

**Special Medical Advisory Group (SMAG)**  
**Minutes**  
**September 23, 2008**

**Welcome and Introduction**

The Chairman, Dr. Thibault, began the day by welcoming the group to the SMAG meeting. He then introduced the new member, Linda R. Cronenwett, Dean of the School of Nursing at the University of North Carolina, Chapel Hill. Dr. George Thibault noted the arrival of the Honorable James B. Peake, M.D., Secretary of Veterans Affairs, and turned the meeting over to Secretary Peake.

Secretary Peake thanked the members for their presence and attendance and commenced with his opening remarks by sharing his thoughts on the value of SMAG members' contribution to the Department of Veterans Affairs. His retrospection on his own decade long tenure on SMAG and his review of past meeting minutes, confirmed the wisdom offered by the group, in the past, and the bearing of the group's insight on current and future challenges. He proposed, prior to the next scheduled meeting, providing the group with read-ahead material so as to focus on select issues with an in-depth discussion under the leadership of Dr. Kussman, Under Secretary for Health (USH), Veterans Health Administration (VHA). He deferred the final decision on his proposal to the USH, commenting on the many issues that could be the focus of an entire meeting:

- Traumatic Brain Injury
- Political relationships
- Political Transitions
- Global War on Terror
- Quality improvement
- Organization efficiencies
- Creating a culture of learning
- Federal Funding Mechanisms
- Budget Forecasting
- Information Technology, Infrastructure, Security
- Information exchanges with non-VA entities
- Research
- Clinical Services
- Quality Workforce
- Industry Competition

Secretary Peake thanked the group and turned the meeting back over to Dr. Thibault before exiting the room.

**Evolving VA/DoD Seamless Transition**

Dr. Thibault deferred to Dr. Gerald M. Cross, Principal Deputy Under Secretary for Health, VHA to introduce the next topic. Dr. Cross introduced Dr. S. Ward Casscells, Assistant Secretary of Defense for Health Affairs, Department of Defense (DoD), who

described the evolving history and improving relationship of the two agencies and this relationship's positive effects upon seamless transition of patients between the two agencies. He cited that the work done to accelerate the determination of disability has been labor intensive with progress just beginning to become evident. He added that Information Technology planning has allowed for a faster delivery of products focused on VA-centered care. Dr. Casscells noted Congress' preference for certain VHA systems of care e.g., compared to similar DoD systems of care, such as mental health care; cardiac surgery programs; measurement activity and transparency of data; performance improvement; cyber security readiness, (etc). Dr. Cassells ended his remarks stating the need to align VA and DoD oversight groups and ensure their continued communication and coordination.

Dr. Cross briefly discussed recent VA/DoD initiatives to improve VA performance such as Traumatic Brain Injury (TBI) screening; mental health access; psychologist staffing; physician staffing; nurse staffing; veteran outreach initiatives; suicide prevention; and Operation Save staff training.

### **Academic Affiliations Update**

Dr. Malcolm Cox, Chief Academic Affiliations Officer, VHA presented examples of training interfaces between VA and DoD and described the overarching goal of VA/DoD expansion to be done in concert with VA's academic affiliate programs. He described enhancements to general medical education, and the impact of shifting population demographics upon curriculum designs that must capture new initiatives with innovative foci. He noted that VA has a 5-year plan to increase the number of general medicine and primary care providers by 2,000 and reported that VHA had reached the half-way mark with approximately 1,000 additional physicians working in the field. Additionally, Dr. Cox presented information on associated health care training enhancements such as new psychology programs and nursing education initiatives.

Returning to the theme of VA/DoD cooperation he noted that in 2004 the VA/DOD Health Executive Counsel chartered a work group, the Graduate Medical Education (GME) Work Group, to design joint VA/DoD projects. He described some of the projects: GME workgroups specializing in pathology, psychology and infection diseases; seamless resident training; and the psychology exchange project. He engaged the group in a discussion of inter-professional coordination of new care delivery practices, re-design of care and teaching models, and the potential to also involve other health care disciplines such as social workers, medical residents and others.

### **New Quality Initiatives**

Dr. William E. Duncan, Associate Deputy USH for Quality and Safety, presented on "The New Frontier of Quality Care in the VA," and described the new Office of Quality and Safety that was established on November 16, 2007. He presented information on analytics for safety and quality processes within VHA and linked the data analysis processes and outcomes measures as indices of the (positive) culture of a health care delivery model. He described risk adjustment modeling, National Surgical Quality Improvement Program activities and facility drill down processes as further exemplars of

risk-adjustments to health quality initiatives. He noted that it is difficult to compare private sector hospitals (that use Medicare/Medicaid data) with VHA hospitals (which do not use Medicare/Medicaid data). Dr. Duncan concluded by speaking about moving out of “our cylinders of excellence” to create an invigorated and broad-based quality and safety culture. VHA has the ability to create automated tools that will perform embedded quality point analyses of every patient and these tools contribute to the metrics that strengthen the safety and quality processes within VHA.

### **Mental Health Update**

Dr. Cross introduced and played a portion of a newly produced video designed by DoD to be used for military training to replicate the real world complexity of decision points that affect mental health in theaters of operation.

Dr. Ira Katz, Deputy Chief Patient Care Services, Office of Mental Health, briefed the group on mental health information and background from VA perspective. He presented two new posters to be distributed nationally for use in Suicide Hotline outreach as part of a public health care approach well under way in VA. He emphasized the critical underpinning of mental health service access as a determinant for the success of suicide prevention programs. He described how matrixed programming uses facility specific suicide rates that are known and tracked to examine the effectiveness of suicide intervention activities and their further refinement. This information is then used in the design of new suicide intervention programs.

Dr. Katz went on to say that the present rebuilding, and innovation era of mental health care for the veteran and the family is yielding a new standard of care for mental health services nationally known as the Uniform Mental Health Services Package. He described how today's VHA Comprehensive Mental Health Strategic Plan consists of actions guided by six factors: access and capacity; integrated mental health and patient care; recovery transformation; evidence-based practices; returning veterans; and suicide prevention.

Dr. Katz asked for questions from the group, and a brief discussion ensued about current veteran mental health needs; improved recognition of Post Traumatic Stress Disorder (PTSD); and increases in PTSD treatment. Dr. Katz ended his presentation by providing a handout of the press release from the Blue Ribbon panel and a brief discussion of the panel's recommendations.

### **Surgical Complexity**

Dr. Thomas G. Lynch, Chairperson, Surgical Complexity Workgroup presented on the 2008 Operative Complexity and Infrastructure Standards Workgroup. Using a surgical complexity scale first defined in August 2005 by a committee of the National Leadership Board, the workgroup determined the organization complexity group model wherein surgical complexity follows facility complexity. In response to these findings, the workgroups tasked further studies of peri-operative infrastructures, procedural complexity, and other factors. He noted that this modeling is, at present, based upon current procedural terminology codes, work relative value units and mortality data within

VA. The model does not yet adjust for patient risk factors, work volume impact, or morbidity. Dr. Lynch asked for questions from the group, and a brief discussion ensued regarding the potential for changes to VHA surgical program model to increase efficiency of oversight and improved outcomes

Dr. Cross concluded this segment of the agenda by highlighting the potential for VHA to change health care delivery nationwide based on the potential to recognize areas at risk.

### **VHA Public Relations Campaign**

Mr. Ev Chasen, Chief Communications Officer, began by noting significant changes that have occurred recently in VA communications. He noted the reversal of the 100 year-old historical prohibition to VA advertising. He illustrated his theme with handouts on suicide prevention communication products and a discussion of the organizational impact of this enormous change. The strategic outcome has already produced many products for distributions such as Washington Metropolitan Area Transit Ad campaign roll-out; a public service announcement featuring the actor Gary Sinise; new Web pages; Expanded campaigns to areas with highest suicide rates; Veterans Service Organization posters; and Social Media links such as YouTube, MySpace and book.

### **Political Climate**

Dr. Michael J. Kussman, USH presented a summation of political factors. He stated that, without doubt the next meeting will be directly affected by the political climate due to the November presidential election. He noted great possibility for change as the political climates shift. He then discussed the myriad of topics being bandied about the media that had some impact upon perceptions of VA care for veterans.

Dr. Kussman presented his thoughts about proceeding with Secretary Peake's charge for the group's next meeting: 1) an in-depth review of one program such research or TBI care, 2) a generic strategic discussion one subject such as care models issue and impact of various economic and political changes that affect the care model, 3) a higher level look at some big trends in health care such as population changes and the impact upon human resources within the health care industry.

Dr. Thibault added that he felt the group might want to look at some of the larger questions of strategic planning and the future of VA. In addition, before concluding and thanking the membership for their time, Dr. Thibault restated his interest in ensuring that the members commit to homework in an effort to prepare for a future meeting dedicated to a single agenda topic.

**SMAG meeting adjourned at 2:30 P.M.**