

**Special Medical Advisory Group
Minutes
May 9, 2008**

Welcome and Introductions

The Chairman, Dr. Thibault, welcomed the group and Secretary James Peake, MD. Roundtable introductions were made and Dr. Thibault turned the meeting over to Secretary Peake. Secretary Peake took the opportunity to discuss priorities: transition of veterans (back into society, family settings, the workplace, and communities), PTSD, TBI, mental health, claims and compensation, disability ratings, IT, strengthening DoD-VA relationships, our infrastructure and the opportunity to positively restructure academic and medicine partnerships, and access.

General remarks by Dr. Kussman, Under Secretary for Health

Dr. Kussman thanked Secretary Peake for his comments and identified priorities of his own to emphasize organizational thrust –patient care, sustainable and consistent leadership business practices, budget accountability, and new performance measures to continue VA's improvement processes.

Health Center Facility Leasing Program

Dr. Kussman introduced Brandi Fate, Director of Capital Assessment and Planning Services. Ms. Fate discussed VA's infrastructure construction and planning process. VA facilities are aging, workload projections show reductions in inpatient care and growth in outpatient care, and funding is limited. VA was provided \$400 million for construction, which Ms. Fate states is less than half of the amount requested.

FY10 requests for submission resulted in a total of 75 concepts papers with an aggregate budget of \$10 billion, primarily in outpatient services for which 22 have been identified as possible Health Care Center Facilities (HCCF)s. The HCCF is a hybrid concept to provide outpatient services in large, leased outpatient clinics and provide inpatient services supported by local contracts with the nearby community or affiliates.

HCCFs provide care closer to where the veteran resides, allows for health care trends toward outpatient care, creates more agility and flexibility in the VA capital planning process and are cost effective. HCCF pilots are currently underway in Livermore, Walla Walla, Lexington, and Wichita, Kansas. It is estimated there will be five to seven of these leases included in the next FY10 and or FY 11 submissions.

Ethics Rules for Advisory Committee Members Who are Special Government Employees

Jonathan Gurland from the Office of General Counsel provided members a handout and discussion on ethics. Mr. Gurland's main point was to be proactive in seeking legal counsel, as the attorney-client privilege is not granted unless it is sought prospectively. Mr. Gurland provided explanation and guidance on criminal conflict of interest, standards of ethical consult, restriction of gifts, and the Hatch Act.

The criminal conflict of interest law is the same for all employees, general population of special government employees (SGEs) and requires that individuals not participate in any matters that would directly and predictably affect outside financial interests (those of our spouse, minor children, any entity whom we serve as an officer, director, trustee, or employee, or any entity with whom we're negotiating for employment or have an employment arrangement) not participate. SGEs may file a waiver of provision if the Secretary determines the VA interest in having you participate outweigh any potential conflict of interest concerns. Special exemptions provisions are also in place for university employees and if the matter affects a class of entities, but does not have a unique impact on any one person and the disqualifying interest is your outside employer. Restrictions are also in place for post-government employment. A lifetime ban is in place on former SGEs from representing another person or entity to VA or another Federal agency in any matter involving a party to which the former SGE participated. Additionally, an outside employer is not able to base your salary on raising points or making recommendation in an advisory committee.

SGEs are not allowed to accept any compensation based on their representation in connection with any matter that the US government is a party. In essence, there is a limitation on acceptance of compensation for representational activities in connection with the matter in which you're participating in officially. The second prohibition is similar, but can be triggered with compensation. SGEs cannot act as an agent of attorney for any nonfederal party before the government in connection with any matter the US government is a party.

Mr. Gurland explained gifts may not be accepted due to an official position held nor may they be accepted from prohibited sources. Exceptions to the rule include a \$20 gift per occasion or \$50 per calendar year.

Lastly, Mr. Gurland discussed the Hatch Act, which limits SGEs political activities while they are conducting government business.

Mild Traumatic Brain Injury in US Troops Returning from Iraq and Afghanistan

Dr. Thibault introduced Colonel Carl Castro, Director of the Military Operational Medicine Research Program of the U.S. Army Medical Research and Materiel Command.

Col. Castro discussed the stigma surrounding mild traumatic brain injury (mTBI) and the confusion of its definition even among health care providers. Col. Castro explained mTBI is identical to a concussion, which many people have experienced.

Progress has been made; however, challenges still exist. VA and DoD share a common definition of a TBI, clinical practice guidelines for using the military acute concussion evaluation (MACE) form have been published in theater, and population wide screenings have been established. The incidence of mTBI during deployment is unknown. Medical experts have not been able to determine the injury point in time of a TBI and often complete examinations months afterward which may result in additional referrals. Neurocognitive testing lacks validity and reliability because although baseline

neurocognitive assessments prior to deployment have been mandated, TBI clinics vary and no standards yet exist.

Col Castro identified four principal risk factors of TBI (repeated concussion, mental health issue, presence of medical disability and the legal processes, and self fulfilling expectations). Col. Castor's presentation concluded with the following recommendations: eliminate the continuum of TBI and rather the distinction should exist between concussion and TBI; modify post-deployment screening for simplicity to minimize risks; build TBI care around evidence-based step-care and collaborative care with primary care; avoid labeling; disseminate an effective risk communicating plan; research injury prevention; and lastly trust ones clinical judgment.

Working Lunch: VA Research Program Office of Research and Development (ORD)

Dr. Thibault introduced Joel Kupersmith, MD, Chief Research and Development Officer.

Dr. Kupersmith began by stating the mission of VA Research, which is "to discover knowledge and create innovations that advance the health and care of veterans and the nation." VA Research is divided into four services: basic laboratory; clinical science; rehabilitation; and health services. It is comprised of approximately 3,000 investigators who have published 46,149 articles in the last seven years.

Dr. Kupersmith discussed some of VA's accomplishments from the past including implanting the first cardiac pacemaker, completing the first liver transplant, investigating the first large scale clinical trial, and creating the electronic medical record. More recent accomplishments include telemedicine, cooperative studies program, drug safety center, genomics, personalized medicine, mental health studies, a computerize tool for paralyzed veterans, a shingles vaccine, tissue generation, and rehabilitation improvements. VA Research has begun to study the growing population of younger veterans and more female veterans.

The VA Research Program has had 3 Nobel Laureates and 6 Lasker Prize Winners. VA Research is based on rigorous science merit reviewed by VA, DoD, and non-VA researchers. VA is challenged with public relations as investigators often use their university titles rather than their VA titles, causing confusion as to VA's accomplishments.

Members discussed the improvements and progress VA has made, but acknowledged a lack of public understanding of VA research accomplishments. Members suggested VA improve public image by strengthening the public affairs office and becoming more proactive.

Suicide Occurrence and Prevention

Ira Katz, MD, Deputy Chief Patient Care Services Office of Mental Health, presented on suicide occurrence and prevention. The VA had a major initiative to enhance mental health services with a \$2 billion budget in 2001.

Suicide prevention involves making mental health services readily available to everyone. The creation of the Suicide Prevention Hot Line allows veterans to access a mental health professional in real time. Over the seven month timeframe, 37,000 veterans/veteran family members have called the hotline.

Suicide prevention coordinators have been appointed in every medical center, their job is to work with the community to increase awareness, facilitate identification of high-risk patients and enhance care. There are over 200 employees in VA whose sole responsibility is suicide prevention.

Dr. Katz announced Secretary Peake will be convening a blue ribbon panel to look at suicide data and provide recommendations for evidence-based prevention programs.

VA/DoD Relationship

Dr. Thibault introduced Scott Holliday, from the Office of Planning and Policy, who spoke on behalf of his Director, Karen Pane. Mr. Holliday provided a general overview of the progress of VA and DoD partnerships to respond to recommendations from Gulf War on Terror Taskforce, Dole/Shalala Commission, National Academy of Public Administration, Joint Executive Committee and Senior Oversight Committee.

The Gulf War on Terror Taskforce recommended process and outreach improvements for delivery of services and benefits to the Gulf War and terror service with an emphasis on timeliness, ease of application, and efficient delivery within existing executive authority and resource levels.

The President's Commission on Care for America's Returning Wounded Warriors, also known as the Dole/Shalala Report, provided six overarching recommendations for VA/DoD partnership to provide more comprehensive services for service members and veterans. The hiring of federal recovery coordinators, submitted omnibus legislation to address numerous recommendations, and a National pilot to create a single comprehensive standardized medical examination for disability evaluation are all examples of the progress due to VA/DOD partnerships.

The National Academy of Public Administration (NAPA) study was created through a Congressional earmark and reviews management structures for seamless transition such as health care services and benefits, case management, organizational factors impacting performance, and performance measurement results. The final report is expected in September 2008; however, preliminary findings include the need for increased integration of VHA and VBA, continuous improvement strategies for VA/DoD, and targeted outreach of OEF/OIF populations.

The Joint Executive Council (JEC) and Senior Oversight Committee (SOC) have played vital roles in partnering VA and DoD. The JEC was established by the National Defense Authorization Act of 2004 and is made up of 17 workgroups that meet quarterly and publish an annual report. The JEC works to review processes for providing health care and benefit services. The SOC works on discrete items and activities. Future efforts may

morph the SOC and JEC into an entity which monitors and advances VA/DoD collaboration efforts.

Dr. Kussman stressed the importance of interfacing systems for interoperability and compatibility to ease communication and transfer of information. VA is in the process of calling 550,000 veterans to make sure they are aware of VA services.

Federal Recovery Coordination Program

Dr. Thibault introduced Ginnean Quisenberry, Director of the Federal Recovery Coordination (FRC) Program.

Ms. Quisenberry presented the FRC Program, which was initiated out of the Dole/Shalala report. The FRC program is a joint VA and DoD program that provides catastrophically injured service members and their families with a point of contact to facilitate transition to longterm recovery, rehabilitation, and reintegration into private life.

VA has hired seven FRCs which are stationed at Walter Reed Medical Center, National Naval Medical Center, and Brooke Army Medical Center to establish a Federal Individualized Recovery Plan (FIRP) for seamless transition and recovery. The program started in January of 2008 with the intent to provide care to the most acutely injured. Currently, VA is recruiting for six additional FRCs.

VA-DoD Electronic Health Information Sharing

Dr. Thibault introduced Joseph Gardner, Acting Director VA/DoD Health IT Sharing Program Office.

Mr. Gardner provided a current overview of data sharing between DoD and VA, data sharing accomplishments, and future health record strategy. The original exchange of data began as one-way information in 2002 through the federal health information exchange program, which provided information to VHA providers and claims staff. Images are transferred as PDF files, which can be cumbersome to review. Improvements have been made to create bidirectional health information exchange (BHIE) that allows VA and DoD to view data at all facilities, but is read-only and therefore cannot be modified.

Mr. Gardner indicated future goals are creating an interoperable system that will allow VA and DoD to share and communicate electronic health records either through the use of one system or paired systems that are able to communicate together. Booz Allen Hamilton has been contracted to study the capability of sharing an inpatient electronic health record with DoD with an outpatient record to follow. The report is expected in July 2008.

Dr. Kussman indicated the urgency for a joint electronic health record but realizes it may not be available until 2015 due to financial and business constraints.

Veterans Benefits Administration

Dr. Thibault introduced the last speaker of the day, Tom Pamperin, Deputy Director of Compensation and Pension Service.

Mr. Pamperin discussed the attempts to streamline the compensation and pension process through the Disability Evaluation System (DES) single examination. The DES pilot was authorized November 26, 2007. The principals of the DES single examination are a single disability exam based on VA templates, a single disability rating by VA that is binding upon both agencies, and expeditious payment of VA benefits on the first day allowed by law after the member is separated from service.

Presently, 354 service members have been examined and with an average timeliness between 30 and 33 days. The previous 18 page application has been condensed to one page.

Dr. Kussman discussed the confusion and frustration for veterans since the Military Evaluation Board (MEB) and Pension Evaluation Boards are not related and the veteran will have to be seen by a military physician to complete their MEB.

General Discussion

Dr. Thibault indicated the meeting had been information rich, but data heavy which did not allow for sufficient discussion. The next meeting should allow for more interchange of members.

Dr. Thibault provided summary on the discussion and opened the floor for comments or questions.

Members discussed the shortage of clinical staff and encouraged VA to assess manpower needs and academic affiliations as new medical schools are in planning stages. Also suggested was a link with DoD's education and training efforts.

Dr. Kussman notified members of VA's continued efforts to use data. He shared that there was a newly established Office of Safety and Quality led by William Duncan, MD with a goal to advance VHA's quality.

Lastly, Dr. Kussman discussed his concern for VHA staff and veteran morale due to current politics and the VA's inability to get out its story in the current media environment.

Dr. Thibault thanked the SMAG members for their participation.

The next meeting will be in the fall, but a date has not yet been set.

The meeting adjourned at 2:37pm.