

19 May 2020—COVID IN 20

Short Bio: Dr. Mark Wilson

Mark A. Wilson, MD, PhD currently serves as VHA Executive Director, National Surgery Office and interim medical director of the VHA Surgery Integrated Clinical Community. Dr. Wilson is a general surgeon with expertise in minimally invasive and gastrointestinal surgery who has been active in academic, community, and veteran practice for over 30 years. He served at VA Pittsburgh Healthcare System as Chief of Surgery and Surgery Service Vice-President with oversight of surgery, anesthesia, integrated pain programs, dentistry and audiology/speech pathology (2001-2019) and has served as acting VHA National Director of Surgery (2012), VISN chief surgical consultant (2011-2014), interim Chief of Staff (2017-2018), and Medical Director of the VA Surgical Quality Improvement Program (2007-2019). He was appointed to his current position in August 2019.

Short Bio: Dr. Jason Dornitz

Jason A. Dornitz, MD, MHS currently serves as the National Program Director for Gastroenterology in the Office of Specialty Care Services and is a professor at the University of Washington. Since completing his GI training at Duke in 1997, Dr. Dornitz has been a staff gastroenterologist at the VA Puget Sound in Seattle. He has held many leadership roles in the VA, including directing the Northwest Hepatitis C Resource Center and serving as the GI Section Chief in Seattle for a decade. In addition to his administrative and clinical roles, he is co-chair of the CONFIRM Study, which is comparing screening colonoscopy to annual FIT screening to reduce colorectal cancer mortality in 50,000 Veterans across 46 VA facilities. Dr. Dornitz is also very active in the American Society for Gastrointestinal Endoscopy, especially with respect to establishing standards of care, quality assurance, training and research.

3 QUESTIONS

Drs. Mark Wilson & Jason Dornitz

1. What do we need to consider in resuming elective procedures/cases?
 2. What have you done, or seen, to ensure we meet all Veterans needs with respect to these procedures/surgeries that have been on hold?
 3. What does the “new normal” look like?
- Bonus Question (if we have time)
How does our plan compare with what academic shops/community hospitals are doing?