Department of Veterans Affairs
Special Medical Advisory Group Minutes

April 20, 2023
Washington, DC
9:03 a.m.- 3:19 p.m. ET

MINUTES

Attendees:

Committee Members Present:
Dr. Gregg S. Meyer, Chair
Dr. Jeffrey Akman
Dr. Robyn Begley
Dr. Francis J. Crosson
Dr. Terry Fulmer
Dr. Bijiibaa Garrison
Dr. Junius Gonzales
Dr. Trent Haywood
Dr. Arthur L. Kellermann
Dr. Michael Mittelman
Mr. Chanin Nuntavong
Dr. John E. Prescott
Dr. Carolina Reyes
Dr. Phillip R. Sandefur
Dr. Lewis Sandy
Dr. Ross Taubman
Dr. Mary Wakefield
Dr. Misty Wilkie
Dr. Robert Winn

Committee Members Absent:
Dr. Kameron Matthews

Department of Veterans Affairs Staff and Presenters:
Ms. Jennifer Asselin
Ms. Tanya Bradsher, VA Chief of Staff, Department of Veterans Affairs
Dr. Steven Lieberman
Dr. Lisa Arfons
Ms. Melissa Bryant
Dr. Carolyn Clancy
Dr. Gerard Cox

Dr. Neil Evans
Dr. Daphne Friedman
Mr. Chuck Hume
Dr. Chad Kessler
Dr. Miguel LaPuz
Mr. Nathan Manele
Dr. David Massaro
Dr. Ernest Moy
Ms. Lisa Pape
Dr. Vida Passero
Mr. Marvin Ryberg
Dr. Christopher Saslo
Dr. LaTonya Small
Dr. Mark Upton
Mr. Linda Torres
Mr. Paul Veregge
Ms. Janna Vilen

Other Public Attendees (Virtual):
Ms. Connie Nichols, Court Reporter (Transcriptionist)
Mr. Sidath Panangala, Congressional Research Service
Ms. Kristy Park, Principal, Park Government Relations
Ms. Theresa Wrzesinski, Professional Staff Member, Senate VA Committee

SMAG Support Staff:
Ms. Selina Meiners, Designated Federal Officer
Mr. Brian Schoenhofer, Incoming Designated Federal Officer
Mr. James Wilson, Alternate Designated Federal Officer (Virtual)
Ms. Chudney Johnson
Ms. Yvonne Johnson
Mr. Dennis Lahl
Ms. Berenice Perez-Ruiz
Ms. Stephanie Seeley
Mr. Kyle Sommer (Virtual)
Ms. Melissa Spady
Dr. LaTonya Small, Advisory Committee Management Office (Present)

Call to Order: The meeting was called to order at 9:03 a.m. ET, April 20, 2023.

Opening Remarks:

Dr. Gregg Meyer, Chairperson, for the Special Medical Advisory Group (SMAG), invited Ms. Selina Meiners, Designated Federal Officer (DFO), to make opening comments and call the meeting to order. Following, she introduced Dr. LaTonya Small, Program Specialist, from the Advisory Committee Management Office, who conducted the mandatory Federal Advisory Committee Act Training for SMAG members attending both virtually and in-person. Dr. Small advised the need for closed meeting(s) or topic sessions in support of discussing agency trade secrets or other classified info, personally identifiable information (PII) or medical record reviews, criminal matters, or proprietary research.

Dr. Steven Lieberman, Deputy Under Secretary for Health, welcomed all SMAG members and summarized the meeting agenda and presentation topics. First, an Electronic Health Record Modernization (EHRM) deployment update to be presented by Ms. Tanya Bradsher, as well as Dr. Neil Evans and Dr. David Massaro. He mentioned the VA's "Sprint" efforts to better assess and address deployment issues. Next, the Clinical Practice Management Optimization Best Practices update led by Dr. Miguel LaPuz and Dr. Lisa Arfons. Dr. Lieberman informed current efforts for bookable hours and appointment time standards. Additionally, efforts ongoing for President Biden's Cancer Moonshot initiatives to advance cancer care equity, as well as, PACT Act implementation by Dr. Chad Kessler and Ms. Melissa Bryant. Dr. Lieberman highlighted that the VA reached three million screened Veterans for toxic exposure; 42 percent of which revealed at least one potential exposure and eight percent with at least two or more potential exposures.

Dr. Lieberman also gave an update on the VA's hiring, which already exceeded the goal for the current fiscal year to increase the total employees on board by three percent. The VA's workforce has grown by 11,628 employees or 3.1% in the first six months of the fiscal year that started on October 1st. In total, VA has hired 27,181 external hires, not including individuals transferring between jobs within Veterans Health Administration (VHA).

Dr. Lieberman further introduced the VA Chief of Staff, Ms. Tanya Bradsher. Ms. Bradsher thanked SMAG members for their continued support of the VA during this important time of change and transition.

Ms. Bradsher stated the VA saw 2023 as the year of execution and implementation. Ongoing priorities for the VA are to continue expanding overall access to care and benefits to more Veterans, as well as improving hiring and ensuring the Promise to Address Comprehensive Toxics (PACT) Act implementation in support of over 20 health conditions. The VA recognizes the PACT Act as an opportunity to improve relationships with Veterans, especially those who may have not felt welcomed to include Veterans of color, LGBTQ+ Veterans and other underserved populations.

With regard to the VA's ongoing EHRM deployment, Mr. Bradsher indicated the VA will not deploy the new EHRM system at any facility until the VA is confident it is ready for

Veterans and VA providers. Before restarting deployment in other VA medical centers, the VA will continue to work with Oracle Cerner to resolve issues with system performance. The goal remains to deliver a safe, effective, and efficient record system that best supports quality care for our nation's Veterans.

Electronic Health Record Modernization Update – Closed to the Public

The Committee recessed for lunch from 11:32 a.m. to 12:10 p.m. ET.

Clinical Practice Management Optimization Best Practices – Dr. Miguel LaPuz, Dr. Lisa Arfons

Dr. Miguel LaPuz, Assistant Under Secretary for Health for Integrated Veteran Care and Dr. Lisa Arfons, Executive Director, Integrated Field Operations, Office of Integrated Veteran Care, provided updates regarding the VA's Clinical Practice Management Optimization Best Practices.

Dr. LaPuz acknowledged the increasing demand and the decreasing resources needed in clinical practice, with the need to bridge the existing gap by optimizing the productivity of the current medical officers and providers. He acknowledged the VA is less successful in retaining and recruiting medical officers. Dr. LaPuz emphasized the goal to create a balance between the demand placed on the provider versus the possibility of burnout. Dr. LaPuz then handed the presentation to Dr. Arfons to describe the initiative.

Dr. Arfons recognized the past practice initiatives that were evaluated coming out of the pandemic. It was identified that a reorganization was required for an access reset, or Universal Access Deployment (UAD). Dr. Arfons praised VHA's efforts in standardizing foundational elements and in particular, clinical practice management and how VHA sites should best organize themselves to optimally deliver care.

Additionally, Dr. Arfons spoke to the challenges that prompted the development of the UAD to include the VA's struggles in allowing modification innovation post implementations. Front line staff have been asked to weigh-in via questions such as, "What do you think is a high-impact or low-effort initiative to really make a push to re-standardize and reconfigure our clinic practice management?" The primary answer was bookable hours and appointment booking standards initiatives.

It was further noted that some cohesiveness has existed in clinical practice, but was not across the board. For example, the mental health minimum standards for how long a

provider should be in clinic. In general, field concerns became evident due to UAD initiatives not aligning to the VA's Reduce Employee Burnout and Optimize Organization Thriving (REBOOT) Initiative to include providers' concerns for lack of clinical staff and support needed to achieve clinical expectations. The VA recognized the need to ensure providers were allotted an equitable amount of bookable clinic time corresponding to their unique clinical needs including appropriate mapping accounting for authorized research, academia, and admin. Specifically, all providers will not equate to the same bookable time.

VHA continues to work closely with its regional network directors to define an 80% outpatient bookable time standard for providers aligning to direct patient care modalities; whether face-to-face, telephone or telehealth. VHA also recognizes the need for a process for exceptions. Ongoing resource sharing identified a pattern of exceptions made by the field chiefs of staff and other local leaders, which resulted in the agency's Light Electronic Action Framework (LEAF) system to help initiate book-ability request exemptions. He further reported that approximately 25% of providers are meeting the current BOOK-ABILITY standard or have a LEAF exemption in place.

In support of addressing the VA's poor BOOK-ABILITY cohort and related provider burnout initiatives, Dr. LaPuz asked SMAG to consider several questions such as how a benchmark may be utilized and if VHA should track its respective data? Also, any appropriate metrics that could be tracked and whether currently utilized in the private sector, in addition to innovative/creative mechanisms for better incentivizing providers.

Dr. LaPuz and Dr. Arfons also highlighted their office's compliance team that continues to work closely with frontline leaders to address BOOK-ABILITY requirements and further indicated the feedback would be greatly appreciated for the success of the UAD.

Dr. Crosson questioned whether the VA's current model fits. He noted the vast difference between VA and Kaiser Permanente 12 years ago was the concentration of facilities in Kaiser compared to the need to cover people all over the country with the VA. He noted similarities still applicable to both organizations today to include maintaining a large and multi-state infrastructure operating on a prospective revenue base, a budget.

Dr. Crosson stated that both Kaiser and the VA are integrated delivery systems characterized by multispecialty group practices and joint leadership roles at every level. He described both systems as accountable for costs and quality. From the physician perspective, he entailed a physician's willingness to be managed is more easily swayed via outcomes, versus process measurement. In closing, Dr. Crosson further encouraged VHA to invest greater in motivational tools for physicians to include, but not limited to nonfinancial incentives, instilling ownership, peer comparisons and management training.

Dr. Haywood noted his prior background as a VISN chief medical officer (CMO) for VHA and currently as the CMO of Zing Health, where he leads a care management team. Dr. Haywood prioritized the importance for motivating physicians to become engaged, while comprehending the key importance for some tradeoffs. He suggested VHA find a way to align outcome measures to physicians' own personal missions as a mechanism for encouraging greater engagement and buy-in. For clarity, to align with the physician's purpose for entering healthcare as a profession, vice an often misunderstood notion for purpose tied to healthcare productivity and operation efficiency.

Reflecting yet again to his experience as a VISN CMO, Dr. Crosson recalled aligning his team and its practice objectives to the values of people, in contrast to a focus for operational efficiency from an engineering standpoint. He further suggested the application of social science and anthropology as approaches to build trust and ensure effective alignment between benchmarking and value development within VHA's design. He reiterated the need for providers to be afforded several solution alternatives to help instill ownership and trust; especially, when resulting as recognized best practices.

Dr. Reyes recommended that the VA consider its current framework for facilitating prepared Veteran patients, as well as providers for visits. This includes incentivizing Veterans and soliciting satisfaction feedback, acknowledging the impact language plays in the visit, as well as adequately training and resourcing providers to accomplish the unique needs of both Veterans and the agency.

Dr. Prescott weighed in and further encouraged the VA to explore opportunities for recognition via force multiplication with community assets including incentive visits with high-level government officials as a means for rewarding top rated providers. Additionally, he recommended the VA further expand on unique incentives already in place such as on-site housing accommodations for providers at the Palo Alto VA medical center to help offset high cost of living, as well as greater leadership training to help nurture physician-to-physician dialogue, confidence and relationships.

Dr. Garrison reflected on her general surgery background and the unique alignment between productivity and outcomes especially when associated with procedure-based specialties. She further discussed bundled appointment packages and the need to acknowledge complexities in care to include procedure-based specialty versus primary care for example.

Dr. Kellerman highlighted his institution's successful implementation of "commitment to professionalism" letters for all providers, which helped improve the performance of low RVU providers and overall morale and accountability. As a complementary resource, he recommended the National Academy of Medicine's series of reports on the future direction of healthcare (team-based practice).

Dr. Begley reiterated the need for leadership and management training and greater frontline collaboration opportunities being afforded to VA providers and clinical support staff. She further pointed out the importance for nurturing common purpose culture among staff and ensuring throughput components in the clinical setting with respect to productivity for factors such as total number of rooms available, team composition, and total number of providers. Other factors for the VA to explore included creative scheduling opportunities and dissecting no-show rates.

Dr. Mittelman complemented the approach for exploring staffing models and Dr. Wakefield suggested the VA examine its framework for effective and meaningful messaging with providers and Veterans to meet productivity benchmark goals. More specifically, Dr. Wakefield advised in-house messaging approaches that are catered to unique motivation factors for Veteran age-based cohorts, as well as between physicians and nurses.

Dr. Fulmer restated priority emphasis in acknowledging the impact of rural barriers such as commute time impacting motivation and productivity, in addition to ensuring an overseeing steering committee establishment that could help address related frontline issues.

Dr. LaPuz and Dr. Arfons thanked all contributing SMAG members for an insightful discussion and feedback.

Cancer Moonshot: Health Equity – Dr. Vida Passero, Dr. Daphne Friedman

Dr. Passero, Chief Medical Officer, VA National TeleOncology and Dr. Friedman, Attending Physician, Durham VAMC, co-led a presentation on Cancer Moonshot: Health Equity.

Dr. Ernest Moy, Executive Director, VHA Office of Health Equity, opened the presentation by overviewing health equity's purpose and ultimate goals to ensure every Veteran is afforded optimal health outcomes and equitable care accesses associated with cancer screening and prevention services and addressing social risks and primary care issues related to diabetes.

Dr. Meyer advocated for cancer health equity and its disproportionate impact to Veteran populations as many cancers are preventable and if caught early, more treatable.

Dr. Moy overviewed some of the VA's efforts to help optimize screening, diagnosis and treatment for Veterans in relation to general care access and access to social services. For example and from a screening perspective, the VA deployed The Assessing Circumstances & Offering Resources for Needs (ACORN) Initiative, which operationalized a more robust and systematic social needs screening approach in clinical team settings

across two dozen VA medical centers. Dr. Moy reported that the ACORN initiative is working well in primary care and women's health settings and that the VA remains committed to ongoing observation and mechanisms for improvement to help Veterans address the complex social risks and their respective barriers to access. He added that the VA remains committed in its efforts to identify and target interventions to populations at individual VA medical centers challenged with disparities in cancer screening disparities

Furthermore, the VA's Health Equity Office continues to work with providers on techniques looking at quality improvement metrics and identifying specific populations that are receiving suboptimal cancer care. The metrics have typically encompassed primary care measures relating to diabetes, hypertension and hypolipidemia.

Dr. Passero reflected on a few California-based studies indicating superior outcomes when comparing VA care to non-VA care and the VA outperforming similar insurance models. In particular, VA patients are more likely than patients with other types of insurance to receive cancer treatments. She pointed out that the studies continue to show that the VA excel' s at diagnosing cancer early, looking at women and men, having equal time to diagnose and ensure prioritization within the VA, as well as reducing barriers to access traditionally seen in non-VA settings. Dr. Passero reiterated that the continuum of oncology care refers to screening, diagnosis, and treatment. Furtherly, outlining these first three big steps to identify concerns and appropriate care measures moving forward. Dr. Passero further decreed, "We found there were lower screening rates, especially in rural populations and among Black, Hispanic, Asian, Asian American, and American Indian populations within the VA." Additionally, the VA is contending with disparate provider-to-patient education.

Dr. Passero discussed related payment barriers related to the stage of diagnosis; however, not necessarily in terms of the payment that occurs with diagnosis or treatment because it's mostly co-pay, but other related financial social barriers impacting Veterans. The suggested way forward is greater outreach and connections with primary care, improving physician-to-patient education, and developing oncology clinical pathways. Homegrown clinical pathways within the VA have been developed or are in the process of being developed and maintained. Some mechanisms include clinical decision support tools, increasing the plan of care, chart documentation, and visibility of care coordination. Dr. Passero reemphasized prioritization for clinical trials and standards of treatment education.

Dr. Passero introduced the VA's National Tele-Oncology Program, which is the VA's platform for providing nationwide cancer care across the VA's large integrated healthcare network. In calendar year 2022, she indicated that over 5,000 Veterans were seen through National Tele-Oncology. Nearly half of the Veterans seen were from rural locations enrolled in 41 VA medical centers. At least seven subspecialty disease-specific care teams are available to support Veterans and focus on targeted diseases to include providing diagnostics and treatment. Other care solutions are deployed across the VA to include

national and virtual tumor boards, decentralized clinical trials, and clinical cancer genetic services launched in December 2022. Veterans may also attain oncology care at a neighboring VA medical center or from the comfort of their home via personal device(s) to access Tele-Care if no oncologist is available at their assigned VA medical center.

Dr. Passero informed that VA medical centers host infusion nurses, advanced practice providers (APP) and on-site pharmacies. The VA maintains providing both asynchronous and synchronous care to Veterans. The National TeleOncology Service deploys decentralized clinical trials, genetic service counseling and testing. Additionally, the VA's Breast and Gynecologic Oncology System of Excellence, spearheaded by Dr. Haley Moss, deploys asynchronous e-consults, second opinion consultations, and synchronous visits. Dr. Passero concluded her presentation and pointed out National Virtual Tumor Board's efforts in ensuring synchronous care by way of ensuring diagnosis to treatment.

Dr. Daphne Friedman overviewed the Moonshot 2.0 initiative, Enhanced Equity and Access to Clinical Trials (ENACT). ENACT's focus is to improve access to high-quality and cutting-edge cancer treatment for Veterans with cancer. Dr. Friedman reemphasized that clinical trials provide cutting-edge treatment options helping to pave the way for medical progress and advances in cancer therapy. The VA's goal is to improve the culture of cancer care, as well as standard of care.

Dr. Friedman suggested clinical trials as an integral component of cancer care. One of the driving features is the capability to more inform and educate Veterans about cancer clinical trials. The VA also seeks to develop and expand existing VA programs to increase access to clinical trials for Veterans, which include trial matching to make it easier to connect studies with Veterans. Dr. Friedman advised of a Veteran research volunteer registry that is on track for expansion to include COVID studies. Clinical trial navigation services are also available in the VA to assist physicians and Veterans in navigating to a research study while simultaneously connecting all health records to the research group.

Dr. Friedman reasserted that the VA seeks to expand opportunities for Veterans to participate in clinical trials, regardless of the Veteran's home of record or available resources that may or may not be sufficient. Particularly for Veterans living in rural arenas with much more difficult means of access to clinical research. Dr. Friedman informed the SMAG that the VA maintains a collaboration referred to as Navigate with the National Cancer Institute (NCI). The NCI hosts cooperative studies through Cancer Alliance or Somerset, Wiltshire, Avon and Gloucestershire (SWAG). Navigate seeks to leverage NCI's cooperative studies as a means to help VA medical centers increase Veterans' access to related cooperative studies. In closing, Dr. Friedman insighted that the VA is working to explore better alignment between its care services and benefits components to close the gap in major barriers identified by Veterans to include cost of travel particularly for Veterans housed in rural arenas.

Dr. Moy discussed the vaccine development for cancer, early detection, and immunotherapy. He also highlighted the importance of enhanced data sharing to include genomic analysis of various tumors, the VA's Centers of Excellence, as well as ongoing focus for increased funding and pediatric cancers. He remarked that the bottom line is for the VA to continue creating the best science, ensuring our Veterans have access to the best science, and ensuring Veterans are constantly reminded for clinical trial options.

Dr. Winn doubled-down on collaborative outreach with community leaders akin to his prior experience leading an organization to build trust and messaging engagements with trusted community activists and faith-based leaders.

Dr. Bijiibaa Garrison raised concerns related to cancer research in tribal health settings particularly impacting American Indian and Alaskan Natives. She reiterated the key priority for the VA to partner with the Indian Health Service (HIS) and other tribal health organizations. She further highlighted the existence of an epidemiology center that tracks cancer diagnoses and other types of cancer research data associated with American Indian and Alaskan Natives. As a prior provider in the IHS, Dr. Garrison shared her perspective that many Native Veterans sought care exclusively with IHS due to difficulties accessing VA medical centers such as in the case for Albuquerque, which is approximately three hours from the nearest VA medical center.

Dr. Wakefield referred the VA to explore clinical trials efforts focused on rural arenas by the National Heart, Lung and Blood Institute, and possibly the National Cancer Institute.

Dr. Meyer concluded the discussion by summarizing key highlights for the importance of DNA, addressing social drivers of health, outreach strategies for rural populations, lack of trust within health care, and suggestion for the VA to adopt strategic outreach training as a part of all clinical trials training for researchers and support staff. He further reiterated the VA's need to leverage links with community officials that are trusted by Veterans and can help bridge outreach and patient engagements.

Partnering with the community re: PACT ACT/Veteran enrollment – Dr. Chad Kessler, Ms. Melissa Bryant

Dr. Chad Kessler, National Director for Emergency Medicine, and Ms. Melissa Bryant, Senior Advisor for Strategic Engagement, Office of Public and Intergovernmental Affairs, co-led a presentation on The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxins (PACT) Act of 2022. The PACT Act expands care eligibility and benefits for Veterans exposed to toxic substances.

Ms. Bryant explained the Veteran must first enroll in VA care. Once enrolled, the Veteran can then be screened for toxic exposure and follow-up care planning if necessary. She called upon SMAG members to help identify Veterans in their respective clinical populations and refer them to the PACT website (www.va.gov/PACT) or the hotline 1-800-MyVA411 to enroll in VA care.

The group discussed several sample screening eligibility questions and the potential bottom line impact for helping identify clinical correlation. Specifically, the VA's efforts and suggested recommendation for SMAG members to ensure Veterans are asked whether they served in the military and if so, what specific countries they served in. This contrasts to asking Veterans to try and recall actually serving on detail assignment in a burn pit itself, which may often times be discounted or unrecalled by Veterans.

A key point in the discussion was the recommendation for SMAG members themselves to ensure appropriate screening questionnaires and screening portals associated with social drivers of health in their respective civilian healthcare settings. Key components include integrating suggested plain language screening questions discussed earlier, as well as ensuring complementary outreach across their respective channels.

Ms. Bryant mentioned the 26 groups of conditions covered by the law and the VA's ongoing efforts to appropriately assess these with related conditions spanning in the 300 range. She offered one example, reproductive cancer of any type, which may include bladder cancer and prostate cancer for male Veterans, but for female Veterans, would include breast cancer, ovarian cancer, and all other cancers of the reproductive organs.

Ms. Bryant outlined the VA's current outreach methods to ensure Veterans are coming in for care and filing claims. She mentioned the need to ensure capture for unique Veteran demographic groups including age generations and those that are underrepresented.

Dr. Kessler highlighted some of the VA's community care outreach tools that include newsletters, billboards, webinars, airwaves, leveraging social media and influencers, and eLearning modules for providers. At the Lebanon VA medical center in Pennsylvania, embedded nurses are giving out information packets to Veterans who are hospitalized in the community. The group further discussed the need to leverage additional stakeholders out in the community such as social workers.

Dr. Kessler further informed that the VA has greater ability under the new authority to institute noncompetitive leases with some of the VA's academic affiliates, in addition to ensuring funding for leases and enhanced-use Leases. Dr. Garrison suggested the VA utilize leasing agreements to help address existing geographic gaps impacting Veteran access to care, which is evident in the Alaskan Native/American Indian patient populations.

Dr. Prescott reiterated SMAG's dedication to helping the VA expand its outreach initiatives. He further suggested the VA connect with the social worker community.

Dr. Meyer requested for VHA to offer priority updates in the near future, which Ms. Bryant and Dr. Kessler agreed. Ms. Bryant also highlighted the VA's current PACT Act dashboard website (www.va.gov/PACT) that tracks some Veteran demographic information.

Closing Remarks

Dr. Lieberman shared that the VA has a new memorandum of understanding with the Indian Health Service. Congress has waived co-payment for healthcare to Native Alaskans and American Indians, whom have the highest percentage of serving in military and the lowest percentage served in the VA. In addition, the VA is approaching one year since establishing its new Tribal Health Office.

Dr. Meyer further encouraged today's VA presenters, as well as VHA clinical leaders in general to seek added SMAG consultation for future challenges. He further requested his fellow SMAG members to reflect on current civilian healthcare sector challenges and their respective best practices solutions that can be shared with VHA.

SMAG, as well as VHA leadership in attendance thanked Ms. Selina Meiners for her dedication and years of service as the Designated Federal Officer. Mr. Brian Schoenhofer will succeed Ms. Meiners as SMAG's DFO effective May 2023.

Adjournment: The meeting was adjourned at 3:19 p.m.

Minutes approved by:

Gregg S. Meyer, M.D., MSc
Chairman, VA Special Medical Advisory Group