

Department of Veterans Affairs
Veterans' Families, Caregivers, and Survivors Federal Advisory Committee Meeting
October 3-4, 2018

Attendees:

Committee Members Present:

Senator Elizabeth Dole, Committee Chair
Sherman Gillums, Committee Vice Chair
Mary "Dubbie" Buckler
Bonnie Carroll
Melissa Comeau
Harriet Dominique
Jennifer Dorn
Ellyn Dunford
Mary Keller, Ed.D
Robert Koffman, MD
Michael Linnington
Yvonne Riley
Joe Robinson
Elaine Rogers
Loree Sutton, MD
Francisco Urena
Shirley White
Lee Woodruff

Committee Members Absent:

Yvonne Riley
Lolita Zinke

Department of Veterans Affairs Staff & Presenters:

Lynda Davis, PhD, Chief Veterans Experience Officer
Christine Merna, DFO
Betty Moseley-Brown, ADFO
Toni Bush-Neal
Alvin Williams
Tracy Gaudet, MD
Jelessa Burney
Meg Kabat
Amy Kilbourne, MD
Thomas O'Toole, MD
Moiria Flanders
Sara Coffey
Sara McGlean
Friedhelm Sandbrink, MD

Wendy Lasko
 Danielle Cohen
 Scott Bell
 Danielle Ocker

Wednesday, October 3, 2018

<p>Call to Order, Welcome, Opening Remarks</p> <p><i>Senator Elizabeth Dole, Chair</i></p>	<ul style="list-style-type: none"> • Senator Dole welcomed the Federal Advisory Committee (FAC) members and the members of the public in attendance and called the meeting to order.
<p>VA Secretary Address/ Welcome</p> <p><i>Secretary Robert Wilkie</i></p>	<ul style="list-style-type: none"> • Sen. Dole introduced Secretary of the Department of Veterans Affairs (VA), Robert Wilkie. • Sec. Wilkie thanked Sen. Dole and the Committee members for their dedication to Veterans and their families. He stated that he looks forward to reviewing the recommendations put forth by the FAC. • Sec. Wilkie stated that VA is on the verge of the most transformative period in its history. Indicators of this include: <ul style="list-style-type: none"> ○ VA’s \$200 billion budget. ○ VA’s ability to address underperforming staff. ○ Recognition that the Veteran family caregiver system is the foundation of service for our Veterans across the country. ○ New legislation that provides VA benefits to family caregivers for Veterans from World War II, Korean War, and Vietnam War eras. ○ Emphasis on enhanced customer service for Veterans, led by Dr. Lynda Davis and the Veterans Experience Office. • Sec. Wilkie stated that the recommendations put forth by this FAC are of great importance and that he sees the needs of Veterans, caregivers, family members, and survivors as a top priority. • Sen. Dole thanked Sec. Wilkie for attending.
<p>Strategic Partnerships Update</p> <p><i>Deborah Scher</i></p>	<ul style="list-style-type: none"> • Dr. Davis welcomed Committee members and introduced the Director of Strategic Partnerships, Deborah Scher. • Ms. Scher reinforced that the Veteran caregiver population is one of the Secretary’s highest priorities. • Ms. Scher described the partnership with LinkedIn whereby every transitioning Servicemember receives one year free of LinkedIn Premium. She noted that LinkedIn has now agreed to provide one year of free LinkedIn Premium to up to 5,000 Veteran caregivers. She noted that LinkedIn would like the Committee and VA to help them understand what tools and content would be most helpful to caregivers.

	<ul style="list-style-type: none"> • Sen. Dole gave thanks to Ms. Scher and commenced the discussion on the proposed recommendations.
<p>Facilitated Discussion of the Recommendations</p> <p><i>Dr. Jamie Hart, Atlas</i></p>	<ul style="list-style-type: none"> • Sen. Dole thanked the Subcommittee Chairs, Bonnie Carroll, Jenna Dorn, and Mary Keller, for their leadership in drafting the recommendations. • Sen. Dole introduced Dr. Jamie Hart, Executive Vice President of Atlas Research, who facilitated the review of the recommendations. • Comments and suggested modifications to the recommendations included: <ul style="list-style-type: none"> ○ Recommendation #1: That VA create a national, government-wide interdepartmental effort to <i>identify all federal programs serving Veteran caregivers, families, and survivors</i> and ensure the needs and perspectives of these populations are represented. <ul style="list-style-type: none"> ▪ It is important to ensure that the needs of caregivers are acknowledged and that caregivers are represented. ▪ Presently, there is no well-organized effort across all federal agencies to understand the various programs that serve caregivers and where there may be gaps in eligibility. For instance, most federal caregiver programs do not support younger caregivers because of their age. ▪ With 42,000 Veteran service non-profits, it might be an impossible task to obtain all those resources, including international registries. ○ Recommendation #2: That VA <i>centralize efforts</i> to oversee and drive the implementation and delivery of programs and policies supporting families, caregivers, and survivors. <ul style="list-style-type: none"> ▪ This would greatly benefit our three populations. ▪ There should be an accountability that VA must cooperate and interact with the other agencies within VA and across the federal government that provide these services. ○ Recommendation #3: That VA <i>identify, fund, and consistently apply innovations and/or replicable models</i> to address the needs of Veterans caregivers, family, and survivors, and disseminate them to non-governmental non-profit organizations that participate in and benefit from the models. <ul style="list-style-type: none"> ▪ One of the biggest complaints heard from families accessing VA services is inconsistency in what is available and how to access it. ▪ Include “dissemination” in the recommendation. ○ Recommendation #4: That VA (a) integrate caregivers into all relevant discussions on <i>health record modernization</i> and (b) include an official designation identifying a caregiver as part of a Veteran's health record. <ul style="list-style-type: none"> ▪ This has a two-prong recommendation and the idea here is that VA integrate caregivers into all relevant discussions on health record modernization and that VA include official designation identifying the caregiver as part of a Veteran’s health record. ▪ In doing this, VA would be setting the stage for health care systems across the country. The Committee has been very interested in the Care Act which requires caregivers to be part of the intake process

- and be included on the official record. It is being implemented on a state-by-state basis.
- **Recommendation #5:** That VA develop a system-wide strategy to more comprehensively collect, analyze, disseminate, and utilize data on caregivers, families, and survivors.
 - Add “utilize” after “disseminate.”
- **Recommendation #6:** That VA (a) develop a comprehensive data collection effort on children and/or dependents of Veterans and the services currently available to them, and (b) use the data to improve the delivery of support services.
 - Do we need to add anything about sharing information within and outside VA?
 - An assessment of why Veterans and their families, caregivers, and survivors do not use VA is underway so we can understand the barriers and how to overcome them.
- **Recommendation #7:** That VA develop an *enterprise-wide strategic plan to raise awareness* to ensure that VA systems and professionals are effectively and sensitively defining the importance and role of caregiving and communicating with primary and secondary caregivers, family members, and survivors.
 - There is a stigma with the word “caregiver” that is associated with burden. The Committee should make sure the term “caregiver” is better understood and better embraced by those who are caregivers and the general population.
 - VA currently has 53 communications contracts in the department, totaling over \$28 million. Outcomes from current marketing efforts are not clear.
- **Recommendation #8:** That VA develop *training materials and resources for VA’s interdisciplinary teams* to (a) identify caregivers, (b) integrate caregivers into the assessment and delivery of care and social services, and (c) identify and address the unique mental health and physical needs of Veterans’ caregivers, family members to include children, and survivors.
 - Providers need time to develop relationships with families and caregivers.
 - Adding “child” or “children” in the recommendation would be beneficial.
- **Recommendation #9:** That VA *review and standardize the Veterans Health Administration (VHA) clinical appeals process* to be more transparent and to better integrate caregiver and family input as a means of processing appeals.
 - The clinical appeals process should integrate caregiver and family input.
- **Recommendation #10:** That VA improve respite care utilization and delivery by (a) conducting a *thorough analysis of the need for and available respite care resources* and their effectiveness, (b) *expanding*

	<p><i>Veteran Directed Home and Community Based Services, and (c) and develop and implement a range of respite care programs.</i></p> <ul style="list-style-type: none"> ▪ The Veteran-directed home and community-based services are beneficial because the money is given to the Veteran and caregiver and they can choose a respite provider that they know and trust. ○ Recommendation #11: That VA create a <i>90-day adjustment period</i> for stipend payment amounts when a tier level is lowered for Veterans and their caregivers participating in the Program of Comprehensive Assistance for Family Caregivers. <ul style="list-style-type: none"> ▪ The financial implications of a lower tier can throw a lot of our families into complete financial distress. ○ Recommendation #12: Establish a <i>clinical indication for caregivers of the most catastrophically wounded/injured</i> participating in the Program of Comprehensive Assistance through the Veteran’s primary care team to lessen the need for reassessment. <ul style="list-style-type: none"> ▪ For our most catastrophically wounded and injured, reassessment is happening too often and is over-burdening the caregiver coordinators. ▪ The Secretary is requiring metrics documenting the difference the program makes in health, access, and utilization.
<p>Veterans Experience Office Update</p> <p><i>Dr. Lynda Davis</i></p>	<ul style="list-style-type: none"> • Dr. Davis noted that, as the Secretary alluded to, the bottom line of the Veterans Experience Office is customer service. She stated that in September 2018, the Community Engagement Directorate was renamed the Veteran, Family, and Community Engagement Directorate. This is the VEO Directorate that supports the Community Veterans Engagement Boards (CVEBs). There are over 150 CVEBs working with Veteran Friendly Cities. She also noted that the Office of Survivor Assistance will now be co-located with VEO and that VEO continues to push for the inclusion of families, caregivers, and survivors in initiatives and programs across VA. • Dr. Davis noted that the Veteran journey begins six months to one year before Servicemembers separate from the military. She stated VEO works with numerous agencies and non-profits to support Veterans, family members, and survivors during all points of the Veteran journey. VA’s interagency partnerships through VEO serve as a model for other government and non-government agencies. <ul style="list-style-type: none"> ○ Dr. Davis described key aspects of the surveys VEO conducts, noting: Surveys measure the Veteran experience during the “Moments that Matter.” <ul style="list-style-type: none"> ▪ A survey is being developed for caregivers, family members, and survivors. ▪ Real-time survey results and comments are being used to improve services. • Dr. Davis noted that the Veteran Patient Experience Directorate has rolled out the Own the Moment (OTM) customer service workshop across VHA. OTM concepts emphasize connecting with the Veteran, families, caregivers, and survivors. She noted that 50,000 VA staff have participated in the

	<p>workshop and that workshops have been conducted in nearly all VA Medical Centers (VAMCs). Dr. Davis stated that VA is improving the discharge summary process based on feedback from and in conjunction with caregivers. A new discharge care at home book has been developed and will be ready for use soon.</p> <ul style="list-style-type: none"> • Dr. Davis noted that 50,000 VA Welcome Kits were recently printed. They will be sent to members of Congress, Military Service Organizations (MSOs), and Veterans Service Organizations (VSOs) to help them connect Veterans to VA benefits and services. The VA Welcome Kit is also available online at www.vet.gov/welcometova. The kit includes a “Get Started with Caregiver Benefits” Quick Start Guide (QSG) in addition to other QSGs for Veterans over 65, mental health services, survivor benefits. A “Get Started for Family Members” QSG is in development.
<p>Campaign for Inclusive Care</p> <p><i>Ms. Madison Moore, Elizabeth Dole Foundation</i></p>	<ul style="list-style-type: none"> • Sen. Dole introduced Steve Schwab, Executive Director of the Elizabeth Dole Foundation, and Madison Moore. • Mr. Schwab stated there is a systemic issue with respect to the integration of caregivers into the care team and that the goal of the Campaign for Inclusive Care is to teach VA doctors, nurses, social workers, and other clinicians the skills and techniques needed to integrate caregivers into the medical teams. He stated that United Services Automobile Association (USAA) generously agreed to fund the campaign that will cascade across VA. • Ms. Moore noted that the Campaign for Inclusive Care is a collaborative program between the Elizabeth Dole Foundation and VA. She stated that VEO and the Caregiver Support Program share the vision to include caregivers and family members in care teams. She stated that the campaign integrates caregivers into their Veteran’s care team from day one and facilitates a better health care experience for the Veteran, the clinician, and the caregiver. Inclusive Care is a system-wide approach to Veteran care that embraces, engages, and empowers caregivers, clinicians, and Veterans throughout the entire care journey. Ms. Moore noted the campaign increases the capacity and competency of the entire care team to deliver appropriate, efficient, and high-value services. • Ms. Moore noted that a 2014 RAND study commissioned by the Dole Foundation found that the best chance for a wounded warrior to recover and thrive is having a strong, well-supported caregiver. She stated VHA surveys showed: 25 percent of VHA enrollees report needing the support of a caregiver and that there are approximately 2.25 million caregivers who care for a Veteran that receives services from VHA. • Ms. Moore described the following results from a survey of caregivers in the program of comprehensive support conducted by Duke University in partnership with the Durham VAMC: <ul style="list-style-type: none"> ○ 56 percent have never been asked for their ideas about managing their Veteran’s health. ○ 69 percent have never been asked whether they have the skills or training they need to help their Veteran.

	<ul style="list-style-type: none"> ○ 72 percent have never been asked if they needed help at home in managing their Veteran’s conditions. ● Ms. Moore noted that a system of inclusive care embraces, engages, and empowers clinicians, caregivers, and Veterans so they are all working together on the same team. The program is being piloted in Veterans Integrated Service Network (VISN) 10, VISN 17, and VISN 20 and includes geriatrics, physical medicine and rehabilitation, and poly trauma. The phases are: <ul style="list-style-type: none"> ○ Understand Challenges and Opportunities ○ Organize the Response ○ Establish the Academy for Inclusive Care ● Ms. Moore stated the Academy for Inclusive Care will serve as an online learning platform resource hub. She described the teams supporting the initiative including: <ul style="list-style-type: none"> ○ Quality Improvement Team: Makes recommendations for an optimal model of inclusive care that can be implemented and sustained within VA. ○ Care Solutions Team: Contributes insights, serves as Inclusive Care champions in their medical centers and clinics, and develops a Toolkit for Change. ○ Learning Team: Led by Dr. Kimberly Peacock from the University of Texas Health at San Antonio, the PsychArmor Institute will develop four online training videos. ○ Success Team: Conduct outreach and participate with care providers. ● Ms. Moore said the campaign will measure impact through: <ul style="list-style-type: none"> ○ Pre- and post-course skills assessments for clinicians. ○ Usage statistics, including participation duration, number of participants, and location. ○ Pre- and post-intervention caregiver assessments. ● Ms. Moore described the following goals of the initiative: <ul style="list-style-type: none"> ○ Implement in at least 12 VISNs by June 2020 and all VISNs by 2021. ○ Train at least 1,200 clinicians to impact more than 760,000 caregivers by June 2020. ○ Improve the caregiver experience and caregiver journey. ○ Change VA culture by transforming practices to improve the processes, relationships, and Veteran care.
<p>Caregiver Support Program, MISSION Act Update</p> <p><i>Ms. Meg Kabat</i></p>	<ul style="list-style-type: none"> ● Sen. Dole noted that pre-9/11 caregivers have been providing caregiver services without compensation or recognition for decades. ● Meg Kabat noted the following: <ul style="list-style-type: none"> ○ The Comprehensive Assistance Program currently has 20,000 participants and it is predicted that upwards of 150,000 caregivers will be enrolled once the program expands to pre-9/11 caregivers. ○ The expansion of the MISSION Act signed into law in June 2018 will provide pre-9/11 caregivers with the same benefits as current Comprehensive Assistance Program caregivers.

	<ul style="list-style-type: none"> ○ The program is receiving support at the VA Secretary, Congressional, and Presidential levels. ○ It is anticipated that the full expansion will exceed \$2 billion annually, with almost 85 percent being stipend directly to family caregivers. ○ Respite care for the caregiver is essential for the health of the Veteran. ● Ms. Kabat emphasized the need for a streamlined process to make the program more efficient and stated that eligibility determination remains the biggest challenge.
<p>Center of Excellence and Choose Home Program Update</p> <p><i>Dr. Thomas O’Toole/ Dr. Amy Kilbourne</i></p>	<ul style="list-style-type: none"> ● Dr. Thomas O’Toole noted that there are 71,000 Veterans who are in VA-supported nursing home care, with half not receiving caregiver benefits or non-institutional care (home or community-based programming, respite support for caregivers, adult day care, etc.). Those that did receive this care were able to postpone nursing home admittance by 120 days. ● Dr. O’Toole stated VA’s Choose Home initiative allows Veterans who are aging or have complex care needs to choose home and community-based services over a nursing home placement, if that is their preference. The initiative has three Lines of Action: <ul style="list-style-type: none"> ○ Line of Action 1: Create a Clinical Platform/Delivery Model that emphasizes Precision, Enhanced Efficiencies, Accountability. ○ Line of Action 2: Strengthen Community Partnerships and Navigation. ○ Line of Action 3: Establish a Center of Excellence for Non-Institutional Home and Community-Based Care. The Elizabeth Dole Center of Excellence for Veteran and Caregiver Research to promote innovative, data-driven, and integrated approaches to improve services for Veterans and their caregivers. ● Dr. O’Toole stated the Choose Home Model will optimize the Veteran and caregiver experience in the following ways: <ul style="list-style-type: none"> ○ Precision in identifying those most in need of non-institutional care. ○ Streamlining the referral process. ○ Standardizing assessments by an integrated Choose Home team. ○ Community coordinated, longitudinal case management. ○ Changing the culture of care to a community-partnered and caregiver-integrated approach. ○ Providing facility feedback. ○ Promoting evidence-based care that optimizes outcomes. ● Dr. O’Toole mentioned the Choose Home Initiative plans to pilot the program at multiple VAMCs. ● Dr. O’Toole discussed standardizing the assessment process via a comprehensive assessment that includes the Veteran and caregiver and is integrated with community-based care, telehealth, remote care, etc. The goal is to establish a single point of contact for the Veteran or caregiver. ● Dr. Amy Kilbourne noted that the Center of Excellence, which is named after Senator Dole, uses a multidisciplinary team approach. ● Dr. Kilbourne noted the Center of Excellence will have three cores:

	<ul style="list-style-type: none"> ○ Innovation Core: Having Veterans and caregivers innovate new ideas and new models of care for this population. ○ Outcomes Improvement and Translation Core/Implementation Core: Using existing evidence-based academic practices and translating into innovative methods and programs. ○ Data Development and Policy Core: Using National Data Information through VA to understand and predict when Veterans might need care ahead of time and matching services to the Veterans and their caregivers.
<p>Public Comments</p>	<ul style="list-style-type: none"> • Two people spoke during the public comment session. • <u>Holly Ferrell</u>: Ms. Ferrell represented Veteran Warriors. Ms. Ferrell stated the law requires that Veterans’ primary care team is to make VA Caregiver Program eligibility determinations; however, that is not happening. Ms. Ferrell stated that Veteran Warriors currently has thousands of Veterans being wrongfully denied their appeals. She stated that the program is a great program when it is properly administered. Ms. Ferrell also noted: <ul style="list-style-type: none"> ○ VHA can override the law by the directive, but this has not been prioritized. ○ It is stated repeatedly that this is a recovery-based program, therefore those who will never recover do not qualify. ○ The clinical appeals process documented in VHA directive 1041 requires a decision to be made within 30 days (or 45 days if it is sent out for external review); however, these timelines are not being met as some appeals are over six to nine months old. ○ There is no retroactive compensation if participation in the program is denied but then is granted on appeal. Veteran Warriors fought for three years for one Veteran who was just reinstated last month at tier two. Ms. Ferrell stated that in her situation, the benefit was completely revoked with no explanation and then two years later was reinstated at tier three where they previously were. She was told that her family was not entitled to retroactive compensation. ○ Veteran Warriors recognizes that not everyone will qualify and they advise their members when they will not meet the qualifications. • Ms. Ferrell stated she supports the law and would like to see this program succeed and that she would like the Committee’s help to ensure that happens. • <u>Mr. Stanley White</u>: Mr. White discussed the Opioid Epidemic and its effects on the Veteran population, which include a contributing factor to his son’s death. He stated that although the Veterans Community Care Opioid Act is in place, additional care should be taken by physicians when prescribing opioids in addition other classifications of drugs prescribed including antipsychotics and antidepressants which create a “lethal cocktail” as it had with his son. Mr. White provided additional thoughts regarding mental health and addressing suicide prevention through alternate and supportive services in cities and rural areas where Veterans live.

	<ul style="list-style-type: none"> • Mr. White noted that the Veterans Community Care Opioid Act, which mandated that physicians take extra care in prescribing opioids only addresses part of the problem. He stated antipsychotics and antidepressants should also be included. He said it was this “lethal cocktail” that took his son’s life. Several articles and books have been written on the subject. He informed the Committee that one of the books, Mental Health Incorporated, has his son’s story and other tragic stories in there about how these drugs are taking lives and wrecking families. Mr. White believes that addressing this would reduce the number of or eliminate Veteran suicides and would also decrease the number of accidental deaths, like his son, Andrew’s. He encouraged the VA to consider alternatives and working with organizations like the Tragedy Assistance Program for Survivors (TAPS), Wounded Warrior Project, Project Healing Waters, and others. He stated camaraderie and peer counsel experienced in organizations like TAPS should be emulated to help Veterans instead of prescribing drugs. He also noted that other natural drugs have also proven effective. Mr. White implored the Committee to look at initiative 3 again to make sure that the programs get to the level, not just the large metropolitan areas. He stated that caregivers must be involved in this because many Veterans cannot remember what they are being treated for or what they need to do. Mr. White reflected that if he would have known 10 years ago what he knows now, he would not be here and Andrew would be alive. • Sen. Dole thanked the speakers for their time and thoughtful comments.
<p>Wrap up & Adjourn</p> <p><i>Senator Elizabeth Dole, Chair</i></p>	<ul style="list-style-type: none"> • Sen. Dole adjourned the Day One session.

Thursday, October 4, 2018

<p>Call to Order</p> <p><i>Senator Elizabeth Dole, Chair</i></p>	<ul style="list-style-type: none"> • Sen. Dole welcomed the Committee back for the second day of the FAC meeting.
<p>Whole Health</p> <p><i>Dr. Tracy Gaudet</i></p>	<ul style="list-style-type: none"> • Dr. Tracy Gaudet provided an overview of the VA Whole Health model. She stated: The Whole Health model focuses on all aspects of health and wellness for Veterans and their family members/caregivers. She noted many consider the current health care system to be broken because Dr. Gaudet explained it focuses on disease as the center, not the person. Dr. Gaudet described key features of the Whole Health model including:

	<ul style="list-style-type: none"> ○ The Whole Health model puts the individual in the center and explores their sense of purpose in life and builds from there. ○ Self-care areas are a focus on the Whole Health model. ○ The new model will involve a paradigm shift to “what matters to the person” instead of just “what is the matter?” ○ The Veteran is the leader of the team and family members and caregivers play a central role, while Healthcare professionals are invited members of the team. ○ The vision is to help Veterans and their families to live to their fullest, regardless of their life cycle and timeline (prognosis and diagnosis). ○ There are three elements: <ul style="list-style-type: none"> ▪ Empower: Explore what matters most/Peer Engagement ▪ Equip: Self-Care/Skill Building and Integrated Health ▪ Treat: Clinical Care/Whole Health Clinicians ● Dr. Gaudet shared comments from Veterans who have benefitted from the Whole Health model. Comments included: <ul style="list-style-type: none"> ○ “Whole Health began my journey to joy, I am a changed person. I no longer need my cane. The Whole Health group has become my family. My neurologist says he doesn’t need to see me anymore!” ○ “I used to drive over the Mississippi River Bridge to Jefferson Barracks VA and think about jumping every time. The whole health system has helped me explore my purpose, find ways to use nutrition to reduce my pain, and use iRest and Tai Chi to get moving again. Now I drive over that bridge and think about tomorrow... I have hope.” ● Dr. Gaudet provided information on the implementation of the Whole Health system at 18 facilities. She summarized the robust research effort included with the Whole Health model/implementation, including various patient outcome measures, implementing outcomes and assessment, cost and utilization, and impact on the health care work force. ● Dr. Gaudet focused on Whole Health as it relates to the efforts of the Committee. Veterans, family members, and caregivers are invited to an introduction to Whole Health course which is offered in every facility, led by peers. She stated Veterans and their family members and caregivers can take the full Whole Health approach, Taking Charge of My Life and Health, which is peer-led and not clinical. Users do not need to have benefits and it is available at every facility now and will soon be offered virtually. ● Dr. Gaudet summarized the presentation stating Veterans committed their lives, their health, and their wellbeing to mission success and defense of our country and now the commitment of the Whole Health is to help them to be mission ready in their lives through optimal health.
<p>Office of Nursing Services</p> <p><i>Ms. Danielle Ocker</i></p>	<ul style="list-style-type: none"> ● Danielle Ocker discussed Care Coordination and Integrated Case Management and how it relates to the Veteran, care providers within the VA system, community-based providers, caregivers, and family members.

	<ul style="list-style-type: none"> • Ms. Ocker illustrated the complexity of the Choice program at different levels of patient integration, points of contact, and coordination between VA and community-based care and how this led to uncoordinated services. • Ms. Ocker stated the new system assigns Veterans one primary care coordinator, alleviating the fear that a case will be lost during “handoff” from one point of contact to another, or from the VA system to the community-based system. • Ms. Ocker described the Governance Council that brings in program offices to work on various challenges such as job descriptions. • The Governance Council agreed on the following: <ul style="list-style-type: none"> ○ Develop and provide field and facility education. ○ Develop a workgroup to standardize key terms and processes across Networks and Program Offices (to include standard screening process & stratification tool). ○ Develop a workgroup to clarify roles and responsibilities of the Lead Coordinator, Case Manager, and Care Manager. ○ Modify/clarify current draft of the Care Coordination and Case Management Model. ○ Continue to meet as a Council. • Ms. Ocker emphasized the importance of connecting Veterans to health resources prior to the health concern becoming an emergency, noting that engagement of families or next of kin is vital. • Ms. Ocker noted that the Office of Nursing Services is working with the Office of Community Care in understanding how to integrate community-based care and the transfer of medical records across civilian and VA systems. She reviewed the implementation plan specific to the medical centers including developing a standardization group at each medical center that is responsible for developing position descriptions that are consistent across all medical centers. • Ms. Ocker described the levels of Care Coordination: <ul style="list-style-type: none"> ○ Basic: Veterans who require very little care. They receive Care Coordination. ○ Moderate: Veterans who require care coordination for episodic period of care. They receive Care Management/Disease Management. ○ Complex: Veterans who are high risk and require a higher level of care, long-term care, and/or more intensive care. They receive Case Management. • Ms. Ocker stated the program is in the process of “going live” for providers, including resource catalogues and training guides.
<p>Suicide Prevention Update: Impact on Veterans’ Family, Caregivers, and Survivors</p>	<ul style="list-style-type: none"> • Wendy Lakso stated that suicide prevention is the number one priority for Sec. Wilkie. Ms. Lakso noted that suicide is a public health concern with no single cause that is usually the result of complex interactions of risk factors and individual, community, and societal challenges. Ms. Lakso discussed risk and protective factors related to suicide, the public health approach to

<p>Ms. Wendy Lakso</p>	<p>addressing the issue, and the leadership of Dr. Keita Franklin and Dr. David Carroll, who are taking a broad health care approach to suicide. The approach looks beyond the individual and involves peers, family members, and the community in preventing suicide.</p> <ul style="list-style-type: none"> • Ms. Lakso differentiated the strategies related to suicide prevention: <ul style="list-style-type: none"> ○ Universal: Designed to reach the entire Veteran population. ○ Selective: Designed to reach certain Veteran subgroups that may be more at risk. ○ Indicated: Designed to reach individual Veterans identified as having a high risk for suicidal behavior. • Ms. Lakso described the Mayor’s Challenge which seeks to eliminate suicide by using a comprehensive public health approach to suicide prevention. It is done in collaboration with Substance Abuse and Mental Health Services Administration (SAMSA) and involves a multidisciplinary coalition employing a systems theory. • Ms. Lakso provided a summary on the Be There Campaign, a collaboration between the Department of Defense and the Department of Veterans Affairs, in cooperation with the National Action Lines for Suicide Prevention. The campaign provides resources on how to start the conversation with someone who has lost someone due to suicide, and how to start the conversation with some who is thinking about suicide. • Ms. Lakso highlighted S.A.V.E. training: <ul style="list-style-type: none"> ○ Signs of Suicidal thinking, ○ Ask the questions, ○ Verify the experience with the Veteran, and ○ Expedite or Escort to help. ○ S.A.V.E. training is provided in collaboration with PsychArmor. It is a 25-minute-long iTraining that provides awareness and is the first line of defense for gatekeepers. • Ms. Lakso provided an overview of Coaching into Care, which decreases stressful situations faced by a caregiver or family member who needs suicide prevention resources for themselves or their Veteran.
<p>Opioid Crisis- Impact on Veterans’ Family, Caregivers, and Survivors</p> <p>Dr. Friedhelm Sandbrink</p>	<ul style="list-style-type: none"> • Dr. Sandbrink is the National Program Director for Pain Management in VHA and leads the National Pain Program at the Washington DC VA Medical Center. • Dr. Sandbrink provided an overview of the pain crisis in the United States as it relates to Veterans, stating the opioid crisis cannot be seen in isolation. He continued by stating that there is an underlying foundation of pain crisis and mental health crisis that is affecting Veterans. • Dr. Sandbrink highlighted several key points: <ul style="list-style-type: none"> ○ 10 percent of all Veterans have severe daily pain. ○ Pain management, opioid safety, and mental health should be addressed at the same time.

	<ul style="list-style-type: none"> ○ Synthetic opioids have become the leading concern in the opioid crisis and opioid dependency along with opioid use disorder are fueling the epidemic. ○ Each Veteran must be assessed for risk of dependency prior to prescribing opioids. ○ Longer term and high doses of opioids increase an individual’s risk of addiction by a factor of 122 times. ○ Reducing prescriptions at a gentle rate is recommended for those who are currently dependent and there must be patient buy-in (patient-centered approach). ○ VA has reduced opioid receiving by around 45 percent, co-prescribing has reduced to only three-fourths, long-term opioid prescribing is now at half, and high dose opioid prescribing is down by two-thirds. ● Dr. Sandbrink highlighted a trial at VA which studied opioid effectiveness for pain over long periods of time. The trial concluded that opioids have no advantage in the long run compared to patients who are not given opioids for the pain. ● Dr. Sandbrink noted that VA’s safety mission emphasizes decreased opioid prescription overall and providing biopsychosocial pain care, including alternatives of other non-opioid treatment modalities. ● Dr. Sandbrink highlighted overdose education and naloxone distribution efforts through VA. Family members are not currently able to obtain naloxone through VA, while many community pharmacies do not require a prescription for it. ● Dr. Sandbrink noted that various alternative and therapeutic activities for treatment of chronic musculoskeletal pain are available including psychological approaches, exercise and movement therapies, yoga, tai chi, chiropractic care, acupuncture, and massage. ● Dr. Sandbrink reviewed the STORM dashboard which identifies patients who are at the highest risk of suicide and overdose. The dashboard covers the Congressional mandate that every new patient who gets started on the opioid therapy has a thorough risk assessment related to the opioids. ● Dr. Sandbrink described the strategy that VA is taking to combat the opioid crisis, including implementation of a strong patient risk review which mandates that every facility have a team of providers (primary care, pain clinic, mental health and addiction medicine) to assess Veteran risk. ● Dr. Sandbrink provided a summary of the Stepped Care Model, which encompasses the primary care and pain clinics. The addiction-focused medical management includes access to medication-assisted therapy, which has positive outcomes when combined with social and emotional support. The Model provides support to the patient, clinical specialist, and is telehealth based in some cases.
<p>Office of Survivors Assistance</p>	<ul style="list-style-type: none"> ● Moira Flanders described the Office of Survivor Assistance which was established 10 years ago to work directly with the Secretary to assist family

<p>Ms. Moira Flanders</p>	<p>members who have lost a Veteran, and to assist with the navigation of the VA system. The Office was put into public law by Gold Star Wives and Gold Star Mothers who emphasized the importance of fair and smooth access to resources for survivors. The Office of Survivor Assistance serves family members of all Veterans who have passed and surviving family members of all active duty Service Members. As Dr. Davis mentioned, the Office of Survivor Assistance was recently co-located with the Veterans Experience Office.</p> <ul style="list-style-type: none"> • Ms. Flanders described the Office’s role in contacting survivors through letters of condolence, support after the death, and providing assistance to survivors with the Office of Casualty and Mortuary Affairs and Military Funeral Honors of the Office of the Secretary of Defense. • Ms. Flanders noted there are an estimated 50 million military dependents who are also potentially serving family members. • Ms. Flanders stated the VA Central Office, VA Benefits Administration, VA Health Administration, National Cemetery Administration, Department of Defense, and outside organizations (TAPS, Blue Star Families, Society of Military Widows, etc.) collaborate in assisting survivors. • Ms. Flanders mentioned the various subgroups who access services through the office includes: families of Active Duty Service Members who died in service, Veterans and Retirees, Veteran Spouses, etc. Ms. Flanders reiterated the uniqueness of each case and the services and resources provided. • There was discussion regarding the term “gold star” survivors and whether the definition should be expanded to Veterans who commit suicide. • Ms. Flanders stated there are 300 Vet Centers nationally and that they are purposefully located away from VA clinics to mitigate any negative stigma surrounding seeking counseling.
<p>Wrap up & Adjourn</p> <p>Senator Elizabeth Dole, Chair</p>	<ul style="list-style-type: none"> • Sen. Dole thanked the Committee members for their time and insight on behalf of Veterans’ Caregiver, Family Members, and Survivors. • Sen. Dole adjourned the meeting.

Christine M. Merna

 Approved

Christine M. Merna, DFO

Elizabeth Dole

 Approved

Sen. Elizabeth Dole, Chair