David Kenney Taskforce Co-Chair

Jennifer Lee, MD Taskforce Co-Chair

Thomas Pasakarnis, Esq. Alternate Designated Federal Officer

JANUARY 3, 2018

Recorder: Michelle Virshup, Esq.

Date

Date

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Future Meetings The process for decision making at the next face-to-face meeting was discussed. At the next meeting, there will still be a significant amount of new data to process, but the Task Force will have to decide how to make decisions. One thing that would be helpful is for the Task Force to reach an agreement on the process and for hat the final reports should look like (i.e. more similar to the Service Line reports should look like (i.e. more similar to the Service Line reports should look like (i.e. more similar to the Service Line reports should look like one-thing else). The hope is that the January meeting is a brainstorming session and a chance to formulate a plan going forward. This process may need the help of a trained facilitator. Tom Pasakarnis is trained as a facilitator, but will also probably bring in someone else either in person or as a consultant to help the groups set up a facilitation plan. The tentative timeline moving forward is that the Task Force can present some initial ideas to the SMAG in February, get and incorporate feedback, and then present the report at the SMAG meeting on April 12, 2018. A question was raised about whether any other VA medical centers have gone through this process. This is the first group of this type to do this kind of analysis within the VA, so this will be the benchmark going			
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health beds at the Manchester VAMC, the space would be made available. Participants stated that it was difficult to find appropriate providers in the community, but they also felt that it would be hard for the VA to staff in-patient mental health space.

Extended Care

Participants felt that there multiple nursing homes available in the community, but that they may be cost-prohibitive to some Veterans. For example, the Tilton State Veteran's home has a waiting list of three years. None of the participants said they would use nursing home beds at Manchester, but they thought others might. All participants were in favor of in-home services in place of nursing home care.

Discussion with the Task Force members. A question was raised about low turnout. While Lynne was concerned about the low numbers, she felt that it was reflective of the population group of the participants, and that it was as well publicized as it could have been.

There was discussion about additional ways to elicit feedback from Veterans. Lynne Cannavo is going to work with Public Affairs to post the questions from the focus groups on the website. There was also discussion about redesigning the website so that it's clear the website is eliciting feedback for the Task Force. One option would be to make it so that a Veteran could click on a question to answer it. The cutoff date for feedback will be January 30, 2018. The focus group questions will also be publicized in the paper and will be pushed out through the VAC, VSOs, DVAs, and other organizations. There was also discussion about contacting New Hampshire colleges to post in their campus newspapers.

Lynne Cannavo –
Work with Public
Affairs to put the focus
group questions on
the website, fix the
format of the website,
and publicize the
questions in local
newspapers

December 30, 2017

>) per

hospital," but then again, they cared the most about good care as opposed to where the care is.

Primary Care

There were both positive and negative reactions to a potential "SeaCoast CBOC." There was a concern that some Veterans may have transportation issues with the movement of the CBOC, but they supported it if it resulted in expanded space, more Veterans getting seen, and more Providers available (especially in subspecialty care). There was general support for the proposed Dover location. There was also positive support for moving the Portsmouth CBOC off a miltiary base, because the location presents access issues.

The two female Veterans felt that it was reasonable to locate the Women's Clinic near Primary Care, as long as there was a separate waiting room and a separate entry way for female Veterans.

Rehab

The Veterans wanted access to physical therapy, audiology, chiropractic services, and acupuncture in the community when available. They were not interested in traveling to the CBOCs to access these services. None of the Veterans present were interested in a Wellness Center. While many did go to a gym or use a pool, they did so close to their home.

Mental Health

All the participants acknowledged that there was a growing need for SUD treatment for Veterans in New Hampshire, and that if there were in-patient mental

VFW post at Manchester, and one in Newington, NH. The dates, times, and questions for the focus groups were advertised in a variety of ways: through Website, Radio, Television, communication with the VSO, and communication with the New Hampshire VFW and DAV posts. The focus groups were designed with limited, focus questions in a one-hour listening session format.

There were only a total of 16 participants in the focus groups. The age range of the participants was 62 – 84. Two of the participants were women. The majority of the participants (13 out of 16) were those who already used the VA system.

One consistent message from the focus groups was that they wanted any care (especially inpatient, but any care) concern about a lack of support services for subspecialty participants thought Veterans wouldn't use a CBOC "If it care at the VA. One Veteran went to community hospital and he went right from being admitted for a heart attack wanted it as close as possible. If they didn't live near a moved over the bridge" (in response to a possible new SeaCoast" CBOC. The reasons behind this was that to having open heart surgery, which he would not be between the VA and the Community, and there was npatient, they didn't want to transfer back and forth access care. At the Newington focus group, some able to do in the VA system. Feedback on specific CBOC or the VAMC, they did not want to travel to they wanted their family close by if they had to be delivered locally. They did not want to travel, they Service Lines included below,

Medicine/Surgery Line

There was not a lot of support for a VA "hospital within a

	Lynne Cannayo, VISN 1 Chief of Organizational Performance				
The new focus groups were in response to the options presented by the Service Lines. The questions were reviewed by the Acting CMO and the Co-Chairs of the Task Force Two focus groups were held, one at the	Foucs Group Update - December 2017.doc Lynne Cannavo presented an update on the Task Force focus groups.	Dr. Lee announced that after the last meeting, Dr. Mayo-Smith decided that because he had fulfilled his reporting duties in terms of the effort to change the culture at Manchester, he will be stepping aside from the Task Force deliberations moving forward, though he will be available to answer questions if necessary.	presented, including the Market Assessment and the Master Planning presentation, are starting points and not the end all be all of ideas and solutions. The hope is that the creative juices will be flowing for the January meeting. The Secretary wants creative thinking, and all options are on the table for recommendations that reflect the need of Veterans in the state of New Hampshire.	One of the main focuses of the January meeting will be the Market Assessment. The Co-Chairs then introduced the meeting. They referrated that all information and the meeting.	call will be from 3:00 – 4:30pm.
					the updated schedule

(P) Present (A) Absent		
(A) Absent (D) Designee (E) Excuse	Analysis, VACO	Strategic Planning &
ä	-	
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VA New Hampshire Vision 2025 Task Force

)	va New Hampshire Vision 2025 Task Force Minutes – December 18, 2017	cember 18, 2017		
TOPIC	DISCUSSION/DECISIONS	RESPONSIBILITY -	TARGET	STATUS
Facilitator: Tom Pasakarnis		FOLLOW UP ACTIONS	DATE	
Welcome/Comments David Kenney Taskforce Co-Chair & Chairman New Hampshire	The next face-to-face meeting will be in Manchester on January 9 th and 10 th . Officially, the meeting is one and a half days, because there was no way to change the hours listed in the Federal Register. However, a full day			
State Veterans Advisory Committee Jennifer Lee, MD	of time has been reserved on the second day, in case the conversation goes over. Those traveling from out of state should plan accordingly.			
Taskforce Co-Chair & Senior to Advisor to the Secretary, Department of Veterans	As a reminder to any non-members on the phone line, Task Force meetings are public but not interactive.		·	
Affairs	If any Task Force member has a question regarding travel reimbursements, they should reach out to Tom Pasakarnis.			
	Schedule of proposed future meetings: o Proposed:			
	 January 22, 2017 - Phone meeting February 14 & 15, 2017 - F2F February 26, 2017 - Phone meeting March 14 & 15, 2017 - F2F 	•		
	There was also a discussion about the need to extend the time of the phone calls, to leave more time for decision making. The proposed schedule was accepted	Patty Sarni – Send an email to the Task Force members with	December 18, 2017	Closed

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