise in the areas of reproductive health, maternity care, musculoskeletal injuries, and mental health. Dr. Haskell discussed the 2008 Under Secretary for Health Report on Women Veterans, which found that women's healthcare was fragmented, which interferes with continuity and increases barriers to care. The report also defined a comprehensive primary care plan for women and made recommendations for improving the healthcare of women Veterans. Dr. Haskell continued by discussing the status of implementing the recommendations, to include designating a women's health primary care provider at each site, including the community-based outpatient clinics (CBOCs). In revising VHA policy on providing health care services for women Veterans, the new policy outlines specific services at each facility and CBOC; offers three clinic models (as preferred by each facility depending on size and complexity level or areas services: Integrated Primary Clinic; Separate but shared space; or Comprehensive women's clinic); defines safety and security requirements; and establishes systematic data collection processes. Dr. Haskell also discussed how the new model is consistent with and integrated into the Patient Aligned Care Teams.

Other statistics (VHA Hospital Quality Report 2010) referenced in Dr. Haskell's presentation illustrated that VA exceeds the private sector in several areas including the provision of gender specific care, cervical cancer screening, and breast cancer

screening. However, there is a gap in the quality of care measures between men and women, within VHA, in the areas of LDL cholesterol control and prevention measures in vaccination, and colorectal and depression screenings. However, gender-related gaps have also been recognized in the private sector as well. VHA is continuing to close those gaps. In fact, internal reports are indicating that as VHA continues to publish such reports and educate staff at all levels, these gaps are closing. Furthermore, VHA placed specific performance goals into the Executive Career Field (performance plans) of facility directors to ensure they continue to focus on the VHA overall comprehensive plan to improve women's health care within VHA.

Dr. Haskell distributed an advanced copy of an impending publication of VHA's Sourcebook: Women Veterans in the Veterans Health Administration. In this volume, which represents a collaboration between the Women Veteran's Health Strategic Healthcare Group (WVHSHG) and the Center for Health Care Evaluation, an HSR&D Center of Excellence, in Palo Alto, VHA WVHSHG will publish the Women's Health Evaluation Initiative, which describes the sociodemographic characteristics and healthcare utilization patterns of women Veteran patients in VHA. In addition, Dr. Haskell discussed the results of the National Survey of Women Veterans, which was a survey of 3500 women Veterans completed in collaboration with researchers in Greater Los Angeles VA. The survey found that women Veterans felt access to VA care was fragmented; perception of quality varied between users and non-users; and there were barriers to using VA care, e.g., many did not think they were eligible, others did not know how to apply for benefits and some preferred to seek care closer to their home. VHA plans to survey women again in 2012 to determine how these areas have been improved over the last two years. Further, as part of the VHA women's health transformation initiative, VHA is reaching out to women Veterans through call centers; improving privacy and environment of care; focusing on homeless women Veterans, improving coordination of care; recruiting and retaining providers proficient in women's health and educating providers, including providing residency programs, advanced fellowships and using VA cyber seminars.

Dr. Haskell closed by discussing the accomplishments in all these areas since 2007, which includes but is not limited to designating 144 full-time women Veterans Program Managers at VA facilities nationwide who are implementing comprehensive women's health.

SMAG members appreciated this update and look forward to hearing of progress in this important area in the future. A SMAG member also requested an electronic version of the Sourcebook. Robert Baum commented that once these are officially published, a link will be sent out to the SMAG members.

At the end of the day, as part of the recap, Denise Williams asked whether VHA has full-time Military Sexual Trauma Coordinators at each VA facility. Robert Baum responded that he would inquire and provide this feedback to the group following the meeting. There were no formal recommendations from the SMAG on this topic.

Academic Affiliations

Malcolm Cox, M.D.

Dr. Cox provided an update on the establishment of the National Academic Affiliations Council (Federal Advisory Committee), as recommended by the Blue Ribbon Panel on VA-Medical School Affiliations. A charter for the Council was signed off by the Secretary in October 2011. The Office of Academic Affiliations has been charged with setting in motion specific actions to ensure the establishment of the membership of the Council. The Council will report to the Secretary of Veterans Affairs through the Under Secretary for Health.

The Council's charter is summarized below:

- Develop and recommend a statement of values and principles to guide VA's relationships with the academic community
- Develop and recommend strategies for effective communication about academic affiliations between VA and relevant stakeholder organizations
- Develop and recommend mechanisms to expand mutually advantageous affiliations between VA and the academic community
- Develop and recommend guidelines for joint strategic, tactical and operational planning by VA and its academic affiliates in areas relevant to the partnership
- Identify and recommend opportunities to better align the missions and operations of VA and its academic affiliates, including mechanisms to facilitate strategic alliances and/or joint ventures between VA and Academic Medical Centers
- Identify and recommend educational initiatives and funding opportunities to promote clinical workforce diversity and access to care, especially in rural and other medically underserved communities
- Identify and recommend educational initiatives and funding opportunities to enhance the recruitment and retention of VA clinicians, especially in rural and other medically underserved communities
- Identify policy, regulatory and administrative impediments to effective affiliation management
- Develop and recommend performance standards and measures for VA and its affiliates to optimize academic productivity and affiliation management
- Recommend administrative and support services needed from VA and its affiliates to advance VA's academic mission

SMAG members were pleased to hear the establishment of this new Council and look forward to updates on its membership and work at future SMAG meetings. Dr. Cox noted that membership is being considered by the Secretary and should be finalized soon. The inaugural meeting of the Council is anticipated in the second quarter of FY 2012.

Healthcare Cost Structure and Value

W. Paul Kearns, III, FACHE

Paul Kearns, VHA's Chief Financial Officer, provided an outlook on VHA's 2012 budget, which is 5.5 percent above the FY 2011 appropriation. This increase assisted in caring for the increase in total number of patients served which also increased 1.3 percent from the previous year. During this same period, VHA increased its workforce by 1.7 percent. Mr. Kearns continued to explain the limitations in comparing VA costs with the private sector since there are significant differences between VA's health care benefit package and the typical Medicare and commercial health care benefit packages. VA's services are "richer" than those typically provided outside of the system, for example, VA provides routine exams, fittings, and hearing aids to patients which are not covered under Medicare. VA also provides services not available in private sector plans such as psychosocial rehabilitation, recovery centers, and mental health residential rehabilitation. Another significant complication is the comparison of per-patient costs since most VA enrollees receive only a portion of their total health care from VA and enrollees receive only about 20 percent of their total inpatient care from VA. There is no real "apples to apples" comparison. However, VA can compare total costs of specific services VA provides compared to Medicare using DRGs. However, this can also be a difficult comparison since there may be differences in the intensity of care provided, lengths of stay and the fact that Medicare figures are not the total cost, since their figures are what their reimbursement rate is and not actual cost. When comparing VA's cost with that of Medicare and other premium plans, VA's rate of inflation is lower. This is why VA claims to have lower costs. However, until VA can find a comparable system, or a system that is willing to share specific budgetary proprietary information, the comparison with the private sector will be difficult.

Mr. Kearns explained VHA's construction budget and the difference between major and minor construction, and recurring maintenance and the FY 12 budget request for construction, which included specific approved projects and planned projects.

The SMAG continued to discuss options to assist VA in comparing costs with that of the private sector which led to the **recommendation that VA seek out Health Economists for assistance in determining the cost of care; and/or reach out to payers, the Department of Defense or the Centers for Medicare and Medicaid Services to further examine and draw comparisons.**

SimLEARN

Louise Van Diepen
Haru Okuda, M.D.

Louise Van Diepen opened her presentation by giving a brief background and history of the Simulation Learning Education and Research Network (SimLEARN) initiative, which included where VA is in terms of recruitment. SimLEARN is a national simulation training, education and research program which will develop the strategic vision and system-wide plan for simulation process modeling, training, education and research for

VHA. Ms. Van Diepen then introduced the Director of SimLEARN, Dr. Okuda, who continued with providing the Vision, which is to improve the quality of health care services for America's Veterans through the application of simulation based learning strategies to workforce development. The Mission is to promote excellence in health care provided to America's Veterans through the use of simulation technologies for process modeling, training, education, and research and to establish VHA as the world leader in the application of simulation based strategies.

Dr. Okuda described where the National center is and the function of the National Center: The site is Orlando, FL, which was strategically located in an academic environment that would ensure close collaboration and partnerships with DOD, the Institute for Simulation and Training, the National Center for Simulation and the University of Central Florida.

Dr. Okuda provided an update on the FY 10 and FY 11 accomplishments to date which include developing the strategic plan; identifying VISN Simulation Champions; developing the website; developing a quarterly newsletter; leasing space to begin operationalizing National Strategies; obtaining interagency agreements with the US Army; procuring specific equipment and supplies; and establishing additional internal and external partnerships.

Dr. Okuda referenced plans to develop national curricula in training instructors; ensuring correct surgery and invasive procedures, women's health care, out-of-operating room airway management, Tele-Intensive Care Unit, hospital activation, and resuscitation education. Future projects will include training in code teams and rapid response; moderate sedation; nursing competencies; procedure skills in surgical, cardiovascular, GI and pulmonary, including bedside; and simulation fellowship.

The SMAG members were impressed to hear that VA already has partnerships and collaborative efforts with the American College of Surgeons; the Society for Academic Emergency Medicine; Association of American Medical Colleges; the Alliance for Surgical Simulation Education and Training; the Department of Defense; the Society of Simulation in Healthcare; International Nursing Association for Clinical Simulation and Learning; and the National Patient Safety Foundation.

Dr. Okuda explained that the intended outcomes of this initiative revolved around ensuring safe quality care for our Veterans; improving clinical outcomes; improving skills, including teamwork and communication; and ensuring VA is a leader in healthcare simulation with improved national clinical outcomes (data).

SMAG members were very supportive of this VA effort and expressed an interest to remain engaged as VA moves forward with this initiative. Dr. Petzel commented that the central role of the center would be to set the standard and allow for a venue to train the trainer and has plans to incorporate research into its mission. He continued by saying all VA medical centers may eventually have some form of local program. Discussion led to how important interdependencies are between VA, the affiliates, other

federal agencies and the private sector to ensure that quality health care, training, and innovation are at the forefront of America's health care industry; and that VA remain the leader in this effort. The group **recommended VA explore ways to work with the academic affiliates as VA continues to operationalize the SimLEARN initiative.**

Closing

Dr. Petzel thanked all members for making their valuable time available to meet today. Dr. Kirch mirrored those comments. The meeting ended at 2:30 p.m.

Recap/Agenda for next SMAG meeting

Darrell G. Kirch, M.D.

Future Agenda Items:

- Update on VA's efforts to work with Duke and their Health Coach Certificate Program.
- Update on the National Academic Affiliation Council membership and strategic plan.
- VA's Homelessness initiative and effect on admission rates
- VA's Rural Heath Program, long term plans and any implementation difficulties

Recommendations:

1. **VA should share more information on their efforts to work with Duke University and their Health Coach Certificate program; and consider working with the academic affiliates to develop a new career track for this type of specialty within the system.**
2. **VA should provide more information on the use of Mobil Health Vans, their current use and any planned use in urban areas.**
3. **VA should seek out health economists for assistance in determining the cost of care; and/or reach out to payers, the Department of Defense or the Centers for Medicare and Medicaid Service (CMS) to further examine and draw comparisons.**
4. **VA should explore ways to work with the academic affiliates as VA continues to operationalize the SimLEARN initiative.**