MyVA ADVISORY COMMITTEE MEETING
MINUTES January 10 – 11, 2017

The MyVA Advisory Committee (MVAC) convened its meeting on January 10 – 11, 2017, at the Georgetown University, Washington, DC.

Day 1

Attendees:
- Mr. Herman Bulls
- Ms. Teresa Carlson
- Dr. Richard Carmona
- Dr. Michael Haynie
- Dr. Laura Herrera Scott
- Ms. Verna Jones
- Ms. Nancy Killefer
- Dr. Connie Mariano
- Ms. Jean Reaves
- Ms. Lourdes Tigliao

Absent:
- Dr. Christopher Howard
- General Joe Robles
- Mr. Robert Wallace

Day 2

Attendees
- Mr. Herman Bulls
- Ms. Teresa Carlson
- Dr. Richard Carmona
- Dr. Michael Haynie
- Dr. Laura Scott Herrera
- Ms. Nancy Killefer
- Dr. Connie Mariano
- Ms. Jean Reaves
- Ms. Lourdes Tigliao
Absent:
- Dr. Christopher Howard
- Ms. Verna Jones
- General Joe Robles
- Mr. Robert Wallace

Welcome

Dr. Haynie welcomed everyone to the meeting and explained how the meeting would define VA's transformation progress and accomplishments along with lessons learned to date and identify areas where more work needs to be done.

Secretary McDonald thanked the committee and welcomed Ms. Verna Jones of The American Legion as the newest member of the MyVA Advisory Committee.

State of VA: Putting Veterans First

Secretary McDonald and Deputy Secretary Gibson gave the "State of the Veteran" address.

Secretary McDonald began the presentation and explained that the purpose of MyVA is to put Veterans first. This purpose reflects feedback from our stakeholders, VSOs, Veterans, etc. He also stressed the idea that the only thing we want is to achieve great outcomes for Veterans.

Deputy Secretary Gibson said MyVA is based on the power of the people – 300,000 employees putting Veterans first. Some examples of this are noted below:
- Planting a tree to shade a Veteran's wife's grave
- Providing a Veteran Thanksgiving and Christmas dinner
- Giving shoes to a Veteran
- Lending boots to a cemetery visitor
- Finding housing for a Veteran and his family
- Locating a Veteran's son and grandchildren

Secretary McDonald said he always starts his briefings/presentations off with VA's Mission, Vision, and Values. Mission comes from Civil War. Values were values developed by the organization over many years. VA employees reaffirm every single year; trained on values every single year. Want a values-based organization, not a rules-based organization.
Secretary McDonald discussed MyVA’s five strategies: Veterans Experience: journey maps and measurement (Medallia). Employee Experience: (Leaders Developing Leaders (LDL). Support Services: replacing outdated scheduling systems and financial management systems. Continuous (Performance) Improvement – Lean Six Sigma. Strategic Partnerships – we know we can’t do this job by ourselves. Secretary McDonald is going to Omaha to celebrate a partnership with investors who want to build a hospital. VA needs Congress to pass a law to let it accept gifts.

Deputy Secretary Gibson said we work to build and operate an integrated enterprise. We have 168 hospitals, over 1,000 clinics, and 1,800 academic affiliates. Scale gives us the ability to invest in specialties, do research. There are also the non-clinical determinants of health: caregiver stipends, disability compensation, and vocational rehabilitation.

Secretary McDonald said that integration of the enterprise has another benefit for the Veteran: integrated care, which is why Veterans are afraid of a privatized system. Integrated care is essential, as VA is the largest integrated health care system in the US. Its research and innovation has benefits for public health as well. VA is now seeing great success in getting people off opioids by using equine therapy, yoga, acupuncture. Continue with innovation, collect the data, and use for evidence-based treatments.

Deputy Secretary Gibson said VA leverages scope and scale to do the research that private sector won’t do (no profit motive). He also spoke about the FY16 initiatives and how he and the Secretary meet with initiative leads every two weeks – meetings are integrated: both VHA and IT, for example are in the meetings. There are eight Veteran facing initiatives and four enabling Initiatives.

Secretary Gibson said VA is largest user of telehealth and uses phone and the web to extend access to Veterans. Employees are also making a difference. VA uses Strategic Analytics for Improvement and Learning (SAIL). The Rand Corporation study compares VA favorably to private sector in 96% of outpatient cores. The National Cemetery Administration (NCA) again received award for highest customer satisfaction. VA is answering twice as many calls as they were a year ago. Dispatches of emergency responders are increasing dramatically and we are saving Veterans. Some Veterans are surprised to get their calls answered right away, and forget why they were calling.

Secretary McDonald stated that we are required to hold on to paper even when we have digital records. We have 10,000 sq. feet of paper, which cost the taxpayer $25 million. He also read a letter from Veteran who was grateful for prompt aid to get her claim resolved and aid to her disabled daughter, a dependent.

Deputy Secretary Gibson spoke about an Oklahoma Veteran went to VA’s emergency room in pain. He said he was rude and that in spite of that, VA employees were kind to him. He later thanked them all for their help once he was back on his feet.
Secretary Gibson said VA is transforming through things such as supply chain: standardizing nomenclature, job classification updates for logisticians, training, new and IT systems, are all part of building an integrated enterprise. VA took SAIL and built it into the performance goals of Medical Center Directors starting in FY15. SAIL is a roadmap, not a stick, and we have seen an 82% of VAMC overall quality improvement.

Secretary McDonald reviewed strategies while preparing for his confirmation, asked why they were not being executed. As a result of this, Leaders Developing Leaders (LDL) was developed. You can ask the lowest level of employee what they are doing that day and how that ties back to the goal of being the #1 customer service organization in the federal government because all work/projects tie back to one of the initiatives/strategies.

Community Veterans Engagement Boards (CVEBs), also known as MyVA Communities, are about customizing the offerings of the VA at the local level. We currently have 106 now, and hope to have 140 by March of this year.

Deputy Secretary Gibson said the transition was beginning to operating like an integrated enterprise – LDL.

Secretary McDonald said VA is taking blood samples from Veterans, mapping the genome, and tying it back to medical records to find patterns and causality. He mentioned The Million Veteran Project (1 million Veterans), the Cancer Moonshot, the Department of Energy partnership (computers), and the Elks’ $4million donation to end Veteran homelessness. The Secretary also mentioned how the medical community came together to develop new medical records.

Secretary McDonald said organizational transformation takes 5 to 10 years, and he thinks employees have recognized the importance of the journey and of being values-based.

Priorities for the future will help VA operate like an integrated enterprise. Example – you don’t see Veterans Crisis Line (VCL) on slide, however, the priority now is suicide prevention and we are now working on handoff between VCL and suicide prevention. VA is using big data to predict risk of suicide, of which economic instability is a factor. This also connects disability compensation records.

Deputy Secretary Gibson said the current administration has laid as much pipe as they know how to lay, and the opportunity for everybody to continue the momentum is at hand. Leadership and employees have the opportunity to encourage new the administration to continue the momentum.

Secretary McDonald said 20% - 32% of Veterans make appointments with private physicians, and that we need to have care in the community. We also need to have a more deliberate, integrated system in VA.
Deputy Secretary Gibson said private healthcare in the community is fragmented, and does not have the scope and scale to take over what VA is doing.

Questions from MVAC

Mr. Bulls asked what advice you would give to your successors about keeping the transformation efforts going. Secretary McDonald said to keep it going as he and Deputy Secretary Gibson have filled the calendar for the year. If you have a better idea use it – but criteria must be what is best for Veterans – not for politics. Rely on the employees, trust the employees, and train the employees. Megan Flanz, Human Resources and Administration, has set up an employee engagement board, and more employees have been recognized.

Ms. Tiglao asked how Veterans can help MyVA. Secretary McDonald responded by saying...ask for input from Veterans. Encourage them to write or call. We need feedback back from the ground level. VA has hundreds of thousands of volunteers and the best ones are Veterans. Our Veterans need a Veteran peer counselor to guide them through services. Veterans may not know what they qualify for.

Panel: Improving Access by Focusing on Same Day Services

Dr. David Shulkin facilitated the panel. Panelists included:
- Martina Parauda, New York Harbor VAMC (27.5 years)
- Kalautie Jangdhari, West Texas VAMC (23 years)
- Paul Russo, Miami VAMC (34 years)
- Dr. Ginny Creasman, Saginaw VAMC (25 years)
- Karin McGraw, Pittsburgh VAMC (27 years)

Dr. Shulkin asked the panel “What did you think about the first memo talking about direct access in one year?” What worked and what did not work?

Ms. Jangdhari said she didn’t think they could do it because her VAMC had only 13 providers out of 17 authorized, but her team came together to figure it out. They covered 53,000 miles with telehealth and spoke at the Community Veteran Engagement Boards to get their advice. The community helped define the modalities and publicized the access efforts.

Ms. Parauda said they were working toward same day access but when the memo was received, her first reaction was, “Here is DC telling us what to do.” After a second look she realized the priorities made sense and took on the task of direct audiology and optometry appointments across her system to free up primary care slots.
Ms. McGraw said her VAMC achieved same day access in primary care in August. Her leadership team interviewed people to figure out what was working, what wasn't working, and solicited recommendations. The team worked to standardized appointment grids and had their VE office talk to Veterans in waiting rooms about their experiences.

Mr. Russo stressed the need for stability in partners, and put fast track clinics in place and explained the need for competent care coordination. He stated his facility used productivity reports to see trends and recommend changes.

Dr. Creasman said we need to attract providers to provide care and stressed the need to use community partners. She has a lot of partners she works with for lab services and crisis care and uses telehealth in a hub. About 22% of Vets use telehealth, and she created floating teams to help get care to Veterans who needed it.

Ms. Jangdhar said she utilized Group Practice Managers (GPMs run the office) to analyze the management practices. She had access to executive leadership and made rounds with them to see things from the Veteran's perspective. She also stated they worked with Medical Support Assistants (MSAs) and nurses, so that MSAs could IM the nurse who would come out about every 10 minutes to keep in touch with the Veteran waiting for an appointment.

Mr. Russo said the Miami VAMC brought in the VERC to set up an Access Academy for staff. They presented their findings and challenges on access, organizational culture, and values. One of the nurses started tracking why clinics were getting walk-ins. Mr. Russo went to a VISN 8 conference and learned that a similar project was conducted. As a result, a pilot was started to prescription refills, which can be done on the phone.

Dr. Shulkin asked who deals with phone calls when the clinic is not able to provide same-day access.

Ms. McGraw said she apologizes to the Veteran and then sees what she can do to address the concern. She has a very good Veterans Experience team who has relationships with Veterans, so most calls don’t get to her.

Dr. Shulkin asked, “How do you address failures when striving for goals?”

Dr. Creasman explained it is a conversation with your team and partners. If you are paying attention and show that you care by taking the opportunity to achieve service recovery, you will get a better outcome.

Dr. Shulkin asked about status of Same Day Service for outpatient clinics?
Ms. McGraw has achieved it for her Community Based Outpatient Clinics (CBOCs), which are contracted services, not VA employees. She emphasized how the contractors share VA’s values. They also have telehealth services as a backup and use it for specialty care.

Dr. Creasman has 12 sites of care (more of a health system than a VAMC), and felt the need to talk to providers about what same day access really means. The next challenge was how VA can work with private care providers to meet VA standards on same day access.

Ms. Jangdhari had a poster session with EMS (janitors). One of their posters said they walked two miles a day so she agreed to walk with the EMS staff for a shift. She suited up in a janitor’s uniform to walk and was trained by EMS supervisor. Fifty percent of her staff did not recognize her and she learned that the janitors talked to all of the patients. She also saw how these employees were treated by other members of her staff, which she admitted could use some improvement.

Ms. Russo started customer service training for staff. If the providers are happy, the patients will be happy.

Ms. Parauda she met a Veteran at an evening event who needed an audiology exam. She took his number and told him someone would call him the next day. The Veteran received a call the next day, enrolled over the phone, and was asked for his desired time to come in. The appointment was scheduled to fit his needs. When her staff answers the phone they ask “do you need to be seen today?” Most callers don’t required to be seen on the same day, but there is a process for figuring out which clinic and which provider can meet the need for those who want to be seen that day.

Dr. Shulkin stated that on December 27, 2016, Medical Centers started answering the phone “do you need to be seen today?” They are following up and learning that most Veterans have been blown away by this option.

Dr. Laura Herrera-Scott explained that much of the private sector does not provide same-day access. Dr. Creasman says she must work with her private partners because she is in a rural area.

Ms. Tiglao said that the Brooklyn VA unit has closed down and VA came up with an approach to transport Veterans who need to get to Manhattan for treatment. Ms. Parauda said there is shuttle service that transports Veterans to and from all her centers. She partners with the city on Veteran issues (homelessness) - some Veterans who are homeless are not eligible for VA care – the city steps in at this point.
Ms. Reaves talked about the need for training and ensuring that staff knows about what is going on and what services are available outside of their immediate clinic. She hopes that all facilities are promoting MyHealtheVet and that Veterans know how to communicate with VA without having to physically go to a facility.

Dr. Shulkin stated when he started there were 57,000 consults waiting over 30 days, and now there are 1,400 urgent consults waiting 48 hours (200 within the VA system itself - the rest are referrals to private partners)

**Panel: Moving to a Principles-Based Culture**

MVAC member Teresa Carlson facilitated the panel. Panelists included:
- Ms. Deborah Kamisato, NCA, Dallas/Ft. Worth
- Ms. Susan Anderson, VHA, Martinsburg VAMC
- Ms. Adelena Marshall, VHA, Jesse Brown VAMC
- Ms. Sharon Levinson, VHA, White River Junction
- Ms. Kristen Ruell, VBA, Philadelphia RO (detailed to MyVA Task Force)

Ms. Kamisato told the story of authorizing a Saturday burial for one of the Dallas police officers who was killed last year. Rules did not allow Saturday burials for any Veteran and she decided to scheduled it anyway as it was the right thing to do. In the end, she received leadership support for her decision.

Ms. Marshall told the story about making discharge kits for homeless Veterans and providing grooming kits. Through providing these kits she got to know homeless Veterans and gained a better understanding of the challenges they face. On weekends Veterans don’t have transportation or extra help, so the nurses took on this extra burden while understaffed.

Ms. Levenson shared a story where she befriended a Vietnam Veteran with PTSD who was forgetful and didn’t take his medication. One of the therapists asked Ms. Levenson to see this patient once a week to fill his medication box, and she agreed to start meeting with him once a week as discussed. After Ms. Levenson started meeting with the Veteran, he no longer needed to be hospitalized during the Fourth of July, which was a trigger period for him due to fireworks. Ms. Levenson said she that something was wrong when the Veteran did not show up for a scheduled appointment. Based on this, she asked VA police to conduct a welfare check on the Veteran. The police contacted the Veteran’s niece who drove over to his house, and when her uncle did not respond, she alerted the police. Once the police were able to make their way in, they found the Veteran lodged between two pieces of furniture, where he nearly died, but thanks to Ms. Levenson’s care and concern for the Veteran, she was able to help save his life.
Ms. Ruell was a quality specialist at a regional benefits office, and took her job seriously. She explained how she reported discrepancies to her superiors and nothing was done to fix the situation. Ms. Ruell noticed that she was starting to be disciplined for odd things such as working past her tour of duty. She found duplicate records problem and when she took the time to fix the problem she got in trouble. Other employees reported issues to Kristen because they were afraid to speak up. They found stacks of boxes that were marked for shredding but the boxes contained live claims and other formal records. Ms. Ruell then took photographs of the boxes and was told by Director that she could go to jail for taking photos in a federal building. This led to Inspector General reports.

Ms. Carlson asked the panel what could make leaders help to inspire a more principles-based culture.

Ms. Marshall said her leadership made her stop providing grooming kits to the Veterans. She believes that if management wants to employees to stop these types of services, they should provide a rationale and alternative to ensure Veterans are getting care. She stated that the “because I said so” mentality needs to stop. VA needs to have more panels and more of these stories at leadership forums.

Ms. Kamisato said VA needs leaders who are passionate about the community they serve.

Ms. Carlson asked what gets in the way of employees doing the right thing.

Ms. Anderson said fear of discipline. Leaders are not visible to field employees and we need leadership to visit the field and find out what is going on at the front line. VA’s culture needs to be more family-like.

Ms. Levenson agreed that it was fear and told the audience we actually have rule books that they must sign for. She is thankful to the VA police officer who refused to “stick to the rules.”

Ms. Carlson asked how “soft” training could help.

Ms. Ruell fears that as we go to a more electronic system, we could lose sight of the fact that these are people not boxes of paper. She says VA should see the people they serve.

Ms. Marshall said her new Director took the time to meet with the staff and suggested to him that RNs need more empowerment training.

Ms. Kamisato said employees should receive training that teaches “every Veteran who walks in the door needs to be treated as your own family member.” She told the story of a widow who brought an apple pie to an employee because he had noticed and assisted her with a problem with her vehicle when she was visiting her husband’s grave.
Ms. Anderson is an advocate of employee engagement. When you want to change, you need to bring your employees on board for feedback and include them in the desired change.

Dr. Carmona encouraged the panel to be yourself and be passionate about the people you work with and to remain aware of the needs of the Veteran. If it's right for the Veteran, it's the right thing to do.

**MyVA Update**

Dr. Haynie asked if VA is worried about scaling and capacity and if it will be able to sustain same day access.

Dr. Shulkin said that this is fundamental to the 2014 crisis and to us today. VA can only operate with money Congress gives us. We don't advertise same day access for everybody and the number one priority is clinical care and we must meet urgent care needs. Dr. Shulkin, Secretary McDonald and Deputy Secretary Gibson all testified that they expect the wait list numbers to grow and we must have discussions with Congress on resources vs. requirements.

Dr. Haynie asked about the constraints on the ability to pull funds back due to inefficiencies in operations. The Secretary responded yes there are and that we have gotten lucky with funds such as those for Hepatitis C. He also said that we need to prioritize the resources we have and are trying to figure out which buildings we should invest in.

Dr. Carmona added that we should have learned from experience with WW II that there would be a bubble of Veterans 50 years later that are sick and need help. He believes that when we make the decision to go to war, we should make a parallel decision to provide funding for the Veterans who will need care later.

Secretary McDonald stated if we want to continue an all-volunteer Army, we need a strong VA to support it. We need to treat all Veterans the way the Army treats soldiers.

Ms. Killefeather added we will never get the funding with the current budget scoring. Secretary McDonald agreed and is worried about ideology-driven decisions. She also suggested our budget testimony should be clear on the impact of lack of funding and who will need care?

Secretary McDonald stated that 34% of Veterans use VA for their care. If that number goes to 35%, VA will need a $1.4 billion increase in budget. He also said he and Mr. Chris O'Connor are working with members of Congress who are Veterans. The Secretary also suggested a change to the compensation system so that it doesn't take your money if you get well.
Ms. Rosemary Williams, Assistant Secretary for the Office of Public Affairs (OPA), announced that monthly campaigns have been launched for internal communications and there is a need to hire new internal communications specialists. OPA is bringing back the "American Veteran" TV show. OPA has also trained 600 communicators (managers and staff) and will have a communications component in LDL.

Ms. Williams said OPA is reaching up to 3 million people via social media. OPA is adding "Letters to MyVA" and working with other stakeholders. VA has added 40 new Veterans Service Organizations to its partner list. Ms. Williams stated that 80 percent of the letters are positive and the other 20 percent are negative.

Ms. William said VA is preparing to launch a new stakeholder tool that will allow it to send targeted messages to specific demographic groups. The potential reach is over 120 million subscribers. VA's traditional media includes Harvard Business Review, Fortune Magazine, Task and Purpose blog. Many leaders are engaging the media since OPA training in August 2016.

Dr. Carmona said without VA, we have no national framework for responding to disasters as VA is critical in responding to national hazards. This will go away if we privatize VA. If we integrate VA locally with the communities we will increase our communications capability.

Ms. Jones stated that nobody knows the story like the Veterans or employees do. Nobody realizes the services provided by The American Legion. The American Legion is not a bar, and she has corrected media outlets for having the facts wrong her organization. The VSOs met with the Agency Review Team and had a media event.

Mr. Blackburn said we are making a lot of progress, and we need to continue to educate the Veterans about our progress and services.

Mr. Mike Feil talked discussed the Dashboard and provided a demonstration.

**Innovation and Diffusion**

Ms. Robin Portman of the Strategic Innovations Group at Georgetown University provided an update on Georgetown’s work on projects for Veterans and their caregivers. The Health Innovations Center will incentivize new projects and is in a great position to partner with VA.

Dr. Shereef Elnahal came out of his medical residency to work for VA. Dr. Shulkin told him to pick a transformation area and do something with it that would make VA a leader in health care. Dr. Elnahal wanted to find innovations that would engage and empower front line employees.
Dr. Niloo Afari is a psychologist at the San Diego VA and a member of the Innovator's Network. With an influx of Veterans in 2008/2009, Dr. Afari said she and her staff were doing a lot of screening on paper, which took time from practitioners' interaction with patients. As a result, her office developed eScreening, a web-based platform for screening that is scored and available for caregivers. Veterans can see scores and information about what these scores mean. There is also a dashboard with an alerting system to notify practitioners of at-risk patients. This allows interaction with patients to provide same day care. eScreening started in 2009 and the pilot started in 2012, with results from the study became available in 2013. After reviewing the results, eScreening was re-designed for scalability and a second version was developed in 2015, with use in the VISNs. eScreening was selected as a Gold Status practice and spread through the Diffusion Network.

Pre-diffusion costs were $3.5 to $4 million. Latency in the budget cycle is a barrier to implementing diffusion ideas.

Dr. Elnahal said a common implementation platform gives a way to compare and contrast these ideas and examine barriers to implementation. Over 6,000 Veterans have used the system. The more people who use it, more money can be saved.

Secretary McDonald said VA is working on a prototype where every Veteran has an e-file. The eScreening results and genomic record could be stored in this e-file.

Dr. Haynie asked "What are they doing to reduce timeline?"

Mr. Littlefield explained that the VA Center for Innovation (VACI) is trying to introduce standard gates. Also, the Diffusion Network is creating an internal marketplace that will provide a place for innovations. Reduction times for innovations could be reduced from 8 years to 2 years.

Secretary McDonald suggested that agile development would cut the time in half and obtaining money from the community would be a way to invest in innovation.

Dr. Haynie added that "there is a piece in the innovation cycle where you say.... is innovation driven by market demand or by need to serve Veterans?"

Deputy Secretary Gibson said he is seeing a shift in some things like access to where an idea becomes a requirement for implementation across the board. The VA Center for Innovation has been siloed. Even though senior leaders sit on the Innovation Board, there is no guarantee that the resulting product would be fielded.

Dr. Carmona suggested the use the Defense Advanced Research Projects Agency (DARPA) model where product is put out to the general market.
Mr. Bulls asked “do you have an office in the Silicon Valley? If not, why not?” He said you have to associate with partners who think in innovative ways because government minds don’t think like this.

Dr. Haynie said there is a need to have a decision process where the right decision is made on a consistent basis.

Mr. Littlefield said we are architecting a capacity that will be sustainable through the next Administration but we are not there yet.

Secretary McDonald said that private sector companies who have not figured out innovation die.

**Contact Center and Digital Experience**

- Panel Members:
  - Ms. Rosetta Lue
  - Ms. Kelly O’Connor
  - Ms. Kathleen Reavy
  - Mr. Ralph Weishaar

Dropped call rates for Call Center has been reduced to 1%. The Veterans Crisis Line (VCL) has doubled staffing, increased training, and added new technology. The results are that rollover is now less than 1% and we are now concentrating on handoff into hospital system to tackle total suicide prevention.

Secretary McDonald stated we have not seen full potential of this system and we need to get more Americans to recognize the signs of potential suicide. VA is currently conducting a pilot in Texas where a call can be transferred along with the scheduling of an appointment.

The MyVA311 platform was designed by the Veterans based on their feedback to the Human Centered Design Team. There was a demonstration of MyVA311 for the audience. VA was able to provide MyVA 311 in 9 months and is now collecting data for data warehouse, which we are now able to analyze for call patterns, etc.

Dr. Carmona suggested ability to get some data that you can use for prediction through analyzing voice patterns, etc.

Secretary McDonald agreed with Dr. Carmona’s idea on the use of big data.

Dr. Haynie asked how many calls are coming to MyVA 311.
Ms. Lue answered that 5,000 calls per week (not much advertising) and said they are working on making sure the information is not stale and real-time information available to the agents.

Ms. Reavy added we are building on voice response so that information is automatically pushed out to Veteran once he/she enters claim number.

Ms. O'Connor explained that Vets.gov is designed to be the one place a Veteran can go to do something. It is a re-design and consolidation of 500 different web sites and is 508 compliant. Vets.gov is level III compliant (use a third party provider) and provides the ability to apply for healthcare online. VA is currently working on pre-populating forms because 20% of the information is the same on all forms. Vet.gov receives 600 applications per day.

**Veterans Panel: Voices of the Veteran – Experience With VA: Past, Present and Desired Date**

MVAC member, Dr. Laura Herrera Scott, facilitated the panel. Panel members included:
- Ms. Kayda Keleher
- Mr. Jim Marszalek
- Mr. Tawan Throngkumpola
- Mr. Jude Recendez
- Mr. Brendan Hart
- Mr. Larry Parrish

Mr. Parrish stated that he used his GI Bill to obtain a pilot's license. He also discussed his care with VA as he went to VA emergency rooms three times and VA saved his life each time. Mr. Parrish said he attempted suicide twice after father's death and was committed to psychiatric ward, which changed his life. He is now an ordained minister.

Dr. Herrera Scott asked the panel “What's your experience like today and how do you think it's changed?”

Mr. Marszalek said he was injured while playing with his children. He was treated once and when the injury re-occurred, he was referred to Choice Program. Through Choice he said, nobody took ownership of his injury. However, when he recently broke his leg and went to private ER where he was told it would be a four-hour wait. At that time, he changed his mind and went to a VA hospital, and had his x-rays completed within 10 minutes. VA was nice to his children during this time and provided them food. VA's care was excellent, and he went to MyHealthVet to get all the information he needed.
Mr. Parrish said a VA worker literally talked him off the bridge when he was suicidal. A VA psychiatrist calls him every three weeks to check on him.

Mr. Recendez said he receives a lot of his care through Walter Reed Medical Center and finds that VA is lacking in this area of prosthetics.

Dr. Herrera Scott asked the panel “What has the VA done well for you?”

Ms. Keleher said she had poor experience in Buffalo from 2012 – 2014. VA employees assumed she was a dependent. She also had heard some less than flattering things about doctors at VA who didn’t take good care of Veterans and prescribed medications they did not want or need. Ms. Keleher said she loves her doctors at the Washington DC Medical Center and works with them on her prescriptions.

Mr. Throngkumpola’s first experience with VA was as a homeless Veteran. He slept with his service dog in a truck and was in poor mental health. He first went to the Austin VAMC and was not getting the medications he needed. No one in Austin could find him housing that was American with Disabilities Act (ADA) compliant (that would accept his dog). Mr. Throngkumpola then moved to San Antonio and got housing for 120 days, and during that time, he started receiving VA services.

Mr. Hart said that he believes White River Junction facility is the gold standard for getting services. He has had a lot of lucky breaks and is grateful to VA. The system never got in the way of the people.

Dr. Herrera Scott asked “What is the one thing VA can improve, and the timeline for getting it done?”

Ms. Keleher said VA has come a long way in women’s services and loves the services provided at the Washington DC VAMC. She believes that rural Women Veterans don’t have the same options as women in the cities and suggested that VA standardize women’s care.

Mr. Marszalek stated that he believes customer service is most important and loves the online services. His biggest hurdle was managing appointments.

Mr. Throngkumpola said he believes the front line staff is great but thinks some of the providers have forgotten bedside manner. Bedside manner is terrible and doctors tend to judge their patients. He suggested that doctors should not cut patients off controlled substances abruptly, but works with the Veterans to gradually decrease them.
Mr. Recendez said he believes the Vocational Rehabilitation Counselors could use some refresher training on interaction with clients on things such as making eye contact, reviewing resumes, and being more people friendly.

Mr. Hart said he believes VA should use technology to empower the Veteran to use services.

Mr. Parrish believes Bob and Sloan have turned the VA ship around. He used to have to ask his Congressman for help but now he can call VA directly to get help.

Dr. Herrera Scott summarized the themes of the discussion: women’s health needs to focus on tailored experience for the female Veteran, customer service, use of technology to ease transition from military service, and bedside manner improvement. She said a lot of progress has been made, but more needs to be done.

Secretary McDonald said that Veterans need VA to be there when they want it and the way they want it.

Ms. Reaves pointed out that at least some of the points the panel brought up go back to the communication between VA and the Department of Defense (DoD) which still doesn’t exist. We need to start the dialogue with DoD earlier.

Dr. Haynie said VA is the agency that is left “holding the bag” and agrees we need interagency dialog. The coordination needs to be invisible to the Veteran with a national strategy.

Mr. Hart added that VA should organize and resource experiments in transition and skills training. Points out that we talk about these issues in the context of the Government, but all citizens need to be a part of the solution.

Deputy Secretary Gibson said the nature of the partnership between VA and DoD has drastically changed for the better. He said VA is piloting using data to do analytics to enroll Veterans on their date of separation. VA and DoD are trying to work on interagency cooperation on skills training by assessing skills of the candidate and match them with needs and demographics of employers.

Secretary Bob handed out certificates of appreciation for MVAC members.

**DAY 2**

**Care in the Community**

Dr. Baligh Yehia explained that they are working on Request for Proposal (RFP) for network of providers. Only a small percentage of Veterans use the Choice Program as their source of primary care. VA is working on a quality and safety framework for private partners in Choice.
Most importantly, VA needs to get to the root cause of why we pay slowly because in the end it hurts the Veterans. VA needs one eligibility criteria because the multiple eligibility criteria require multiple touches on the record which causes issues.

Dr. Yehia noted that the new chairman of House Veterans Affairs Committee (HVA) is a Veteran and a medical doctor. VA is pleased that Senate Veterans Affairs Committee (SVAC) and the House Veterans Affairs Committee (HVA) is very fixed on a solution but we need to be mindful that Choice Act ends in August. VA does approximately 1/3 of care with private providers

Dr. Herrera Scott asked about partnering with Tricare.

Dr. Yehia said yes they were about to release their RFP and both parties were staying in touch

Dr. Carmona added that ultimately the payers will drive this so a uniform set of metrics is important. He also stated that uniformed doctors in the military were a great benefit to patients.

Dr. Shuklin said VA now has agreement with Uniformed Public Health Service which would give the option that a public health doctor could provide service at VA.

**Legislative Priorities**

Mr. O'Connor discussed a number of pieces of legislation passed including:
- Removal of 80 hour pay period restriction which allows flexible scheduling
- Enhanced Use Lease agreement which gave West Los Angeles the leasing authority for VA to house homeless Veterans within 30 days
- VA partnering with the Omaha Hospital
- Construction authorization passed (does not include leases)
- Education relief
- Elimination of "pay pass" which allows VA to hire more quickly

Legislative priorities for new term:
- New budget
- Provider authority to allow VA greater flexibility in purchased care
- Appeals Modernization – passed the House
- Consolidation of the Care and Choice Programs which to enable Choice Program to continue and allows VA to be the primary payer
- Budget flexibility which would let Secretary transfer funds quicker
- Lease authorizations – 24 major leases have not been authorized.
- Special pay authority for VISN and VAMC Directors to allow VA to be competitive with private sector
• Enhanced telehealth to allow VA to cross state boundaries
• Partnerships for legal services to allow VA to create partnerships with entities who could provide legal services for Veterans

Dr. Haynie inquired why Congress made the Omaha arrangement a pilot. Congress would normally be reluctant to allow VA to partner without oversight.

Secretary McDonald explained how we are trying to reactivate the Veterans caucus in Congress.

Ms. Reaves asked if nurses and medical staff are included in request for special pay authority. Dr. Shulkin explained Title 38 helps with their pay, although VA still not fully competitive with private sector.

Secretary Bob explained they originally asked for Title 38 authority for all VA employees which would make the Secretary the final authority for appeals.

**Appeals Modernization**

Ms. Carol DiBattiste, Executive Director, Board of Veterans Appeals (BVA) stated reform legislation was passed by the House, and that it was attached to accountability legislation, so the Senate did not take it up.

Ms. DiBattiste said legislation will apply to new appeals. VA will have approximately 470,000 legacy appeals, which means approximately a $700 million cost over a course of 6 - 8 years. Currently looking at an off-ramp that might be able to move Veterans remanded from BVA to VBA to enter the new process, once it is approved by Congress. The current process has no quality feedback loop.

Secretary McDonald said VA did get more employees in the FY17 budget to work Appeals.

Ms. Killefer asked what the success rate of appeals was.

Secretary Bob said only about 12% of claims get appealed but the total number of claims has risen. About 4 to 5% go to the Appeals Board, and of the people who appeal, most are already rated at 100% disabled.

The Court of Appeals remands 80% of the appeals that BVA sends to them. The Appeals Court lacks judges with have knowledge in Veterans law - most have military law experience. It takes new lawyers 3 years to get up to speed on the law. Currently, the Board has 69 judges and 26 are at The White House for approval.
Mr. Dave McLenachen of the Veterans Benefits Administration (VBA) has developed a vision and a strategy but we must hire more staff. We find that the employees love the mission but hate the tools and culture. VBA is also creating a strategic plan and innovation group. New decision builder software to increase case flow. Ultimately, VA needs new legislation to create new processes.

New legislation gives the Veteran a video hearing. VA is currently working on an end to end hearing solution to support virtual hearings.

Dr. Carmona asked if VA is partnering with DoD to get a comprehensive medical record upon discharge from the service.

Secretary McDonald said the partnership is good but could be better. DoD is putting more emphasis on commanders to take responsibility for discharge.

Mr. Tom Murphy, Acting Under Secretary for Benefits, said DoD is now providing medical records to VA electronically and we now have a process in place to have Veteran get a separation physical from DoD. VA is now discussing conduction 100% of separation physicals.

Ms. Linda Schwartz, Assistant Secretary for the Office of Integration Enterprise, explained that VA is working with DoD on a joint legacy viewer to screen for mental health problems. Currently, 800 service members leave the service each month with a mental health disorder.

The Medallia tool was demonstrated for the group.

**Strategic Partnerships**

Mr. Collier, Senior Advisor for Strategic Partnerships, explained how partnerships have helped VA cut homelessness in half, and have kept Veteran unemployment at 4.1 (national average is 4.7).

Mr. Collier also worked on public/private partnerships in construction with Omaha to build a hospital, Syracuse University to build a medical school, and Palo Alto for a radiation therapy center. Other high impact events/partnerships Mr. Collier has worked on include: include Braintrust, Cancer Research, IBM; Emotional Well Being symposium; and the Elizabeth Dole Foundation for Caregiver Summit, to mention a few.

Braintrust 2017 will be held May 17 in Boston and features the continued work with Dr. Ann McKee. Mr. Bob Costas will host this year’s Braintrust.

New partnerships this year will include the Harvard Medical Center (Brain Injuries) and the Concussion Legacy Foundation.
Panel: External Partners

Dr. Carmona, MVAC members, facilitated the panel. Panelists included:
- Garry Augustine, Disabled American Veterans (DAV)
- Les Beavers, National Association of State Directors of Veterans Affairs (NASDVA)
- Chris Ford, National Association of Veteran Service Organizations (NAVSO)
- Nicole Gardner, IBM
- Sherman Gillums, Paralyzed Veterans of America (PVA)
- Spencer Kympton, The Mission Continues
- Steve Schwab, The Elizabeth Dole Foundation

Dr. Carmona asked panel members how of their organizations have changed over the last two years.

Mr. Augustine stated that employment programs helped get 15K jobs for Veterans and that DAV continues to try to partner with the community to address issues Veterans face as they transition back to civilian life.

Mr. Beavers said communication is the key, and that he believes Secretary McDonald has been the best communicator and keeps open channels. NASDVA is a critical source of input and feedback on Veteran issues.

Mr. Ford said VA has made a tremendous pivot in two years. The Veterans he talks to have had tremendous experiences at the front line with VA care. He is trying to up the community game to match the changes at VA.

Ms. Gardner has been working with VA since 1980. She also believes in the communications and transparency theme. Ms. Gardner is very interested in the technical demonstrations yesterday and today, and stated that IBM has a lot of new technical training programs to help Veterans learn these new skills. The communications have helped partners understand VA’s priorities in a whole new way.

Mr. Kympton said five years ago they were seeking out and helping individual Veterans but then found out they were missing out on larger network as force multipliers. The Mission Continues has expanded work to with communities and developed new Veteran leaders in these communities. The Veterans they have developed, as well as others who have chapter based programs, can be nodes for communication and messaging along with being advocates and champions.
Mr. Schwab said The Dole Foundation initially struggled to get the attention of VA and has since seen a sea of change in the last two years. He gives all the credit to Secretary McDonald. Caregivers now feel acknowledged and heard. Mr. Schwab said he has worked closely with Mr. Collier and Ms. Rashi Venkataraman, and has participated in the Braintrust event. Mr. Schwab says he sees partnership as essential.

Deputy Secretary Gibson added the previous Administration had an allergy to bad news. In order to fix the problems, you have to stare them in the face. VA is now facing the challenge of an aging population.

Dr. Carmona asked what needs to happen to sustain the changes.

Mr. Augustine said Secretary McDonald made 390 site visits and talked to the VSOs. Continue the site visits.

Mr. Gillums said that all directors meet with VSOs on a monthly basis.

Mr. Schwab said the partners need to stick together to keep the message in front of Congress and the next Administration.

Ms. Gardner said partners bear some responsibility to keep conversation going and make sure the new Administration knows that VA operates differently. Mr. Kympton stated that while Secretary McDonald traveled, he met the organizations at their offices and on their terms, which signified that this Administration was not going to wait for others to come to it.

Mr. Beavers said NASDVA partnered on Appeals Modernization, and that relationships with VSOs are very important. His organization will support the 2017 priorities and Appeals Modernization. Mr. Beaver also says he sees an aging population and Vietnam Veterans are a main focuses of future.

Mr. Ford believes that patient centered care is extremely important. VA has a growing budget and a declining Veteran population. VA will need to use pre-screening risk factors to prevent problems.

Dr. Carmona asked “What advice would you give to the new nominee.”

Deputy Secretary Gibson said it is great to have some continuity with Dr. Shulkin as the nominee. He advised to focus on results.

Mr. Augustine is happy that we are seeing someone who had a front row seat for transformation.
Mr. Beavers said his organization will support Dr. Shulkin.

Ms. Gardner is excited because IBM has a tremendous relationship with Dr. Shulkin.

Dr. Carmona is proud that we are all speaking from one voice and says MyVA has made a great and unprecedented pivot while transparency has improved.

**MVAC Discussion**

Dr. Haynie said that the MVAC had intended to write a Transition memo but feels that Dr. Shulkin understands it already.

Dr. Haynie was skeptical of the probability of success of enterprise transformation but is impressed with Secretary McDonald’s leadership and his willingness to hear bad news.

Dr. Mariano appreciated that Secretary McDonald backed up those who wanted to innovate and move VA into the 21st century.

Ms. Reaves said what impacted her most was lady who told her story about being able to do what is right. Ms. Ruell’s comment that “When others saw paper, she saw people” resonated with her. Ms. Reaves thanked Secretary McDonald for letting her see the people. Would have liked him to stay, but, with Dr. Shulkin’s nomination, at least the new Administration heard the message they were trying to send.

Mr. Bulls said it was a privilege to get Secretary McDonald’s call and that he sees him as a friend. He believes this will be one of the most successful transformation stories ever. Trusting your staff and great communication were hallmarks of his style.

Ms. Tiglao is grateful for the openness and true servant leadership of Secretary McDonald and Deputy Secretary Gibson.

Dr. Herrera Scott said it is a privilege and honor to serve on the committee and whole heartedly appreciates Secretary McDonald, and she is happy to hear news about Dr. Shulkin.

Ms. Killefer said this is bittersweet for all of us. We have had challenges but the personality of Secretary McDonald has carried us through and that Dr. Shulkin’s nomination is an endorsement of the transformation.
Mr. Blackburn said Secretary McDonald is an amazing mentor to him and had more rope than he ever thought possible.

Secretary McDonald said he is humbled by the comments. Duty, honor, country mean the world to him. He said Sloan is a better leader than he is in many ways. He realizes that this represents the furthest progress in the shortest amount of time. This success is due to the facts that there are great people in and our pride of ownership. Our single goal was to place the Veteran at the center of the mission.

Dr. Haynie thanked everyone and adjourned the meeting at 12:47 pm.

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

I hereby certify that, to the best of my knowledge, the foregoing minutes from the January 10 – 11, 2017, meeting of the MyVA Advisory Committee are true and correct.

Dr. Michael Haynie
Vice - Chairman, MyVA Advisory Committee