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| **VISN 1 Management Advisory Council**  **April 12, 2018** | |
| Topic | **Discussion** | | **Action Items** |
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| **Welcome Remarks/** **Our Network Today**  Barrett Franklin, MS, CCE, VISN 1 Acting Network Director | * Barrett Franklin thanked everyone for coming. * He briefed VISN 1Mission, ICARE, Domains of Value, the Five Excellences, each of which has a governance committee. * He said while the Veteran population is actually declining in New England and across the Nation, the number of Veterans coming to the VA in New England is actually increasing through outreach efforts. * Our budget continues to grow, reaching $2.9 billion in 2018. * Staffing has also increased, at a slower pace, with an increase in research programs. * Barrett Franklin highlighted some of the 2017 accomplishments, despite being shown in a negative light in the media. VISN 1 is #1 in access to care in primary care, mental health and speciality care. He said speciality care can be the most difficult due to the broad number of specialties that are unique and challenging. After talking with colleagues in a recent meeting at Hanscom air base, those in private practice said non-emergency care appointments are made 6 to 9 months out, while ours is 30 days. He also stressed that VISN 1 is number one in the country for patient satisfaction, with patients saying they got appointments when needed. They have access to primary care, and our Secure Messaging is the best in the country. * Employee satisfaction is important, because happy employees provide better patient care. * Barrett Franklin talked about some of the recognition VISN 1 received in 2017: environmental excellence, VA Boston as the Boston Globe’s Best Place to Work, Dr. Ann McKee as Bostonian of the Year, and being #1 in the Million Veteran Program (MVP). VISN 1 is proud of the research being done, where 670 thousand Veterans have had their genomes mapped, making it a powerful research tool – we hope to reach one million Veterans within the next 2 ½ years, so he asked the VSOs to reach out to find more Veterans willing to sign up. * Barrett Franklin said that VISN 1 is #1 in research funding and in research projects, with academic affiliates who are the best in the world, which will provide a huge value in care, now and in the future. * Dr. Ann McKee was named Bostonian of the Year for her research on CTE and concussions, and the blast impact on Veterans over the long term. * VISN 1 is a good steward of government funding and the environment by reducing our footprint. * VISION 2020 – we are looking forward to where we are headed – a long-term vision that was a result of surveying staff, stakeholders, academics and VACO. This was started in 2015, and the process to start VISION 2025 will start soon. * VISN 1 wants to be in the top 10% in healthcare overall, not just in VA, where we are already at the top – we want to be compared to all healthcare systems. Our Key Measures Report will be coming out soon, that will show our measurements. * As a world-class systems of care, we are Veteran-focused, using academic, research, new programs, and other methods to determine success. * To measure employee experience success, we will be using a survey used in all federal agencies, and would like to be in the top two, or above – NASA is #1. * Getting to 2020 – our strategic initiatives are the base of our organization – 1-3 years for strategic initiatives from all teams from the medical centers and VISN. * Choice = Population Health – to improve care in the community. Can be a challenge. * Access – be the top in the US, continue to focus on this. * Capital assets – building in VISN 1 are the oldest in the country, in spite of their age, we have received $87 million over five years, with $178 million coming – we have $133 million in our budget ready to go, but are also ready to use other money. * Employee engagement – we use survbeys to create action plans in our work groups to make improvements. * Service – research in MVP, Brain Bank, TBI, SCT, and clinical work, plus national centers of excellence. * Barrett Franklin then skipped over to the slide showing Officer Rocca, who developed a national best practice that was featured in VHA’s Shark Tank competition for innovative ideas. His First Responder training started in Bedford, where they are taught how to de-escalate situations when responding to Veterans. Thousands have now been taught in the Boston area alone. * Q.Can the VA police come to Manchester to provide the First Responder training – to the chief of police * A. We can work on that. * Q. How will bills be paid if Healthnet is replaced? * A. Probably VA Fee Basis. Healthnet was hired as the Third Party Administrator (TPA) for Choice, awarded to the eastern US. Care in the Community not exercised the end of this fiscal year. Immediate erm, looked at provider agreements and previous and volume. VA could roll work back into provider agreements or traditional non-VA care. For patient referral, it will not be sent to Healthnet if care goes past the end of the fiscal year. Choice 2.0 is pending legislation in Congress, to change how Choice is provided. Appointments and tracking will come back into VA. Currently, Veterans in Choice have to contact Healthnet, who then schedules the appointment – this can be difficult for the Veteran. Choice 2.0 will have VA making the appointments – no one is in the middle. For bills, national level will pay. No requirement for validation, since VA does it, and the provide knows is is authorized care. With this in our network, bills will be paid like they used to be, at a pre-negotiated rate. * Q. Code 989 is the only one being paid – they opt out. * A. We have a group to solve it – Care in the Community – at each facility. At the VISN, it is Sandra Davidson, who will help resolve issues. This is an example of why we need to change to the future state – trying to solve it and succeed in future. * Q. How do you track Improve Access to make you #1 in VA? * A. Monthly Management Report (MMR), by facility and by speciality. * Q. Secure Messaging – VEText is not working yet * A. This is a good system, gives the ability to make last minute changes – the intent is to have rapid tutnaround. * Q. Toxins – many Veterans have been exposed to this, and are sick. What is the status of how many are in VA? * A. There are presumptives – we will look into it. * Q. Can we get the police training in New Hampshire? * A. Officer Rocca is here in Bedford – the first responder training is a best practice and being use nationwide at every facility – Dr. Coldwell has contact information. | | Make contact to make arrangements  Look into the number of Veterans sick from toxin exposure  Dr. Coldwell to work on this |
| **Veterans Benefits Administration Middle New England Performance Briefing** Ena Lima, Assistant Director, Boston VBA Region | * Ena Lima said her office serves Massachusetts, New Hampshire and Vermont. She said there is an increase in VR&E participants; the plan is for coun selors to work weekends in the future. * Explaining the nation al performance update, they have used excess capacity to bring the procfessing time down to 100 days. * Rating claims completed by their office, 27% is from Massachusetts. * Veterans Appeals Act of 2017 will assist VA in moving old appeals, help with the legacy appeals, and modernize appeals. * There are three lanes – review locally, in house; Veteran can supplement the claim with more information; the Veteran can appeal to the Board directly (although we need more judges – 100 hired so far, but need more). * RAMP will be in place February 2019 – letters to Veterans will be sent in November – notice letters to opt in (although many are hesitant because they don’t understand it). We have dedicated a number of people that are focused on it – Veterans who opt in have a 51 days average return. In April, any Veteran can do it, notices will be sent through June, then we will increase staff in preparation for February 2019. * Q. Would that create speedy denials of appeals? Have you identified how many are denied? Veterans are hesitant. * A. It is not the intent to deny – we do not have information on how many are yet, Veterans don’t understand it, they would rather wait for the travel board. We will try to organize our workload to be in compliance. * VA ID card – you can only request it on-line, no paper requests. They are being issued this year to help Veterans identify as Veterans. It has been slow due to higher demand, so it is beign realigned with Vets.gov, and will have a second site. * Q. A Veteran’s drivers license can be used as proof, although New Hampshire is not accepting them, only DD214s. * A. It must be an honorable discharge to get the card. * Q. Since it is a new card, some take it, and some don’t. * A. Veterans should work with VSOs on getting the cards accepted. * Q. Do all Veterans get the ID card? * A. Yes, if they meet eligibility – compensation is different. * Q. Does this change restart the date of claim? * A. In the supplementary lane – they must review all information after the additional information. This will allow it to go back to the effective date. This is to streamline evidence. * Q. What is the data on any appeal? * A. In one year – rating claims, 79 thousand. The backlog is steady with rollover work – this fiscal year we gave mandatory overtime – they are getting a break, it is now voluntary. It is too early to tell how the three lanes are working. * Q. If a Veteran goes with RAMP – and get a denial, can they appeal? * A. Yes, to the Board of Appeals – they can go to the other two lanes. They can pick a video conference, but many won’t – they want to be heard in person to have a good experience. * Q. In the lanes – judges – they are not able to schedule appeals – right now 2014 are being heard – need more judges. * A. It has been hard to manage, under contraints – we are working 2014. | | Get data on this |
| National Cemetery Administration OverviewRobert Belcher, Program Support Assistant | * Robert Belcher briefed the National Cemetery Administration is the smallest in the VA – third agency after VBA and VHA, with 1,700 employees. * He said there is a total of 749 acres, 500 of which are undeveloped, and some are no longer active. * The new UnderSecretary for Memorial Affairs is Randy Reeves. * Some issues are the scheduling workload – those calling about eligibility are having isswith dropped calls. Scheduling is not done locally anymore, there is now a national scheduling office. It takes six months to get a pre-need check for eligibility, due to needing to check for the DD214. * A new rural national cemetery is being opened in Maine – Machais – donated by the originator of Wreaths Across America – three acres will be ready in 2020/2021. The cemetrery in Togus is closed – upkeep only. * An expansion project in Bourne in 2021-2024 – every 5-8 years it needs an expansion. * Free honor guard, care casket, all services for the Veteran. * Q. What percent are cremations? * A. 45% and increasing – for financial reasons * Q. Where is the national scheduling located? * A. St.Louis is where the database is located. If you need a DD214, they have them. The state where the Veteran entered the service is where their DD214 is located. * Q. Do you need volunteer honor guards? * A.. Yes, we would like volunteers to supplement our active duty honor guards. * Q. Do you take donations to purchase burial boxes? * A. No – but checks are accepted for landscaping – letters will be sent to the donator saying what was done with the donation. * Q. What about Veterans who have their ashes scattered? * A. When a Veteran is cremated, the location where the ashes were scattered and the date will be memorialized on a wall. * Q. A cemetery in Framingham is not well managed, can the VA? * A. No, but we can provide a marker or medallion. * Q. A Veteran with an honorable or general discharge must call to get eligibility? * A. Dishonorable is not eligible. * Q. Are National Guard eligible? * A. Yes, 20 years, war call-up, 20 year letter, 60 points. * Q. In Rhode Island, they task honor guard details – does every state do that? * A. Yes, color guards, honor guards, taps and flag – they practice at Otis. | | Website |
| **FY17 Strategic Plan Breakout session** Tammy Krueger,VISN 1 Strategic Planner | * As stakeholders, our VSOs and Congressionals have a voice – feedback – to our strategic planning cycle – and we ask them for their input each year. * In the VISN 1 Strategic Planning Process, in April we are in Step 2 and Step 3– we are reviewing and reaffirming the plan, receiving data inputs, including from internal and external stakeholders, and completing the SWOT analysis. * Tammy Krueger said she wanted to tie back to what Barrett Franklin said earlier today about our strategic goals, and what was discussed the last time we met. * She referenced the VISION 2020 Strategic goals, and how the 2018 goals should be revaluated, with stakeholder feedback, to meet the goals, and to create goals for FY19. * We reviewed last year’s feedback from our stakeholders’ SWOT analysis – Strengths, Weaknesses, Opportunities and Threats. This feedback was input into our VISN 1 Strategic Goals and Initiatives, the annual cycle of improvement we follow. * We reviewed the list to see what should be added, challenged, or confirmed for this year. * Strengths – * Add rehab under Specialized Care * Confirm Culture of Improvement * Focus of Leadership is a challenge * Confirm CBOCs * Add medical people and staff and the environment care * Confirm – VISN 1has the best healthcare * Weakness - * Confirm Infrastructure and space * Suboptimal – challenge * Add Hard to fire and hire, or move within VA system due to HR systems * Confirm Budget Inflexible * Opportunities – * Add Hard to fire and hire, or move within VA system due to HR system * Confirm End of Life Care * Add Technology – need more * Add Wi-fi – need more (especially outside patient areas) * Confirm Marketing VA * Add Home Health Aide * Add Public Service Announcement asking Veterans to enroll * Add Sharing good Veteran stories for positive feedback * Add one-stop shop for information * Threats – * Add one-stop shop for information – too much information overload and search engine is poor * Add hard to navigate website * Confirm Privatization * Add VA forms – update – on SMS or blog * Add VBA witness statements * Add competition from private hospitals * Confirm how to enroll * Confirm provide care in rural area | |  |
| **HEP C update**  **Dr. Craig coldwell** | * VISN 1 urges Veterans in New England be tested for the Hepatitis C virus * While the Centers for Disease Control and Prevention (CDC) recommends all persons born between 1945 and 1965 (Baby Boomers) to be tested for Hepatitis C virus, the VA is offering testing for all enrolled Veterans as a preventive part of their health care. While early Hepatitis C infection may not cause symptoms, over many years it may cause liver disease, including cirrhosis, liver failure or even liver cancer. We are having very high rates of success curing Hep C, so please consider this: * Treatment is convenient, requiring as little as eight weeks of therapy. * Cure rates are greater than 95% with the newer drugs now available. * VISN 1 has received Congressionally-approved special funding for the past four years specifically to combat this dreadful disease. * We have highly trained and educated staff across VISN 1 ready to provide the treatment and follow-up care. * Drug costs in the VA are about $600/pill versus $1000-$1200/pill in the private sector; this is because VA has considerable purchasing power with drug companies. * In VISN 1, we have had success treating about 800 patients each year, and this year we are expecting to treat an additional 600 Veterans as the number of Veterans with Hepatitis C continue to decline. * However, the Congressionally-approved special funding may expire at the end of this year. * For all the above-mentioned reasons… * We are requesting Veterans to come and get the treatment at VA soon. * Veterans who wish to be tested for Hepatitis C may contact their primary care team, request testing directly at the outpatient lab or at any of the outpatient clinics. Once test results are completed, Veterans will receive a follow-up letter or a phone call explaining the results. * It is noteworthy to mention that VA will continue to provide care and treatment for Hepatitis-C past 2019 | |  |
| **Patient Experience**  Brianna Camera, MPA, VISN 1 Patient Experience Officer | * Brianna Camera briefed on the Patient Experience Program, that our challenge is to show that VA hosptials are just as good clinically as non-VA hosptials. * VISN 1 is one of the best anywhere; however, the private sector is doing better at patient experience because they have better programs, they focus on patients, patients got service when they wanted it, and they work to retain patients as customers. * VA wants to increase loyalty, build the brand, reduce turnover, absenteeism and no-shows, improve SHEP scores, all to provide a better visit for the Veteran. * To address Veterans’ experience, a national team is creating journey maps -- outpatient was done firsat, and inpatient is being worked on now. * In the journey map, five key areas were identified – before, arriving, during, departing, and after. * On the map, there are color-coded ‘moments that matter’ * Brianna talked about who we got our inormation from, and showed where VISN 1 facilities were ona ‘getting it right’ chart – none were in the lower left quadrant * Veterans patient experience reduces challenges in the system, giving them a consistent experience wherever they go for care, produces trust in us, and gives them a reason to choose VA for their care. * Brianna talked about the seven domains as part of the Phase 1 Initiative; leadership, culture, communicate, environment, voice of the Veteran, measurement and improvement, and employee engagement. * The Red Coat Ambassador program is the first being done, to show a commitment to Patient Experience across the VISN. They are mostly volunteers at the medical centers. * Standard phone gretting to be used. * Q. The phone greeting that mentions suicide is making Veterans mad -- it goes to an operator at Manchester – Veterans need a phone directory so they know what extension they want – either email to them phone directories, or list them on the front page on the web.   Perhaps call around to see how the message is given.   * A. We will take this back as an action to see where we are strong and weak on the telephone – main line – have a human on the line – perhaps VSOs can email their suggestions. * The WECARE Leadership Rounding Program will have the quadrads and service chiefs making rounds, talking to Vets and staff, and fixing problems on the spot. * Q. Get it done and let the Vet know what has been done – also, patient advocates should be Vets * Choose VA name badges will have larger fonts so names can be read. * Current state of the rollout in VISN 1 – training, then kick off rounding, to do a check in 45 days. * We want to include Vets in projects, listening sessions for both Vets and staff. | | Take as action – will check on what we are required to have on our phone systems nationally, and we can follow up at the next MAC with additional information |
| Pluses and Deltas | Pluses   * Lunch * Presentations * Time * Weather   Deltas   * Not all of VBA reps are here – need more than just Boston – need CT and RI reps * Need to know how to connect with state Veterans homes * Change from “Thank you for your service” to “Thank you for our freedom” | |  |
| Adjourn | Any more questions or comments? Thank you for coming. We are adjourned. | |  |

Recorder: Carol Sobel, Public Affairs Specialist

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Maureen Heard, Communications Officer

Distribution: MAC