Department of Veterans Affairs Special Medical Advisory Group Minutes
September 13, 2023 Tampa, FL
9:01 a.m. – 3:45 p.m. ET

Attendees:

Committee Members Present:
Dr. Gregg S. Meyer, Chair
Dr. Jeffrey Akman (Virtual)
Dr. Robyn Begley (Virtual)
Dr. Francis Crosson (Virtual)
Dr. Terry Fulmer, Vice Chair (Virtual)
Dr. Bijiibaa Garrison
Dr. Arthur Kellermann (Virtual)
Dr. Kameron Matthews
Dr. Michael Mittelman (Virtual)
Mr. Chanin Nuntavong
Dr. John Prescott
Dr. Carolina Reyes
Dr. Phillip Sandefur (Virtual)
Dr. Lewis Sandy (Virtual)
Dr. Ross Taubman
Dr. Mary Wakefield
Dr. Misty Wilkie (Virtual)
Dr. Robert Winn (Virtual)

Committee Members Absent:
Dr. Junius Gonzales
Dr. Trent Haywood
Dr. M. Christopher Saslo

Department of Veterans Affairs Staff and Presenters:
Dr. Shereef Elnahal
Dr. Lisa Arfons
Ms. Ashley Ammen
Dr. Tamara Campbell
Dr. Carolyn Clancy
Dr. Jay Cohen
Ms. Laura Cosmas
Dr. Edward Cutolo
Mr. David Dunning
Dr. Neil Evans

Dr. Kevin Galpin Dr.
Mark Hausman Dr.
Kathy Hendrix Dr.
Derrick Jaastad Dr.
Colleen Jakey Ms.
Szilvia Kovacs Dr.
Miguel LaPuz Dr.
David Massaro
Mr. Anthony Moorehead Dr.
Vida Passero
Mr. Spencer Roberts
Ms. Raina Rochon Dr.
Erica Scavella
Dr. LaTonya Small, Advisory Committee Management Office (Virtual) Mr.
David VanMeter

Other/Public Attendees (Virtual):
Ms. Cindy Reardon, Court Reporter (Transcriptionist) Mr.
Sidath Panangala, Congressional Research Service

SMAG Support Staff:
Mr. Brian Schoenhofer, Designated Federal Officer Ms.
Yvonne Johnson
Mr. Dennis Lahl
Ms. Berenice Perez-Ruiz Mr.
Kyle Sommer (Virtual) Ms.
Melissa Spady
Mr. James Wilson, Assistant Designated Federal Officer

Call to Order: The meeting was called to order at 9:01 a.m. ET, September 13, 2023.

Mr. Brian Schoenhofer, Designated Federal Officer, called the meeting to order and thanked everyone for their attendance to include Dr. Shereef Elnahal, Under Secretary for Health (USH) for the Veterans Health Administration (VHA). Mr. Schoenhofer went on to introduce the physical meeting site's host, Mr. David Dunning, Executive Director of the James A. Haley Veteran's Hospital and Clinics, and his staff members.

Opening Remarks

Dr. Shereef Elnahal, USH, thanked SMAG and VISN 8 team members for their efforts in hosting this meeting. In addition, he thanked Dr. Meyer for his leadership as Chair of this important group that is consistently available to discuss the most strategic imperatives and priorities. He stated that these meetings offer an opportunity to talk about the things that are being excelled in and can mutually benefit the American private sector health care system as well as the Department of Veterans Affairs (VA).

Dr. Elnahal complemented the agenda as aligning to the VA's challenge of significant growth and demand for services from the aging demographic of VA's Veterans. With age comes an increase in chronic disease and cancer incidents, which will create a greater reliance on the VA healthcare system. In addition, the President has made it clear that the VA is to provide more care and more benefits to more Veterans, which means avenues like the PACT Act could be the largest expansion of Veterans benefits in history, if not in generations.

Dr. Elnahal mentioned that 67% of VA's medical centers scored either four or five stars on the Centers for Medicare & Medicaid Services overall hospital quality rating compared to about half of private sector institutions. With that data, it is his strong belief, that the VA should continue to expand programming for Veterans because the VA is the best option for care.

Over the last year, the VA has hired more than 54,000 people external to the VA healthcare system. We are now at 403,000 VA health system employees for the first time ever. Also, the loss rate of employees has decreased significantly over the last several years. In part, due to the focus on coalition burnout. The VA has a very specific initiative called REBOOT, or Reduce Employee Burnout and Optimize Organizational Thriving, to focus on employee well-being and engagement.

Dr. Elnahal stated the medical centers across the country are constantly looking for new areas to expand to, by way of significant Veteran population growth in certain states or damaged infrastructure due to aging buildings. New infrastructure is needed, both from the standpoint of Veteran growth and to provide modern and effective care. For example, the VA will co-build a new cancer center with Stanford.

Dr. Elnahal mentioned that over $90 billion in investments have gone into artificial intelligence (AI), as we expect AI to transform healthcare. For instance, using AI to assist in ambient dictation. Technology that would allow an actual intelligent clinical note for a physician visit would reduce the clinician's time behind the computer and allow them to interact with patients. He looks forward to focusing on this topic more during the next SMAG 2024 annual meeting.

Dr. Gregg Meyer, SMAG Chair, reiterated the President's position that this work is a sacred obligation and that the road ahead for an incredible expansion of eligibility and benefits for more Veterans is an extraordinary challenge. He overviewed the first three agenda items related to practice management optimization and followed by COVID-19 lessons learned. After the scheduled lunch break, the SMAG will discuss virtual care and telehealth practices, along with an Electronic Health Record Modernization update prior to mental health initiatives overview.

Update: Clinical Practice Management Optimization Best Practices

Dr. Lisa Arfons, Executive Director, Integrated Field Operations, Office of Integrated Veteran Care, provided the SMAG members with a background of the Clinical Practice Management Optimization Best Practice presentation discussed in April 2023; revisiting

VHA providers and bookable availability within their outpatient clinical time for direct patient care across face-to-face appointments, video, or telephone.

Dr. Arfons specified that VA sites have done a fantastic job with this new initiative even with developing challenges related to increased communication needs, administrative time and understanding the inadvertent impacts to the VA's overall mission.

Raised recommendations suggested from the SMAG back in April 2023, were revisited starting with assuring the outcomes of the implementation were consistent with avoiding over-measurement and aligning to the motivational needs of VA providers and staff. Dr. Arfons highlighted that improved communication with VA staff has been the most beneficial tool to increase staff's knowledge for bookability concepts and its necessary means towards impacting overall clinical access, quality of clinical care delivery and clinical productivity. She further pointed out how it was discovered in conversations with VHA staff that a Veteran satisfaction metric was not included in their North Star.

Further shared discussion centered on the key focus for connecting bookability with the preservation of the VA mission while also being conscious of community spending and maintaining Veterans access to optimized clinical care, research, and education. The next recommendation update was the Management Expertise of Local Leadership component, which Dr. Arfons pointed out that starting January 2024, the VA would conduct a series of three face to face meetings across three months to execute the Institute for Healthcare Improvement Breakthrough Series for Rapid Improvement for Community Care Staff.

The final recommendation update discussed was nonmonetary recognition, which Dr. Arfons indicated has served as an effective driver of change while supporting evidence-based practice within the community care staff.

Dr. Elnahal reinforced the importance of support towards this ongoing initiative by local and regional Chief of Staffs and Chief Medical Officers. He also expressed the importance of embracing clinical leadership within VHA facilities to help usher in similar effective approaches to that of the significantly reduced wait times achieved by the James A. Haley Veteran's Hospital in Tampa.

Dr. Meyer commended the "real action" recommendations and reinforced the journey ahead to achieve this initiative. He further embraced nonmonetary incentives as a great intrinsic motivation system complementing the necessary course of change impacting clinical care staff as the enterprise continues to face a diverse Veteran population with unique expectations preventing an "one size fits all" approach.

Dr. Kameron Matthews questioned how best to acknowledge and measure the work behind electronic referrals and consults. She further encouraged ongoing integration within VHA as a priority to complement the productivity initiatives for these measures to be accurately assessed. Dr. Matthews also highlighted how VHA and private healthcare would benefit in surveying their workforce due to the new medicine workforce generation expressing a request for working part-time hours. Dr. Elnahal shared that the measure of electronical referrals and request are not currently "baked" into the overall wait times

report, however the new bookability initiative will help provide insight for how to properly measure these apportionments.

Dr. Kellermann provided insight for how the VA could possibly benefit from team-based care that includes leveraging physicians assistants, nurse practitioners, and other clinical support staff to assist with early intake while simultaneously utilizing AI technology assistance.

Update: Cancer Moonshot: Health Equity

Dr. Vida Passero, Hematology/Oncology Chief Medical Officer, VA National Tele Oncology, reintroduced the VA's National Tele Oncology platform as a national model that enables the VA to provide disease specific subspecialized care to our Veterans across VA medical centers throughout the nation where an oncologist may be unavailable. She highlighted that the VA and Indian Health Service (IHS) are collaborating to connect VA National Tele Oncology to Indian Health Services beneficiaries through a synchronized e- consultation patient care platform.

Dr. Passero also outlined expanded VA hematology/oncology educational offerings, via the National Tele Oncology platform with a goal to increase access to specialized cancer care for the American Indian and Native American Veteran population. A total of 67 VA medical centers are currently operating in partnership with a plan to expand to 100 by the end of fiscal year 2025; leveraging disease-specific VA oncology partnerships with comprehensive cancer centers. She described a head-and-neck oncologist employed at the University of Michigan and also on staff at the Ann Arbor VA; yet, operating virtually through the Durham VA to conduct tele oncology care. The Durham VA hosts the National Tele Oncology hub. Overall, National Tele Oncology is currently caring for nine specific cancer subspecialties and will be rolling out rare cancers soon.

The VA has launched National Virtual Tumor Boards that may comprise surgeons and pathologists available through digital pathology, which is also launching soon. This will complement other multi-specialty modalities including teleradiology where VA providers are continuing to work together to ensure the highest standards of clinical care and multi-disciplinary consensus for Veteran care. Ultimately, with 50% of Veterans served by National Tele Oncology residing in rural areas, the goal is to increase access of specialized cancer care to all Veterans.

She further went on to explain the shared "Close to Me" infusion center concept; signifying efforts to extend some form of chemotherapy treatment services to Veterans, no matter where they reside. Efforts include leveraging the VA's Community-Based Outpatient Clinics (CBOCs), as well as their on-site infrastructure to reach Veterans at the home, infusion rooms, and via mobile infusion units.

Additionally, the National Cancer Institute and the VA are working together to develop national survivorship standards as a part of the Cancer Moonshot, in order to establish greater clinical cancer research services including clinical trials to Veterans.

Dr. Passero bridged these efforts towards the VA's overarching strategic mission for Veterans to have access to cancer care and VA's ongoing Cancer Moonshot initiative.

Dr. Meyer added that the Cancer Moonshot initiative is making remarkable progress and moving forward quickly. He stated that there are many other biologic agents for neurologic conditions that could benefit from the "Close to Me" infusion centers. He also touched on the national tele-consults and stated that this is also replicable for other medical conditions and could also help with other treatment opportunities.

Dr. Passero further elaborated that they have been starting to see endocrinology, rheumatology, neurology, and nephrology, as well. One of the next steps is looking at geospatial analysis of where the federal agency clinics are located. These efforts include coordinating with the National Cancer Institute to leverage their maps to assist with locating treatment access points, as well as alternative access points for VA oncology care and community-based oncology care outside of the VA.

Dr. Bijiibaa Garrison highlighted her experience practicing in both IHS and Tribal Health Systems. She mentioned that one of the challenges faced while working with IHS was how to encourage Veterans to seek and ultimately receive care if they couldn't access the VA. She expressed her excitement to learn more about the growing collaboration between the VA and IHS.

Dr. Garrison highlighted additional challenges related to travel and general access to care. Most Veterans may prefer to get their care through the VA over IHS, despite being beneficiaries of both systems because they can get multiple services in one setting. Dr. Garrison concluded by stating it makes a big difference, especially in Veterans who have a hard time accessing VA hospitals. Dr. Passero restated the importance for ongoing partnership and collaboration.

Dr. Wakefield questioned whether the initiative is being threaded by both IHS facilities and those facilities that receive resources from IHS, but operate their own health care. She suggested to Dr. Passero that it may be beneficial to assess the recommendations raised by a research group studying provider-to-provider consultations in rural areas by urban based specialists. Dr. Wakefield further suggested leveraging opportunities for VA providers to become educated on the work being done by the legislative branch to address health challenges in rural communities.

Dr. Winn reinforced similar challenges to include, but not limited to lack of public transportation, in the urban arena that impact Veterans' total hours to reach the nearest care service sites.

Dr. Reyes stipulated the need for increasing access to care early in the diagnosis and challenged the VA to ensure appropriate efforts on screening and educating Veterans on signs and symptoms.

Dr. Passero highlighted two main services that have been launched in support of proactively reaching out to Veterans for early screening: colorectal cancer and breast and

gynecologic oncology screening. Dr. Elnahal reinforced screening and prevention as one of the major pillars of the Cancer Moonshot initiative. Dr. Erica Scavella added that the VA incorporated newer screenings coupled with mailing of notification cards to Veterans.

Update: Partnering with the community re: PACT ACT/Veteran enrollment

Dr. Chad Kessler, National Program Director for Emergency Medicine, presented a summary of the PACT Act one-year anniversary (August 2022 through July 2023) accomplishments.

He highlighted over 4.37 million toxic exposure screenings completed in the first year. In addition, there are about 43,000 more new enrollees than last year. He noted the overall employee growth is at 4.9%, which exceeds the 3% growth goal set by the USH. The authority provided through the PACT Act has strengthened the VA's ability to work with DoD towards leasing joint facilities, as well as new facility(s) construction. Ongoing VA and DoD collaborations remain active for joint project aspirations, shared milestones and planning.

The PACT Act, as briefed by Dr. Kessler, has allowed more research to be conducted. He lauded the growing capability to share data by way of the PACT Act Performance dashboard created by the VA, which captures 22 raw data points for both internal and external stakeholders. Furthermore, a PACT Act Resource Room was developed to provide a forum for VHA staff to ask questions and be able to receive responses from subject matters experts.

Dr. Kessler briefly overviewed ongoing efforts for enterprise-wide site visits at VA medical facilities with VHA corporate and local leaders and partners to improve cohesive engagement. Additionally, the establishment for a published biweekly IMPACT Newsletter affording key updates and information on VHA PACT Act progress, coupled with a developing operational framework for facility PACT Act change management practitioners.

Dr. Kessler overviewed the ongoing one-year special enrollment period for health care for post-9/11 combat Veterans, which is set to end on September 30, 2023. To qualify, Veterans must have either served on active duty in a theater of combat operations during a period of war after the Persian Gulf War or have served in combat against a hostile force during a period of hostilities after November 11, 1998. Veterans must also have been discharged or released between September 11, 2001 and October 1, 2013, and must not be enrolled in VA health care on this basis before. He further insighted that the outreach strategy included sending out targeted emails to unenrolled post-9/11 combat Veterans. Other communication plan components included text message campaigns, paid advertising, national press releases, social media, website updates, call center engagements, events, and toolkits for operational partners to leverage. In closing, Dr. Kessler provided the SMAG with some key talking points, fact sheets, and journey mapping leading in to the fast-approaching September 30th PACT Act deadline, while simultaneously requesting for the SMAG to help identify and encourage Veteran populations within their respective care arena to leverage this expanded access pathway.

Reflecting back to the SMAG's prior spring 2023 annual meeting, Dr. Meyer shared that the Mass General Brigham healthcare system has incorporated a question about military service in their electronic health record in an effort to help steer Veterans to these opportunities and materials. The SMAG also shared a discussion regarding Veterans that may miss out on the opportunity(s) by way of the September 30th deadline.

Dr. Elnahal cited an estimated 500,000 Veterans not currently enrolled, but that are forecasted to enroll by the VA's projection. He informed that Veterans' most common route for applying for benefits is via compensation and pension through the Veterans Benefits Administration (VBA). An added option is via direct enrollment in VA healthcare regardless of any adjudication from the VBA. The PACT Act reopened a window of direct enrollment in which the VA is trying to reinforce messaging to Veterans and their caregivers that they do not need to wait for the outcome of VBA's adjudication. A Veteran can enroll directly and later obtain the results from VBA, which leads to the VA's bolstered email and pony mail investment to push this end message.

Mr. Nuntavong questioned the VA's handling of denials, and in particular, for those Veterans that do not qualify, yet specifically have diagnosed hypertension. Dr. Elnahal, without the actual raw hypertension data available to him during the meeting, indicated that the overall data has positive communications including an approximate 80% granted claims rate after VBA review. He further specified that it is more difficult to qualify when hypertension is now controlled, and added that he would refer his personal team to further assess.

Dr. Wakefield initiated discussion relating to the PACT Act team's efforts to work with community health centers and their respective infrastructure across the country as a means to push out information. Dr. Kessler briefly mentioned several targeted outreach pathways have been leveraged via the VA's huge network of community partners.

Dr. Meyer summarized the discussion by recommending the VA revisit its strategic communication channels and assess the overall effectiveness in preparation for future messages will likely need to be conveyed to Veterans, their caregivers and operational partners including the community care sector.

COVID-19 Lessons Learned and Planning for the Next Pandemic

Mr. Derrick Jaastad, Executive Director of VHA's Office of Emergency Management, began with a presentation for lessons learned from the COVID pandemic period, starting with identifying the VHA's four statutory requirements: the establishment of a health care network; the command for research; training program; and contingency of the fourth mission component. He further added that the VHA Pandemic Plan was created in 2006 for metrics of Middle Eastern Respiratory Syndrome (MERS), severe acute respiratory syndrome (SARS) and in 2014 the Ebola virus was added.

Mr. Jaastad further touched on the second VHA statutory requirement; the command for research, which during the height of the pandemic the VHA demonstrated the abilities of

organizational agility, telehealth growth and front-line worker success in establishing laboratory networks.

Mr. Spencer Roberts, Executive Director for VHA Logistics, presented the key lessons learned from the pandemic for VHA Logistics and in particular, supply chain resiliency. Mr. Roberts detailed supply chain shortages and overall impact leading to VHA remedies such as VHA needing to create a more resilient emergency supply chain infrastructure.

He further overviewed VHA's reduction in available supply chain warehouses to support demand, which have been reduced from nine total warehouses at one point to now only two. The current warehouses, referred to now as regional readiness centers, are parented by the Department of Defense (DoD) and the Defense Logistics Agency (DLA), and are located on the east and west coast. Mr. Roberts educated the SMAG for the Warstopper Program hosted by DoD and DLA, which closes the gap for proper supply chain procedures during pandemic-like events.

Dr. Kellermann initiated discussions for details regarding the rapid expansion of telehealth that occurred during COVID to include what worked well, what did not, and what feedback was given by both Veterans and VHA providers. He further urged for the VA to gather feedback from the front-line emergency department staff.

Dr. Meyer briefly added as a future discussion point during the SMAG's next annual meeting(s) to revisit the generic drug issue and vaccine components.

Mr. Nuntavong further questioned what the cost for obtaining American made products versus outsourcing equates to and how it affects the VA's overall budget. In addition, what critical supply chain products may be limited due to an inability to manufacture in the United States. Mr. Roberts acknowledged the raised concerns and conveyed his need to circle back with his national office to further assess.

Dr. Reyes revisited strategic crisis decision making in the early preparation of planning for an emergency such as unexpected pandemic that may occur every 100 years. Dr. Meyer reiterated that VHA should be prepared to orient the SMAG during future annual meetings for their unique strategic planning preparation for vaccines, generic drug use, and research outcomes stemming from the effects of long range COVID.

Final Salute/Final Mile

Prior to the SMAG's established lunch break, Mr. Rob Lynch, Veteran Experience Officer at the Tampa VA, showcased the local "Final Mile" initiative that began about seven years ago with the intent to honor deceased Veterans in their final moments.

By procedure, when a Veteran passes away at a VA medical facility, the nursing unit will call for a Final Salute via overhead announcement, in an effort to encourage any Veteran patient, their guests, staff members, volunteers, etc., to participate in honoring the deceased Veteran by lining up in the hallways as they move the Veterans remains from the room to the morgue. Taps will also be played during this procession and at times, the

deceased Veteran may be accompanied in transit by Hercules, Tampa VA's designated facility dog that holds onto an American flag in his mouth. To date, the Tampa VA has completed 43 total Final Salutes for deceased Veterans.

The Committee recessed from 11:50 a.m. to 12:20 p.m. for lunch.

Virtual Care/Telehealth Best Practices

Dr. Mark Hausman, Executive Director for Integrated Access, VHA Office of Integrated Veteran Care, presented the VA Health Connect Program. The VA Health Connect Program represents the enterprise's modernized approach to clinical contact call centers.

The VA Health Connect Program has three major components: transitioning local call centers into regional contact centers that allows the clinical contact centers to be organized at the VISN level; standardizing services around four pillars of core service; and improving overall technology infrastructure and capabilities.

The VA Health Connect Program operates 18 contact centers across 18 regional networks. Each network offers scheduling, administration services, and clinical/nurse triage. It also offers pharmacy services and virtual clinic visits with providers available in real time through same day appointments. Dr. Hausman emphasized the standardized workflow that promotes and allows for greater consistency and quality of care, backed by the current trust score of 79% with an ultimate 90% goal in mind for the enterprise.

Dr. Hausman detailed ongoing collaboration between the Office of Information and Technology and The VA Health Connect Program and how shared data extraction from the VistA application has proven extremely effective for Veterans and VHA providers. Added mention was made of the VA Health Connect Program's centrally-established command center to help oversee local medical center(s) performance.

Lastly, Dr. Hausman touched on the developing relationship with the Chief of Technology; helping to further ensure capabilities development for a live chat platform with appropriate agents that further enables Veterans to access to needed clinical services.

Dr. Kevin Galpin, Executive Director for VA Telehealth, introduced the VA's Telehealth Emergency hand-off procedure initiative.

Dr. Galpin contrasted telehealth's fundamental approach versus that of in-person care and went on to highlight critical components such as VA Video Clinic in the emergency room at a VA facility. This entails for example, a tele presenter entering the room with the Veteran and introducing them to a provider(s) before exiting the room to ensure the Veteran's privacy. He further went on to entail that while the tele presenter exits the room, they are still available to the Veteran if an emergency should occur. To better standardize this process, the VA is working to develop a more cohesive contact method such as establishing a database to maintain emergency contact information for the Veteran in case there were to be an emergency. Dr. Galpin further informed that standard operating

procedures detailing responsibilities were being developed for care staff to follow in the video clinic.

Next, Dr. Galpin explained the importance of tele-mental health in the telehealth arena and overall enterprise mental health access initiative; a top priority aimed at connecting Veterans with the soonest and best care that also helps expand critical resource sharing.

Dr. Francis Crosson questioned what measurement(s) of outcomes are in place for the productivity of the virtual visits, and whether they improve or detract productivity. Additionally, what are the disparities of access related to racial and ethnic populations and is there a tradeoff(s) for early access to mental health for the tele-mental health.

Dr. Galpin insighted for several current metrics tied to outcomes including patient satisfaction, quality of call, and scheduling. Dr. Galpin touched on racial and ethnic disparities including population crossover among rural and urban boundaries. The VA has been able to identify internet access in rural arenas as an issue, which they are working with social workers to bridge the capability gap for Veterans (e.g., iPad loaner program offered by VHA). Dr. Galpin addressed tradeoffs and stated that telehealth remains a clinically appropriate option as may be determined by the provider and at the personal preference of the Veteran.

Mr. Nuntavong expressed great praise for the VA tele-mental platform as he uses it personally while noting a concern for the lack of notification for cancelled appointments. Dr. Hausman responded with the current identified limitations within VistA scheduling and mentioned ongoing efforts with the Office of Information and Technology to address related concerns. He further offered updates of progress back to SMAG in the near future.

Electronic Health Record Modernization Update – Closed to the Public

Mental Health Initiatives

Dr. Tamara Campbell, Executive Director of the Office of Mental Health & Suicide Prevention, introduced the VA's Mental Health Initiative, "The Veteran Knows"; a Veteran-centric approach of actively listening to Veterans to embrace the whole health of the Veteran as opposed to adhering to the disease model approach of delivering services. She indicated that roughly 84% of Veterans reported VHA mental health services are overall very helpful. Also, four out of every five Veterans indicate virtual care via telephone or video was helpful or more helpful than in-person services.

Dr. Campbell embraced the virtual platform of the initiative as better enabling true qualitative data to be collected from Veterans who were gainfully employed, had active lives and among women of childbearing years raising families. An estimated 90% of Veterans stated VA mental health providers actively listened, displayed respect, and provided clear explanations.

VA's Office of Mental Health & Suicide Prevention is preparing for the next phase of toxic exposure screenings, accelerating the journey to high reliability, and supporting Veterans'

whole health for Veterans as well as their caregivers and survivors. Dr. Campbell reiterated the clinical priority to prevent Veteran suicide; accentuating the number of Veterans that have been seen for mental health has doubled since 2006. The goal is to provide Veterans with convenient ways to receive care, which the VA has further established a Diversity, Equity, and Inclusion steering committee within their office tasked to specifically assess these areas for equality and diversity.

Dr. Campbell's presentation further touched on three program evaluations centers charged with the collection and analysis research for the "The Veteran Knows" initiative. There are eleven mental health research, education, and clinical centers presently, in addition to two centers for substance abuse treatment and education. A National Post Traumatic Stress Disorder (PTSD) Program is also available to Veterans.

Dr. Campbell highlighted the Office of Mental Health & Suicide Prevention's broad reach to encompass whole health care in terms of a Veteran's mental health continuum of care. This includes the availability of self-application and primary care mental health integration into the primary care clinics. Also, the strategic approach for residential treatment programming to focus on Veterans reintegrating into the community.

Dr. Campbell presented fiscal year 2022 data, which included one million Veterans completing about six million video-tele visits. This represented a 13.7% increase over fiscal year 2021 data. As the pandemic slowed down, approximately 40% of mental health care in person visits and 34% video visits were completed. The Office of Mental Health & Suicide Prevention identified virtual care as becoming a universal primary modality option for Veterans post-pandemic.

Dr. Campbell described how tele-health can be conducted in a clinic-based atmosphere within the Veteran's home or at a non-VA site. The VA's Clinical Resource Hubs assist with resolving access issues including when VA medical centers experience full capacity. Peer specialists are also in place to assist Veterans who are having legal challenges. She further highlighted current piloting for a peer specialist strategy that seeks to enhance peer support for Women Veterans.

Dr. Campbell overviewed a comprehensive prevention & substance use disorder treatment strategy to address the opioid crisis by leveraging 70 dedicated residential treatment programs that comprise 1,800 beds. In addition, the VA's medication Take-Back Program allowing Veterans to turn in unused medication, as well as have access to medications for the treatment of opioid use disorder. She further insighted that the Office of Mental Health & Suicide Prevention is continuing their efforts to address one of the enterprise's priority goals of effectively responding to lethal safety and firearm safe storage initiatives for Veterans.

Dr. Matthews inquired for what lessons learned, if any, were determined after the Veterans Crisis Line and 988 rollouts from last year. Dr. Campbell highlighted the significant preparation heading into the initiatives, but ultimately unsuspecting issues did develop to include disabled Veterans not being able to select the "press one" option, which her office is still working to quickly and effectively resolve.

Dr. Matthews further inquired about telehealth and buprenorphine prescriptions management in the VA. Dr. Campbell described that primary care providers, in tandem with psychiatry providers, are now able to leverage a formal waiver authority that enables a more streamlined process for prescribing buprenorphine.

Dr. Garrison questioned whether traditional health providers exist within VHA for indigenous Veterans, in addition to whether potential opportunities exist for them to practice traditional medicine and ceremonial practices. Dr. Campbell reinforced the VA's ongoing partnership with Tribal Health, as well as approaching opportunities under the STRONG Veterans Act to support natural faith healing. By example, individual VISN's and VA medical centers in the Dakotas have been working directly with tribal leaders to make sure at the field level the healing practices are understood, respected, and that Veterans are getting the treatment that they need and deserve.

Dr. John Prescott shared his personal experience involving a resident who died by suicide from a gunshot wound. He conveyed that it was totally unexpected, and that he remains interested to understand what is being done to address similar cases. Dr. Campbell advised that if a Veteran is facing a crisis, the VA is also able to deploy a mobile crisis team directly out to assist the Veteran. If it is not a crisis, the Veteran can receive care at their local VA medical center or can always call the crisis hotline.

Closing Remarks

Mr. Dunning expressed his appreciation to the USH, SMAG and SMAG support staff for hosting the spring meeting and for visiting his campus and engaging his staff. He further reminded the SMAG for the following day's scheduled tour of new campus infrastructure and services.

Adjournment: The meeting was adjourned at 3:45 p.m.

Minutes approved by:

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