



**MyVA ADVISORY COMMITTEE MEETING
MINUTES February 1 - 2, 2016**

The MyVA Advisory Committee (MVAC) convened its meeting on February 1 – 2, 2016, at the Department of Veterans Affairs Board of Veterans Appeals, in Washington, DC.

Committee members present:

Dr. Michael Haynie – Vice Chair
Mr. Herman Bulls
Dr. Richard Carmona
Dr. Laura Herrera Scott
Ms. Nancy Killefer (absent Day 2)
Dr. Eleanor (Connie) Mariano
Ms. Regina (Jean) Reaves
Ms. Maria (Lourdes) Tiglao
Mr. Bob Wallace

Committee members absent:

General Josue (Joe) Robles
Ms. Teresa Carlson
Dr. Christopher Howard

Agency representatives participating:

Mr. Robert McDonald – Secretary
Mr. Sloan Gibson – Deputy Secretary
Mr. Robert Snyder – Interim Chief of Staff
Mr. Scott Blackburn – Interim Executive Director, MyVA Task Force
Ms. Debra Walker – Designated Federal Officer
Mr. Kenneth Olivo – Alternate Designated Federal Officer

Presenters and other participants:

Dr. David Shulkin – Under Secretary for Health
Mr. Danny Pummill – Acting Under Secretary for Benefits
Mr. Ronald Walters – Acting Under Secretary for Memorial Affairs
Ms. Gina Farrisee – Human Resources and Administration
Mr. Mike Feil – MyVA Program Support Office
Mr. Tom Muir – Shared Services Excellence
Mr. Tom Allin – Veterans Experience Office
Mr. Darren Blue – Veterans Experience Office
Mr. Jim Wartski – Veterans Experience Office
Ms. Margarita Devlin – Veterans Experience Office
Ms. Claudia Moore – National Association of Government Employees
Ms. Irma Westmoreland – National Nurses United



Ms. Mary Jean Burke – American Federation of Government Employees
Mr. Calvin Scott – National Federation of Federal Employees
Ms. Christine Polnak – Service Employees International Union
Ms. Kimberly Moseley – Human Resources and Administration
Mr. Jeffrey Moragne – Advisory Committee Management Office
Ms. Jelessa Burney – Advisory Committee Management Office
Ms. Michelle Noch – MyVA Program Support Office
Mr. TJ Wilson – Veterans Experience Office
Ms. LaVerne Council – Office of Information and Technology
Ms. Kai Miller – Office of Information and Technology
Ms. Deb Kramer – MyVA Program Support Office
Mr. Jason Carley – MyVA Program Support Office
Mr. James Gough – Office of Public and Intergovernmental Affairs
Ms. Baligh Yehia – Veterans Health Administration
Mr. Shareef Elnahan – Veterans Health Administration
Ms. Rosetta Lue – Veterans Experience Office
Ms. Laura Eskenazi – Board of Veterans Appeals
Mr. James Albino – Office of Public and Intergovernmental Affairs
Mr. Chris O'Connor – Office of Congressional and Legislative Affairs
Ms. Linda Schwartz – Office of Policy and Planning
Ms. Brenda Faas – Veterans Health Administration
Mr. Mike Galloucis – Veterans Experience Office
Mr. Hughes Turner – Veterans Experience Office
Ms. Stacey Vasquez – Performance Improvement Office
Ms. Kelly O'Connor – Veteran Experience Office
Ms. Marina Martin – Office of the Secretary, Chief Technology Officer
Mr. Ronald Thompson – Office of Information and Technology
Mr. Raleigh Contreras – Office of the Secretary
Mr. Mike Sopko – Board of Veterans Appeals
Ms. Marilyn Park – American Federation of Government Employees
Mr. Kevin Hanretta – Assistant Secretary for Operations, Security, and Preparedness
Mr. Charles Rossotti – Former Commissioner, Internal Revenue Service
Mr. Robert Mueller – Former Director, Federal Bureau of Investigations
Ms. Meriah Garrett – USAA
Mr. Tom Grothues – USAA
Mr. Les Beavers – National Association of State Directors of Veterans Affairs
Mr. Randy Reeves – National Association of State Directors of Veterans Affairs

Overview of Day 1 and Day 2 Discussions

VA leadership provided status updates of Department progress on the MyVA Initiatives to include Dr. Shulkin for the Veterans Health Administration (VHA), Ms. LaVerne Council for the Office of Information Technology (OIT), Mr. Tom Allin and Mr. Ralph Gigliotti for the Veterans



Experience Office (VEO), Mr. Matt Collier for Strategic Partnerships (SP), Mr. Greg Giddens for Supply Chain, and Ms. Gina Farrissee for Leaders Developing Leaders. MVAC members and guests provided MVAC best practices. Dr. Connie Mariano spoke about Customer Service Excellence, and Ms. Nancy Killefer and Mr. Charles Rossotti spoke about Transformation in Government and the Internal Revenue Service (IRS) Modernization.

Ms. Meriah Garrett and Mr. Tom Grothues spoke about lessons learned from USAA. Mr. Les Beavers and Mr. Randy Reeves talked about the National Association of State Directors of Veterans Affairs (NASDVA) and the work the states are doing to support Veterans. MVAC concerns and suggestions over the two days centered on the depth of work plans, ownership and resourcing of the execution plans, and metrics all the way to the front lines; succession planning and maintaining progress and momentum during leadership changes; ensuring the VA culture is shifting towards helping and cooperating; increasing routine communication of good-news stories to the media and documenting reports that could be sent out to Veteran Service Organizations; addressing leadership vacancies, HR processes, and VA's staffing model; and taking opportunities for making policy changes to ensure MyVA elements are institutionalized.

Day 1

Start of Public Meeting – Introductions and Administration

Dr. Mike Haynie acted as chair of the MVAC for this meeting. The Committee noted that progress over the last year had been remarkable. Their major concerns at this point are about the execution of the transformation initiatives, leadership development and the ability for VA to communicate successes more effectively – especially to the media.

VA leaders are excited about the MyVA concept; they feel that the transformation is beginning to remove the barriers between VA employees and the Veterans they serve. They are starting to get some traction, but there is still much work to do. They are concerned about maintaining a sense of urgency for the transformation, continued momentum during anticipated senior leadership changes, ensuring that improvements in many areas are cascaded to the front line employees. They feel that the MVAC represents constituencies with whom VA employees do not normally interact, so their perspective is critical.

Department Progress Update

Mr. Bob Snyder, former Executive Director for the MyVA Task Force, is now the Interim Chief of Staff. His new role will allow for better integration of MyVA efforts within the Department. Mr. Scott Blackburn, former Director of the MyVA Task Force, is now the Interim Executive Director of MyVA. Mr. Danny Pummill is now the interim Undersecretary of the Veterans Benefits Administration.



VA is continuing to operationalize its values. A key initiative for this is “Leaders Developing Leaders (LDL).” LDL’s principle objective is to shift VA to being principles-based, not rules-based. Leaders spend time talking about this shift using as examples recent events at VA. LDL is cascading values and leadership perspectives from senior leadership throughout the organization.

The Secretary’s recent testimony to the Senate Veterans Affairs Committee was partially inspired by the last MVAC meeting in October and the discussion on engagement with Congress. The Secretary proactively asked if he could provide a hearing to the Senate on the Transformation Plan. Senators Isakson and Blumenthal allowed this hearing and accommodated VA’s request for a longer oral statement. They also asked the Committee to ask their questions with a broad focus. The Secretary has asked the House for this type of hearing as well; last week he sent his testimony to everyone on the House Committees. VA is working on a Master Plan for the 388 acres in Los Angeles where they hope to build apartments for homeless Veterans (Los Angeles’s population of homeless Veterans is double the number in other major cities). The Department also plans to add other services, some in partnership with external providers: a family center, mental health services, and athletic facilities.

VA has taken the outcomes and efforts published in last year’s MyVA Integrated Plan and condensed them into 12 “Breakthrough Priorities”:

1. Improve the Veteran Experience
2. Increase Access to Health Care
3. Improve Community Care
4. Deliver a Unified Veterans Experience
5. Modernize our Contact Centers (to include Veterans Crisis Line)
6. Improve the Compensation and Pension Exam
7. Develop a Simplified Appeals Process
8. Continue to Reduce Veteran Homelessness
9. Improve Employee Experience (to include leadership development)
10. Staff Critical Positions
11. Transform OIT
12. Transform Supply Chain

These initiatives were summarized for the benefit of the MVAC. Some of these priorities will require legislative changes, and most will require organizational culture changes. The Secretary mentioned that he feels that the LDL work is essential to creating the culture for transformation. He has worked personally with 450 VA senior leaders. As the training



continues to cascade, follow up sessions are occurring, and the Secretary wants to get entire leadership together again in September to commit to strategic agendas for next year. He said that Congress needs to understand the importance in investing in leadership training for employees. In his recent testimony, the Secretary remarked that VA's training budget amounted to about \$100 per employee which he maintained was not an adequate investment for a Department of this size.

Members asked in particular about the Staffing initiative and whether VA was relating it to the overall healthcare professional shortages in the U.S. They also asked if the reduction in applicants was related to VA's recent crises. The Secretary replied that VA had seen a 78% reduction in applicants since the news stories about Phoenix. He added that staffing was a total system issue – we need more medical schools, incentives for rural care, primary care, and mental health care as well as more residencies.

MyVA Dashboard and “Homework” Playback

The MyVA dashboard is being regularly updated by the key accountable and responsible officials for the 12 Breakthrough Priorities. VA leaders are defining success measures and re-prioritizing their portfolios in order to support the Breakthrough Priorities. Communications to employees about this reprioritizing will be essential for success.

Members of the MVAC reviewed material on the Breakthrough Priorities before the meeting to provide feedback to VA leadership. Members expressed concerns over the depth of work plans for the priorities and whether they were properly resourced. The “depth of ownership” of the Priorities and their viability to endure past this Administration were both concerns of the Members. The Members were also concerned about succession planning, stating that it was important to remember that this is an election year. They stressed the need to communicate to employees about the initiatives, suggesting that leaders ask two questions about priorities at each field site visit they make. They emphasized that ownership, accountability, and metrics must be driven all the way to the front line.

VHA Updates

Dr. David Shulkin provided the update to the MVAC on VHA priorities which include fixing access, employee engagement, consistency of best practices, developing a high performing network, and restoring trust and confidence. He is incorporating the Breakthrough Initiatives and priorities into his own assessment and he wants a singular plan to focus both on future state and on current priorities. The plan must focus on things that Veterans will see and understand.



Access (Breakthrough Initiative 2): Dr. Shulkin has set a stretch goal of same-day access to primary care. He believes Veterans should be able to go to any VA Medical Center and have their records available to them, using existing VistA (the VA medical records system) technology. While he knows that there are many reasons to redesign VistA, such a redesign will take longer than the current year. The Secretary would like VA to help connect Veterans when they move around the country; he would like to use MyVA Communities for this purpose as well.

VA has changed the methods it is using to assign a consultation priority to better differentiate need. When the new method was adopted, it found 57,000 urgent consults waiting over 30 days. In response, the Department held a “stand down” – it opened every Medical Center on Saturday, November 14, 2015, for consults; outstanding consults were reduced to 8,000 by the end of the day. They now track consultation pending over seven days on a weekly basis.

There are still long waits for routine care. VA is working on pilots to schedule optometry and audiology appointments without requiring a primary care consultation first. Nation-wide scaling of optometry/audiology appointment pilots would yield an additional 250,000 appointment slots. While VA is working on reducing wait times, given current VA resources, it cannot promise to eliminate them.

VA will hold a second “stand down” on Saturday, February 27, 2016, to address the 57,000 appointments that are pending longer than the Veteran preferred date or clinically indicated the date. In response to a question about whether he would make the “stand downs” an annual event, Dr. Shulkin replied that he hoped that fixing the problem systemically will obviate this need though VA would still have them for special populations like homeless Veterans.

Veteran Experience (VE) (Breakthrough Initiative 1): Dr. Shulkin is working with VE team on an Experience Handbook. In response to a question on patient care management, he responded that high-performance networks track and are accountable for outcome measures and care, wherever the patient goes in the network. The VA needs to invest in tracking and care coordination. The VA also needs to work on a deliberate systems strategy – determining what VA does best and what the private health care system does best. He agrees that performance criteria need to be part of the contractual relationship between VA and private providers who work with Veterans. Dr. Carmona expressed his concern that private provider standards are not as strict as VA standards.

The discussion on Veteran Experience and the health care system broadened to address experience with other VA processes. Veterans are now conditioned to ask for help from outside sources (Veteran Service Organizations, etc.) right away because they do not trust the process. VA leaders agreed, saying that the processes had become too complicated due to fears of litigation. The Secretary added that the Compensation and Pension examination process in particular needed to be fixed (Breakthrough Initiative 6) – it is the first interaction VA has with Veterans. If VA does not get this right, all other relationships will suffer. Dr. Haynie agreed, saying that fixing processes will empower Veterans to navigate the system



themselves, and they will become informed consumers. Dr. Shulkin agreed that this was an essential component of a high-performing organization.

Contact Centers (Breakthrough Initiative 5): Dr. Shulkin's presentation concentrated on the Veterans Crisis Line (VCL). There are 1,500 calls a day to the VCL. Twenty-five percent of these are rolled over to a contractor, and the majority of these are not urgent and can be handled by the places where the Veteran can get the services he or she needs. The VCL work is emotionally challenging and to support employees doing this work while attaining VA's goal of a 100% service level for the VCL, requires changes in human resources practices (time off, updated position descriptions, etc.). Staffing levels have increased, and a new leadership team is in place, combining clinical and business experience. There are now psychologists available to work with the staff in this high-stress environment and variable scheduling.

Improve Community Care (Breakthrough Initiative 3): Today, Veterans receive clinical care in two separate systems (in and out of network). VA's goal is to integrate them into one high-performing network. The Department must figure out what it does best in providing care and use the Community to deliver care where VA is not the best. Some proposed principles to use in determining where care is best provided are:

VA Delivered Services	Community Delivered Services
<ul style="list-style-type: none"> - VA provides similar or higher quality care than local market - Facility operational efficiency is gained by providing the service - Sufficient Veteran demand/volume exists to support expertise in service/program - Sufficient capacity and expertise exists at VA - Service enhances care continuity and coordination - Service will be sustainable over time 	<ul style="list-style-type: none"> - High-quality options exist in local community - VA operational efficiency is gained through partnerships with community providers - Service is accessible in sufficient volumes in the local market - Space or resource constraints prevent VA from providing service - Service in community can be coordinated/integrated with VA-delivered services - Service will be sustainable over time



Staffing (Breakthrough Initiative 10): VA has 43,000 open positions in usajobs.gov. There are 113 open requirements for leadership positions (Medical Center Directors, Associate Directors, Chiefs of Staff or PCS/Nurse Executives) at VA Medical Centers. Another suggested a way to add staff is the use of Intergovernmental Personnel Agreements (IPAs). These would allow VA to “borrow” talent from the private sector.

MVAC members asked about whether VA salaries were competitive. The pay for a VA Medical Center Director is below private sector standards by a factor of between three (small medical center) and six or seven (large medical center). VA has requested Congress to extend Title 38 funding authorities to apply to Medical Center and Veterans Integrated Services Network (VISN) Directors. Recruiting and retaining good leaders is a key way to attract and retain staff.

Leaders Developing Leaders

Ms. Farrisee presented information on Leaders Developing Leaders, describing it as the main element of an overall Employee Engagement Strategy (Breakthrough Initiative 9) at VA. Employee Engagement has now been made an Agency Priority Goal for the Department. The key to LDL is that the leaders are doing the teaching – Secretary McDonald and Deputy Secretary Gibson taught for the majority of the three-day workshop. The leaders who attend the workshops are then provided toolkits to use in cascading the training to their subordinates. MVAC members heard from two leaders who have taken these techniques back to the field. These leaders talked about their experiences in involving union representatives, fostering a culture of entrepreneurship and choosing effective projects that serve Veterans while building employee skills. One leader used LDL techniques as an introduction to a new position she was beginning.

The requirement to cascade leadership training is in leaders’ performance plans. Employee Engagement is also in their plans. The MVAC members suggested that VA works to connect training and leadership development activities to a measurable increase in veteran satisfaction as well as employee satisfaction. Mr. Pummill observed that, in those Regional Offices that have done LDL cascades to date, their overall metrics are improving.

The February LDL session will discuss methods to cascade training all the way down to front-line employees without diluting the message. VA hopes to train 12,000 people by the end of 2016.



Supply Chain

Mr. Giddens presented plans to transform VA's Supply Chain (Breakthrough Initiative 12), specifically for VA medical and surgical supplies. His team is working on requirements which will be used to introduce national contracts with prime vendors. VA will have national contracts for wholesale (price and supply) and retail (distribution). This will free up contracting staff from being mired in transactional work and enable them to provide better service to their customers. These contracts and their use will need to be effectively communicated to the VA medical community.

Strategic Partnerships

Mr. Collier spoke about recent activities in Strategic Partnerships. His team is working to embed a "partnership culture" throughout the organization. They are now getting ideas from the field constantly. Partnership opportunities are evaluated on whether they are good for the Veteran and his/her family and whether they are good for the partner. VA is now learning to think bigger on partnerships, and some of the Department's best press comes from its partners.

VHA-VE Supporting Frontline Employees

When employees are asked about what they need to provide better service to Veterans, hiring is at the top of their list of concerns. Mr. Allin and Mr. Gigliotti presented on a hiring project they worked on for Medical Support Assistants (MSAs) to better match candidates to job openings and to speed the hiring process itself. Their lessons learned included:

- Need pre-approved organization chart so that vacancies can be instantly announced
- Eliminate the requirement for MSAs to have physicals or contracting out the procedure
- Eliminate or streamline board certification requirements
- Try a best-qualified list (not a minimally qualified list)

VA would like to move from a batch system to a continuous system to advertise for and attract candidates. One suggestion is to make an announcement twice a year, identifying and screening a pool of candidates for customer service skills. Those who pass the initial interview would be sent to a panel for scoring before a job offer would be made. This would also yield a pool of qualified candidates that can be used to fill interim job openings.



MVAC Best Practices – USAA

Ms. Meriah Garrett and Mr. Tom Grothues presented some of the insights they have gained from their work at USAA, a 7,000-person company that provides banking and insurance services for its customers. They spoke from the perspective of their work in Customer Contact Centers (Tom Grothues) and Human Centered Design (Meriah Garrett).

USAA's core values are Service, Loyalty, Honesty and Integrity inform. They base their "brand" on shared military values, financial strength and wisdom and passionate member advocacy. Twenty-five percent of their employees are former military or military spouses.

USAA concentrates on hiring Contact Center personnel who are a cultural fit for company – that have a natural bias and a desire to serve people. USAA can teach finance and insurance skills to the Contact Center staff, but they need professionals with a service mentality. There are lots of data and touch points with their customers and it is important to start each interaction with the member in mind. Contact Center professionals need to use actual data and questions. Even if they are USAA members themselves, representatives cannot use their experience, or they risk projecting that experience onto the data. Ms. Garrett and Mr. Grothues also stressed the need to ask continually why the data is telling the viewer what it is telling the viewer. Big data is the key to providing a personalized experience.

USAA has four Global Contact Centers organized around members' needs, grouping products and services in a coordinated way. Very few Contact Center employees handle only one product. USAA has an additional site which is operated by a third party, and has learned that where it can achieve parity of process, platform, performance, it makes sense to outsource. The more mundane transactions are outsourced. Those that build a relationship with the member are insourced. Over 80% of the retail banking product calls are handled by third parties. It is a six to twelve-month process to bring on a new third party provider.

USAA's design process starts with the customer and applies human-centered design principles. They have learned that they need to pilot and fail so they can learn – tolerate small failures to get big successes. USAA uses small teams to be able to act in a more creative way which gives them authority. Teams have found that this creates more investment in the outcome. It is important to align accountability with where the action is. People resist change when they think the problem is insurmountable or that they are powerless to change things.

MVAC Best Practices – Customer Service Excellence

Dr. Mariano provided insights on customer service, based on her varied experiences as a military physician, personal physician to three US Presidents, Mayo Clinic physician, and



private concierge medical care provider. She uses the STAR principles in her work:

- Service – every call is answered personally, and she initiates regular contact with her patients
- Trust – she maintains patient confidentiality and is a resource for them
- Access – she makes house calls and facilitates access to other specialists for specific medical needs, and follows up on every consultation
- Relationship – she invests time with her patients, treating each one as a VIP

Her key advice is to empower staff such as the nurses, schedulers, MSAs who make a big difference. By the time a Veteran sees a physician, they have had many different experiences with VA.

MVAC Best Practices – Complex Transformation in Government

Ms. Killefer (MVAC member) moderated discussions with Mr. Bob Mueller, who shared insights on Federal Bureau of Investigation's (FBI's) post 9/11 transformation during his tenure as Director, and Mr. Charles Rossotti, who talked about IRS Modernization.

The FBI's transformation journey began shortly after September 11, 2001, when the President asked in a briefing, "What is the FBI doing to prevent another terrorist attack?" This changed the mission and skill requirements of the Bureau: in investigating crime, the need is to develop admissible evidence, but in preventing terrorist attacks, need to develop analytical and inferential skills.

The FBI had to develop strategic partnerships with CIA and other agencies. He set up joint Task Forces in every city. He also made a commitment to placing folks in Afghanistan and Iraq working with CIA and global counterparts, with the FBI contributing their expertise in investigation and evidence. It took a long time to work on these partnerships, but now the Deputy Case Officer at the FBI is a CIA agent.

The culture change at FBI also required Mr. Mueller to prioritize personnel and succession planning. He had to rethink both promotion policy and personnel rotations so that leadership opportunities could be opened up. He paid special attention to training and recruiting, choosing "A" players as recruiters.

Mr. Mueller did not think he did a good job in upgrading technology as the FBI had technology from the 60s when he came on board. Companies were working on improving and upgrading hardware, networks, and case management software. The hardware and network upgrades went swimmingly. The software upgrades had rosy management reviews until about six months before go-live dates forcing him to choose between continuing to pay for overruns or



starting over. His lesson was that this management should not have been delegated to others; he also thought he should have asked harder questions. Knowing the status of key projects is critical.

Mr. Rossotti took over as IRS Commissioner in the face of a multitude of missteps: a billion dollar failure of the IT Modernization effort, a broken telephone system and scrutiny over IRS practices and measures.

Mr. Rossotti used the term "Modernization" to describe the changes at the IRS. The structure had dated from Truman Administration. He began by working to regain some level of trust among stakeholders such as with Department of Treasury, Congress, tax advocacy groups, etc. by admitting what needed to be fixed. He promised to be as open as IRS could about problems and what could be done to fix them. Mr. Rossotti then divided his efforts into two programs: short-term and long-term.

The short term program concentrated on patching immediate problems. Mr. Rossotti convened a group that agreed to generate no new ideas. Instead, they settled on things (about 100) that could be done within 12 months. Some of these did not work, but the Service tried to be transparent about their progress, successes, and failures.

The long-term program addressed:

1. Reorganization – the IRS structure dated from the Truman Administration. The organization was fragmented and ineffective. He reorganized around taxpayer segments.
2. Performance Measurement – the IRS measured enforcement income because it was the easiest measure to portray. He had to figure out what the right measures were and the systems for obtaining them.
3. Process issues – the IRS rethought and reformed its operating processes (how the phone was answered, how audits were conducted, etc.)
4. Supporting technology – the IRS acquired modern technology to support its operations.

Subsequent Commissioners built on these efforts and added to them.

In reply to a question on what he would have done differently, Mr. Rossotti responded that he realized that Congressional IT authorization/appropriation for Modernization was miss-timed, but he could not stop it. He would have preferred to put it on hold because he felt the effort wasted money and time. Also, when the reorganization was implemented the IRS put a lot of effort on not interfering with filing season but did not pay enough attention to administrative issues such as HR practices.



Discussion and Day 1 Closing

MVAC members talked about a common thread of the day's meeting: really identifying the culture and having a plan. The culture at VA for a long time has been that an employee did not feel he or she was allowed to indicate that he or she did not know something. That culture must change to one of help and cooperation. Moreover, the plan must have a sense of "irreversible momentum."

Day 2

The day began with an update on the work to modernize the Appeals Process (*Breakthrough Initiative 7*). VA's goals are to make the process more friendly and accessible to Veterans and less intensive for the VA employees who execute the process. The MVAC asked VA to examine the ratings system itself to ensure that Veterans have all the appropriate ratings so that both the Veteran and the family receive their correct benefits.

IT Transformation

Ms. LaVerne Council presented her plans for IT transformation to the MVAC. She identified several systemic issues:

- Partnership: it is hard to work with OIT. As a result, there is a lot of "shadow IT" being put in place by the business lines. Also, often IT systems are used to address or support poor process design.
- Operational: the lack of standardization in a complex environment creates problems in operations and maintenance.
- Cultural: "Consumerization" (I have my device at home; why can't I have it here) creates complexity. Corporate America has similar issues (employees now "bring their own" device), but OIT's internal focus created an inability to address consumerization challenges.
- External forces: the relationship between legislative bodies, cyber issues, visibility and scrutiny all require a high caliber of people who understand and have an external focus. Ms. Council emphasized three key themes in her transformation efforts:
 - ✓ Streamlining core processes
 - ✓ Eliminating material weaknesses
 - ✓ Institutionalizing a new set of capabilities that create positive change



These three themes will endure after she is gone. Ms. Council has tied OIT themes to the Administration business partners and their key drivers as well as to MyVA and the Department's focus on the Veteran.

Ms. Council is re-organizing OIT around five key functions:

1. **Account Management:** the IT Account Managers (ITAMS) concentrate in aligning OIT with business partners and managing their portfolios. OIT needs to ensure that the business is getting the value they expected. ITAMS should engage the service component of each business organization. There will also be five regional Customer Relationship Managers – they are the “on the ground” resources matrixed into the ITAMs. They will collect information from the field and feed it to knowledge workers who will analyze the information and feed it back to OIT Headquarters.
2. **Enterprise Project Management Office (EPMO):** the EPMO will serve as the “Control Tower” for OIT and its key development engine, implementing Veteran focused solutions for the Department. They will maintain an 18-month rolling portfolio view, including metrics on progress and portfolio health. The EPMO will develop a new release process and enterprise change calendar and a new Veteran-focused Integration Process (VIP) to replace the Project Management Accountability System (PMAS) that had been used to manage projects. EPMO will also develop the tools to support these processes.
3. **Data Management:** VA needs lifetime data management. The Department has a span of time with the Veteran from the time they leave service until they die and its support to the Veteran is dependent on its management of the data. Data management calls for an integrated capability. The DMO will be the green field – where process and innovation meet. The appropriate management of data will allow the Department to access a “single source of truth.” Data is VA's enterprise linkage.
4. **Quality and Compliance:** This function is where risk will be managed. It will establish effective policy governance and standards and will ensure adherence to appropriate policies and standards. This will ultimately lead to the elimination of material weakness findings. Evaluates solutions for effectiveness.
5. **Strategic Sourcing:** OIT personnel in Strategic Sourcing will maintain and share insights on new technologies and capabilities to improve the workforce knowledge base. They will establish an organized, streamlined approach to fulfilling technology requirements with third part providers.



Ms. Council was asked about VA's mobile strategy. She does not feel the Department has a mobile strategy yet; efforts to date have been strictly tactical. VA must understand how mobile technology fits with cybersecurity and with privacy regulations like the Health Insurance Portability and Accountability Act (HIPAA). She wants to follow the lead of Vets.gov, which is being built with the idea that its concepts are transportable to mobile.

In reply to a question on how the OIT strategy addressed external partnerships (such as Care in the Community) Ms. Council replied that, with data management, we now have the ability to address external partners in a strategic way including entities such as private providers, Walgreens, medical schools, etc. One challenge is that there are no universal standards for data exchange, so VA has to work state by state. Mr. Gibson added that the largest portion of the money allocated for Care in the Community was to build the data exchange to support this project.

Ms. Council was asked how VA was working with Department of Defense (DoD) to avoid duplication of effort. DoD and VA work together through the Integrated Program Office (IPO). The two organizations share data on Veteran care. They meet quarterly. The two organizations will always have to integrate at the data.

IT has a role in all of the Breakthrough Initiatives – even if they do not require a system. IT should always be aware of all of the Department Initiatives.

Ms. Council is bringing in new leaders who will be able to execute on her strategy. She is tying leader goals to strategic objectives for this year; OIT will be implementing development plans for all employees by the end of 2017. Agile and ITIL training will be delivered throughout the organization.

Ms. Council's goal is to make OIT a safe place to fail and a safe place to be accountable. She wants workers to use innovation to be better, and she wants the organization to increase alignment to the Veterans Experience. The execution of this vision requires continued focus to get it done. VA will need a competent CIO to be the next leader.

In response to a question from the MVAC on barriers to her vision, Ms. Council replied that she is optimistic because she has seen these strategies work before. She stressed the need to execute and worries about the business not making the full commitment to execute. Ms. Council is also worried about regression once she leaves. Moreover, she is concerned about the gap between her staff's skills and those necessary to manage and grow IT in the current environment. She added that if an organization wants to have great IT, it needs to get good IT people into the organization for a period of time and then release them back into the environment. VA's process is very disconnected from the IT world.



If VA creates a good environment, people will be attracted to the organization. OIT's Senior Director/CIO positions are not competitive. The organization needs to be built on good architects and engineers who get to work new technologies, not legacy systems.

The MVAC recommended that she embed sustainability within her organization. She agreed, saying that OIT needed to move away from relying on policy and toward team dependence on one another.

Improving the Veterans Experience

Mr. Allin and the Veterans Experience team discussed the initiatives they are working on as part of Improving the Veteran Experience (*Breakthrough Initiative 1*). They are introducing a set of questions that will be used to assess the Veteran experience when interacting with VA. These measures will be taken across all Administrations and across all channels, being incorporated into the 143 existing surveys.

Mr. Allin and Ms. Council are working together on improving customer service across technical channels such as VA's new vets.gov website and VA Call Centers, using improved data to provide an authoritative view of our customer. The VE team is also working on a two-hour module on customer service for front line employees. They are implementing field teams who will develop relationships with Administrations to understand their struggles and help them understand how best to support Veterans.

The VE team is in the process of setting up MyVA Communities across the Nation, working in areas of the densest Veteran population first. These Communities are about local action – improving outcomes locally. They include community and local government organizations. The organization of the Communities is based on standard principles, but each Community has the flexibility to implement them as makes sense for their locale, thus employing the VE technique of "late stage customization." While representatives from VHA, VBA and NCA are part of the communities, they do not run them.

The MVAC suggested that, in addition to working with traditional veteran organizations, that VA look at other organizations that have not traditionally been focused on Veterans so that broader social services organizations would be included. Many communities have local health improvement coalitions looking at broad health concerns. Veterans come up on every single review teams for health outcomes (overdose, infant mortality, etc.). They are having difficulty connecting to VA, and these organizations can help.

Ms. Kelly O'Connor presented on Vets.gov, VA's new veteran-centered website. The design and development team's goal for the website was to create a single platform where Veterans, their families, and caregivers can easily access the benefits they have earned. The site was



developed in the open using Human Centered Design techniques. Content for the site is written by professional writers who are Veterans or Veterans' spouses. They base their work on Veteran feedback and coordination with mission area and compliance organizations. The team is currently working with MyHealthVet to incorporate chat and secure messaging. The team is constantly improving the content; the current site represents about 5% of what the total site will contain.

National Association of State Directors of Veterans Affairs (NASDVA)

Mr. Les Beavers and Mr. Randy Reeves talked about NASDVA and the work the states are doing to support Veterans. NASDVA works to shepherd and onboard new state directors of Veteran Affairs. They help draft state legislation and support the State Directors in working with legislatures to get new laws passed. They also testify in support of VA for federal legislation.

NASDVA has a formal agreement with VA and works closely with the Department. It is important that the two organizations work together because Veterans do not distinguish between state and national VA organizations. If either organization messes up, it hurts the other one's reputation.

About \$10 billion worth of services for Veterans come from states. VA pays states about \$1.2 billion to take care of Veterans. Over 50% of VA authorized long-term care is done in state Veterans Homes, in part because State care costs on average 25-30% less than care provided by VA. State organizations carry the power of attorney for many Veterans. States contributed greatly to closing the claims backlog, either by contributing money or contributing manpower.

One out of five Veterans is buried in a state cemetery. NASDVA and the states are participating with VA working on ways to improve the appeals process. They also support specialty programs on women's health, employment, homelessness. The states are repositories of military records. In some cases, these records date back to World War I. The states can certify service for the purposes of applying for benefits. State Directors consider themselves "traffic cops." If they cannot provide the requested service for the Veteran, they find the organization that can.

Mr. Beavers and Mr. Reeves highlighted their support of Veterans Treatment Courts. In those jurisdictions that have them, these courts have been able to address problems that Veterans have that cause them to become involved in our justice system. The Secretary endorsed the work of the Treatment Courts, mentioning that incarceration is a sure ticket to homelessness. NASDVA is starting to work with Congress on sensitive issues. A recent example was in passing new legislation for provider agreements for state homes. They will now work on changing provider agreements for Care in the Community.



Mr. Beavers and Mr. Reeves closed their presentation by endorsing the Secretary's emphasis on training. They would like to send new Directors to VA 101 and send current Directors to the Leaders Developing Leaders sessions. The group discussed upcoming meeting that may be of general interest:

- Feb 28 – Mar 1: LDL follow-up session (VA internal)
- April (TBD): Lean Symposium
- April 20: Braintrust
- May 11 – 12: MVAC Meeting

Discussion

Dr. Haynie began the discussion by saying that he is worried about regression once VA leadership changes. The other MVAC members agreed, suggesting that progress on transformation be documented in reports that could be sent out to Veteran Service Organizations (VSOs) and other external stakeholders. Once the election is over, transition teams will visit VSO offices, seeking their input for the next leadership candidates. Some of the VSOs are supportive of the Transformation, VA, and the MVAC need to work with the others. Additionally, VA should ensure it communicates with Community boards – the more information they get, the better they can work with candidates, elected officials. The MVAC agreed there were now more good stories to be told.

The MVAC agreed that third party communication about MyVA and Transformation would be extremely effective, and the group agreed to develop a consensus report on what they think about the VA transformation effort. They felt that such a report could not be ignored and help mitigate the risk of falling back into old practices. The appropriate timing for such a product would be late summer.

The MVAC also suggested that VA address policy changes and updates as a way to sustain the transformation. Though this is often difficult, policies can be written in such a way that the language stays open and flexible. It may be advisable to put aspects of the 12 Initiatives into policy to sustain them. The Secretary agreed, saying that this was a unique moment in time and the VA team needed to take advantage of it.

The MVAC made the following comments about specific aspects of the transformation:

- They continued their emphasis on communication and the need to get messages to "boots on the ground." Sometimes the mission does not resonate with front line employees. They urged communication as a way to build trust. VA should do as much as it can to point out the good stories - publishing them every day. They recommended aligning with media including social media. If VA can change the mind of a detractor, it will send a stronger message about the goodness of the change.



- The Secretary sees his biggest gap at this point in time is leadership vacancies.
- Current HR processes and practices create a barrier to success – not just in hiring. The ability to manage human capital inside the organization is a real challenge to execution.
- The traditional staffing model at VA has geared toward people who wanted to spend 20 to 30 years there. Now VA needs to look at new staffing models – young people, mid-career, employees at the end of a career.
- It is very important to get mobile applications fielded and to train customers to use them.
- In addition to instituting new MyVA Communities, the MVAC urged the VA to look at existing models and structures.
- Another theme is educating the Veterans VA serves and set correct expectations. Many vets “go through the process” but they never engage. To get what they need they have to be allowed to engage.
- There is a need for a continuing medical education program. Providers want to care for Veterans, but they do not know what they do not know. All providers look for continuing medical education. If VA had a program, providers could get credit and VA could get private practice partners.

Dr. Haynie told the MVAC that the country is coming off 15 years of war that represents the first test of the all-volunteer force. There is no historical basis for these veterans and their experiences. We need to have a national conversation about this demographic and their needs. The willingness to volunteer for public service (among high school seniors) has declined since 2004 and were lower than 9% today. If VA cannot deliver on promises, it will reflect on DoD’s ability to recruit and result in a national security issue.

The MVAC expressed appreciation for the candor and transparency from the VA Leadership team. Dr. Haynie said that this meeting was the first time he saw things coming together. The VA team now has tangible results – the Department has moved beyond concepts and planning. He appreciated the Secretary “being out there” and pushing his agenda.



Meeting was adjourned at 2:40pm.

Respectfully submitted,
Debra A. Walker
Designated Federal Officer
MyVA Advisory Committee

I hereby certify that, to the best of my knowledge, the forgoing minutes from the February 1 – 2, 2016, meeting of the MyVA Advisory Committee are true and correct.

A handwritten signature in black ink, appearing to read "Michael Haynie", is written over a horizontal line. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dr. J. Michael Haynie
Vice-Chairman, MyVA Advisory Committee