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| **VISN 1 Management Advisory Council**  **June 5, 2019** | |
| Topic | **Discussion** | | **Action Items** |
| **Welcome Remarks/** **Our Network Today**  Ryan Lilly, MPA, VISN 1 Network Director | * June 6, 2019 VHA goes live with the MISSION Act. * The VA Sec Priorities are Customer Service, implementing the MISSION Act, Electronic Health Record, and Transforming our Business Systems. * Care giver expansion will be a phased approach starting in October 2019 with pre-1975 Veterans phased in first. * Asset Infrastructure Review (AIR Commission) will make a series of recommendations to the VA Secretary for approval regarding VA Infrastructure. Market Assessments must occur first for all 96 markets across the country. VISN 1 has the Far North Market, the West Market, The East Market, and North Market. Market assessments look at the VA footprint, patient demographics and future expected changes in patient demographics. * Next Spring the new electronic health record, Cerner, will go live. VISN 1 is phased in during 2025. This timeline may be accelerated. * VHA Leadership Top Priorities include building trust, constructing a learning organizations, and modernizing systems. | |  |
| **MISSION Act** Sandra Davidson, VISN 1 Business Office Manager | * The goal of the MISSION Act is to empower Veterans and enhance care options * The four pillars of the MISSION Act are: Consolidate VA’s Community Care Program; expand eligibility for the Caregivers Programs to all service eras; align VA’s infrastructure footprint with the needs of our nation’s Veterans; and recruit and retain quality health acre professionals * A Large part of the MISSION Act involves the national contract for the Community Care Network. VISN 1 has the national contract Optum United Care. * Urgent care benefit goes live June 6, 2019. Tri-west, the bridge contract, is responsible for this contract until Optum is fully operational. Veterans are eligible for Urgent Care if they receive care through the VA within the past 24 months. Priority groups 1-5 do not have a copay for the first 5 visits per calandar year. The 4th and subsequent visit incurs a $30 copay. Priority 6, if related to combat experience, special authority or exposure, the first 3 visits per calendar year do not have a copay. Fourth and subsequent visit incurs $30 copay. Priority groups 7-8 incur a $30 copay. * The Tri-West Bridge Network Contract is responsible for paying claims and they have a great reputation of paying claims. Optum United Care Network will also have the responsibility to pay claims once fully operational. * Q: How are transportation resource happening for those using urgent care? * A: Veterans still apply for reimbursement travel benefits if they are eligible and if the visit is a pre-scheduled visit. Veterans are allowed reimbursement up to the allowable amount. If the Veteran is not eligible or the visit was not pre-scheduled then the Veteran is not eligible for benefit travel reimbursement. * Care in the Community must be pre-authorized for eligibility and must be enrolled in the VA to take advantage of the care. Veterans must speak to their respective VA medical facility Care in the Community Office. * Q: How do we get the CCN list? * A: We will forward it out to you * Q: When a Veteran goes to Urgent Care, how does the VA PCM know the Veteran went to Urgent Care? How does Urgent Care issued durable medical equipment get reimbursed? * A: Once fully operational, the Optum United Care Network will be responsible for notifying the VA if the Veteran goes to Urgent Care. In the future state, information about issued DME and care will get bundled into the overall care cost. If it is long term use of DME then the VA will continue to work with the VA to maintain that equipment. * Q: How would Veterans who are out of their region visit Urgent Care? * A: There are urgent care centers located throughout the country no matter the region they are in. The Veterans would go to [https://www.va.gov/COMMUNITYCARE/programs/veterans/Urgent\_Care.asp#UrgentCare](https://www.va.gov/COMMUNITYCARE/programs/veterans/Urgent_Care.asp%23UrgentCare%20) or [https://www.va.gov/find-locations/](https://www.va.gov/find-locations/%20) in order to determine where their urgent care centers are located. * Drive time, wait time, clinical need, best medical interest, lack of full-service medical facility, care or services non-compliant with Vas standards for quality, care o are all require * Q: How is drive time calculated? * A: The decision support tool has a systems process that is proprietary. It is based on an average drive time. * Q: Who determines the eligibility for the caregiver support? * A: It will be written out in the eligibility rules. There is a formal application process and each facility has a caregiver program office. The Network office will have an appeals program for Veterans who appeal a decision made at a facility. Applications are on VA Form 1010C. * Q: Veterans with bad papers, are they eligible for MISSION Act? * A: We will get information and push it out to you about Veterans with bad papers eligibility elements under MISSION Act . | | Sandy Davidson -send out the CCN List to VSOs  Sandy Davidson - Send out the eligibility requirements under MISSION Act for Veterans with bad papers to the VSOs |
| **FY 19 Strategic Plan/Breakout Session/Focus Groups**  Tammy Krueger, VISN 1 Strategic Planner  Christopher Boyd, VISN 1 Organization Development Psychologist | * The 5 strategic objectives for FY 2020 are Ensuring High Performing Community Living Centers; One Integrated VISN 1; Suicide Prevention, Education, and Research; Connected Care Integration; and Veteran Experience * The main target of each objective includes:   One VISN 1 - rather than having 8 single minded facilities, having a collaborative VISN.  Connected Care Integration – an effort to integrate connected care priorities and establish long-range goals  Veteran experience – how can we enhance, improve, and uncover opportunities in Veteran experience.  Ensure High Performing Community Living Centers – focus is on care plans and having a consistent process all over the VISN, establishing a minimum data set, and reducing falls with major injury  Suicide Prevention – focus is on treatment, education and outreach, and research   * Chris Boyd executed three breakout groups to get feedback from the VSO representatives about the strategic objectives for FY 2020. The intent was to gather specific perspective from the VSO Representatives about where the VISN should consider goals for each objective because they talk with Veterans and their families on a daily basis. | |  |
| **Feedback from Breakout Session** | * The groups came back together in a large group for final discussion. The following are comments made from from the groups regarding each of the FY 2020 strategic objectives:   One Integrated VISN 1 – address snowbirds and how to integrate claims processing and appointments and how to provide care that is integrated; will require involving VBA. Medical Records Charging Standards since a VSO ordered a record and it came on a CD for $224. Veteran access to their Electronic Medical Record.  Connected Care Integration – clarify scope. Designatire one PCP to integrate the Veteran’s entire record. IT support of strategy (all strategic objectives). Is the money going to be there when there needs to be a fix.  Veteran Experience – customer service through the phone to get them to the right place the first time or addressing the question from all perspectives on the phone right there. First call resolution. Zero harm vs. innovation. Friendly, competent, and professional front line staff because they are the face of the facility. Aesthetics of the waiting room. Stovepipe of VBA related offices to address issues. The disconnect between the old and the new VA billing system with non-va care, Veterans falling through the cracks of the old and new VA billing system tranfer.  Enhance CLC – Tie CLC and Connected Care opportunities. Role of the Veteran in their own care; engage the Veteran and get their input and know each Veteran’s goals. Role of Geri-Psych services. Consistent interaction with the Veteran’s themselves on a one-on-one basis, based on Veteran needs. Mechanisms to obtain resident feedback.   * Overall - Stakeholders need to be more involved from the beginning, not in the middle or the end. Actually on the commitee | |  |
| **Veterans Benefits Administration**  Bradley Mayes, Director, **Boston, Manchester, and White River Junction**  Regional Offices | * There is future hope of expanding the Boston office to house a regional training center and an ALS center. * The national queue for Veteran claims has reduced the backlog, especially in Boston. There are still continued efforts for improving claims processing. * Staffing has increased in helping Veterans get a rehabilitation plan and get into a rehabilitation program. * All legacy appeals are set to be resolved by 2020. If it is remanded it will go to one of the new areas. * Q: If you get a statement of a case how can the Veteran dispute it? * A: This means it is a legacy appeal. There is an opportunity to transfer this to an AMA case and it requires one form be completed. | |  |
| **Electronic Health Record**  J. Stewart Evans, MD VISN 1 Chief Health Informationcs Officer | * VA is transitioning its health records from VistA to Cerner Millennium * VISN 1 scheduled to start implementation in March 2025 and an official go live date of June 2026 * Q: Is there any collaborative effort to work with DOD? * A: There is a steering committee that involves DOD to learn from the DOD experience | |  |
| **Mental Health and Suicide Prevention** | Mental Health Impromptu speech.   * The Bridge is a recommended documentary on suicide * Those in VA care are less likely to kill themselves vs. those not in VA Care. * Make the Connection is a program that helps people help families get in touch with the resources available to help a Veteran at risk of suicide * The [Veteran Crisis Line](https://www.mentalhealth.va.gov/suicide_prevention/veterans-crisis-line.asp) is available to all who know, may know, or are themselves at risk of suicide * David Schafer is willing to set up a S.A.V.E Training for VSOs to assist in teaching VSOs the skills necessary to help those with mental health crisis | |  |
| Adjourn | Any more questions or comments? Thank you for coming. We are adjourned. | |  |

//Original Signed by Ryan S. Lilly

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