**NPC Agenda:**

 

**NPC Members:**

Denise Biaggi-Ayer- LMR (Co-Chair)

Mary-Jean Burke- AFGE (acting Co-Chair)

Bill Wetmore- AFGE

Linda Parker-Cooks-AFGE/VBA

Irma Westmoreland- NNOC/NNU

Joseph Henry – NNOC/NNU

Jeffrey Shapiro-NFFE

Link Miles-NFFE

Claudia Moore-NAGE

Mark Bailey- NAGE

Christine Polnak SEIU

Terri Beer-NCA

George Cannizzaro-NCA

Michael Stephens-VBA

Gia Chemsian-OGC

Robert Sheena-VBA

James Leahy-VCS

Cassandra Miller OIT

James Zeveski-VHA

Robyn Bolgla (NFFE observer)

Mary Ellen Anastas (VCS observer)

**October 24, 2023**

Meeting began at 9:15 a.m. ET

David Dunning (Director, James A. Haley VAMC) Denise Biaggi-Ayer, Executive Director LMR (Co-Chair Management) and MJ Burke acting as Union Co-Chair in Alma Lee’s absence.

Mr. Dunning welcomed everyone and introduced the facility therapy dog, Hercules. Denise welcomed everyone and all members introduced themselves.

**Supply Chain Activities**

* Dr. Ron Miller, Deputy Assistant Under Secretary for Health for Support

Currently working on the acquisition of one software product that will replace 59 different legacy systems. 97% of legacy systems are going away. This will require training for many employees, but no anticipated position changes or changes to position descriptions. Phased roll out over the next four years.

Example: Each surgeon has their preferred scalpel. Currently, the service may need to use the purchase card to order them from Walgreens as needed. Modernization will allow us to track the demand for each type of scalpel and ensure they are available as needed, but there will be a contract in place and those scalpels will be purchased at a much better price.

*Mark - How will local management and employees be able to provide feedback on how this is working?* Functional assessments will be conducted on a continual basis. The feedback we have right now is the problem is that things are being done differently in different locations. Standardization under one system is designed to help resolve that problem.

**Priority to Action**

* Valerie Mattison Brown, Chief Strategy Officer for VHA

Six VA health care priorities identified by Dr. Elnahal. Hire faster and more competitively; connect Veterans to the soonest and best care; serve Veterans with military environmental exposures; accelerate VA's journey to a high reliability organization; support Veterans’ whole health, their caregivers, and survivors; prevent Veteran suicide. Implementation currently led by the Health Care Operations Center (HOC) with support from Diffusion of Excellence and their programs (Shark Tank, etc.). Responsibility will transition to VISNs and medical centers. Seeing significant gains in all areas.

*Irma - questions the 7.8% loss rate retention slide, which is an improvement overall, but if you look at certain occupations, it’s much higher. 19 RNs were hired since June in Augusta. We lost 19 RNs during that same period. Believes we might gain 20 total across VHA this year.*

*Bill – requested information on time to hire and time to fill, and also asked how the targets were set* – WMC will provide this information. *Have there been tangible benefits to the High Reliability Organization (HRO) training?* The training has been useful because it provides a way for us to be accountable to what happens in our systems. *Do you know why utilization of HUD-VASH has decreased?* Will have to get back with details.

*Jeff – how is VA tracking the 2 million Veterans reporting at least one toxic exposure?* They’re being tracked through a database. Continual outreach to let them know what the next steps are. *Are you monitoring the impact of this increase on employees?* We know there’s work to be done to ensure the demand isn’t overwhelming the workforce. We did a market assessment 2018-2021, and will do it again, as required by the Mission Act.

MJ – concerns about employees’ experience in filling out FMLA forms. The Chief Wellbeing Officer is supposed to be helping employees get FMLA, but they’re also doing leave audits and saying we need to crack down on leave use. Recommends providing clarification on View alerts. Concerns about getting patients seen once they’ve gone through the suicide prevention screening. Valerie will provide additional information.

**2023 All Employee Survey Results**

* Dr. Maureen Marks, Executive Director, NCOD; Jeremy Rickert, Deputy Director, NCOD

The AES is our largest feedback system and the authoritative source of data for employee engagement. More than 75% participation this year, which is a new record. AES data drives action plans for individual workgroups. Most scores across VA have improved this year, though certain departments and workgroups declined.

*Jeff – would the impact of retention bonuses be reflected on this AES?* The survey was administered in June. Hard to say because they were rolling out incentives over the summer. Believes this will be better reflected in next year’s AES. *Would NCOD put out a smaller survey with questions related to the pay increase?* Money is important, but tends to have a short term impact, longer impact is how meaningful work is. Need to focus on reducing burnout and ensuring employees feel challenged and fully utilized. NCOD would defer to leadership on whether or not to do a separate survey and would support that if they want to.

*Irma – request clarification; does this mean 25% of staff experience two or three symptoms of burnout per week?* Yes. We’re moving in the right direction, but we still have a lot of work to do. *Not surprised they dropped because we’re coming out of COVID. Still need to hire right and fast, and consider work life balance options, like 72/80 schedules.* We agree and are working on making recommendations at the national level that are going to take some time.

*Jeff – regarding VBA – they’ve hired a lot of people recently, and it would be interesting to see what impact the increased staffing levels have on burnout.* NCOD can help figure that out based on the data we have. Mike Stephens adds our burnout scores have improved over the last few years. Concern about the use of mandatory overtime. VBA took a break from that this summer and the respite has been helpful.

*MJ – Do we ask the employees specifically what makes you feel overwhelmed.* NCOD has a new workgroup looking specifically at inefficiencies and how we can make progress on addressing them.

*Irma – suggests union and BUE involvement on the workgroup.* Maureen will make that recommendation.

*Mark – Which parts of HR are burned out. The concern is HR employees telework and we get a lot of complaints that employees can’t get ahold of HR. Why are they burned out if they’re never available?* This data doesn’t show the causes of burnout. But HR had the biggest drop in burnout from 2022 to 2023. *Mark also asked about what sections of HR, LR/ER, staffing…?*

*Linda – requests burnout data specifically for VBA occupational series.* Will be provided.

NCOD recommends dropping the COVID specific questions next year and would like union feedback. *MJ agrees and would rather see questions about what specifically causes burnout for each occupation.* That is hard to do in a survey like this. There are options for narrative responses, but the questions are more broad.

*Mark – NAGE’s concern with COVID is that employees don’t understand the policies. Can NCOD ask employees about how these things are being explained to them?* I’ll take that back to NCOD; we could have a question along the lines of “If you’ve had COVID, how supported have you felt?” *Requests the survey be shared with NPC for review and comment before it goes to the employees next year.*

*MJ believes the comments section is the most helpful when looking at the data. Unions asked for the survey to be shared before it hits the field. Unions can help make sure you have the proper questions.*

**Chief Well-Being Officer**

* Jana E. Boehmer, Program Manager Chief Well-Being Officer Program, VHA Office of Patient Care and Cultural Transformation; Mary Gallagher-Seaman, RN, Whole Health Consultant

Burnout is hurting our employees and creating patient safety issues. Clinicians face specific types of burnout that other employees don’t experience. Surgeon General named burnout as a health risk; recommended establishment of a Chief Wellbeing Officer (CWO). The VHA CWO is a facility-based leader, strategist and advocate who is dedicated to mitigating clinician burnout. Current pilot has one CWO at one facility per VISN. VHA Office of Patient Care and Cultural Transformation is training and coaching the new CWOs. Will be a three-year pilot in order to gather enough data to evaluate the program. Uses Listen-Sort-Empower (LSE) method developed by the Mayo Clinic and endorsed by the American Medical Association. Goal of LSE is to identify small problems and start to fix them – issues like too much TMS training, or problems with the electronic health record.

*MJ – What would you like to be see out of this program in five years?* A CWO in each facility, who says to leadership, whenever a policy is proposed, “have you thought about what the impact this is going to have on our clinicians?” Someone who has created a shared governance structure at the facility.

*Bill – What is the relationship between CWO and servant leadership?* If we don’t have leaders who believe in servant leadership, burnout won’t be reduced.

*Jeff’s – concerned that a CWO needs to be a clinician - the concern is who they answer to. In most cases, it’s the Chief of Staff or another ELT. That’s a problem because they can’t act independently.* The thought process is to have someone with executive support, but I hear you, thank for you for that.

**Harassment Prevention Program and EEO Program**

* Perdita Johnson-Abercrombie, Regional Director, Eastern Operations

ORMDI wants to be more proactive than reactive. Realigning EEO Officers directly under ORMDI. VA Handbook 5979 HPP Procedures. There are concerns from your group that 5979 conflicts with Dir. 0700.

*MJ – concern is with intake for HPP cases and how the cases are investigated. It creates more problems than it solved. Employees don’t get an evidence file and don’t know how these cases are being resolved.* HPP doesn’t investigate. They do an “inquiry” or “fact finding.” A fact finding should be done by a trained fact finder. The fact finder will write a report and it will be given to the employee who filed the complaint. It will not go to the accused. Fact finders do not make recommendations. *I felt like this was stood up in a rush. I’d rather these things go through EEO than HPP.* This does not preclude filing an EEO complaint, but they are different processes. EEO has to accept and investigate all complaints. In HPP, if it doesn’t meet the standard, we don’t take the case.

*Mark – 5979 references Handbook 0700, Administrative Investigation Boards and Fact Findings. In 0700, “fact findings” are “investigations.” The fact finders are going to 0700 and following those procedures, which usually goes way beyond 30 days. If you take 0700 out of it, you might get what you want in 5979.*

*Bill – I don’t think AFGE will agree that 5979 investigations are different from 0700 investigations or from the contract.*

*Jeff – a fact finding and an investigation are one in the same. Courts have ruled on that. The employees have the right to union representation.* Employees absolutely have the right to representation in an HPP fact finding.

*Mark – when HPP investigations take too long, and employees aren’t happy with the results, then they’ve missed their deadline to file an EEO complaint.* The clock stops when you contact us, even if you do the HPP first.

*Jeff – EEO can’t be under the director. The director will have too much influence.* They will report to ORMDI. We are asking them to maintain a physical presence in the facility. They will not be remote.

*Chris – What about the VISN EEO Specialists?* They will report to ORMDI. Facility staff will report to them. *Management just jumps to the fact finding because they don’t want to actually manage difficult situations with their employees.*

**Office of Nursing Service Updates**

* Karen Ott, Director for Policy, Legislation, and Professional Standards

Making progress on all of Dr. Elnahal’s priorities. Currently two years into a 10-year strategic plan with 12 workstreams. When we last spoke, there was concern about BUEs being able to participate – they are very welcome to participate. It’s always voluntary. Is this still a concern for the union?

*Irma – although there may be staff on these committees, they have not been appointed by the union as the union’s representative. Requests a list of committees and when they meet.* Karen will send to Denise who will distribute to the unions.

National Standards of Practice Update: Standards will mainly align with state requirements and only deviate when necessary for provision of health care to Veterans. Will not alter practice for most employees. Will allow employees to move seamlessly throughout VA. Will protect employees from State disciplinary actions solely for practicing within the scope of their VA employment. Functional statements, privileges, and scopes of practice will be updated; qualification standards will not. Currently developing proposed draft of national standards, then we’ll engage the unions.

*Irma – do the predictive staffing models include specialty clinics and PACT?* Yes, both. *Great, we need to take a close look at PACT teams. Will require more administrative staff.*

*Gia – regarding the 60 day comment period, how will people be notified and provide comments?* (Jim) It’s sent by WMC. There’s a National Standards of Practice Workgroup.

**NPC Discussion**

We will work on a message to send to the field about procedures for notifying the union when performance standards change, and meeting any bargaining obligations that may result. This may be more of a training issue, but we’ll attempt to draft a message NPC can endorse.

**October 25, 2023**

9:00 am – 12:30 pm tour of the Florida National Cemetery

2:00 pm – 3:30 pm tour of James A. Haley VAMC bed tower

**Welcome – Local Leadership and Union**

* David Dunning, Director, Cristopher J. Young, Executive VP and Marcia Sampson-Beasley, AFGE Local 547; Dennis McClain, Director, and Scott Springstead, Associate Director, NNOC/NNU

Mr. Dunning opened with a presentation on the Tampa VAMC. Mr. McLain (NNU) discussed the VISN Labor Management Forum (LMF). Stated the VISN is antagonistic, it took close to a year to get the charter signed. Half of their meetings are virtual and half in person. The union requests discussion about certain issues and management’s response is to ask the union to give the presentations. Before all Directors would attend and now only two facility Directors attend. They have not accomplished anything that will benefit Veterans. The facility LMF is a total contrast. Started by “talking about talking.” Meetings are held offsite. Positive attitudes, everyone is focused on the mission. Look for opportunities to agree and work together. Focus on three major issues that the employees struggle with: food insecurity and homelessness; resume writing and literacy in general; and domestic partner violence. Held a symposium last week where people received emergency food and provisions. Mr. Young (AFGE) is on the LMF and agrees that having a shared objective brings people together. Hearing the stories about what employees experience shapes their work. Already beginning to see the success of their work.

**VBA Updates**

* Josh Jacobs, Under Secretary for Benefits; Shawn Bohn, Director, Sioux Falls VARO

PACT update: We’ve distributed $2.2 billion to Veterans this year and received 44% more claims than 2022. There have been challenges – Toxic Exposure Risk Activity (TERA) continues to be a pain point. We had to compress the training timeline and the training was not adequate. We’re making improvements to future training. We’ve also required mandatory overtime. I know we can’t do this forever. We’re looking at what we need to do to move away from that. Hiring is necessary but not sufficient. We need to cut out inefficiencies and automate more processes. Mindful of the fact that there’s a lot of stress among the workforce. Concern that the quality performance standards are not leading to increased quality – they’re leading to increased fear and stress. Shifting to a focus on performance improvement. NCR employees are returning to the office 5 days per pay period. In the field, it will remain 2 days, as long as performance remains high. Need to figure out what to do with the space – allow VHA to use it; use it for training; rent it out to compensation and pension vendors. Allows us to rethink our footprint. How can VAROs reach Veterans where they live, which may not be in the urban centers anymore?

*Linda – Regarding training, what are you looking at for VIP?* I’m hearing the content it outdated. We’re looking at the curriculum, and at the possibility of in-person training. There is a team making recommendations. *Our VARO is doing in-person training, fireside chats, round tables, and forums. This allows for feedback, and we address concerns at every stage of the training.* Request for Linda to send him more information. Looking at standardization across the administration.

*Jeff – Performance standards are being changed for vocational rehab counselors. Some senior counselors have more cases than the average that they’re using to develop the standards, so they can’t meet the standard. Counselors are different from the service center – they deal with people. There’s talk of hiring social workers, but that’s a very different position too. We need to address the stress level.* VR&E is where we have the highest stress levels. We’re hiring, we’re modernizing IT, we implemented an affirmative education requirement. We need to recruit and train differently for these positions. If you hear things aren’t working out, let me know. We’re seeing an increase in applicants already. We want to eliminate as much of the administrative parts of the job as we can so they can work at the top of their licenses.

*Linda – You said we’re at 32,000 employees but it takes time for them to be trained well enough to take on the workload. Are we tracking those we’re losing?* Yes. We’re a little below the six-year average. We have to focus on retention.

*Bill – Did you say you want people to come in two times per pay period?* In the VAROs they’re already back two days per pay period. *When did you do that?* Between June and August 2022. There are some positions that are fully remote.

*MJ – What is the consequence of going from CR to CR to CR? Impact to the Veterans?* It’s added stress to the workforce. We have people who are getting their paycheck working alongside people who won’t be paid until the shutdown is over.

Shawn – update on performance standards

Adjusting performance plans to ensure compliance with and impact of the PACT Act. Looking specifically at the Quality standard – how it can be more effective and less punitive. Increasing excluded time for additional work required to work on new cases under PACT, such as TERA. Mitigated the quality element Jan-May 2023 because employees were working on so many new types of case. Added credit for TERA activity in August. Conducting a wholesale review of performance standards. Automation has changed the nature of work. Engaging labor partners in LMF and through predecisional involvement.

*Linda – What are we seeing with regards to employees who are fully successful or not? Is it dropping since PACT was passed?* 12% less than fully successful rate prior to PACT. After January, it went up to about 15%. This continued to the decision to make changes for this year and to the future standards. *Is there consideration of adding BUEs to the performance plan workgroup?* Can’t speak on behalf of that group, but we have SMEs at all levels, and encourage the group to talk to their employees about this.

*Jeff – How many VRCs were meeting their standards during COVID and has it changed? How many people are on PIPs?* The recent adjustments we made were to two different elements, and we decided not to put people on PIPs if those were the elements they were failing.

*MJ – Do you know how the agency decided to pull 5 cases for the quality standard?* It’s based on a MITRE study. It used to apply to everyone, now it’s RVSRs. *On the healthcare side, you usually do a percentage. If people need more excluded time, maybe you should focus on end product.* Excluded time was a temporary solution we needed because of PACT.

*Mark – How does management put together a workgroup of managers to figure out solutions to problems of BUEs without BUEs or the union? How do you trust what the first line supervisors are telling you? When NCA did this, they involved the unions from day one. It was very successful.* It’s important to note that a lot of the SMEs are processing claims too. They’re looking at the work, reviewing the work, were recently doing the work. VBA can look at performance data at a national level, which makes us a little different from other administrations.

**October 26, 2023**

Discussion on 2024 NPC meetings:

Week of January 29th in DC.

Week of April 8th - Atlanta is the #2 growing facility and has three unions. They’re planning to build a new facility. There’s an RO next to the medical center. San Francisco has a lot of labor issues. They gave nurses 72/80 and then took it away. – Will look into both.

Week of July 15th - VBA has room in San Diego, Long Beach, Los Angeles, or Indianapolis. In San Diego, we can go to Rosecrans cemetery.

Week of October 28th in DC, hybrid option for anyone who wants to be home with their kids for Halloween.

**Strategic Infrastructure**

* Al Montoya, Deputy Assistant Under Secretary for Health for Operations

Joined by Ross Davidson, Office of Facilities Planning. Many infrastructure problems across VA. Working on comprehensive strategy to include a clinical strategy.

*Claudia – How does this impact a place like Coatesville, PA where we have a Dom and a focus on mental health?* Even if we’re focused on facilities and CBOCs now, we can pivot and work on a Dom or a CLC. We’re opposed to a template approach – we need to be flexible enough to meet the needs of the local population. *VISN Directors need to do a better job of communicating with us about this.* Will bring that back to the VISNs.

*Jeff – We’re maintaining facilities that we don’t even use. And in a place like Miami, the 55 year old air conditioner breaks and you fix it, you don’t replace it.* The new facilities all look different and function differently – we’re pulling from each of them to establish a standardized approach. Miami is different. They have a plan for an entirely new HVAC system that’s almost ready to be implemented.

*Mark – Can we get a copy of the minutes of your workgroup? Concerns about poor communication in VISN 4.* Will bring those concerns to the VISN group.

*Jim L. – We’re fighting over a small pool of money.* PACT section 704 increases funding.

*Irma – We need funding from Congress.* I need your help on this. We ask for funding, but we haven’t had a strategy. Now we have a strategy, and I’m going to need your help to advocate for us. *Are you looking at having one set of designs for different modules in VA so we can build faster?* Absolutely. We have design guides, but they’re just that – guides. People aren’t using them. Start with the clinical strategy and let that direct the design. *If its module based, you want to make sure VAs start looking the same.* Need to focus on patient outcomes more than the facility itself. It took me 20 minutes to find coffee this morning, and I don’t have mobility problems.

*Jeff – I don’t think big facilities are the future of the VA. Directors are afraid to open outpatient facilities because if their medical center is downsized, they lose funding.* When we build new facilities, we’re pulling a lot of the decisions away from local management. We have to move faster and diversify the portfolios.

Funding needs to be increased from about $4 billion per year to $30 billion per year. This is where we need your help.

*Mark – We’re using contractors to do major maintenance work, getting rid of employees because of it, and don’t have the staff we need to do preventative maintenance.* We’re seeing a decline in trades – where there used to be three entering the market, only one is today. They’re aging out. *These positions and salaries are being downgraded by HR.*

Conducting a market assessment that will drive prioritization. Looking at how to meet the needs of the community, which may or may not include facility replacement.

MOUs on Academic Affiliates – PACT Section 704. Allows VA to lease space without competition. MOU with University of Nebraska Medical Center – UNMC will build space for VA, and then lease that space back to VA. VA will be very involved throughout the process.

*Joe – This sounds like a great idea to me. What’s the issue?* We didn’t involve you the first time we did this and that’s my fault. I’m coming to you now for your feedback. We’ll keep you involved throughout.

**Interpersonal Safety Response Signage**

* Jennifer Koget, National Director, Social Work, Fisher House & Family Hospitality and Intimate Partner Violence Assistance Programs; Leila Jackson, Director, Assault and Harassment Prevention Office

Intimate Partner Violence (IPV) affects millions, and Veterans experience higher rates. One of the few times an IPV victim is alone is when using the bathroom. Developed signs with information on how to get help that will be placed in VHA restrooms.

*Terri – Can these be shared with NCA?* Yes.

*Mark – Will staff be familiar with what’s on the sign to be able to provide help to someone who needs it?* A FY24 goal is to provide agency-wide training on this topic.

**Critical Skills Incentives and Fraudulent Nurse Licenses**

* Lauren Kuiper-Rocha, Executive Director, HR Center of Expertise, WMC

Critical Skills Incentives: Working with all VISN and all HR offices to adjust salaries. Not finished yet, the work is ongoing. Implementing RAISE and PACT Acts.

*Irma – Am I right that WMC or VACO determines who is eligible for these increases, but it’s up to local leadership to decide who will get them?* Yes. *My understanding is most of the phase one and two pay increases were for management and not employees.* I don’t have that data now, but I’ll pull that out for you.

*Mark – If there was a pot of money, but leadership gets to decide how to hand it out, where exactly is that money going?* That’s a question for VHA finance. *Employees want to know why someone in one place is getting a bigger raise than someone in another location. What advice does your group give to facilities?* VISN HR centralized compensation unit is charged with managing all of these pay schedules. They need to ensure its comparable to their local market and reflective of their ability to recruit and retain. That’s why there’s variation.

Critical Skills Incentives: Lump sum payment, doesn’t count toward retirement, expires in 2027, and has to be renewed annually. Only available for hard-to-fill positions and positions with shortages. Identified occupations where we’re paying less than the private sector average and our growth rate is low or decreasing. Ranked positions based on these two pieces of criteria. If we could adjust their salaries permanently because of their pay schedules, we did that instead of a CSI. For salaries we cannot adjust (wage grade), we give CSIs. We will go through this annually.

Market research: conducted by the VISN and/or facility, due to WMC in December. They determine. Local management decides on the amount of the CSI.

*Chris – There was no Union involvement at all. You have 8 employees in a carpentry shop – 4 are getting a CSI and 4 are not.* VISN CHROs identified for us that there are differences in which occupational series they’re hiring people into. Employees at one facility are in one series, employees doing the same work at another facility in a different series. We encourage them to address these things locally. *This is the problem. We’re not involved, and they are not handling this fairly and equitably.*

*Mark – Does local management know this? They’re saying, “If you’re not in this series, you don’t get it” and that’s it.* We are communicating this to leadership and are encouraging the medical center director to use their local authority. *Employees are going to OPM to request classification appeals, and that isn’t in their interest.* In a lot of places, management is holding meetings with their wage grade employees to explain what a CSI is. This would be a good place for the union to be involved. *(Chris) It’s too late for that. It’s a mess.* I will be speaking with the CHROs this afternoon and I will bring this up.

Lauren will be invited to continue her briefings on a monthly call. There was no time to discuss the fraudulent nurse license issue but NPC has slides with relevant information.

**OI&T Career Development**

* Nathan Tierney, DCIO, Chief People Officer

Listening to employee feedback. Employees are looking for development, training, and mentoring opportunities. Have developed career tracks for 29 specific tracks. Training available in an OI&T Portal. Working on leadership tracks as well.

Are the unions getting invited to the employee engagement quarterly meetings? *No or unsure.* OI&T will contact Denise who will ensure the unions are invited.

*MJ – are the SSRs temporary?* Yes, they expire in 2027. We’re hopeful it will become permanent. *Did it also include an on-call component?* That’s different – we’ve requested authority to offer standby duty pay, and it should be approved summer 2024.

**Discussion**

Agreed to a monthly NPC call, to be held when needed. Third Thursday of the month, 1:00-3:00, starting January 18th.

Denise will invite Rimaan Nelson to next NPC. Will work with Jim to identify more VHA leadership who may become permanent members including ONS. Suggested to have someone from clinical operations.

Waiting on subcommittee survey data to determine which initiatives to support.

Jim will talk to VISNs about ensuring local LMFs have sufficient authority. Concern that since HR has moved up to the VISN level, local LMFs are less empowered than they should be.

**Voter Registration Pilot**

* Zaneta I. Adams, Deputy Assistant Secretary, Intergovernmental Affairs

VA and the office of the Michigan Secretary of State entered into an interagency agreement to designate three pilot voter registration sites. The sites are Saginaw VAMC, Detroit VAMC and Detroit Regional Office. The agreement empowers VA to provide voter registration information and assistance to Veterans and eligible dependents at these three facilities.

The purpose is to break down barriers that keep veterans from participating in the democratic process and provides information and tools to fully exercise their voting rights.

State of MI provides training to VA staff. In November, VA staff will begin providing information and registering Veterans to vote.

*Mark – Is this just for veterans or will employees be allowed to participate as well?* It’s a voter registration site, so anyone can come in and get registered. We just don’t want to advertise it that way because our responsibility is to serve Veterans.

*MJ – Handbook 5011 allows AA for voting, does it also allow for registration?* I will have to take that back and get you an answer. Reviewed the policy and it does.

*Linda-The Detroit RO wants the training to be in person.*

**Access Sprint**

* Dr. Ryung Suh, Chief of Staff; Ms. Hillary Peabody, Deputy Assistant Under Secretary for Health, Office of Integrated Veteran Care

Denise will follow up with Dr. Suh about joining the NPC.

Integrated Veteran Care is a new office responsible for ensuring Veterans have access to care when and where they need it. Administers Community Care.

Conducted a Hiring Sprint last year that was very successful. Now turning to Access Sprint. Primary Care, then Mental Health, then Specialty Care. Will be locally driven. Looking at extended clinic hours, expanded panels, etc. More primary care will drive a need for more specialist and mental health care.

*MJ – Concerns with bookable hours causing providers to leave VA.* The issue of improving access is a complex one. We’re looking at capacity issues, process improvement, and everything else that might impact access. The local action plans are designed to capture those things. We want local variability and innovation. After the Sprint, we look at everything that was done and consider the best practices for standardization. *That’s how we got Phoenix.* That national review is going to prevent another Phoenix.

*Irma – Are you encouraging union representation on these local groups? Training is horrid and VA does things differently from anyone else, so we need that training. Directors have the ability to cut new patient appointments from 60 min to 30 min and then schedule 10 of them for one nurse in one day. No wonder they’re missing things. The patients are on the receiving end of that.* We agree.

*Jeff – You’re trying to imitate the private sector. The doctor can speak into a computer, he doesn’t have 50 alerts to handle – here the Veteran is already angry because the doctor has been on the computer for the first 20 minutes of his appointment. You cut down the appointments, but then you need to schedule a follow up appointment. There are only so many patients you can see in a day even if you don’t take your breaks. You’re driving people into the ground.* We recognize the challenges. The question is how do we create the provider efficiencies and decrease the administrative burden? We spend a lot of time ensuring the overarching strategy is working toward this goal. Regarding Phoenix, establishing unreasonable standards leads to Phoenix. *I don’t think bookable hours is the way to do it. In the private sector, you see more patients and you don’t have all the administrative work. You’d better get some union and BUEs at the table.* We welcome the union in all that we do. Access Sprints are not the roll out of a new program. Short term sprints allowing local facilities to develop local solutions, try them out for a short period of time, so we can figure out what works, and begin to develop a national strategy.

*Mark – What you’re saying is not happening in the field. You’re burning people out and putting them at risk of losing their license. In VISN 4, Wilkes-Barre couldn’t find mental health providers so they had an MOU to use providers from Coatesville. Now the docs in Coatesville are looking for other jobs. Your short term idea theory isn’t leading to long term solutions.* We haven’t started this yet. We’re planning. What I’m hearing is there are things that have gone on this year that have not been helpful. That’s good for us to hear.

*Jeff – If you’re doing this locally, you have to be bargaining locally.* One of our first calls was to Denise and Jim to make sure we understand our obligations. It sounds like there is a misconception regarding what Access Sprints are. We’re focusing on improving access for our Veterans and looking for ways to do that. It’s not mandating anything, it’s not changing working conditions. It’s sharing resources, brainstorming policy changes – things we might start to consider in our local environment. If one of these local changes does change bargaining obligations, we will bargain locally.

*Link – We want to take care of Veterans and improve access. I’ve just seen this over and over. We’ve tried these things. I think your data is already there. You already have best practices, so you don’t need this.* Does anyone know how much of our case is in the community? It’s 42% It’s up a lot in two or three years. We would like VA to continue to exist. Our productivity is down. We have not recovered to out pre-COVID levels. There are two measures for the primary care access sprint: 1) we got more people through the door; 2) the length of time they wait has to come down. If we don’t try something, it's not going to be good. We’ll become a health insurance company.

*Jeff – The Veterans want to come back to VA. The question is how fast we can hire.* Even when we increase staff, our productivity is going down.

*Bill – Does your plan include time for local bargaining before you implement these things?* Yes, we include this in the action planning and implementing stages.

Our productivity determines our budget. We could end up with less money next year and direction from Congress to put more patients into the community.

*Irma – I’m happy we’re hiring, but we may not be putting people in the right place to increase access. You put the FTE where you need the improvement.* I agree.

We have a history in OCC of issuing memos for everything and not following the procedures. We’ll be gathering all of those memos and considering what needs to go into a directive, but we need to take some action now.

**Meeting concludes: 4:35 pm**