

October 14, 1998

## POLICY BOARD

**1. PURPOSE:** This Veterans Health Administration (VHA) Memorandum revises the procedures the Policy Board will apply in the development of policy recommendations for the Under Secretary for Health, outlines the process for submitting items and making presentations to the Policy Board and provides information about Policy Board process and fit within the organization.

## 2. POLICY

a. The Policy Board serves as advisor to the Under Secretary for Health on major systemwide policy matters. It does this by:

(1) Receiving proposals for systemwide policy, new or revisions, with or without financial implications, from individuals, Veterans Integrated Service Networks (VISNs), VHA program offices, work groups, task forces, committees, etc.;

(2) Assuring the issues are fully developed and debated; and

(3) Forwarding its recommendations to the Under Secretary for Health. *NOTE: See Attachment A for outline of Policy Board process and structure.*

b. The Under Secretary for Health and Deputy Under Secretary for Health refer policy matters and issues to the Policy Board when they determine that additional development, discussion or the diverse expertise of the Policy Board should be brought to the issues.

c. The Policy Board will receive and make recommendations for expenditures of the National Reserve Fund in excess of \$500,000 and those involving major systemwide policy matters or initiatives to implement such policy. The Chief Financial Officer has primary responsibility for this element of the Board's work directly and through the Screening and Evaluation Committee, as well as for briefing the Under Secretary for Health and the Deputy Under Secretary for Health in advance of Policy Board meetings on these matters, as deemed necessary. The Policy Board also provides oversight for:

(1) All money spent from the National Reserve Fund regardless of approval level, and

(2) The non-modeled funding process.

d. The Chief Policy and Planning Officer has primary responsibility for working with the Office of the Under Secretary in reviewing and coordinating packages prior to going to the Policy Board and in following up on implementation with all relevant offices and officials.

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**3. ACTION**

a. **Membership.** It is expected that Policy Board members will attend meetings. Individuals other than members may attend meetings as subject matter experts or observers. Voting rights are reserved for members and their authorized proxies.

- (1) **Chairperson** Deputy Under Secretary for Health
- (2) **Vice Chairperson** Chief, Policy and Planning Officer
- (3) **Executive Secretary** Executive Assistant to the Under Secretary for Health
- (4) **Members**

- Chief Network Officer
- VHA Chief of Staff
- VISN Directors
- VHA Headquarters Chief Officers
- Assistant Secretary for Policy and Planning
- Assistant Secretary for Management
- Assistant Secretary for Congressional Affairs
- General Counsel
- Director, VHA Center for Ethics

b. **Frequency and Location of Meetings.** Policy Board will meet at least monthly, generally at VHA National Leadership Board meetings. The Chairperson may call additional meetings, as needed. Additional meetings may be held either with members present, physically or by teleconference, or through electronic means. At all meetings where members are physically present, provision also will be made for conference call attendance. At electronic meetings, clear direction will be provided at the outset of the meeting regarding actions which members are expected to take and deadlines by which those actions are to be accomplished.

c. **Process.** As noted in the preceding, Policy Board will receive all proposals with major policy implications from VHA executives, advisory committees, task forces, work groups, etc., including new program concepts. It will process these proposals and make recommendations to the Under Secretary for Health.

(1) Scheduling and management of Policy Board administrative processes is done by the Executive Assistant to the Under Secretary for Health [EA/USH (10E)]. Fully-staffed and complete packages must be received by that office at least 3 weeks in advance of the date scheduled for Policy Board consideration. ***NOTE: Identifying the issue for preliminary scheduling early in the issue development process will provide greatest likelihood that a desired date is available.***

(2) Policy initiatives requiring recommendation(s) to the Under Secretary for Health will be prepared using the process and format outlined in the Executive Decision Memo (EDM) template. *See Attachment B.* Exceptions to use of the EDM are made in specific circumstances at the discretion of the Chairperson or Executive Secretary. For example, advisory committee minutes, external review reports, legislation, and documents from the Department in which system-wide recommendations are embedded can be considered by Policy Board absent an EDM.

(a) The responsible office or entity will prepare the EDM on the issue(s). The EDM should be clear and concise and generally limited to no more than six pages. Attachments are acceptable when needed to amplify an issue.

(b) Complete decision packages received by the EA/USH (10E) at least 3 weeks prior to scheduled Policy Board discussion will be placed on the agenda.

(c) The EA will prepare a final Policy Board agenda, obtain the Chairperson's approval and distribute packages to members at least 2 weeks prior to the meeting.

(3) Policy initiatives may be brought to Policy Board to solicit input or guidance. When this is desired, the proposing office or entity must a) make that intent clear to the Executive Secretary; b) clearly identify the objectives to be achieved by consultation; and c) adhere to the EDM and Policy Board processes in preparing materials for review. Such consultations do not obviate the need to subsequently present the initiative to Policy Board for developing recommendations for the Under Secretary for Health.

(4) Presentations to Policy Board should follow the guidance in Attachment C.

d. **Documentation**

(1) Minutes will be kept for all meetings, whether face to face or electronic. They will be produced as two items that together form a complete record of Board actions.

(a) The first, prepared for the approval of the Under Secretary for Health, will contain all policy issues discussed with recommendations and copies of all Board materials.

(b) The second, prepared for the approval of the Deputy Under Secretary for Health, will contain the recommendations for use of the National Reserve Fund and copies of all related materials.

(2) Approved copies of minutes will be distributed to all members. Policy Board recommendations and decisions requiring follow-up will be tracked and updates required.

(3) Outcomes of follow-up will be provided to the Policy Board, Under Secretary for Health, and to others as appropriate.

e. **Implementation of Approved Recommendations**

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(1) Policy Board members, affected program and network offices and others, as appropriate, will be notified of Under Secretary for Health action on Policy Board recommendations. Upon receipt of the Under Secretary for Health decisions, relevant program offices will take appropriate action and advise the Executive Secretary thereof.

(2) The Executive Secretary will obtain, and provide to the Policy Board, feedback regarding any requirements imposed by the Under Secretary for Health as a condition, or adjunct to, a Policy Board decision.

(3) The Under Secretary for Health will receive quarterly reports from the Executive Secretary regarding status of any open items.

**4. RESPONSIBILITY:** The Executive Assistant to the Under Secretary for Health (10E) is responsible for the contents of this Memorandum.

**5. RESCISSION:** VHA Memorandum 96-001 dated October 24, 1996, is rescinded.

**6. RECERTIFICATION:** This VHA Memorandum is scheduled for recertification on/or before the last working day of October 2003.

Thomas L. Garthwaite, M.D.  
Acting Under Secretary for Health

Attachments

Distribution: CO and VISN: E-mailed 10/15/98

ATTACHMENT A

**POLICY BOARD PROCESS  
AND STRUCTURE**

<b>Sources of Potential Policy Board Issues</b>	<b>Types of Materials</b>
VISNs	EDM, Proposed VHA memoranda
Headquarters Program Offices	EDM, Proposed VHA memoranda
Office of the Under Secretary	EDM referred after receipt from VISNs or HQ, Direct request with or without EDM
VHA standing or ad hoc committees	EDM, Proposed VHA memoranda
Advisory committees including FACA	Committee minutes or reports in which recommendations are embedded
Department including Secretary of Veterans Affairs	Request for action or recommendation
External review reports – e.g., GAO, IG, OMB	Final reports
Congress	Legislation, official reports, letters requesting system-wide policy change

**POLICY BOARD STRUCTURE AND RESPONSIBILITIES**

1. **Executive Secretary.** The responsibilities of the Executive Secretary are to:
  - a. Review all proposed VHA issuances for possible referral to the Policy Board.
  - b. Review all EDMs and other items proposed for Policy Board consideration and accepts, requests additional information, refers elsewhere, rejects with and without review by Policy Board Review Committee depending on issues and circumstances.
  - c. Assemble the proposed Policy Board meeting agenda.
  - d. Finalize the agenda after Policy Board Review Committee inspection.
  - e. Record proceedings of meetings and submits same for action of Under Secretary for Health and Deputy Under Secretary for Health.
  - f. Communicate Under Secretary for Health decisions to relevant offices and/or parties.

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**2. Policy Board Review Group**

a. Composition. The Policy Board Review Group is composed of the Policy Board Chairperson, Vice Chairperson, Chief Network Officer, and VHA Chief of Staff.

b. Responsibilities. The responsibilities of the Policy Board Review Group are to:

(1) Assure that the Policy Board process is observed and, when necessary, revised.

(2) Consult with Executive Secretary to finalize the Policy Board agenda and determine the appropriateness of items submitted for potential Policy Board review or that should be considered by Policy Board.

**3. Chief Financial Officer.** The responsibilities of the Chief Financial Officer are to:

a. Provide materials regarding the National Reserve Fund, including all actions to increase or decrease the fund.

b. Present all funding requests to the Policy Board, including those approved outside the Policy Board process and those for Policy Board recommendation.

c. Prepare the minutes of the Policy Board segment devoted to the National Reserve Fund and budget actions arising from recommendations of the Screening and Evaluation Committee (SEC).

d. Communicate the decisions of the Deputy Under Secretary for Health on SEC budget recommendations to appropriate offices and individuals.

e. Track and follow-up on decisions related to the National Reserve Fund and other funding actions and report back to the Policy Board, as appropriate.

**4. Chief Policy and Planning Officer.** The responsibilities of the Chief Policy and Planning Officer are to:

a. Review and coordinate packages prepared for the Policy Board in collaboration with the Executive Secretary.

b. Maintain tracking documents related to policy decisions and provide follow-up on open issues.

**5. Policy Board.** The responsibilities of the Policy Board are to:

a. Recommend action, to the Deputy Under Secretary for Health and Under Secretary for Health, which may include recommending approval, disapproval, or modification regarding requests for funding and system-wide policy issues to the Deputy Under Secretary for Health and

Under Secretary for Health on matters brought before it; it may also request additional detail as a prerequisite for formulating recommendations.

- b. Refer issues, as appropriate, to other bodies for action.
- c. Receive follow-up and monitor progress of approved recommendations.

**6. Under Secretary and Deputy Under Secretary for Health.** The responsibilities of the Under Secretary for Health and the Deputy Under Secretary for Health are to:

- a. Accept, decline, or modify recommendations made by the Policy Board.
- b. Defer decisions on recommendations.
- c. Request additional input or briefing prior to acting on recommendations.
- d. Initiate “urgent” or “priority” policy implementation, with or without Policy Board consideration, as circumstances warrant.



**ATTACHMENT B**

**SAMPLE FORMAT  
FOR  
VETERANS HEALTH ADMINISTRATION  
EXECUTIVE DECISION MEMO**

**To:** Under Secretary for Health (10)

**Via:** Policy Board

**From:**

**Subject:**

**Prepared by:**

For Further Information Contact:

Action Requested:    \_\_\_\_\_ Request for approval  
                                  \_\_\_\_\_ Request for discussion or further review  
                                  \_\_\_\_\_ For your information  
                                  \_\_\_\_\_ Other (specify)

**STATEMENT OF ISSUE:** A concise statement of the issue, circumstance or situation that needs to be addressed or resolved.

**RECOMMENDATION** (of the requestor): A succinct statement of what action is being recommended to address or resolve the issue.

**POLICY BOARD DISCUSSION:**

**POLICY BOARD RECOMMENDATION:**

**APPROVE/DISAPPROVE  
COMMENT:**

\_\_\_\_\_  
Under Secretary for Health

October 14, 1998

**I. STATEMENT OF ISSUE:** A concise statement of the issue, circumstance or situation that needs to be addressed or resolved (same as page A-I)

**II. SUMMARY OF FACTS AND/OR BACKGROUND:** A succinct discussion or review of the relevant facts or circumstances bearing on the issue (one to a few paragraphs).

**III. SYNOPSIS OF SIGNIFICANT RELATED ISSUES:** A statement of any related or peripheral issues not covered in II that also should be considered (one to a few paragraphs).

**IV. CRITERIA FOR DECISION MAKING:** A listing of all significant criteria upon which the options for addressing the issue will be judged pro or con. This section should precisely specify the basis for making the decision.

**V. STAKEHOLDER INVOLVEMENT:** A brief description of who was worked with (i.e., internal and external stakeholders) and what process was used to develop the decision criteria and options.

**VI. OPTIONS AND ARGUMENTS:** A listing of the various options for actions that could be taken to address or resolve the issue or situation and the arguments for and against each (Remember that no action is always one option.)

Option 1:

Arguments Pro:

- 

Arguments Con:

- 

Option 2:

Arguments Pro:

- 

Arguments Con:

- 

**VII. RECOMMENDED OPTION:** A succinct statement of what action is being recommended to address or resolve the issue (same as page A-1).

**VIII. DISSENTING OPINIONS REGARDING RECOMMENDED OPTION:** When the recommended option is the result of a committee or group process, then major dissenting views or minority opinion should be noted, as well.

**IX. EFFECT OF RECOMMENDED OPTION ON EXISTING PROGRAMS AND/OR FACILITIES:** An assessment of the effect of the recommended action on existing programs or facilities.

**X. LEGAL OR LEGISLATIVE CONSIDERATIONS OF THE RECOMMENDED OPTION:** A brief discussion of any legal or legislative issues, concerns or considerations stemming from the recommended action.

**XI. BUDGET OR FINANCIAL CONSIDERATIONS OF THE RECOMMENDED OPTION:** A discussion of any costs and/or any financial or budgetary effects of the recommended action, including the present availability of any needed resources. *NOTE: This section must have concurrence of the Chief Financial Officer that costs and/or budget effects are reasonable prior to submission to the Policy Board and Under Secretary for Health.*

**XII. PUBLIC RELATIONS OR MEDIA CONSIDERATIONS OF THE RECOMMENDED OPTION:** A discussion of any potential public relations or media problems, opportunities, etc., raised by the recommended action.

**XIII. CONGRESSIONAL OR OTHER PUBLIC OFFICIAL OR AGENCY CONSIDERATIONS OF THE RECOMMENDED OPTION:** A discussion of any Congressional and/or other public official or agency notification or involvement considerations raised by the recommended action.

**XIV. IMPLEMENTATION:** A brief discussion of the timing, sequence and implementation of the recommended action, including major implementation milestones. The proposed lead office or lead person and support offices should be clearly identified. Any anticipated obstacles should be noted.



ATTACHMENT C

PRESENTATIONS TO POLICY BOARD

Presentations made to the Policy Board are to be concise and based on an assumption that Policy Board members have read related materials in advance. The following guidance should be followed in making presentations.

1. First, identify the presenter and any additional subject matter experts who will be providing information or who are available to take questions.
2. Identify the subject and the desired action, e.g., recommendation for approval to the Under Secretary for Health, input to further develop the issue.
3. Provide a succinct overview of the issue with emphasis on major points, areas of specific concern or conflict, etc. *NOTE: This should be limited to about 5 minutes.*
4. Answer questions.
5. Except in unusual instances that have been cleared in advance with the Executive Secretary, additional materials and audiovisual aids will not be introduced at the Policy Board meeting.