Committee Members	Title/Position	9/13/17	9/25/17	10/3-4/17	10/16/17	10/31 –11/1							
Jennifer Lee, MD, Committee Co-Chair	VA Deputy Under Secretary for Health for Policy and Services	N/A	N/A	N/A	N/A	P/E							
Michael Mayo-Smith, MD, MPH Committee Co-Chair	Network Director VISN 1	P	P	P	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
David Kenney Committee Co-Chair	Chair of New Hampshire State Veterans Advisory Committee	P	P	P	P	P							
Stephen Ahnen, MBA	President NH Hospital Association	E	P	P	P	P							
Craig Coldwell, MD, MPH	Deputy Chief Medical Officer, VISN 1	P	P	P	P	P							
Edward DeAngelo, MD	Chief of Radiology, Manchester VAMC	P	E	P	A	E/P							
Maj. Gen. Gretchen S. Dunkelberger, U.S. Air Force (Ret.)	Former Air National Guard Assistant to the Surgeon General	N/A	N/A	N/A	N/A	P							
Erik Funk, MD	Staff Cardiologist, Manchester VAMC	P	P	P	P	P							
Amy Gartley, RN	Nurse Executive, VA Maine Healthcare System	P	E	P	P	P							
Robert Guldner	NH Disabled American Veterans	E	P	P	P	P							
Wanda Hunt, PharmD	Pharmacist, Manchester VA M & President, NAGE Local	E	P	P	P	P							
Michael McCarten, DO	Representative NH Medical Society	P	P	P	P	P							
Susan MacKenzie, PhD	Medical Center Director, Providence VAMC	P	P	P	P	P							
Christine Stuppy	Executive Director, Strategic Planning & Analysis, VACO	P	P	P	P	P							

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

Facilitator: Tom Pasakarnis, Esq., Alternate Designated Federal Officer

Staff Members: Kevin Forrest, Associate Director; Manchester VA Medical Center; Patty Sarni, Health System Specialist; Michelle Virshup, Esq., Presidential Management Fellow; Maureen Heard, VISN 1 Communications Officer; Al Montoya, Director, Manchester VAMC (Acting); Dr. Michael Mayo-Smith, Network Director, VISN 1

VA New Hampshire Vision 2025 Task Force Minutes – October 31 – November 1, 2017

TOPIC	DISCUSSION/DECISIONS	RESPONSIBILITY -FOLLOW UP ACTIONS	TARGET DATE	STATUS
Minutes **Welcome/Comments** Jennifer Lee, MD Taskforce Co-Chair & Senior to Advisor to the Secretary, Department of Veterans Affairs David Kenney Taskforce Co-Chair & Chairman New Hampshire State Veterans Advisory Committee Facilitator: Tom Pasakarnis	Manchester NH Vision 2025 Minutes - Task force minutes from the October 16 meeting were approved. David Kenney offered opening remarks then led the members in introductions. Tom Pasakarnis presented the ground rules of a public meeting, and emphasized that the meeting is public but not interactive.			Closed

Mental Health Service Line Model - Draft Louis Trevisan, MD, VISN 1 Mental Health Service Line Lead	 MH SL Report 10-31-17 - Draft.pdf  MH SL Options - 10-31-17 Draft.pdf Dr. Louis Trevisan presented the Draft Mental Health Service Line report, including: the members of the subgroup; the process; background information on mental health services in the VA system and at Manchester; and options considered by the group for the future of mental health at Manchester. Discussion with the Task Force members followed. There was back and forth discussion regarding possible ways to better integrate primary care and mental health services at both the Medical Center and the CBOCs. Of particular interest was the Massachusetts "Safe Haven" program, and whether something similar could be introduced in New Hampshire. There was also further discussion about the breakdown of mental health services across the network. For example, at White River Junction there is a residential Substance Abuse treatment program, and at Togus there is an inpatient (but not residential) substance abuse treatment program, but that is the extent of inpatient/residential services north of Boston. Historically, the "northern tier" of the network has relied on the "southern tier" of the network for inpatient/residential programming, and this is a setup that is mirrored throughout other VA networks. There was discussion about how to address the lack of mental health providers available in New Hampshire, both inside the VA and in the community. The Task Force discussed whether or not there was independent practice for nurse practitioners in New Hampshire (there is).			Open

	The Task Force and the subgroup discussed the changing demographics of Veterans seeking mental health treatment in New Hampshire, and how a range of factors (Department of Defense campaign to destigmatize mental illness, the age and severity of mental health issues suffered by younger Veterans) may affect the future mental health workload in New Hampshire. The Subgroup presented their options, which were to build capacity for mental health services on-site, contract out all mental health services in the community, or some combination of the two. The Subgroup is leaning toward recommending a hybrid model. The types of services that are potential programs to house on site include: general inpatient mental health, inpatient substance abuse treatment, and inpatient PTSD treatment. The Task Force communicated to the Subgroup that they expected them to evaluate each option based on the pros/cons from the perspective of the Veteran seeking treatment. **Due Outs Identified by the Task Force** - Create a table identifying mental health services offered at other facilities across the Network - Incorporate more outreach to other stakeholders: behavioral health advocates, VSOs, current patients, outside providers (potential partners) - Include more info – availability of mental health services in the community - Include information from the State of New Hampshire – Data on substance use and	Mental Health Subgroup – Follow up on additional information requested by the Task Force	Nov. 29-30, 2017	

	emergency room visits and suboxone waiver providers There was a question raised about whether some of this information may be collected by Easter Seals. Al Montoya has begun speaking with Easter Seals about a potential partnership, and is going to try and gather some of the requested information from them.	Al Montoya – Report back on information available from Easter Seals	Nov. 29-30, 2017	
Focus Group Report – Update Lynne Cannavo, RN, MSN, VISN 1 Chief of Organizational Performance	 Focus Group Report 10-31-17.pdf  Focus Group Women and Northern Vets - 1 Lynne Cannavo presented an update on the focus groups conducted, especially focus groups concentrating on Female Veterans and Northern Veterans. Discussion with the Task Force followed regarding specific issues raised by each of the groups. In general, navigation and outreach was something identified by both groups as an area needing improvement. Veterans in the Northern CBOCs identified issues with accessing certain specialty areas of care (esp. chiropractic care, podiatry, and urgent care services), and expressed the desire to be able to receive care closer to home. Female Veterans identified the need for a separate entrance at the Manchester Medical Center, a lack of specialists wo deal with women's health issues, and better Mental Health service availability in the CBOCs as areas of concern, among other issues. The Task Force requested either a focus group made up of Veterans who currently use Telehealth (particularly			Open

	TeleMentalHealth) services through the VA, or to follow up with past participants in other focus groups regarding use of Telehealth/TeleMentalHealth services.	Lynne Cannavo – follow up on Telehealth/TelementalHealth usage	Nov. 29-30. 2017	
Surgery Service Line Model - Draft Ronnie Rosenthal, MD, VISN 1 Surgery Service Line Lead	 Surgery SL Options 10-31-17 Draft.pdf Dr. Ronnie Rosenthal presented the Draft Surgery Service Line report, including: the subgroup members; the process; surgery definitions; the current state of surgery at Manchester; and options considered by the subgroup. Discussion with the Task Force followed, particularly regarding the data that the subgroup relied on when considering their opinions. There was also discussion regarding various pieces of surgical equipment and whether it could be shared among the different centers. In a summary of the current state of surgery services at Manchester, the subgroup described concerns from current providers that they were limited in what services they could offer (especially neurology). There were also a number of specialty services (ENT, surgical podiatry, cataracts) that were historically offered at Manchester, but fell away due to a loss of providers.	Surgery Service Line Subgroup – Come back to the Task Force with more refined options/recommendations	Nov. 29-30, 2017	Open

	The subgroup was leaning towards recommending an advanced ambulatory care center on site at Manchester, because greater than 90% of the need on site was ambulatory, and then figuring out the logistics of other services locally, including whether it is better to contract out the services or lease space.			
Manchester Way Forward Al Montoya, Acting Medical Center Director, Manchester VA	 10-31-17 Manchester Way Fon Al Montoya presented on the way forward for Manchester, including steps taken to improve care post-Spotlight report. Discussion with the Task Force followed. Short-term improvements that have been implemented include a partnership in the community to provide tech-prosthetics to a Veteran, and a partnership with a Community hospital to provide access to services impacted by the flood and other infrastructure issues. There has also been lots of discussion on steps that could be taken to address staffing deficiencies and ways to attract the best possible staff. The Task Force discussed concerns that were recently raised by the Whistleblowers regarding areas that still needed improvement, as well as an earlier conversation			Closed

	regarding the cultural issues at the Medical Center. Task Members decided it was important to include a strong statement about the need for culture changes in their final recommendations.			
Medicine Service Line Model - Draft Ronnie Marrache, MD, FACP, VISN 1 Assistant Medicine Service Line Lead	Dr. Ronnie Marrache presented the Medicine Service Line Draft report, including: members of the subgroup, the process, resources consulted, available data, the current state of Medicine at the Manchester Medical Center and the CBOCs, and options the subgroup is considering for their final recommendation. The subgroup is leaning towards recommending the construction of a multispecialty clinic and strengthening community partnerships for other services. Discussion with the Task Force members followed. One of the questions asked was whether a sub-acute hospital had been considered as an option.	Medicine Service Line Subgroup – Come back to the Task Force with more refined options/recommendations	Nov. 29-30, 2017	Open
Manchester Cultural Update Dr. Michael Mayo-Smith, Network Director, VISN1	Dr. Mayo-Smith presented an update on the steps that have been taken to address the cultural issues at Manchester. The Network is in the process of working with the VA's National Center for Organization Development (NCOD) to make staff available to Manchester, including the possibility of having someone from NCOD on site at Manchester for a period of time. There is also discussion around the creation of a second Task Force to concentrate on culture issues at Manchester.	Dr. Mayo-Smith and Al Montoya – present an update on measures to address the culture issues	Nov. 29-30, 2017	Open

Radiology Service Line Model - Draft Caroline Taylor, VISN 1 Acting Radiology Service Line Lead	 Imaging SL Report 10-31-17 - Draft.pdf  Imaging SL Options 10-31-17 Draft.pdf Caroline Taylor presented the Draft Radiology Service Line report, including: the members; process, data, current status of imaging in New Hampshire, and options considered. One area of concern that was brought up – but would be hard to address under any circumstances - was the provision of mammogram services. Discussion with the Task Force members followed, especially regarding issues with linking the VA electronic imaging system with Civilian electronic imaging systems, as well as technological limitations that affect imaging, particularly in the CBOCs. The process of obtaining access and connectivity with civilian services is long and has many bureaucratic obstacles. There is currently data sharing happening with Concord Hospital, but any further sharing agreements need to be approved by Central Office. The Radiology subgroup knew that the Primary Care subgroup was considering recommending a new Seacoast CBOC, and thought incorporating more imaging services into the new CBOC would be a good idea. Mr. Kenney brought up the possibility of the "fiber highway" as a possibility in the North Country to improve the ability to transfer data and images.	Radiology Service Line Subgroup – Come back to the Task Force with more refined options/recommendations	Nov. 29-30, 2017	Open

Debrief/Discussion	Members discussed steps and procedures for the November 13 phone call, and how it will be made available to the public. Members noted that the website doesn't have meeting schedule on it. Tom Pasakarnis closed the meeting.	Maureen Heard – post the meeting schedule on the website	Nov. 13, 2017	Closed

Rehabilitation Service Line Model – Draft Erik Sargent, VISN 1 Sensory & Physical Rehabilitation Service Line Lead	SPRS SL Report 10-31-17 - Draft.pdf SPRS SL Options 10-31-17 - Draft.pdf Erik Sargent presented the Rehabilitation Service Line draft report, including the members, process, data, current state of rehab, and options considered. Discussion with the Task Force members followed. One of the issues discussed was how hard it is to project future workload for rehab services, because it is very dependent on any increase in other services and population changes that are hard to model. The subgroup outlined their approach for determining final recommendations: first, look at opportunities to maximize current space at the medical center, then look at opportunities for what can be provided at the CBOCs so care is closer to Veterans, then look at what might be available in the community. When establishing rehab services at a CBOC, immediate agreements should be in place in the community for any rehab services that won't be offered on site. The subgroup felt like something like chronic pain was something that should be offered through the VA, and discussed the possibility of starting a CARP accredited, comprehensive, inpatient pain program at the Manchester VAMC. The Task Force had questions about the map that was used – they wanted the CBOCs affiliated with White River Junction. They also requested clarification about some of the data used, as well as more of a discussion of pros and cons for each of the options that were mentioned. Specific questions raised by the Task Force include:	Rehab Service Line Subgroup – Come back to the Task Force with more refined options/recommendations; Follow up on some of the questions the Task Force had regarding the data.	Nov. 29-30, 2017	Open

	- What services are appropriate for investment? What services are appropriate for Telehealth? What services are appropriate in the community? - What are the pros and cons for each option - What is currently being offered for rehab through Telehealth? What are the opportunities for Telehealth? - What is the current demand for different rehab services? - What rehab services would best serve Veterans			
Primary Care Service Line Model - Update Jacqueline Spencer, MD, MPH VISN 1 Primary Care Lead	 Primary Care SL Report 11-1-17 - Drat Dr. Jackie Spencer presented an update on the Primary Care Service line Draft report. Discussion with the Task Force followed. Dr. Spencer discussed the need to use the PACT space calculator model when determining future Primary Care space needs. She also mentioned a recent study about the best place to relocate a combined "Seacoast" CBOC – the data shows Dover as the best option, and that information will be included in the future report. Dr. Spencer mentioned information on staffing needs, and informed the Task Force that positions had been approved for the immediate care team needs at Manchester. Dr. Spencer mentioned the need for technology improvements, but didn't have the costs associated with those improvements. Again, the lack of high speed internet access was discussed, and the need to potentially reach out to providers in the area to address this issue. Dr. Spencer discussed the specialty	Primary Care Service Line Subgroup – Come back to the Task Force with more refined options/recommendations	Nov. 29-30, 2017	Open

	services that (according to feedback from stakeholders) are the most frequent primary care referrals, which were: cardiology, comprehensive pain, and wound care.			
Presentation of a Report Template Michelle Virshup, Esq., Presidential Management Fellow	Manchester Primary Care Draft Report Michelle Virshup presented a Draft template for the Service Lines to use as a template for their final report to the Task Force and elicited feedback from the Task Force and received suggestions from the Task Force. Ms. Virshup will present the template to the Service Lines on Friday, and the Service Lines will fill out the report for the next face-to-face meeting. Task Force members developed a list of "guiding principles" that will be applied when considering the Service Line recommendations. There was some confusion about what "Foundational Services" in the VA means. This will be discussed during the next call.	Michelle Virshup – present the template to the subgroups	Nov. 3, 2017	Closed

Geriatric & Extended Care Service Line Progress Report – Update Peggy Becker, LCSW VISN 1 Geriatrics & Extended Care Director	 GEC SL Report - Draft 10-31-17.pdf Peggy Becker presented an update on the Geriatric and Extended Care Service Line report. Discussion with the Task Force followed. Task Force members had questions about the data projections, and the historical data presented. There were questions raised about the number of GEC beds that would be needed, which type (short term or long term), the model that was used to project this information. Another issue in terms of beds is that in New Hampshire there is a limited on the number of nursing home beds approved in the state. The VA is exempt from that limit, but it means there are not a lot of resources in the community. There was also discussion of the VA Secretary's "Extended Care Moonshot" – If a Veteran wants to stay at home, every effort is made to keep them in the home. At a Central Office level, the VA is moving away from nursing home care, and adding long term GEC beds, though is more open to adding short term beds. The Task Force would like to see past trend/historical data, not just data from the past year. Would also like to know how the quality of care provided in Community Nursing homes compares to the VA CLC.	GEC Service Line Subgroup – Come back to the Task Force with more refined options/recommendations	Nov. 29-30, 2017	Open

Discussion/Debrief	Task Force members discussed the Nov. 13 call, and how best to review data with Dan Clarke. Task Force discussed having all the service lines present at the next face to face meeting for 30 minutes. They also strongly recommended that the subgroups meet in person before the next face to face meeting to go over overlapping interest areas and suggestions in their next recommendations. Also discussed the importance of knowing the current staffing deficiencies at Manchester, even if staffing specifics are not include in the final recommendations			Closed
Plusses/Deltas	**Plusses:** Getting to know the task force, coming together as team Logistically the room setup was better Presentations – spot on (rehab – needed to work on information) Very well organized New eyes Spending time thinking about the big picture Appreciated the dialogue and the level of respect brought to the table The Draft template Diversity of opinions Prep was good Depth of the presentations **Deltas:** 90 min max, then break Keep breaks to the break time Inconsistency in the data Need trends in data			

David Kenney
Taskforce Co-Chair

11/29/17
Date

Jennifer Lee, MD
Taskforce Co-Chair

11/29/17
Date

Thomas Pasakarnis, Esq.
Alternate Designated Federal Officer

11/29/17
Date