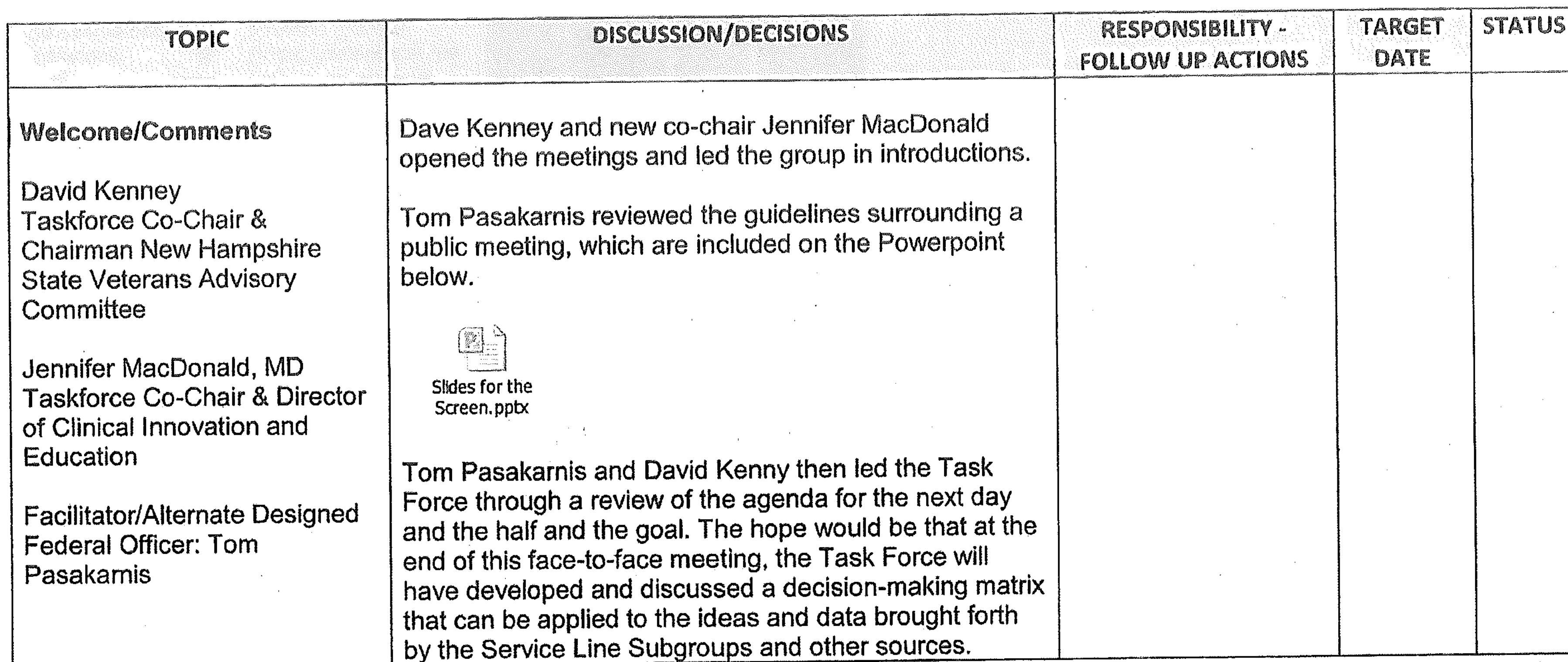
Committee Members	Title/Position	9/13/17	9/25/17	10/3-4/17	10/16/17	10/31 – 11/17	11/13/17	11/29-30/17	12/19/17	01/9-10/18
Jennifer MacDonald, MD, Commitee Co-Chair	Clinical Lead, Office of Innovation & Education									P
Jennifer Lee, MD, Committee Co-Chair	VA Deputy Under Secretary for Health for Policy and Services					P/E	P	P/E	P	
Michael Mayo-Smith, MD, MPH	Network Director VISN 1	P	P	P	P					
David Kenney Committee Co-Chair	Chair of New Hampshire State Veterans Advisory Committee	P	P	P	P	P	P	P	P	P
Stephen Ahnen, MBA	President NH Hospital Association	E	P	P	P	P	E	P	P	P
Craig Coldwell, MD, MPH	Deputy Chief Medical Officer, VISN 1	P	P	P	P	P	P	P	P	P
Edward DeAngelo, MD	Chief of Radiology, Manchester VAMC	P	E	P	A	E/P	A	P	A	P/E
Maj. Gen. Gretchen S. Dunkelberger, U.S. Air Force (Ret.)	Former Air National Guard Assistant to the Surgeon General					P	P	P	P	P
Erik Funk, MD	Staff Cardiologist, Manchester VAMC	P	P	P	P	P	P	P	P	P
Amy Gartley, RN	Nurse Executive, VA Maine Healthcare System	P	E	P	P	P	P	P	P	P
Robert Guldner	NH Disabled American Veterans	E	P	P	P	P	P	P	A	E
Wanda Hunt, PharmD	Pharmacist, Manchester VA MC & President, NA(Local	E	P	P	P	P	P	P	E	P

Michael McCarten, DO	Representative NH Medical Society	P	P	P	P	P	P	E /P	P	P		
Susan MacKenzie, PhD	Medical Center Director, Providence VAMC	P	P	P	P	P	P	P	P	P		
Christine Stuppy	Executive Director, Strategic Planning & Analysis, VACO	P	P	P	P	P	P	P	P	P		

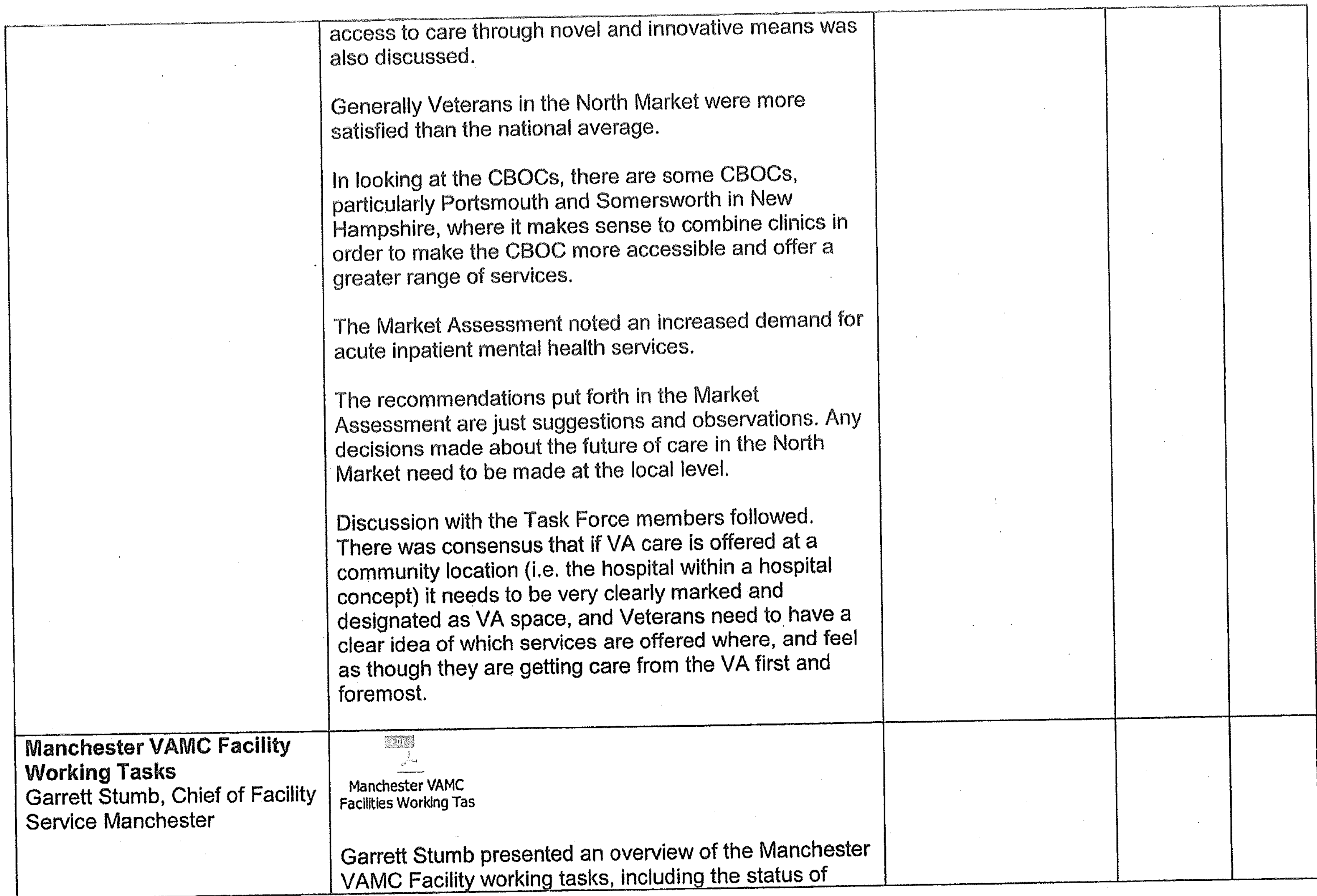
(P) Present (A) Absent (D) Designee (E) Excused

VA New Hampshire Vision 2025 Task Force Minutes – Day One – January 9, 2018



TOPIC	DISCUSSION/DECISIONS	RESPONSIBILITY - FOLLOW UP ACTIONS	TARGET DATE	STATUS
Welcome/Comments David Kenney Taskforce Co-Chair & Chairman New Hampshire State Veterans Advisory Committee Jennifer MacDonald, MD Taskforce Co-Chair & Director of Clinical Innovation and Education Facilitator/Alternate Designed Federal Officer: Tom Pasakarnis	Dave Kenney and new co-chair Jennifer MacDonald opened the meetings and led the group in introductions. Tom Pasakarnis reviewed the guidelines surrounding a public meeting, which are included on the Powerpoint below. Slides for the Screen.pptx Tom Pasakarnis and David Kenny then led the Task Force through a review of the agenda for the next day and the half and the goal. The hope would be that at the end of this face-to-face meeting, the Task Force will have developed and discussed a decision-making matrix that can be applied to the ideas and data brought forth by the Service Line Subgroups and other sources.			

Market Assessment Gerard Benson, Director, Strategic Analysis Service Mark Shelhorse, VISN 6 Chief Medical Officer	 VISN 1 North Market FINAL DRAFT 01.08. Christine Stuppy introduced Dr. Mark Shelhorse, who walked the Task Force through the VA's Market Assessment of the North Market. Gerard Benson called into the meeting as a subject matter expert. The overarching themes developed by the group that performed the Market Assessment is that it's a "buyer's market" in the Manchester area; that it is very easy to purchase needed care in the community. However, because of the rural nature of the majority of the North Market, it is important that the VA concentrate on delivering care to Veterans where they need it, either directly or by partnering in the community. The Market Assessment showed that there is an excess of capacity in the community currently. The North Market Assessment looked at White River Junction and Manchester as one unit. One of the differences noted is that WRJ has a strong academic affiliation with Dartmouth, whereas there is no academic affiliation at Manchester. This makes it harder to recruit providers. The team also noted that there was not a high level of interaction between WRJ and Manchester currently, which led to a duplication of services. The presenters then reviewed the Market Assessment recommendations for the future of each service line at Manchester, WRJ, and the New Hampshire and Vermont CBOCs. The importance of telehealth and providing Veterans			

	access to care through novel and innovative means was also discussed. Generally Veterans in the North Market were more satisfied than the national average. In looking at the CBOCs, there are some CBOCs, particularly Portsmouth and Somersworth in New Hampshire, where it makes sense to combine clinics in order to make the CBOC more accessible and offer a greater range of services. The Market Assessment noted an increased demand for acute inpatient mental health services. The recommendations put forth in the Market Assessment are just suggestions and observations. Any decisions made about the future of care in the North Market need to be made at the local level. Discussion with the Task Force members followed. There was consensus that if VA care is offered at a community location (i.e. the hospital within a hospital concept) it needs to be very clearly marked and designated as VA space, and Veterans need to have a clear idea of which services are offered where, and feel as though they are getting care from the VA first and foremost.			
Manchester VAMC Facility Working Tasks Garrett Stumb, Chief of Facility Service Manchester	 Manchester VAMC Facilities Working Tas Garrett Stumb presented an overview of the Manchester VAMC Facility working tasks, including the status of			

several minor construction projects.

There are two minor construction projects that are in the design phase; a specialty clinic for audiology and ophthalmology and a clinical services building for urgent care and mental health. Both those projects could potentially go out for construction bid within the year, however, construction is on hold currently pending the decisions of the Task Force. The bid process would likely take 6 months, and then each building would likely take a year and a half to build once bid.

There are many functional deficiencies that need to be addressed on the Manchester structure in order to make it functioning and workable for the present and moving into the future. There was discussion about the possibility of finding a new piece of land and building a new structure. The state of the structure at Manchester is not unique across the VISN.

There are several construction projects that are nearing completion including a new phlebotomy area, relocation of the Pharmacy, and renovations related to the flood, though some areas affected by the flood have not yet been renovated.

Discussion with the Task Force members followed.

One idea that came up during this discussion was the creation of a "federal template" for community partnerships that could be used not just by the VA but also by DoD or even HHS if they use community partnerships. The idea of a shared space between DoD and VA – something that has happened in North Chicago and Alaska – was also discussed.

	Another concern that was discussed was that part of any eventual recommendations that including a new building must also include a routine budget for upkeep so that it is sustainable.			
Facilitated Discussion, Day One, Session One	The first facilitated discussion of the day started with a review of the ground rules and plan for the next day and a half. The conversation began with the facilitators asking the group to articulate the foundational interests and values of the group that must be in place to produce recommendations to the SMAG that are defensible and add value to the Veteran's experience in New Hampshire. There was a discussion about the oversight of the recommendations once they are made and what role (if any) the Task Force may have after April 2018. It was also emphasized that any changes to services must be to services that are made must communicated to Veterans. Veterans must understand what services are available to them, where those services are located, and how to access each service. At the end of the session, the Task Force began to deliver a list of topics about which they required further information, including: - Retention strategies - Opportunities for partnerships within the New Hampshire Community - The Errera Community Care Center in West Haven, Connecticut - Opportunities for partnership with White River Junction - Virtual Care - A review of an earlier presentation on VA Foundational Services			

Brief Presentation/Discussion – The VA and Virtual Care Jennifer MacDonald, MD Taskforce Co-Chair & Director of Clinical Innovation and Education	Dr. Jennifer MacDonald provided a brief overview of virtual care services available to Veterans through the VA. She will make a more thorough presentation during the next Task Force call. One option that is available is home telehealth, were services are delivered to Veterans via VA devices in their homes. The Veterans targeted for these services are the highest acuity Veterans who are experiencing frequent hospitalizations, with the goal of keeping them well and in the home. Another Virtual Care service is Clinical Video Telehealth, which is "point to point" telehealth, in which a VA provider at one location can provide services to a Veteran at another VA location. This helps with the distribution of resources, but has less of an impact on access issues, as providers still only have a limited amount of time to see patients. The VA is constantly trying to increase the ability for Veterans to seek out care virtual when they need it. Another service is VA Video Connect, which connects a provider's device to a Veterans phone. Multiple users can be brought in to the conference; for example, the Veteran's family can participate as well. There is an effort to bring this technology into the VA call centers to better handle Veteran's concerns when they call in. Additionally, the VA is increasingly bring providers into the call center space so they can determine whether a Veteran needs to see a provider in person, or whether they can satisfy the Veteran's needs on the call and then pass that information on to the Veteran's usual provider for follow up. Discussion and question and answer with the Task	Dr. MacDonald – Present on virtual care at the next Task Force meeting	January 22, 2018	Closed

	Force members followed. There were questions about the implementation of some of the above services across VISN 1, which is happening incrementally. Currently, there is a tele-mental health hub in West Haven, CT, that provides services to Manchester and Maine. Another area that the VA is working on currently is eConsults, but this is still in the beginning implementation phase.			
White River Junction Presentation Al Montoya, Director (Acting), Manchester VA Medical Center	WRJ Presentation Al Montoya presented on current services offered and other features of White River Junction. He described the basis of the academic affiliation between WRJ and Dartmouth. He also detailed various outreach activities to community stakeholders, including Coffee with the Congressional representatives and VSOs monthly. Following the discussion on WRJ, Al Montoya led a discussion on how the community partnerships with CMC, Elliot, and Frisbee were set up by Manchester after the flood. It took an executive order from the governor, which has since been codified by the New Hampshire legislature. In the beginning the leadership team from Manchester was at CMC 2 days a week and doing individual follow up calls with Veterans. Responses from Veterans were overwhelmingly positive. A project management team was in place to figure out the differences between VA standards and community standards (i.e. reusable medical equipment processing issues).			

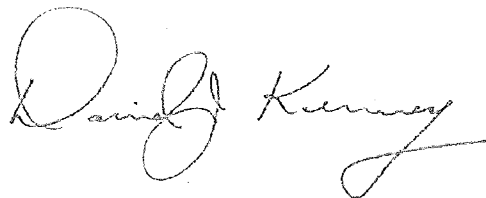
	Leadership at Manchester has developed a "toolkit" that can be used when establishing a community partnership. The biggest limitation to community partnerships is that they can take a lot of time to set up (however, in this case because of the emergent circumstances, part of the process was fast tracked). The Task Force engaged in a facilitated discussion regarding community partnerships following Al Montoya's presentation. The Task Force expressed the importance of Veterans still feeling as though they are receiving their care from the VA, even if it's being provided by a VA provider at a community facility. They also noted the need for a "navigator" within the community facility to help Veterans locate the services they need easily. The Task Force wants any future partnership to be a "two-way street" in that the community partner feels as though they are getting something valuable from the VA. There's also some risk that the VA will become dependent on a community partner who will then move/change/close.			
Facilitated Discussion, Day One, Session Three	To end the day, the Task Force took place in a final facilitated discussion where they developed the values that must underlie any recommendations put forward. They will think on this list for the night, and then tomorrow work on consolidating and refining the list into criteria they will use to "judge" any recommendations put forward by the Service Lines.			

	- Preserving the Mission of the VA - Access – Timely – local/virtual where appropriate - Quality - Satisfaction – Patient experience and staff satisfaction – external and internal customers – feedback, Veteran Buy-In - Maintain VA Standard of Care/ Evidence based standard of care - Feasibility - Prioritization of Foundational Services - High value use of resources - Partners – good partners – don't want to feel isolated from our partners - Innovative and non-traditional - Support the demand for LTSS, prioritizing "choosing home" concept where you can - Leverage or partner rather than build where possible - Consideration is given to geographic locations/demographics/data - Recruitment and retention – is this under feasibility? – provider experience – academic affiliations - Feasibility: recruitment, retention, fiscal, policy and regulations, external forces, cultural change management, time to execute recommendation, sustainability, academic affiliations - Continuum of care of military/Veteran personnel – life cycle of Veteran – ex – guard/corp who flow in and out of the VA as they go in and out of service - Excellence in service to our communities/value to the community – sharing research – expanded education into the community - Exportable - Stakeholder alignment - Veteran Centered Care			

Discussion/Debrief				
VA New Hampshire Vision 2025 Task Force Minutes – Day Two – January 10, 2018				
Welcome/Comments Facilitator/Alternate Designed Federal Officer: Tom Pasakarnis	The Task Force co-chairs and the facilitators welcomed Task Force members and encouraged them to share any ideas as they came up.			
Facilitated Discussion, Day Two, Session One	The Task Force began the day with a reflection on the day before. They discussed the obstacles to building a new building, and the need for any structure to be adaptable as the needs of the Veteran population in New Hampshire change over time. They also discussed the importance of culture and buy in from employees as they move forward with any recommendations. The Task Force reviewed survey responses received via the public-facing NH Vision 2020 Task Force website. These were only preliminary responses, and the survey will be presented to the Task Force again at a later date when more responses have been received.	Maureen Heard and Kristin Pressly – Present future survey results	February 14-15, 2018	Open
Facilitated Discussion, Day Two, Session Two	Task Force members took part in a facilitated discussion to refine and combine the values listed on Day One into a set of criteria to evaluate recommendations put forward by the service lines. The Task Force members developed seven criteria, listed below with a brief description where it was articulated: • Feasibility: innovative; responsible; data driven; "build" and grow • Veteran Centered Care: recognizing changing			

	needs; agility to meet local demographic and population changing needs; seek and employing feedback from Veterans ◦ Potential to Foster Robust Relationships and Partnerships: external and internal; academic; industry affiliations; national; Congressional; professional and clinical at multiple levels ◦ Employee Empowerment ◦ Preserving and Fulfilling the Mission of the VA: trusted care; employee engagement and satisfaction ◦ Timely access to appropriate, evidence-based care: Quality, ability of Veterans to access care when they need it, where they need it, and how they need it; use of technology, community partners, and other resources within the VA ◦ High value use of resources: Emphasis on foundational services; leveraging partnerships to provide Veterans access to other services The Task Force then took part in an informal voting exercise to determine the "weight" of each criterion in their final decision matrix. This exercise will be repeated at the beginning of the next face to face meeting.			
Focus Group Update Maureen Heard, VISN 1 Communications Officer	The Task Force discussed the best ways to engage focus groups once they have new refreshed recommendations.			
Discussion/Debrief **Plusses/Deltas**	Michelle Virshup will work with Dr. Coldwell to compile the criteria into a guide that can be presented to the service line subgroups so they can refresh their recommendations. This document will be presented during the next phone call. At the next face-to-face meeting, the Task Force will receive updated recommendations from the service lines and will begin making decisions about their own recommendations.			

	A check in document with the Task Force's guiding principles is due to the SMAG on January 31, 2018. The co-chairs and Tom Pasakarnis will facilitate the creation and delivery of that document. The Task Force co-chairs will facilitate a trip to the Errera Center in CT, likely the week before the next face-to-face meeting. More information about this trip will be provided on the next phone call. **Plusses** Diversity/makeup of the group Free flow of ideas Free conversation New ideas were generated for community partnerships Ground rules Co-chairs Organized input/accomplishments Timeline seems less daunting Time to deliberate Concrete next steps Framework/facilitation Rich conversation Collegiality Progress Patience Appetite **Deltas** Uncertainty – how to package recommendations going forward Check in with Manchester employees Bring stakeholder groups back, maybe in a town hall format			

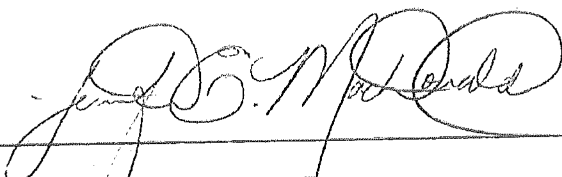


05-FEB-2018

Recorder: Michelle Virshup, Esq.

David Kenney
Taskforce Co-Chair

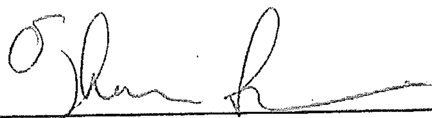
Date



05 FEB 2018

Jennifer MacDonald, MD
Taskforce Co-Chair

Date



2/6/18

Thomas Pasakarnis, Esq.
Alternate Designated Federal Officer

Date