

VA New Hampshire Vision 2025 Task Force Minutes – November 13, 2017

Committee Members	Title/Position	9/13/17	9/25/17	10/3-4/17	10/16/17	10/31-11/1	11/13/17							
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	P							
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	N/A
David Kenney Committee Co-Chair	Chair of New Hampshire State Veterans Advisory Committee	P	P	P	P	P	P							
Stephen Ahnen, MBA	President NH Hospital Association	E	P	P	P	P	E							
Craig Coldwell, MD, MPH	Deputy Chief Medical Officer, VISN 1	P	P	P	P	P	P							
Edward DeAngelo, MD	Chief of Radiology, Manchester VAMC	P	E	P	A	E/P	A							
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	P							
Erik Funk, MD	Staff Cardiologist, Manchester VAMC	P	P	P	P	P	P							
Amy Gartley, RN	Nurse Executive, VA Maine Healthcare System	P	E	P	P	P	P							
Robert Guldner	NH Disabled American Veterans	E	P	P	P	P	P							
Wanda Hunt, PharmD	Pharmacist, Manchester VA MC & President, NAGE Loc	E	P	P	P	P	P							
Michael McCarten, DO	Representative NH Medical Society	P	P	P	P	P	P							
Susan MacKenzie, PhD	Medical Center Director, Providence VAMC	P	P	P	P	P	P							
Christine Stuppy	Executive Director, Strategic Planning & Analysis, VACO	P	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; Dan Clarke, VISN 1 Managerial Cost Accounting Manager; Theresa Boyd, DO, VISN 20 Chief Medical Officer; Patrick Carroll, Congressional Liaison from the Office of Representative Shay Porter; Maureen Heard, VISN 1 Communications Director; Michael Mayo-Smith, VISN 1 Network Director; Tammy Krueger; VISN 1 Strategic Planner

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TOPIC	DISCUSSION/DECISIONS	RESPONSIBILITY - FOLLOW UP ACTIONS	TARGET DATE	STATUS
<p>Welcome/Comments Tom Pasakarnis, Alternate Designated Federal Officer</p> <p>David Kenney Taskforce Co-Chair & Chairman New Hampshire State Veterans Advisory Committee</p> <p>Jennifer Lee, MD Taskforce Co-Chair & Senior to Advisor to the Secretary, Department of Veterans Affairs</p>	<p>Tom Pasakarnis opened the meeting. Members called in, and members of the public were able to call in with David Kenney and Dr. Eric Funk at Manchester. There was a sign in sheet available for members of the public to sign in. Members discussed the next face to face meeting, which will take place November 29th and 30th, the Wednesday and Thursday the week after Thanksgiving. Topics that will be discussed at that meeting include the North Market analysis and capital improvements recommendations from Ernest Bland & Associates. Members discussed the need to streamline the agenda and tighten up on breaks because there will be a lot of information and data to absorb.</p> <p>Dr. Jennifer Lee requested that Christine Stuppy provide an update on the guidelines that will be applied to the North Market analysis.</p>			
<p>VA Delivered Foundational Service & Locally Determined Services Theresa Boyd, DO, VISN 20 Chief Medical Officer</p>	<p>Dr. Theresa Boyd presented an overview of Foundational Services</p> <p>The current definition of “foundational services” is the product of a 2 year work group made up of field, clinical,</p>			Open

and administrative personal from multiple program offices. They were tasked with answering a number of questions:

- What services should the VA excel in/brand? For example, what services should a Veteran be able to access if they walk into any VA in the country.
- What should the services look like that are VA-delivered foundational?
- What is the best venue for certain services, based on safety, quality, and demand
- At the local level, what are key principles for how a market/facility/system determines what services to focus on internally, and what they should be looking to community partners.

The purpose of this work group wasn't to reduce the scope of statutory BA health services or affect the medical benefits package. Specific goals for the work group were:

- 1) Enable VA to provide high access value care to Veterans (nimble)
- 2) Decisions need to provide operational efficiency/simplicity, while balancing education, research, and emergency preparedness
- 3) Come up with a process that would allow facilities to meet changing needs of Veterans in a flexible way



Services identified as "foundational services" were placed into 2 buckets:

- 1) Provide care for a military-related disorder with limited expertise in the national market
- 2) Services that manage/coordinate overall health for Veterans

List of services:

- primary care (women's health); mental health (integrated care, PTSD), GEC (home-based

	<p>Primary Care, Geri-Pact), Rehab services (spinal cord injury disorder, TBI, Poli-trauma, prosthesis, blind rehab)</p> <ul style="list-style-type: none"> - Also needed to step up – case management/care-disease management - Post-deployment health services, war-related illnesses - Pain management and opioid safety <p>Once the foundational services were identified, the work group thought about how all of these services interact with research, academics, emergency preparedness</p> <p>For locally-determined foundational services, the work group developed the following framework (principles local leadership could work through):</p> <ul style="list-style-type: none"> - VA can show (with data) they would provide higher quality/safer care - By providing service, operationally efficiency - Meet demand/volume of Vet pop internally - Enough demand to maintain competency - By having that service/building service within the VA would enhance care continuity and coordination <p>If a service is not foundational, it makes sense for the VA to try and form community partnerships to open up VA footprint to offer a foundational service</p> <p>Dr. Boyd then took questions from the Task Force. Members requested a written explanation of foundational services for reference. Dr. Boyd responded that they were in the process of getting something vetted through the system, will be provided by the face to face meeting</p> <p>Mr. Pasakarnis requested that Dr. Boyd be available in a month or so if the Task Force had any follow up questions as they began to consider their recommendations.</p>	<p>Dr. Boyd – Provide the Task Force with an electronic description of the foundational services</p> <p>Dr. Boyd – Attend a future Task Force meeting to answer additional questions</p>	<p>11/29-30/2017</p> <p>December 2017</p>	
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<p>Guidelines for the North Market Assessment Christine Stuppy, Executive Director, Strategic Planning and Analysis, VACO</p>	<p>Christine Stuppy provided an update on the guidelines for the North Market analysis. These were principles set by the Secretary for the market assessments, which provided the frame for how the team considered how each market could better meet the demands of Veterans and improve access, quality, and satisfaction. These guidelines were carried out anywhere possible where there was enough data available. Ms. Stuppy will provide the methodology, as well as an FAQ on the guidelines to the Task Force when available.</p>	<p>Christine Stuppy – Provide the Task Force with a written copy of the Market Assessment methodology and an FAQ sheet</p>	<p>November 17, 2017</p>	<p>Closed</p>
<p>Data Set Updates Dan Clarke, VISN 1 Managerial Cost Accounting Coordinator</p>	<div style="text-align: center;">   </div> <p>Manchester Data Set Print Manchester Data Slide for Agenda.pptx Set Version 11_06_17</p> <p>Dan Clarke presented an update on the Task Force Data Sets.</p> <p>There was updated information added to the number of unique users which showed a slight increase in users at the Manchester facility. The data continues to show movement in outpatient encounters, however CHOICE data is not currently included in the numbers, but will be updated when available.</p> <p>Dan Clarke reviewed the 3 different models used to model inpatient census for medical, surgical, and mental health beds. A complete description of each model is included on page 22 of the updated Data Sets, as well as the current numbers.</p> <p>The Task Force members requested background information about the methodology for each model, particularly the Milliman model.</p>	<p>Dan Clarke – Provide the Task Force</p>	<p>Nov. 29-30, 2017</p>	<p>Open</p>

	<p>Mr. Clarke expects to receive the CHOICE data by the 15th. Authorization information will be available by month, and unique user information will be available by year. The data on CHOICE will be for Manchester, not the VISN wide (but did request summary level data for VISN 1, utilization of CHOICE by category of care).</p>	<p>background information on the models used in the data sets electronically</p>		
<p>Closing Comments/Adjourn</p>	<p>Dr. Lee and Mr. Kenney had a meeting set up with Lynne Cannavo after this meeting to discuss the format of future focus groups.</p> <p>Mr. Pasakarnis asked if there were any issues with the Task Force receiving the Agenda or notifications for this meeting. He stated that notices would be sent out when the Task Force website was updated.</p> <p>Mr. Pasakarnis closed the meeting.</p>			

David Kenney

19-NOV-2017

David Kenney
Taskforce Co-Chair

Date

Jennifer Lee, MD

11/29/2017

Jennifer Lee, MD
Taskforce Co-Chair

Date

Thomas Pasakarnis

11/29/17

Thomas Pasakarnis, Esq.
Alternate Designated Federal Officer

Date