Description of document:	Department of Veterans Affairs (VA) Transition Briefing for the Incoming Biden Administration, 2020
Requested date:	01-January-2021
Release date:	17-November-2023
Posted date:	12-February-2024
Source of document:	Department of Veterans Affairs Freedom of Information Act Services (005R1C) 811 Vermont Avenue, NW Washington, DC 20420 Fax: 202-632-7581 Veteran Affairs FOIA Public Access (PAL) Website

VACO FOIA Service
Office of Information & Technology (OIT)
811 Vermont Ave NW
Washington DC 20420

In Reply Refer To: **FOIA Request 21-02384-F**

11/17/2023

This letter is the initial agency decision to your 01/01/2021, request under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, submitted to the Department of Veterans Affairs, VA FOIA Service. For reference, your request is attached.

Request Procedural History

As indicated in their 02/04/2021 letter, Veterans Health Administration (VHA) referred your request to VA FOIA Service for further processing and direct response to you. Your FOIA request was received by the VA FOIA Service on 07/12/2023 and assigned FOIA tracking number 21-02384-F, please refer to this number in any future correspondence.

The VA processes requests using multi-track processing which allows us to process requests on a first-in, first-out basis in either a simple or complex processing track. Your request was placed in the simple processing category.

Search

On 07/21/2023 a search inquiry was sent to the Office of Enterprise Integration (OEI) requesting they conduct a search for documents responsive to your request for “A digital/electronic copy of the transition briefing document(s) (late 2020) prepared by VHA for the incoming Biden Administration”. The search was conducted by pulling all VA Transition Council records in Microsoft Teams. These records were located on the VHA Microsoft Teams folder. No search terms were used as all documents located in the VHA Microsoft teams folder were responsive. At the conclusion of their search, the Office of Enterprise Integration (OEI) located 17 documents, totaling 159 pages, as responsive to your request.

Initial Agency Decision:

Upon completion of my review, I have determined that the documents contain information which must be withheld under the disclosure protections of FOIA Exemption 5, 5 U.S.C. § 552(b)(6). Therefore, I am withholding portions of the documents under Exemption 5.

Our review of the documents also revealed that they contained information that falls within the disclosure protections of FOIA Exemption 5. (5 U.S.C. § 552(b)(5)). Exemption (b)(5) permits an agency to withhold material that reflects the thoughts, opinions, and recommendations of agency officials undertaking review of an issue. Exemption (b)(5) also protects the quality of agency decisions, the agency's decision-making process, and the integrity of the deliberative process itself. Exemption 5 permits the Government to withhold "inter-agency or intra-agency memorandums or letters which would not be available by law to a party in litigation with the agency." The most invoked privilege incorporated within Exemption 5 is the deliberative process privilege. This privilege protects the decision-making processes of Government agencies, and protects advisory opinions, recommendations, and deliberations. Specifically, three policy purposes consistently have been held to constitute the basis for this privilege: (1) to encourage open, frank discussions on matters of policy between subordinates and supervisors; (2) to protect against premature disclosure of proposed policies before they are finally adopted; and (3) to protect against public confusion that might result from disclosure of this information.

This concludes VA's response FOIA request 21-02384-F. If you disagree with the determinations set forth in this response, please be advised you may appeal to the VA Office of General Counsel. Appeals may be submitted electronically, faxed, or mailed to the following address: Office of the General Counsel (024), Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, D.C. 20420, Fax: 202-273-6388, ogcfoiaappeals@va.gov.

If you should choose to file an appeal, your appeal must be postmarked or electronically transmitted no later than ninety (90) calendar days from the date of this letter. Please include a copy of this letter with your written appeal and clearly state why you disagree with the determinations set forth in this response.

You may also seek assistance and/or dispute resolution services for any other aspect of your FOIA request from the FOIA Public Liaison and/or Office of Government Information Services (OGIS). The FOIA Public Liaison: FOIAHelp@va.gov, Phone: 202-738-2974. Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road, College Park, MD 20740-6001, Fax: 202-741-5769, ogis@nara.gov.

If you should have any questions, please feel free to contact me at or by email at vacofoiase@va.gov.

Sincerely,

Michael Sarich
VA FOIA Director

Enclosure(s): Responsive Documents, 159 pages

VHA Innovation Ecosystem

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Ryan Vega MD, MSHA
Carolyn Clancy MD, MACP

December 10, 2020

Purpose & Agenda

Purpose: VHA is a ***national treasure*** and the only health care organization positioned to effectively incubate and operationalize transformational innovation on a national scale. Strategic investment in innovation as VA's 5th mission will help ***transform health care for both Veterans and the Nation at large***.

Background

Scope

VHA Innovation Ecosystem (IE) serves as an organizational asset that provides the infrastructure and catalyst for enabling the discovery and spread of mission-driven health care innovation. The Ecosystem is comprised of several unique portfolios that span the entire lifecycle of innovation, from discovery to scale, and integrates various communities to support strategic partnerships, field operations and workforce development, cementing innovation as a core organizational competency.

Major Stakeholders

1. Veterans (including VSOs)
2. Field Operations (Front-line Clinical and Administrative Staff)
3. National Program Offices
4. Academia & Private Sector Organizations
5. Other Federal Agencies (DOD, HHS, FDA, NIH)

Outputs/Outcomes

- 150+ VA facilities engaged in identifying and scaling innovation
- 25K Employees trained in innovation competencies and implementation methods
- 1M+ Veterans impacted by innovations developed through VHA IE
- $40M (and growing) in costs avoided as a result of the solutions developed or scaled through VHA IE

Background

Goals & Objectives

WORKFORCE CAPACITY TO ACTUALIZE INNOVATION

VHA IE invests in VHA employees to give them the tools and skill sets needed to bring innovative ideas to fruition.

DELIVERING MORE, TOGETHER

Innovation cannot be realized in isolation and requires novel, cross-industry partnerships that surface novel ideas and help catalyze a shift in the status-quo.

RESILIENT ORGANIZATIONAL INFRASTRUCTURE

We institutionalize innovation through integrated, systematic, repeatable pathways for change.

NAVIGATE ORGANIZATION AS AN INTEGRATOR

VHA IE purposefully manages and convenes stakeholders to align field-based innovation with VHA Strategic Priorities and resources. Funding the program office amplifies field-level innovation.

INNOVATION-NURTURING CULTURE

We shift the mindset to envision innovation as everyone's responsibility to improve service delivery and create a new normal.

MAXIMIZE RETURN ON INVESTMENT

We provide the best Veteran care through leveraging existing resources and creating new ones. With a cost avoidance of $40M, VHA IE's ability to scale innovation means the return on investment will continue.

Budget and Resources

(b)(5)

Bottom Line: (b)(5)

(b)(5)

Program Office Funding:

($ in millions)	2019	2020	2021	Change 2020 v. 2021***	
	Requested - Budget - ***EXECUTED*****		Requested	$ / FTE	%
Total Medical Special Purpose Budget*	20 - 4.52 - **13**	20 - 4.52 - **34.4**	(b)(5)	(b)(5)	
Total IT Budget**	11 - 11 - **1.03**	11 - 11 - **1.71**			
Total FTE Budget	**3.84**	**3.98**			
Total FTE	**22**	**19**			

*Represents mix of 0152/0160 special purpose medical dollars that are invested in field-based innovation activities and solutions
**Represents mix of IT DME/O&M dollars that are invested in IT solutions that support the field
***Based on difference between in EXECUTED vs Requested amounts
***Based on difference between in Budget vs Requested amounts since budget was repurpose due to major IT shortfalls limiting execution

Timeline & Key Milestones

2010

VA Innovation Initiative (VAi2)

- Established under the SECVA as VA's first formal innovation initiative
- Focused on rapid prototyping and piloting around VA-wide topic areas
- Managed funding and strategic direction for innovation initiatives aligned with VA strategic priorities

2011

VHA Innovation Program

- Established in VHA to manage execution of the innovation initiatives for VAi2
- Sourced and managed innovative ideas from both industry (strategic) and front-line employees (grassroots)
- Stood up and managed VA's first external IT innovation safe-harbor environment (Future Technology Lab)

2013

VA Center for Innovation (VACI)

- Formal program iteration of VAi2, increased focus on scale and spread of innovation beyond prototypes
- Moved from the Office of the Secretary to the VA Office of Policy & Planning (now VA Office of Enterprise Integration)

2015

Innovators Network (iNET) and Diffusion of Excellence (DoE)

- Innovators Network started under VACI, 8 initial locations at VA medical centers throughout the Nation
- Diffusion of Excellence started as USH initiative then formally moved under VHA Quality, Safety, and Value
- Complementary initiatives, focused on early-stage solutions (iNET) & scaling promising practices (DoE)

2018

VHA Innovation Ecosystem

- Consolidated Diffusion of Excellence, Innovators Network, and VHA Innovation Program under VHA as part of Office of Discovery, Education, and Affiliate Networks
- ***In 2019**, established Care and Transformational Initiatives portfolio, Innovation Fellowship Program, and National Centers of Innovation to Impact

Major Successes – Priority Topics

Mental Health/ Suicide Prevention

Veterans Mental Evaluation Team (VMET) responds to calls involving local law enforcement interactions with Veterans in crisis and conducts outreach efforts to contact at-risk Veterans who have stopped showing up for their psychiatric care at VA hospitals. In the first year of implementation, VMET was adopted in five VHA facilities and has saved 70 Veteran lives, received 823 phone calls, placed 27 psychiatric holds, responded to 52 calls with assistance from local police agency, and leveraged four housing placements.

Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) uses a predictive model to identify Veterans who may benefit from enhanced care, outreach, and risk assessment and prompts clinicians to call and check in with their patients. REACH VET analyzes 61 variables to target clinical outreach to patients that are over 140 times more likely to have a suicide death than a typical VA patient, with over 63,000 patients targeted for contact by the REACH VET program to date.

Individualized Care

Mobile Orthotic & Prosthetic Services (Mobile OPS) utilizes portable digital technologies and a mobile laboratory based on a platform of low-cost, lightweight, modular battery-powered tools to provide care where the Veteran is most comfortable. Mobile OPS has developed a business plan and roadmap for national expansion.

Advanced Environmental Controls (AEC) empowers Veterans with spinal cord injuries with tools to enable them to have better control over their surroundings and improve their quality of life. AEC provides a solution which integrates multiple existing ECU functions into one comprehensive hospital product. It was designed specifically for Veterans with a wide variety of needs and disabilities to enable them to perform everyday tasks. This innovation has deployed more than 800 AEC units to 18 VA facilities with spinal cord injury units. This innovation has been particularly impactful during COVID, helping Veterans with SCI stay connected to friends and family using digital technology.

Precision Medicine

TruGenomix uses genetic testing to identify deoxyribonucleic acid (DNA), ribonucleic acid (RNA), and proteins responsible for the biological changes in our bodies at the root of an illness. These genes and proteins can then be targeted with new, precise treatments. TruGen-1 is a patented biomarker test, performed on a simple blood sample, to help clinicians quickly and objectively recognize patients with the physiological dysregulation seen in PTSD. TruGenomix and VA are collaborating on a prospective study using Veteran samples to assess the validity of the assay specifically in the Veteran population.

Major Successes – Priority Topics

Quality and Access

Hospital Acquired Pneumonia Prevention by Engaging Nurses (Project HAPPEN) encourages staff to assist Veterans in completing oral care to reduce the risk of pneumonia. Project HAPPEN is low cost to implement and enhances the quality of care provided to Veterans. Project HAPPEN has now served 29,398 unique Veterans and scaled to 65 VHA facilities, assisted in the care of 120,380 Veterans, and trained 7,745 VA staff.

VIONE De-Prescribing Methodology (VIONE) is a patient and clinician-friendly methodology for the planned cessation and de-prescribing of potentially inappropriate medications (PIMs). VIONE has impacted millions of Veterans, implemented at over 75 sites, avoided $20M in VA costs, and deprescribed over 330,000 unique medications.

Workforce Training

Innovation Fellowships aim to develop individuals to serve as the innovation thought leaders of tomorrow, drive innovative programmatic changes that advance care delivery and service to Veterans and create an environment of collaboration and partnership that fosters innovative approaches to solving complex health care challenges. Innovation Fellowships have helped 11 Fellows advance their professional careers, gain national recognition through awards and accolades, and scale their solutions.

VHA Innovators Network (iNET) is a network of 33 VA Medical Centers changing the way employees think and solve problems through training and accelerated operationalizing innovation. iNET provides the in-house capability of driving a culture of innovation through a cycle of Ignite-Accelerate-Celebrate. iNET commands the power of hundreds of frontline employee innovators who are uniquely attuned to patients' needs and ready to make a difference.

Underserved Populations

Race-Based Stress and Trauma Group (RBSTG) is a clinical intervention designed to engage Veterans of color in building resilience and positive coping skills. RBSTG developed evidence-based guidance for staff to create one of VA's first programs that addresses how racism affects Veterans' mental health. The program has spread to dozens of sites and engaged Veterans who previously had not sought nor received needed mental health treatment.

PRIDE in All Who Served (PRIDE) helps VHA provide culturally competent care for Veterans by providing a 10-week health education group developed for LGBTQ+ Veterans focused on reducing health care disparities and enabling dialogues about health care needs. PRIDE is available in 15 medical centers, with more sites in the process of planning their first group. More than 600 VHA staff were trained in 2019, reaching more than 275 Veterans (55% women, 27% racial/ethnic minority Veterans).

Major Successes – COVID Response

The VHA IE's **Agile Design and Production Transformation (ADAPT) initiative** is leveraging the **VHA 3D Printing Network** to meet the VA's personal protective equipment (PPE) supply requirements during the COVID-19 pandemic. Through ADAPT initiative, **VHA Innovation Ecosystem established a cooperative**, between the VHA's 3D Printing Network, the Food and Drug Administration (FDA), and National Institutes of Health (NIH) **to address VA medical supply shortages as they were identified**.

Through this bold and innovative initiative that is helping to **secure VA's supply chain of mission-critical PPE** during the COVID-19 pandemic by leveraging internal manufacturing capabilities. It will also help secure the VA's supply chain moving forward by reducing and ultimately eliminating dependencies on external suppliers.

Outcomes/Impacts Achieved	
741,534	Unique visitors to the 3D Print Exchange
1.36 million+	Total views of designs in the collection
194,449	Files downloaded
611	Published designs
25+	VA Medical Centers printed face shields for local provider use
1000+	Face masks produced at VHA
1500+	Face shields can be printed daily

VHA Innovation Ecosystem used innovative and collaborative challenge models to address emerging and unmet needs created by the pandemic. Challenges lead by VHA IE included the **Precision FDA Challenge** to create computational models that can predict COVID19 health outcomes and the **COVID-19 Makers Challenge** to develop solutions that address unmet needs of essential personnel. The most promising solutions from these challenges are being tested, refined and deployed at VA facilities.

The **VHA Innovators Network Ride Sharing Program** pivoted a ridesharing pilot for Veterans needing transportation to work **to deliver food from food banks to Veterans in GPD/ transitional housing** in Boston and Memphis.

The **Caregiver Respite Relief Program** designed and developed in collaboration with the Elizabeth Dole Foundation is providing respite relief to Veteran caregivers to help them cope with the stress of being a primary caregiver during the pandemic.

Major Successes – Redefining the Future

BIOPRINTING

Pioneering use of transformative technologies like bioprinting through project IMPACT to fabricate living, vascularized bone grafts using a patient's own cells

VR, AR, AND XR TOOLS

Pioneering the use of virtual, augmented and mixed reality tools for use in pain management, physical therapy, surgical planning, medical training and the treatment of post-traumatic stress disorder (PTSD)

FUTURE OF VETERAN HEALTHCARE

Using human centered design to understand how the COVID-19 pandemic abruptly changed the health care delivery paradigm will allow VA the opportunity rapidly adapt to the changing needs and desires of Veterans and ensure that the future state delivery system is aligned with those changes and preferences.

5G-ENABLED ADVANCED IMAGING

Improving the safety, efficacy and overall surgical outcomes through 5G-enabled advanced imaging with real-time 3D holographic visualizations

REMOTE PATIENT MONITORING

Leveraging advanced technology and new care models to end diabetic limb loss through early detection and intervention; with this technology, 97% of diabetic foot ulcers (DFUs) can be identified five weeks earlier, resulting in the near elimination of DFUs, major amputations and the use of graft products.

HOSPITAL IN THE HOME

In partnership with DEKA Research and Development Corporation and CVS Health, VA seeks to design, and pilot, new models of care around in-home hemodialysis that are scalable, cost effective, and convenient for Veterans resulting in quality of life improvements as well as improved clinical outcomes.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 Operational	(b)(5)
2 Financial	
3 Legislative	
4 Human Capital	
5 IT Pathways	

Actions/Decisions for the First 100 Days

Streamline innovation programs and governance

- Continue efforts to streamline innovation under VHA allows for vital engagement and support of Veterans and clinicians as well as strategic oversight from program offices
- (b)(5)

Invest and resource VHA IE operations

- (b)(5)
-

Pursue legislative and policy changes needed for a sustainable ecosystem

- (b)(5)
-

Enhance strategic alignment of intra- and inter-agency innovation

- Better align innovation activities across the organization, particularly with the VA Office of Information Technology, to create cohesive and aligned pathways for advancing innovation
- Enhance strategic alignment of innovation activities with other federal partners including DOD, HHS, FDA, and NIH

Harassment and Assault Prevention

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Harvey Johnson – Deputy Assistant Secretary, Office of Resolution Management, Diversity & Inclusion
Lelia Jackson – Senior Strategist, VHA Office of the Chief of Staff
Patricia Hayes, PhD – Chief Officer, Women's Health

December 9, 2020

Purpose & Agenda

Purpose: Provide an update on the ongoing and upcoming efforts VA is undertaking to end harassment and assault.

Background

Scope

The Department of Veterans Affairs is committed to a welcoming, safe, and respectful environment for employees, Veterans, visitors and employees.

Goals & Objectives

- Enterprise-wide World Class Harassment and Assault Prevention Program
- Promote a culture of respect and safety
- Systematically improve existing sexual harassment and sexual assault reporting and policies
- Create a seamless, secure, and compassionate system for reporting harassment without fear of retaliation

Major Stakeholders

Veterans, Employees, Volunteers, Visitors
Veterans Services Organizations
Unions
Administrations
Security and Law Enforcement
Center for Women Veterans
Veterans Experience Office
Office of Employment Discrimination Complaint Adjudication

Key Leadership

- Harvey Johnson, Deputy Assistant Secretary, Office of Resolution Management, Diversity & Inclusion
- Lelia Jackson, Senior Strategist, VHA Office of the Chief of Staff
- Patricia M. Hayes, PhD, Chief Officer, Women's Health
- Ann E. Doran, Executive Director, Office of Patient Advocacy
- Amy L. Parker, Chief Learning Officer

Timeline & Key Milestones

June 2017

Launched End Harassment Campaign [Signature "My Name Isn't Hey Baby"]

To raise awareness within staff of sexual/gender-based harassment within the facility & microaggressions, utilizing survey and focus group data. Raise awareness of impact of harassment on female patients/staff, with a special focus on trauma survivors, and provide tools and educate staff on appropriate intervention strategies.

2018

Launched World Class Harassment and Assault and Prevention Program

ORMDI's new Equal Employment (E^2) Opportunity system (E^2).

Formed a cross-department working group to reimagine and build a world class harassment and assault program.

Oct 2019

Appointed Senior Strategist for VHA Assault and Harassment Prevention

To elevate emphasis from the highest level of the Administration to reduce barriers to care, promote a culture of safety and respect, improve reporting and response to harassment and assault, enhance policy and procedures.

July 2020

Launched the Database on Sexual Assault and Incident Reporting

To provide the end user with the ability to track, analyze and compile data on all sexual assaults or other sexual offenses within VHA facilities.

Oct 2020

Rolled Out Virtual Interactive Bystander Intervention Training

Vendor-led virtual interactive employee training and Train the Trainer sessions; complements mandatory Prevention and Management of Disruptive Behavior and Prevention of Sexual Harassment Trainings.

Major Successes

1. STRATEGIC COMMUNICATIONS

- Secretary's Annual Policy
- Harassment Prevention Directive
- Stand Up to Stop Harassment Now Campaign (White Ribbon VA)
- Enhanced Signage

2. Equal Employment Opportunity Reporting System

- Complaint submission portal for all VA users allowing reports of harassment complaints
- Enhance case management and inquiry tracking and reporting based on GAO recommendations
- Track accountability, compliance, facility heat map, various dynamic Data Science analysis, and report dashboards

3. Stand Up to Stop Harassment Now Campaign

- Nationwide campaign to spotlight VA's commitment to a harassment-free VA. White Ribbon VA now integrated into VA programming with Intimate Partner Violence Program. Strategic partnerships with Veterans Service Organization and nongovernment organizations.

4. EDUCATION AND TRAINING

- Virtual Bystander Intervention Training; targeted messaging on VA waiting room television; harassment prevention videos; refreshed Prevention and Management of Disruptive Behavior resources for clinicians.

5. DATABASE FOR SEXUAL ASSAULT INCIDENT REPORTING

- Ability to identify trends to provide opportunities for process improvements
- A statistical account of all reported sexual assault cases throughout the year
- Tracking of all sexual assault incident cases from submission in VA Police ReportExec system through disposition
- Granular reporting of sexual assault data
- Visibility of target/experiencer support

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 *Culture*	• Existing issues with welcoming culture remain • Ending gender and sexual harassment campaign ongoing at facilities • Measure culture change
2 *Reporting*	• Seamless, secure, and compassionate system of reporting without fear of retaliation • Prompt and appropriate action to respond to reports of harassment • Be accountable by tracking harassment and actions taken
3 *Trained Harassment Counselor*	• Knowledgeable and emphatic staff handling complaint from report to resolution • Serve as primary facility point of contact • Facilitate victim recovery efforts

Actions/Decisions for the First 100 Days

SECVA Policy

- Communicate the Secretary's Equal Opportunity, Diversity and Inclusion, No FEAR and Whistleblower Rights and Protection Policy Statement

Seamless Reporting

- Modern enterprise-wide reporting system, easily accessible, with searchable options to connect through multiple modalities (call, text, QR code) with the ability remain anonymous.

Trained Harassment Counselors

- Trained and knowledgeable staff to handle employee and Veteran complaints promptly, tracking through resolution, and facilitating victim/experiencer recovery.

VHA 3D Printing & Agile Design and Production Transformation (ADAPT)

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Ryan Vega M.D., M.S.H.A. – Executive Director, VHA Innovation Ecosystem
Beth Ripley M.D., Ph.D. – Director, VA 3D Printing
Carolyn Clancy M.D. – Assistant Undersecretary for Health for Discovery, Education and Affiliate Networks (DEAN)

Purpose & Agenda

Purpose: Provide an overview of VHA 3D Printing (3DP) & Agile Design and Production Transformation (ADAPT)

Background: Overview

Scope

- VHA has utilized 3D Printing (3DP) in the clinical space for over 10 years (assistive technology and orthotics), with a growing network that now includes 30+ hospitals.
- 3DP allows clinicians to design and produce custom devices & solutions for patient care, including near-exact replica of anatomic models for surgical planning.
- VHA also has several active projects and partnerships around bio-printing – 3D Printing living tissue, bone, and precursors to organs.
- During COVID-19, VA has moved to 3D print personal protective equipment (PPE).

Goals & Objectives

3D Printing of high-volume, high demand products such as PPE and other in-demand medical supplies augments VA's ability to maintain continuous service to Veterans despite global supply chain uncertainty. While 3DP does not always offer cost savings over purchased materials, it provides a critical contingency option to maintain continuity of operations.

Major Stakeholders

- VA Clinical and Support Services
- VA Research and Innovation
- FDA, NIH, HHS, DOD (Federal Agencies)
- America Makes & AM Community

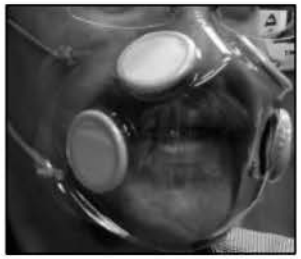
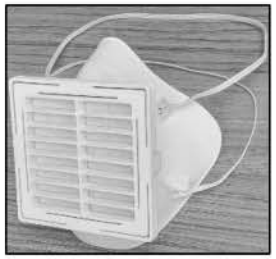
Key Leadership

- AUSH for Support Services
- AUSH for Clinical Services
- AUSH for Patient Care Services
- Chief Research and Development Officer
- Chief Officer, Healthcare Innovation and Learning
- National Director, 3D Printing

Background: 3D Printing Items

PPE

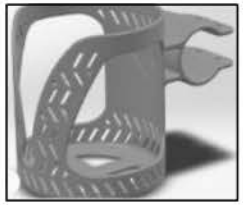


VHA Wheelchair Services



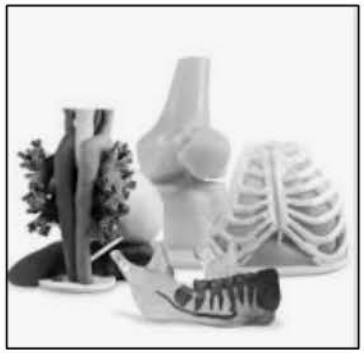




Standard & Patient Specific Mountable Items

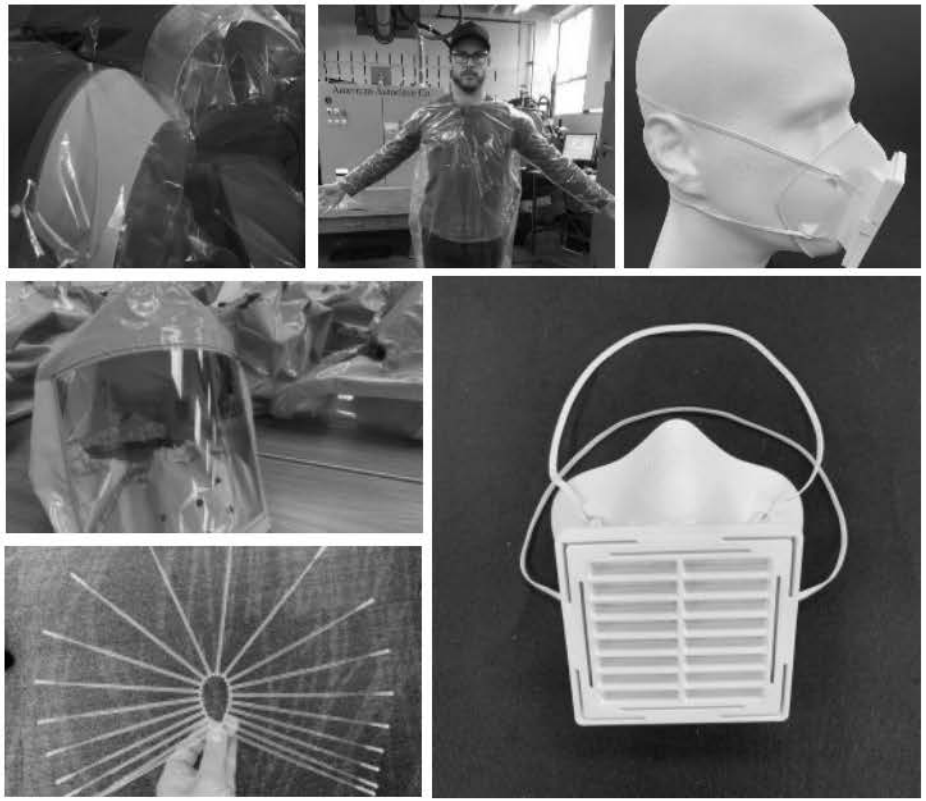
Standard & Patient Specific Control Joysticks

VHA Surgical Planning



And more…

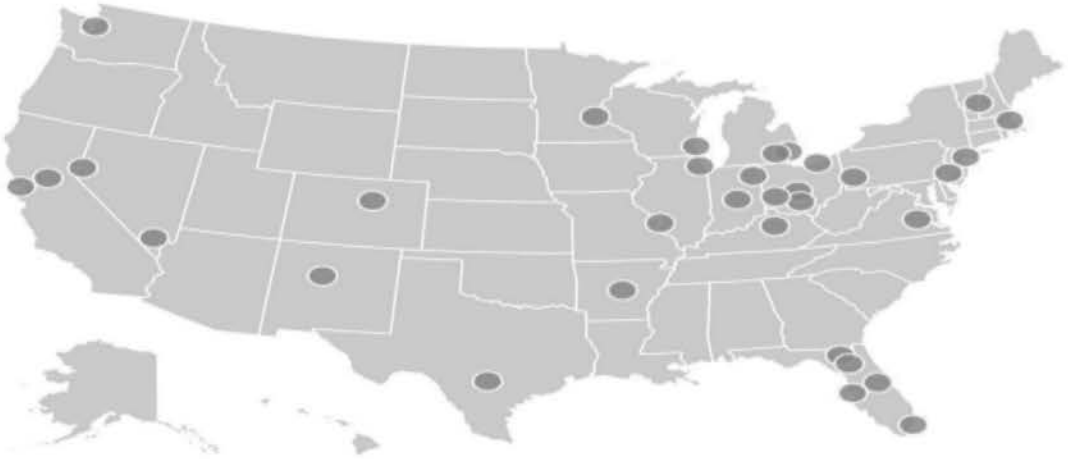
Background: 3D Printing Items - PPE



- Nasal Swabs
- Surgical Face Masks
- Face Shields
- PAPR Hoods
- Isolation Gowns
- Ventilator Parts

Background: Network

3D PRINTING NETWORK SITES



3D Tissue Bioprinting Core Laboratory at Richard L. Roudebush VA Medical Center (Indianapolis)

Bruce W. Carter VA Medical Center (Miami)

Central Arkansas Veterans Health Care System (Little Rock)

Chalmers P. Wylie VA Ambulatory Care Center (Columbus)

Chillicothe VA Medical Center (Chillicothe)

Clement J. Zablocki Veterans Affairs Medical Center (Milwaukee)

Corporal Michael J. Crescenz VA Medical Center (Philadelphia)

Dayton VA Medical Center (Dayton)

Edward Hines, Jr. VA Hospital (Hines)

Hunter Holmes McGuire VA Medical Center (Richmond)

James A. Haley Veterans' Hospital (Tampa)
John D. Dingell VA Medical Center (Detroit)

Lake City VA Medical Center (Lake City)

Lexington VA Health Care System (Lexington)

Malcom Randall VA Medical Center (Gainesville)

Minneapolis VA Health Care System (Minneapolis)

Orlando VA Medical Center (Lake Nona)

Raymond G. Murphy VA Medical Center (Albuquerque)

Rocky Mountain Regional VA Medical Center (Aurora)

San Francisco VA Health Care System (San Francisco)

South Texas Veterans Health Care System (San Antonio)

VA Ann Arbor Health Care System (Ann Arbor)

VA Boston Health Care System (Boston)

VA New York Harbor Health Care System (Manhattan)

VA Northeast Ohio Health Care System (Cleveland)

VA Northern California Health Care System (Mather)

VA Northern Indiana Health Care System (Fort Wayne)

VA Pittsburgh Health Care System, Human Engineering Research Laboratories (Pittsburgh)

VA Puget Sound Health Care System (Puget Sound)

VA Sierra Nevada Health Care System (Reno)

VA Southern Nevada Health Care System (Las Vegas)

VA St. Louis Health Care System (St. Louis)

White River Junction VA Medical Center (White River Junction)

Background: Joint Incentive Fund

A Joint Incentive Fund project was launched in FY20 to unify field-level DoD and VA hospital 3D printing efforts into a scalable DoD/VA 3D Printing Consortium through joint planning and execution, with the following **goals**:

- Adoption of a single, inter-governmental 3D printing quality system meeting FDA and ISO standards that will meet or exceed industry standards for 3D printed parts;
- Increased 3D printing capabilities and capacity at two registered medical manufacturing 3D printing facilities (one DoD and one VA), providing cross-agency coverage when needed, and assist in transition of care from DoD to VA;
- Develop an interagency training and workforce development program for hospital-based 3D printing that will improve access and quality of care for active-duty service members; and
- VA and DoD, in collaboration with FDA, will develop national best practices for 3D printing in hospitals across America.

Background: Infrastructure

- In response to the COVID-19 pandemic, VA partnered with FDA, NIH and America Makes to advance 3DP designs and solutions to augment supply chain shortages of PPE and COVID testing swabs for the country.
- VHA established the Agile Design and Production Transformation (ADAPT) initiative to advance 3DP capabilities within VHA to augment supply chain shortages and vulnerabilities through additive manufacturing.
- Expansion has occurred at three initial VA medical centers; Seattle, Richmond and Charleston, targeting production of 3D nasopharyngeal swabs for COVID-19 testing.
- VHA DEAN (Office of Discovery, Education and Affiliate Networks) has successfully registered with FDA as a medical device manufacturer and the initial three sites will lead design, clinical testing and validation of 3DP devices and solutions for focused production of medical devices that advance clinical care deliver or service.
- VHA is working to develop self-sustaining 3DP infrastructure which can advance medical device design and production in collaboration with industry/private sector and augment supply chain shortages in time of need.

Budget and Resources

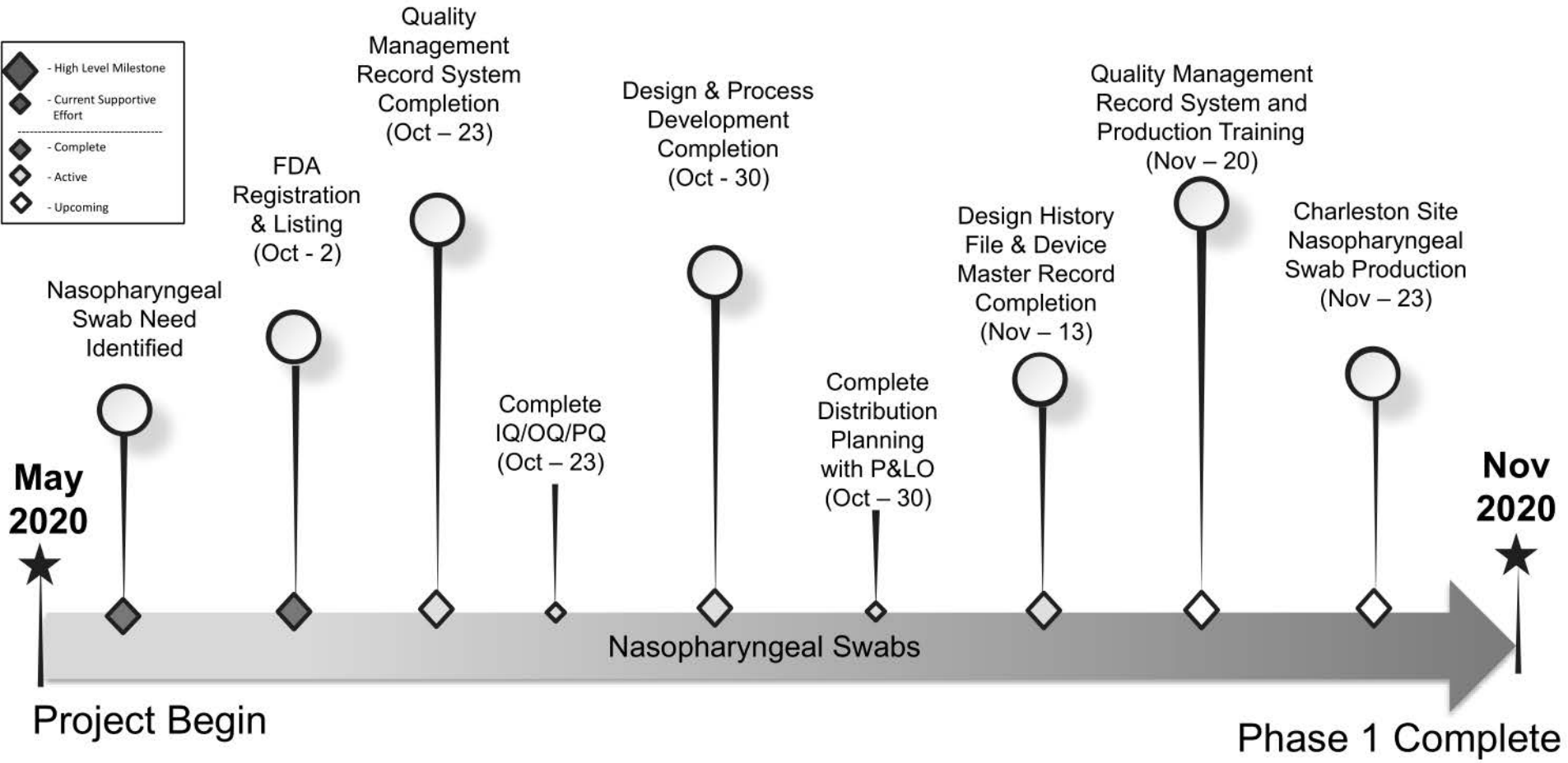
FY21 Budget Request includes:

- Personnel for quality management and regulatory support, product development, design, production leads and support staff for the production sites.
- Shipping materials and services.
- Supplies and materials.
- Equipment, including materials testing machines and injection molder.
- Engineering services contract.

Program Office Funding:

($ in 000)	2019	2020	2021	Change 2020 v. 2021	
	Enacted	*Enacted*	*Requested*	$ / FTE	%
Total Budget	**N/A**	**$9,277**	(b)(5)	(b)(5)	
Total FTE	**N/A**	**8.0**	(b)(5)	(b)(5)	

Timeline and Key Milestones



Major Successes

1. Regulations and Policy

VA led initial preliminary evaluation of 3DP designs as well as established a series of testing protocols on the NIH 3D Print Exchange to assess the performance of 3D printed nasal swabs. This is a first of its kind collaboration across agencies to rapidly share best practices for novel manufacturing/ 3D printing with the general public.

2. FDA Registration

Registered with the FDA as a manufacturer and on track to begin nasopharyngeal swab production for clinical use in November 2020.

3. Quality Management

Implemented a 21CFR820 compliant Quality Management System to ensure we are manufacturing medical devices that are safe, effective and meet federal regulations and requirements. In addition to swabs, prototyping several other items for clinical use.

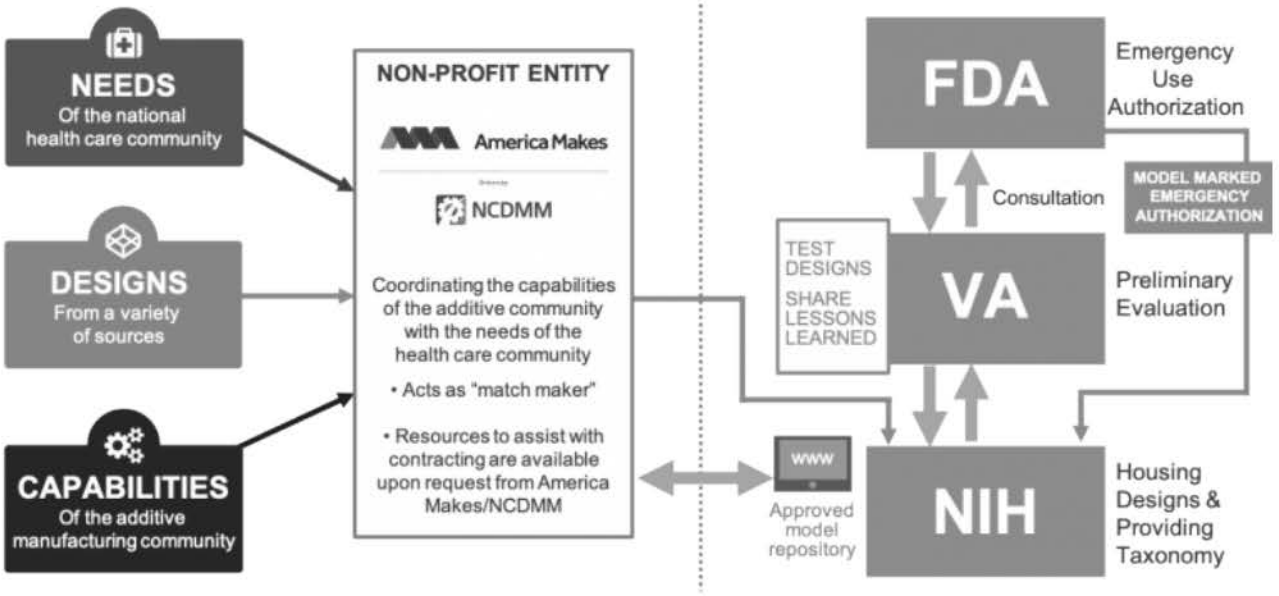
4. Collaboration

Cross-agency collaboration led to:

- **611 published designs:**
  - Clinical Use: 34 *
  - Community Use: 28 *
  - Prototypes: 510
  - Warning: 34
  - Nasal Swabs: 7
- **194,449 total downloads**
- **1.36 million** total views of designs in the collection
- **150** “builds”
- **1M+** products produced and delivered across the US

Major Successes: 3D Print Exchange

- VA led initial preliminary evaluation of 3DP designs as well as established a series of testing protocols on the NIH 3D Print Exchange to assess the performance of 3D printed nasal swabs.
- This is a first of its kind collaboration across agencies to rapidly share best practices for novel manufacturing/ 3D printing with the general public.



Major Successes: Interagency Collaboration

Cross-agency collaboration led to:

- **611** published designs
  - Clinical Use: **34** *
  - Community Use: **28** *
  - Prototypes: **510**
  - Warning: **34**
  - Nasal Swabs: **7**
- **194,449 total downloads**
- **1.36 million** total views of designs in the collection
- **150** “builds”
- **1M+ products produced and delivered across the US**

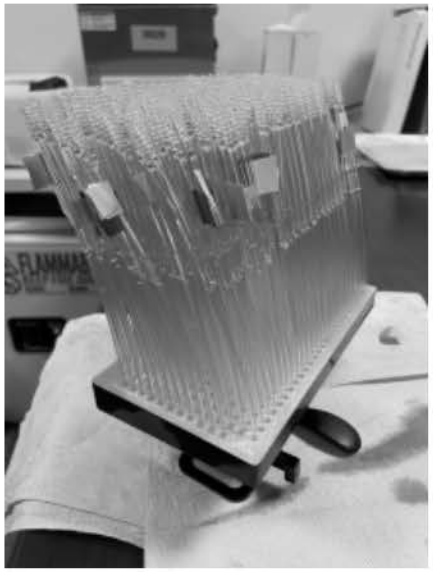
International Reach

***Clinical Use and Community Use labels are based on design testing by the Veterans Healthcare Administration, and do not indicate any formal approval by the FDA, the NIH, the VHA, or America Makes**

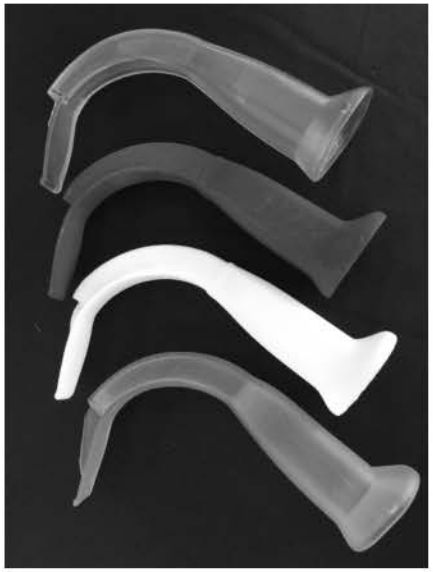
Major Successes: Registered Manufacturer

- VA is now registered with the FDA as a manufacturer and on track to begin nasopharyngeal swab production for clinical use in November 2020.
- We implemented a 21CFR820-compliant Quality Management System to ensure we are manufacturing medical devices that are safe, effective and meet federal regulations and requirements.
- In addition to swabs, VA is prototyping several other items for clinical use.

VHA 3DP COVID-19 testing swabs



VHA 3DP Glidescope covers for patient intubation



Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 *Disruption in raw material supply chain*	• COVID-19 has created instability in the global supply chain. While devoting resources to 3D printing and other rapid manufacturing technologies can mitigate risks through on-demand printing of needed items at the point of care, the ability to obtain the raw materials necessary to create these products is critical. Disruption in supply of these raw materials poses a distinct risk. • VA is working to mitigate this risk through strategic partnerships between VA and raw material manufacturers and materials scientists.
2 *Regulatory hurdles*	• VA-designed medical devices with a clear benefit to Veterans face a challenging path to commercialization and clinical use. The regulatory pathway for devices is expensive and time-consuming. Many promising products do not make it to market because of the resources needed. • VA is working to mitigate this risk through collaboration and communication with the FDA, as well as by focusing on expediting regulatory actions.

Actions/Decisions for the First 100 Days

Implement business strategy

- In order to create a self-sustaining financial model , VA will need to Implement a business strategy for targeted, customized medical device production across VA. This will require joint efforts across clinical and support service lines as well as implementation of enterprise management platform. Approval and implementation of a proposed plan will be required to advance this initiative to a program.

Personnel

- 3D Printing is a relatively new technology being utilized within hospitals and requires a high-degree of specialization for safe and effective use. VA will need to establish a multi-year plan for recruitment and training of a 3D printing workforce for VA.

Establish leadership

- During the COVID-19 pandemic, VA served an important role across the federal government (and beyond) in providing clinical validation and testing or 3DP medical device and supply designs. VA leadership will need to carefully define and approve VA's role in advancing 3DP medical device design and testing across federal government and commercial marketplace.

Establish program

- ADAPT is currently an innovation initiative without a formal structure or funding. VA leadership will need to approve the establishment of the ADAPT program, multi-year funding (to include bioprinting infrastructure). This will allow VA to continue to advance care and service while ensuring necessary regulatory oversight around medical device production.

Caregiver Support Program Expansion

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Dr. Beth Taylor – Assistant Under Secretary for Health for Patient Care Services
Ms. Jill DeBord – Acting National Director, Caregiver Support Program
Dr. Elyse Kaplan – Deputy Director, Caregiver Support Program

Purpose & Agenda

Purpose: VA's Caregiver Support Program (CSP) empowers Veterans and caregivers with a wide range of resources through the Program of General Caregiver Support Services (PGCSS) and the Program of Comprehensive Assistance for Family Caregivers (PCAFC).

Background

Scope

VA has been proud to serve Post-9/11 Veterans through our Program of Comprehensive Assistance for Family Caregivers. The VA MISSION Act of 2018 provided the long-desired ability to serve additional eras of Veterans. By law, expansion to of the program occurs in two phases:

- Phase 1: Veterans who served prior to May 7, 1975
  Successfully launched on October 1, 2020.
- Phase 2: Veterans who served between May 7, 1975, and September 11, 2001 (all eras)
  Will occur October 1, 2022.

Goals & Objectives

Establish consistency of the CSP for all eras of caregivers, provide a seamless experience for our customers, expand our workforce to provide further support, and leverage new user-friendly IT tools to facilitate better support of Veterans and their families.

Major Stakeholders

- Veterans and their families
- Caregivers
- Veteran Service Organizations (VSOs)
- Congress

Key Leadership

- Dr. Beth Taylor, Assistant Under Secretary for Health for Patient Care Services
- Ms. Jill DeBord – Acting National Director, Caregiver Support Program
- Dr. Elyse Kaplan – Deputy Director, Caregiver Support Program
- Ms. Cari Malcolm – Management Analyst, Caregiver Support Program

Budget and Resources

CSP's budget is displayed below. The FTE numbers represent approved hiring levels. Not all vacancies have been filled yet.

Program Office Funding:

($ in millions)	2019	2020	2021	Change 2020 v. 2021	
	Enacted	*Enacted*	*Requested*	$ / FTE	%
Total Budget	**$420**	**$720**	(b)(5)	(b)(5)	
Total FTE	**485**	**1169**			

Timeline & Key Milestones

CY2020

Recent Milestones

- Published Final Regulation – July 2020
- Certified Caregiver Record Management Application (CARMA) – October 2020
- Operationalized Centralized Eligibility and Appeals Teams (CEATs) – October 2020
- Secured Contracts for Auditing/Monitoring – October 2020
- Conducted Training – October 2020

CY2021

Strategic Future Milestones

(b)(5)

Major Successes

1. Regulations and Policy

A comprehensive regulatory package was published, which includes the Proposed Rule (March 2020) and Final Rule (July 2020). The VHA Notice 2020-31, which operationalizes PCAFC for expansion, along with a comprehensive set of procedural documents to guide the Program, was published in tandem with the regulations going into effect on October 1, 2020.

2. Phase 1 Expansion

Phase 1 expansion of PCAFC occurred on October 1, 2020. ***The first caregiver of a Veteran was approved on October 21, 2020.***

3. Information Technology

CSP has modernized its information technology (IT) system and achieved system integrations with other VA systems. On October 1, 2020, VA certified that the CSP web-based application, CARMA achieved IT system readiness to support the administrative and workflow needs of the CSP, including PCAFC. These updates included an online application portal and as of October 21, we have received 66% (9,186) online applications.

4. Training

CSP provided 1 face-to-face and 2 virtual CSP trainings between March and September of 2020. ***These trainings consisted of over 1,200 participants.***

5. Hiring

Key hiring actions have included the recruitment of PCAFC CEATs, Veterans Integrated Service Network (VISN) leads, facility level Program Managers, PGCSS and PCAFC coordinators, Clinical Assessors and administrative staff. ***In Phase 1, more than 650 personnel have been hired.***

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 *Application Volume*	• Prior to program transformation and expansion, enterprise data on number and type of applications was manual and variable. Additional regulation, policy, and procedures have necessarily changed. This makes projection of application and workload volume challenging. • VA is mitigating this by actively managing enterprise and local performance in each aspect of the expanded program. Most data elements are now automated through CARMA, and reporting is readily available.
2 *Reassessment of current participants*	• Given new regulations and updated eligibility standards, current participants will require reassessment during the first year of expansion. Of the ~20,000 participants, an unknown number will no longer meet eligibility requirements. Discharges from the program may lead to media inquiries and negative public impression. Notably, all legacy participants, even if determined ineligible under the new standards, are entitled to a 12 months transition period + 60 days of advance notice of discharge + 90 days of extended benefits (total of 17 months). • VA is working to mitigate this challenge by engaging Veterans and their care teams in individual care planning, communicating about their access to other VA programs and services, including PGCSS, and engaging Veterans Service Organizations and other external partners.

COVID-19

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Renee Oshinski – Assistant Under Secretary for Health for Operations
Tammy Czarnecki – Deputy Assistant Under Secretary for Health for Operations
Dr. Kameron Matthews, Assistant Under Secretary for Health for Clinical Services
Dr. Jennifer L. MacDonald, Chief Consultant to the Deputy Under Secretary for Health
Dr. Larry A. Mole, Chief Officer, Population Health
Ms. Deb Kramer, Acting Assistant Under Secretary for Health for Support
Dr. Rachel Ramoni, Chief Research and Development Officer, Office of Research and Development
Dr. Jane Kim, Chief Consultant for Preventative Medicine

Purpose & Agenda

Purpose: An overview of VA's historic leadership during the COVID-19 pandemic

Background

Scope

VHA is strategically focused on the following efforts to drive change and support leadership of the COVID-19 response initiatives:

- **Operational Readiness**
- **Veteran Engagement**
- **Vulnerable Veteran Outreach**
- **4th Mission**
- **Disaster Preparedness**
- **Expansion of Routine Care**

Goals & Objectives

The COVID-19 pandemic has changed almost every facet of healthcare in the United States, and it has impacted many aspects of life for Veterans and Americans. Continued proactive communication and engagement, innovation in care delivery, operational agility, and a clear focus on holistic excellence and experience are imperative.

Major Stakeholders

- Veterans and their families
- Federal partners (DoD, FEMA, HHS, DHS)
- State Health Depts and Depts of Veterans Affairs
- Operation Warp Speed (OWS)

Key Leadership

- VHA Executive in Charge and Deputy Under Secretary for Health
- Assistant Under Secretaries for Health
- Veterans Integrated Service Network Directors
- EMCC Leadership

VHA COVID-19 Funding

($ in 000) (data as of 11/17/2020)	**Supplemental Funding**	***Obligated***		**Remaining**
		FY 2020	*FY 2021*	
	$17,448,000	$6,282,691	$321,502	$10,843,805

($ in 000)	**Estimated Support from FEMA**	***Billed to FEMA***	**Collected**	***Outstanding***
103 FEMA Mission Assignments *(as of 11/23)*	$210,712	$20,031	$13,573	$6,458

Timeline and Key Milestones (1/2)

- **January 20, 2020 –** First U.S. COVID-19 case; VHA activates Emergency Management Coordination Cell for COVID-19.
- **January 28, 2020 –** Preparations for COVID-19 clinical response initiated through High Consequence Infection Network.
- **February 3, 2020** – VHA launched a daily national communications call to provide policy updates and address issues.
- **February 18, 2020 –** VHA facilities conducted tabletop exercises designed to address COVID-19 care.
- **March 2, 2020** – Palo Alto VA Medical Center receives first Veteran patient positive for COVID-19.
- **March 3, 2020 –** VHA releases COVID-19 strategic response plan for facility planning and response.
- **March 5, 2020** – VA launches a COVID-19 Research Response Team with Industry and Federal partners.
- **March 6, 2020 –** VHA releases National COVID-19 Communications Plan and tool kit for Veterans and staff.
- **March 6 – May 1, 2020:** VA stood up additional 2,500 acute care beds.
- **March 8, 2020** – VHA activated Emergency Management and DEMPs staff for US repatriation missions.
- **March 10, 2020 –** VA restricts visitors to long term care and SCI.
- **March 11, 2020** - VHA Public Health lab launches in-house COVID-19 testing.
- **March 11, 2020** – VHA initiates expansion of Video Telehealth services to address continue of care for Veterans.
- **March 13, 2020 –** Declaration of the Stafford Act Emergency Declaration for COVID-19.
- **March 15, 2020 –** VHA closes Blind Rehabilitation Centers due to inability to provide a safe tactile environment.
- **March 16, 2020 –** VHA guidance provided on the curtailment of elective procedures in the event of a surge in COVID-19 cases.
- **March 16, 2020** –Facility began to limit access and implementing screening procedures.
- **March 20, 2020 –** National COVID-19 training for all VHA employees.
- **March 27, 2020 –** VA publicly releases COVID-19 Response Plan for community use.
- **March 29– April 12, 2020** – VHA began 4th Mission assistance: New York City, New Jersey, Illinois, and Louisiana.
- **March 29 – October 6, 2020**: - VA hired over 55,000 clinical and administrative staff across the healthcare system.

Timeline and Key Milestones (2/2)

- **April 2, 2020 –** VHA launches COVID in 20; a podcast for sharing information to internal and external audiences.
- **April 16, 2020** – VHA launches COVID-19 population health management tools focused on comorbidities and demographics.
- **April 18, 2020** - VHA launches national surveillance tool to track and forecast COVID-19 disease.
- **May 2020 –** VA launches Operation Warp Speed trials (1st study – Moderna vaccine).
- **May 1, 2020** – VHA requires face coverings for all staff and visitors at VA facilities.
- **May 8,** 2020 – VHA provides access to investigational remdesivir to hospitalized Veterans.
- **May 8, 2020** - VHA launches the *Moving Forward Plan* preparing VHA to expand services for Veterans in the era of COVID-19.
- **June 29, 2020** – VA launches digital COVID-19 screening tool.
- **July 16, 2020 –** VHA launches Influenza Campaign project to prepare for possible CoVID-19 + Flu season.
- **July 28, 2020** – VA, Department of Energy, and HHS announce COVID-19 Insights Partnership to coordinate and share health data, research, and expertise.
- **September 30, 2020 –** VA COVID-19 Research Registry launched.
- **November 2020 –** Johnson & Johnson/Janssen vaccine trial recruitment begins, VA sites begin preparation for Novavax & Sanofi vaccine trials.
- **November 2020 (anticipated) –** Scientific review of VA CURES master protocol inpatient trial and prophylaxis trials.
- **December 2020 (anticipated) –** FDA authorization of COVID-19 vaccine(s), VA administers vaccine to employees and/or Veterans.

Major Successes

1. Continued Care for Veterans

VHA facilities never closed during the coronavirus pandemic. We have always been open for urgent and emergency care services as VA's focus has been to provide safe in-person care to Veterans who have the greatest clinical need during the pandemic. VA facilities remained flexible during the pandemic, expanding and reducing services depending on local circumstances.

2. Protecting the most vulnerable Veterans

VHA Community Living Centers are demonstrating lower levels of COVID-19 positive status compared with what has been reported about non-VHA nursing homes.

3. Protecting our employees

Infection rate among VHA staff is low compared to other healthcare systems, at approximately 1.5 percent.

4. Supporting our communities

The historic scale and scope of VHA's response to the American public provided life-saving support to nearly 100 State Veteran's Homes, and over 440 community nursing homes and health systems nationwide.

5. Operation Warp Speed Vaccine & Therapeutic Trials

- More than 60 VA facilities participating in national clinical trials through newly launched Partnered Research Program.
- Novel clinical trial on degarelix and master protocol launched
- National registry for Veterans interested in volunteering for VA COVID-19 studies

6. Increasing capacity across the enterprise

VHA identified and added over 2,500 medical/surgical and ICU beds . VA conducted over 13 million additional telephone encounters in FY20 compared to FY19, and increased video encounters over 1,000% from 300,000 to over 3.8 million.

7. Federal Interagency Support

VHA's contributions in support of the National Response Framework (NRF) included deployment of over 2,167 DEMPs volunteers, responding to 100 FEMA MAs in support of 47 states, 2 territories, and tribal health systems.

8. Continuing VA Modernization

Despite challenges posted by COVID19 pandemic, VA continued progress on major transformational initiatives, including deployment of the new Electronic Health Record Management system and launching the Caregiver Expansion Program

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 *COVID-19 Vaccine Timeline and Trust*	VA is proactively engaged in Vaccine planning, validating necessary supplies, engaging in tabletop exercises for vaccine distribution. Working to ensure acceptance/trust of vaccine with targeted messaging to Veterans and employees and Veteran listening sessions.
2 *Operation Warp Speed*	OWS studies involve numerous parties (e.g., OWS, sponsor, clinical research organization), which can lead to ineffective communications. Senior VHA leadership (e.g., EIC) have been involved in communications with OWS leadership, facilitating VA communications, and prioritization of actions
3 *Balancing Mission Requirements*	VHA is continuing to balance the requirements of the Fourth Mission with our First Mission of supporting the largest, integrated health care network in the United States, with 1,255 health care facilities serving 9 million enrolled Veterans each year. At no point will a Veteran be denied care in place of a civilian patient.
4 *Local challenges requesting resources*	Local, state officials and agencies initially lacked an understanding of how to secure federal assistance. Continued engagement and partnership with state and local leaders is required to ensure future success.
5 *Meeting VA's 4th mission and enrolling employees*	Clinical trials are high risk activities and VA must continue commitments and ensure protection for Veterans and other participants; legal and other policy decisions have been obtained. Operational risks such as staffing, and a stressed global supply chain, will endure for the foreseeable future.

Actions/Decisions for the First 100 Days

Operation Warp Speed

Written communication to clinical and operations groups emphasizing that the successful completion of Operation Warp Speed trials remains a VHA priority.

Vaccine Distribution

Key milestones and announcements will be made as vaccines are distributed among VAMCs for staff and Veterans in Q2 FY21.

VHA Direct and Community Care

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Jon Jensen – VHA Chief of Staff
Dr. Kameron Matthews – Assistant Under Secretary for Health for Clinical Services
Dr. Susan Kirsh – Acting Assistant Under Secretary for Health for Access
Dr. Mark Upton – Acting Assistant Under Secretary for Health for Community Care
Dr. David Carroll – Executive Director, Office of Mental Health and Suicide Prevention

Purpose & Agenda

Purpose: Provide overview of Access to Direct Care and Community Care through VHA

Background

Scope

VA is working to unify the experience of Direct Care and Community Care and consistently empower Veterans with their full range of health care options.

Part I of this brief will focus on VHA Direct Care.
Part II will focus on VHA Community Care.

Goals & Objectives

VHA aims to be the most accessible and convenient health care system in history, delivering a best-in-class experience of care for Veterans and their families and caregivers. This means leading through the impacts of COVID-19 and into the future, reinventing care delivery models with a constant focus on Veteran safety and well-being. VHA will ensure care is coordinated across site and modality of care.

Major Stakeholders

- Veterans and their families
- Caregivers
- Community Care Providers
- Congress
- Veteran Service Organizations (VSOs)
- TPAs
- Federal Partners (DoD, HHS, IHS)
- Tribal Health Providers
- Academic Affiliates
- Employees
- Public/4th MISSION

Key Leadership

A unified experience of care delivery is a whole-of-enterprise endeavor.

- VHA Chief Officers
- VISN and Medical Center leadership
- Dr. Susan Kirsh, Office of Veterans Access to Care
- Dr. Mark Upton, Acting AUSH for Community Care

Community Care Budget and Shortfall

- VA OGC opined that (b)(5)
  (b)(5)
- VA has shared with Congress legislative language to continue Obligate at Payment, and the Hill appears open to enacting it given an opportune vehicle
- To comply with current law, VA has adjusted its year-end financial statements for FY 2019 and FY 2020 to reflect actuarily-determined obligations that should have been recorded under an Obligate at Authorization policy
- If Congress does not pass the requested legislation, VA faces an unknown FY 2021 requirement not included in the Budget request
- VHA Finance is coordinating with VA's Office of Management and OMB to quantify the impacts and identify options

$ in 000	*FY21*	*Less*	*Current Estimate – Available Funds*	*Estimated Obligations*	*Anticipated Deficit*
FY 21 Budget	$20,368,033		$19,0444,784	(b)(5)	(b)(5)
Less revised collection goal	$223,249	$1,323,249			
Less carryover not realized	$1,100,000				

- Budget total includes second bite of $1.4 billion, not yet enacted
- Estimated Obligations includes approximately $300 million in backlog payments during Quarter 1 to achieve "functional zero" backlog (rolling total of approximately $500 million) going forward

Timeline and Key Milestones

End of 2020

- **Increase use of virtual health care delivery across specialty services** – Each site will increase use of virtual care (video visits) across their specialties by at least 10%; implement a program to ensure Veterans are comfortable with virtual care technology; and implement a workflow for virtual care mirroring in-person services. All specialty providers will be equipped and able to deliver virtual care visits, and all schedulers who set up video appointments will complete appropriate training.
- **Completion of cancelled appointment and consult management initiative** – Every appointment cancelled/rescheduled due to the pandemic will have been reviewed and followed-up on accordingly across all facilities.

6 months (May 2021)

- **Full Implementation of Referral Coordination Initiative** – Referral Coordination Teams (including clinical and administrative staff) will be in place and fully operational (reviewing and coordinating all referrals) in every facility for all specialties offered at that location.
- **PACT Modernization & Preventive Strategy –** enhance teamlet capacity through alternate staffing models to allow for increased Veteran:PCP ratio, increase use of virtual work on and off-site by PACT team members and extended team members; improve racking for preventive care to "catch up" from COVID-19 lags, focus on chronic disease management and preventive care, including the ability to track progress

12 months (end of December 2021)

- **Clinical Contact Centers will be Fully Established Across all Networks** and will provide 24/7 access to dedicated staff, providers, and a range of clinical and administrative services, including:
  - Clinical nurse triage for evaluation of symptoms and disposition of health care concerns.
  - Virtual clinical visits with providers for urgent and episodic care needs.
  - Clinical pharmacy services and pharmacy support to address medication-related matters.
  - Administrative staff for appointment scheduling and general inquiries.
- **Expand Scope of Internal Access Measurement** – Existing platforms will be enhanced to include more focused questions around Veteran satisfaction/experience.

Timeline & Key Milestones

FY21

Virtual Care

Expanding comprehensive Specialty Care virtual care delivery services through specialty specific enhancements. Standing up Clinical Contact Centers in all VISN enterprise-wide.

FY21

Referral Coordination Initiative

National implementation of Referral Coordination Teams to streamline and integrate internal and community care scheduling process to enhance the Veteran experience by providing timely access to high-quality healthcare. Ensure integrated policies and procedures for internal and community care.
External administrative contractor support (optional for facilities) for Veterans requiring basic level of care coordination.

FY21

Prevention Care

Coordinated approach to improve medical centers ability to manage acute conditions and COVID related care delivery while providing preventive and non-urgent services in a safe environment to improve long-term Veteran health outcomes.

FY21

Technology to Support the Veteran Experience

VA is bridging the digital divide of its disadvantage socioeconomic Veteran population by leveraging community partners resources such as Walmart/VFW to provide high value convenient internal VA care virtually. In conjunction, VA has been working to provide Veterans with equipment for their homes which is used to access telehealth care. VA is also assisting underserved medical facility directors with additional data resources to help them make informed decisions about how their facility can better meet the needs of their underserved Veteran population. Continual review of existing technology to improve business processes and customer and provider experience

FY21

Underserved/Vulnerable Veteran Populations

Enhancing VEText and Audiocare functionality to better support virtual care delivery. Development of a healthcare Chatbot. Upgrading Clinical Contact Center with the latest high functioning Customer Relation Management software.

Timeline & Key Milestones

Early 2021

Early 2021

April 2021

(b)(5)

Major Successes

1. Growth in Virtual Care/Expansion of Virtual Capabilities

- VHA completed 4.1 million telehealth appointments in FY20 compared to 1.3 million in FY19.
- VHA is completing approximately 35,000 daily video to home (VA Video Connect) appointments across Primary Care, Specialty Care and Mental Health, a 1400% increase from the beginning of March - averaging about 2,000 appointments daily.
- In 2020, VA text messaging platform (VEText) added two new features – I'm Here Campaign to allow Veterans to text when they've arrived in parking lot; and Rx Parking Slot Text allow Veterans to receive a text message that identifies a parking spot number for pick-up.
- 78% of VA Medical Centers increased their VA Video Connect utilization over 10% across specialty services as of October 2020.
- Nearly 62% of all specialty providers across VHA have used VA Video Connect as of October 2020.

2. Enhancement of VA Technologies

- The VA scheduling system has a new feature to send out a text message link enabling Veterans to schedule video appointments by using the link. This improves productivity by performing the scheduling function with fewer steps.
- Supported successful implementation of integrated Cerner Scheduling System at Columbus VA Medical Center.
- Successfully executed Nurse Advice Line to ensure additional coverage for Veteran phone calls.

3. Referral Coordination Initiative Implementation

- 81% of VAMCs (114/140) implemented Referral Coordination Teams in three or more specialties by September 2020, exceeding the goal of 20% of facilities. Additionally, 34 out of 140 or nearly 25% of Medical Centers said they had fully implemented Referral Coordination Teams in all specialties.
- Every VA medical center has suicide prevention staff dedicated to meeting the overall objectives of the National Strategy for Preventing Veteran Suicide and providing care coordination for Veterans most at risk of suicide (more than 500 staff nationally).
- Since April 2020, 1243 Veterans identified as being at high risk for suicide AND having been directly impacted by COVID-19 have been proactively outreached to ensure ongoing care coordination.
- VHA has implemented universal suicide risk screening. As of November 2, 2020 more than 5 million Veterans has been screened for suicide risk.

4. Clinical Resource Sharing

- Clinical Resource Hubs (CRH) established in all 18 VISNs providing panel coverage to over 600,000 Veterans in FY20
- CRH expansion launched in FY21 to include suicide prevention, specialty, rehab, and surgical services
- CRH established year around ready response team to support emergency and disaster operations
- National Precision Oncology hub established with ongoing development of regional oncology hubs

5. Improvements in Consult/Appointment Timeliness

Average time to complete an urgent referral to a specialist decreased from 2.3 days in FY18 to 1.8 days in FY19 and to 1.5 days in FY20.

In FY20, 20.75% of all appointments have been completed the same day the appointment was requested.

Major Successes

6. Expanded Access to Care

- MISSION Act – Expanded access through the new Veterans Community Care Program (VCCP) with streamlined eligibility (new drive time and wait time access standards):

ACCESS STANDARDS	Primary Care, Mental Health, Non-Institutional Extended Care	Specialty Care
Drive Time	30 minutes	60 minutes
Wait Time	20 days	28 days

- Community Care Network (CCN) - Regional contracts used to provide access to large network of qualified, credentialed providers. Network grew from an estimated 750,000 providers under the Veterans Choice Program to over **1M** under CCN
- Access to new urgent care benefit - More than **452,000** estimated urgent care visits have occurred (Jun 6, 2019 to Nov 24, 2020)
- Urgent/Emergency Prescription Fills: Access to in-network pharmacies for 14 days supply with no upfront cost
- Significant expansion of flu vaccine benefit: Access to flu shots through retail pharmacies and urgent care locations

7. Pompt Payment to Community Providers

- Community provider claims inventory reduced to below 700k in Nov 2020 (from a high of 3.5M+ in Feb 2020)
- Clean electronic claims now processed by VA in less than 7 days

8. Patient Safety and Quality

- New system for VA staff to report community care related patient safety events (Joint Patient Safety Reporting (JPSR))
- Improved information sharing and reporting – New Guidebook, *"VHA Patient Safety Events in Community Care: Reporting, Investigation and Improvement"*
- Established process to engage third-party administrators to develop mitigation strategies

9. COVID-19 Response

Pandemic Response - Ensured Veterans have access to the healthcare services needed:

- Coverage for COVID-19 testing in the community
- Expanded telehealth coverage for Veterans through community care. More than **410,000** telehealth visits in the community (Mar - Nov 2020)
- Extension of early community care to minimize disruptions

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 Improving access to care across the enterprise	Medical Centers have different local processes that requires significant organizational change management to avoid unwarranted variances. (b)(5)
2 Overcoming cultural resistance to virtual care expansion in specialty care	While widely adopted in Primary Care and Mental Health, Specialty Services have more variability in their adoption of virtual care (particularly video) modalities due to variations in staffing support and clinical appropriateness of virtual care. Mitigation efforts included working across offices to develop tactical plans.
3 Balancing outpatient clinical workflow with COVID-19 surges	Sites are balancing continued review of open and cancelled referrals and appointments while delivering care during the surge of COVID-19 cases; these surges sometimes require deployment of staff to more acute care areas.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:

4 *Access & Scheduling*	Access to community care impacted by external factors, further impacted by state and local restrictions on health care services
	• Underlying health care sector challenges
	  • Limited supply of providers, especially in rural and highly areas
	  • Community provider wait times
	• Pandemic Impact (Temporary)
	  • Lower acceptance of new patients by community providers
	  • Current state and local restrictions
	  • Ability to meet demand surge once restrictions are lifted

5 *Expansion of Community Care Network*	(b)(5)
6 *Building the High Performing Network*	Completing recruitment of remaining academic affiliates and other high performing providers to join the Community Care Network • Ensure seamless integration with academic affiliates for shared patients, services, research and graduate medical education

Actions/Decisions for the First 100 Days

Customer Experience

- Measure what matters to Veterans
- Additional measures outside of wait times
- Continue to build a seamless experience for Veterans receiving both direct VA care and community care
- Use of VSignals to drive improvement

Referral Coordination

- Support for Medical Centers level standard workflows
- Improved time to schedule (Direct and Community Care)
- Consider COVID funds to support

Virtual Care

- Using modality to count for access standards
- Minimum recommended standards for each clinical area

Technology Improvements

- Consult Tracking Manager funding (Direct and Community Care)
- CRM

Community Care: Actions/Decisions for the First 100 Days

Community Care Network

- (b)(5)
-
-

Provider Experience

- Ensure excellent experience for community providers via timely claims processing and responsive customer service

Health Equity Action Team

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Kameron Matthews, AUSH for Clinical Operations
Dr. Beth Taylor, AUSH for Patient Care Services
Dr. Jennifer MacDonald, Chief Consultant to the DUSH
Dr. Ernest Moy, Executive Director, Office of Health Equity
Dr. Jillian Shipherd, Co-Director, LGBT Health
Dr. Michael Kauth, Co-Director, LGBT Health
Dr. Patricia Hayes, Chief Officer, Women's Health

December 7, 2020

Purpose & Agenda

Purpose: VHA intends to lead U.S. health care forward to achieve health equity.

Background

Scope

Achieving health equity is foundational to VHA's leadership of U.S. health care and a core priority in our transformation journey. VHA has launched a Diversity & Inclusion Lane of Effort as part of our Modernization Plan and is recruiting the lead of a new Office of Diversity & Inclusion. As part of the Lane of Effort, VHA will hold an interdisciplinary Health Equity Summit in Q2 FY21. The outcome will be a Health Equity Strategic Action Plan detailing current gaps and necessary resources, actions, and metrics to advance equity across the enterprise. Mission integration, Field operations, and strategic partnerships will be key areas of focus.

Goals & Objectives

VHA intends to drive the leading edge of advancement of health equity in American health care, inviting Federal, State, private sector, and strategic partners on this journey with us. We are committed to ensuring each Veteran in our care experiences equitable empowerment, affirmation, and partnership in achieving their health and life goals.

Major Stakeholders

- Veterans Service Organizations
- Congress
- Federal and State partners

Key Leadership

- Dr. Ernest Moy, Executive Director, Office of Health Equity
- Dr. Jillian Shipherd, Co-Director, LGBT Health
- Dr. Michael Kauth, Co-Director, LGBT Health
- Dr. Patricia Hayes, Chief Officer, Women's Health

Budget and Resources

As part of the Health Equity Strategic Action Plan, VHA is reviewing resource allocation to ensure priority efforts are well supported.

Program Office Funding:

($ in 000)	2019	2020	2021	Change 2020 v. 2021	
	Enacted	*Enacted*	*Requested*	$ / FTE	%
OHE Total Budget	$1,897	$1,918	(b)(5)	(b)(5)	(b)(5)
OHE Total FTE	5	5			
LGBT Total Budget	$497	$497			
LGBT Total FTE	1	1			

Timeline & Key Milestones

2012

Office of Health Equity and LGBT Health Program Established

- The Office of Health Equity is established to help VA become a more equitable health care delivery system with guidance from the VA Advisory Committee on Minority Veterans and the Health Equity Coalition.
- Separately, the LGBT Health Program is established to oversee health policy and best clinical practices following the release of VA national health policy on transgender care and repeal of "Don't Ask, Don't Tell."

2016

National Veteran Health Equity Report; Proposed Rule for Transgender Care Access

- The report provides comparative information on the sociodemographics, utilization patterns, and rates of diagnosed health conditions among different groups of Veterans served by VA. Developed in collaboration with the OHE/Quality Enhancement Research Initiative Partnered Evaluation Center.
- A Proposed Rule change process was suspended to remove the "gender alterations" exclusion in the medical benefits package.

2019

Equity Guided Improvement Strategy

- Developed the Equity Guided Improvement Strategy tool, which allows VA facilities to identify disparities in quality in collaboration with the Center for Health Equity Research and Policy.
- Developed a social risks screener to identify Veterans with social needs.

2020

New Reports; Quality Improvement Products; GAO Report 21-69; Population Health

- Developed the COVID Equity dashboard that allows VA facilities to identify populations at high risk for COVID in areas they serve.
- Developed the Veterans Health Statistics website in collaboration with CDC and the Chartbook on Healthcare for Veterans in collaboration with the Agency for Healthcare Research and Quality.
- GAO recommends VA systematically collect sexual orientation and gender identity data to assess health outcomes of LGBT Veterans. The report highlights a critical need for providing equitable care to LGBT Veterans.
- Several population-based program offices, including Office of Rural Health, combine under the new Office of Population Health.

Major Successes

1. Equity Guided Improvement Strategy

Data-driven tools help VHA facilities identify and quantify the impact of disparities. New tools developed with the Center for Health Equity Research and Policy are being pilot tested. Common Cerner Millennium data fields for sex, gender identity, and sexual orientation did not display or function as VHA requires; advocacy in VA/Cerner Councils for changes have resulted in agreements to improve display and functionality in the new EHR.

2. COVID Equity Dashboard and Analytic Space

This tool helps VA facilities identify specific groups with high COVID positive test rates in counties they serve. It is updated every two weeks and includes a VISN-specific information summary. This allows VA facilities to reach out to high-risk Veterans to reduce their COVID risks and encourage them to seek testing and care earlier.

3. Social Determinants of Health Data Collection

A paper and iPad based Social Risks screener (ACORN) collects information about a variety of social determinants of health (SDOH) beyond what is typically collected by VA and records this information in the electronic health record. Veterans who screen positive are provided with local resource guides. This was developed in collaboration with VISN 1, which is piloting the approach at several locations. The addition of an SDOH module to the VA SHEP is also being developed.

4. Training and Education

Few U.S. providers have sufficient training in LGBT health and health equity. Popular voluntary TMS trainings for staff and have raised awareness about the health needs of LGBT Veterans. Transgender SCAN ECHO allowed training of 900 VHA providers at 178 sites between 2014-2019. National transgender e-consultation program has provided expert consultation on complex cases for six years. VHA trainings are available to community providers, including DoD providers, through VHA TRAIN.

5. Policy

Policy is the foundation for change in practice and culture. Publication of healthcare policies on care for lesbian, gay, and bisexual Veterans [VHA Directive 1340(2); first in 2017] and transgender care [VHA Directive 1341(2); first in 2011]. VA also has a patient non-discrimination policy that includes sexual orientation and gender identity and expression. A remaining challenge is comprehensive care for transgender Veterans.

6. LGBT Veteran Care Coordinator Role

In 2016 VHA established a collateral LGBT Veteran Care Coordinator (VCC) role at each medical center to address gaps in care, educate staff, promote an affirming environment, and liaison with LGBT community agencies. Some facilities have appointed multiple LGBT VCCs. These roles are critical to addressing needed services for LGBT Veterans and ensuring an affirmative environment and culture.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 *COVID – Actions on Equity*	• Veterans of color are many of the Nation's essential workers, including serving as VA leaders and frontline employees. With the effects of COVID-19 disproportionately impacting communities of color across the Nation and prevalence increasing, VHA must accelerate proactive outreach efforts.
2 *Operationalizing Equity*	• Achieving health equity requires operationalizing strategies from the most senior levels of the organization to the frontline. Desired actions are not yet uniformly integrated into the daily operations of the enterprise.
3 *Equity Data*	• VA is still working to achieve compliance with GAO recommendations. Sexual orientation and gender identity (SOGI) data are needed to understand the experience of enrolled LGBT Veterans. • Broader data transformation is needed to understand the experience of Veterans of color, women Veterans, LGBT Veterans, rural Veterans, and those who identify in multiple cohorts, as well as to ascertain social determinants of health.
4 *Resources*	• Advancement of health equity priorities requires proactive resource review and allocation.

Actions/Decisions for the First 100 Days

Establish Vision

- Reaffirm that ensuring equity is central to providing high quality, Veteran-focused care.
- Establish accountability for equity at all levels of the organization, including through policy and leadership.
- Promote Departmental engagement in VHA's Health Equity Summit.
- Establish equity as a critical element of education for VHA trainees.

Address COVID-19

- Accelerate outreach to Veterans at high risk of COVID-19 and engage strategic partners for amplification.

Improve Data

- Implement GAO recommendations to enhance data collection and reporting.
- Accelerate data transformation efforts; organize information around individual Veterans and population health cohorts vice system transactions.

Redesign Metrics

- Measure the VHA experience of Veterans of color, women Veterans, LGBT Veterans, rural Veterans, and those who identify in multiple cohorts.
- Make equity a required element of ongoing quality metrics redesign between VA, DoD, and HHS.

Ending Veteran Homelessness

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Dr. Kameron Matthews – Assistant Under Secretary for Health for Clinical Services
Ms. Monica Diaz – Executive Director, VHA Homeless Program Office

Purpose & Agenda

Purpose: Review VA's successful coordinated efforts with Federal, state, local, and nonprofit partners aimed at ending Veteran homelessness. Highlight resource levels, accomplishments to date, challenges and obstacles, and the way ahead.

Background

Scope

VA is dedicated to preventing Veterans and their families from becoming homeless, or if such an event occurs, ensuring it is rare, brief, and nonrecurring. Since 2010, VA and its Federal and nonprofit partners have helped house or prevented more than 800,000 Veterans and their families from experiencing homelessness. These efforts have led to a 50% reduction in Veteran homelessness since 2010.

Goals & Objectives

VA's goal is to prevent and end Veteran homelessness by providing support and services to homeless and at-risk Veterans that enable them to lead independent lives in the community of their choosing. In support of this, VA's homeless programs provide a wide and effective range of services, including outreach, prevention assistance, housing solutions, employment assistance, health care, and justice and re-entry services.

Major Stakeholders

Major stakeholders include 1) Homeless and at-risk Veterans and their families; 2) Nonprofit grantees and contractors serving homeless Veterans; 3) Federal partner agencies, including United States Interagency Council on Homelessness (USICH), Dept. of Housing and Urban Development (HUD), Dept. of Labor (DoL), Dept. of Justice (DoJ); 4) National partner agencies and advisory bodies, including the Secretary's Advisory Council on Homeless Veterans, National Coalition for Homeless Veterans (NCHV), and the National Alliance to End Homelessness (NAEH).

Outputs/Outcomes

- Number of homeless Veterans on any given night
- Number of Veterans and family members housed or prevented from homelessness
- HUD-VASH voucher utilization rate
- Homeless Program hiring rate
- SSVF Homelessness Prevention rate
- Employment rate for Veterans in Homeless Programs

Budget and Resources

VHA Homeless Programs Office operates under an annual budget of $1.8B, of which $1.3B is designated as Specific Purpose (SP) funds with $500M in General Purpose funds. The SP funds support over 6,000 field staff and Central Office administrative positions, and over $700M in contracts and grants which are disbursed to 140 VAMCs and over 700 nonprofit providers nationwide.

Program Office Funding:

($ in 000)	2019	2020	2021	Changes	
	Enacted	*Enacted*	*Requested*	*FY 19 - FY 20*	*FY 20 – FY 21*
Total Budget	$1,818,534	$1,806,925	(b)(5)	(b)(5)	(b)(5)
Percent of Obligated Funds at EOY	96.1%	99.3%	N/A		
Total FTE	6,014	6,126	(b)(5)		

Timeline & Key Milestones

2010

VA commits to ending Veteran homelessness

President Obama and Secretary Shinseki publicly committed to ending Veteran homelessness, designating this effort as one of VA's top priorities. This top-level commitment would yield a 50% reduction in Veteran homelessness over the ensuing 10 years.

2012

VA implements Housing First principles in its programs and services

VA adopted Housing First as the official policy of its programs, particularly HUD-VASH. Housing First is an evidence-based and cost-effective model that prioritizes access to housing without preconditions that often serve as barriers.

2014

Mayor's Challenge begins and Federal Criteria and Benchmarks are developed

First Lady Michelle Obama kicked off the Mayor's Challenge to End Veteran Homelessness by announcing the commitment of 77 mayors, 4 governors, and 4 county officials to meet the goal. Soon after, USICH, HUD, and VA developed specific criteria and benchmarks to help guide communities as they took action to achieve the goal.

2015-16

HUD-VASH hits peak rates for case manager hiring and voucher utilization

Federal prioritization of the effort to end Veteran homelessness created powerful momentum resulting in peak rates for the hiring of HUD-VASH case managers (91%) and voucher utilization (92%).

2016-17

VA modernizes Grant & Per Diem (GPD) and joins community coordinated entry systems

Recognizing the need to modernize program designs, VA transformed its GPD Program by implementing new housing models. Recognizing the importance of an effective coordinated entry process in each community, VA established requirements for VA Medical Centers to fully integrate into local coordinated entry systems.

Major Successes

1. Dramatically reduced the number of homeless Veterans

Since 2010, when VA and the Federal government committed to ending Veteran homelessness, there has been a 50% reduction in the number of homeless Veterans on any given night.

2. Proven that ending Veteran homelessness is possible

Since the Mayor's Challenge began and the Federal Criteria and Benchmarks were introduced, 81 communities and 3 states have effectively ended Veteran homelessness. These communities prove that with a commitment from leadership, dedication of resources, and active coordination of VA and community services, ending Veteran homelessness is possible.

3. Assisted over 850,000 Veterans and family members

Since 2010, over 850,000 homeless or at-risk Veterans and their family members have been housed or prevented from homelessness.

4. Enacted a comprehensive COVID-19 response

Given the grave threat to homeless Veterans posed by COVID-19, VA rapidly enacted a comprehensive life-saving suite of strategies to help homeless Veterans get off the streets and into safe and stable housing. This included disbursement of $300M in CARES funding in FY20, adoption of significant program flexibilities, daily technical assistance and communications, mandated COVID testing in congregate settings, and dissemination of over 25,000 communications devices to ensure contact between Veterans and providers.

5. Provided prevention assistance and hotel placements

In FY20, the Supportive Services for Veteran Families (SSVF) Program provided prevention and rapid rehousing assistance to over 100,000 people and moved over 21,000 homeless Veterans from the streets into hotels in order to safely isolate or quarantine during the pandemic.

6. Helped over 15,000 Veterans obtain employment

To support housing stability, VA connects homeless Veterans with a range of employment services and job opportunities. In FY20, this resulted in over 15,000 Veterans in VA homeless programs obtaining employment.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 COVID-19	• The pandemic presents many challenges: rising unemployment, more Veterans at risk of homelessness, infection and outbreak risks in congregate settings, lack of supporting services due to shut-downs (e.g., Public Housing Authorities, inspections), inability to conduct face to face care, lack of authority to directly provide food and shelter, etc.
2 Affordable housing	• Apart from COVID-19, the single greatest threat to ending Veteran homelessness is the lack of affordable housing. Since 2015, the national average monthly rent for a 1-bedroom apartment has increased 35%. Evidence suggests that rising rents and falling vacancy rates directly contribute to homelessness, and in some communities make it nearly impossible to place a homeless Veteran into permanent housing.
3 Voucher Utilization	• In addition to affordable housing, case management vacancies lead to low voucher utilization, slowing progress towards ending Veteran homelessness.
4 GPD Modernization	• (b)(5)

Actions/Decisions for the First 100 Days

Statutory Flexibility

(b)(5)

GPD Actions

Proceed with progress and efforts towards GPD modernization efforts in allowing expanded access to safer housing and services for homeless Veterans.

Legal Services

Expansion towards provision of civil legal services to homeless and at-risk Veterans. The

(b)(5)

Hiring/Retention

HUD-VASH will allocate 6,000 new vouchers in FY21.

Continue Strategies implementation involving incentives for recruitment, retention, relocation, and contractual services.

Commit to Zero Harm: VHA's High Reliability Journey

Presidential Transition Briefing

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Dr. Gerard Cox – AUSH for Quality and Patient Safety
Dr. William Patterson – VISN 15 Network Director
(High Reliability Organization National Co-Leads)

Purpose & Agenda

Purpose: Provide an overview of VHA's journey to become an enterprise-wide High Reliability Organization (HRO), committed to fostering a culture of safety and trust for employees and Veterans

Background

Scope

High Reliability principles are an industry best practice across leading healthcare systems, aimed at reducing patient harm. A High Reliability Organization focuses on a culture where recognizing the smallest errors can lead to improvements in our processes that ensure better patient safety, with the goal of ensuring that every patient receives excellent care every time.

Goals & Objectives

VHA aims to lead the nation in Veteran experience and clinical excellence. As the underlying framework of VHA's Modernization effort, the HRO Journey is a cultural change meant to transform VHA into a learning organization: positioning us to drive the leading edge of advancement in healthcare on behalf of Veterans and provide a matchless, consistent experience of care regardless of where Veterans choose to live.

Major Stakeholders

- Veterans and their families
- Congress
- Veteran Service Organizations (VSOs)
- Government Accountability Office (GAO)

Key Leadership

- Dr. Gerard Cox, Central Office Co-Lead
- Dr. William Patterson, Field Co-Lead
- National HRO Steering Committee (headquarters, regional and frontline leaders)

Timeline & Key Milestones

Date

HRO Pilot Implementation

Feb 2019: Piloted HRO implementation at one VA medical center (VAMC) per Veteran Integrated Service Network (VISN) across VA (known as the 18 HRO Lead sites)
Jan 2020: National HRO Implementation Plan is approved based on lessons learned from the HRO pilot VAMCs; implementation activities begin across additional facilities

Date

HRO Training Deployment

Jan 2020 – Jan 2021: Foundational HRO training is deployed for all executive leadership teams and a cadre of trainers at each VAMC

Date

HRO Leader Coaching

Oct 2020: HRO leader coaching is deployed for 72 VAMCs, centering around the leadership practices of safety huddles, leader rounding, safety forums and visual management

Date

HRO Pilot Completion

Nov 2020 - Jan 2021: Pilot HRO Site-Specific Assessment at 3 VAMCs within one VISN will result in a 12-month site-specific HRO roadmap for improvement for each VAMC
Feb 2021 – Jul 2021: Conduct HRO Site-Specific Assessment at 51 VAMCs will result in a 12-month site-specific HRO roadmap for improvement for each VAMC
Oct 2021 – Execution of HRO Site-Specific Assessment and enacting HRO Implementation Plans for 12 months begins at remaining VAMCs

Date

HRO Training

Dec 2021 – At least 90% of VHA staff has completed foundational HRO training and foundational HRO training is integrated into programs for new employees and leaders

Major Successes

1. HRO Integration Into COVID-19 Pandemic Response

HRO practices (e.g., safety huddles, safety stories) were widely used in VHA's COVID-19 response to spread awareness of safety risks and remediations. HRO principles were used to frame the *VHA's Moving Forward* reopening plan.

2. Accelerated Spread of HRO Implementation Activities

High excitement and motivation across VHA facilitated faster spread of HRO activities and practices to more medical centers than anticipated; after the initiation of standard HRO activities and practices at the 18 HRO Lead sites, all VISNs reported incorporation of one or more HRO activities/practices at each of their medical centers.

3. HRO Foundational Training

HRO training completed by all executive leaders at VA central office, VISNs and medical centers. Over 200,000 employees completed the *HRO 101* online course as of November 2020.

4. HeRO Awards

First national VHA HRO award program was launched. Clinical and non-clinical individuals, teams and program offices are recognized across VHA quarterly for efforts to reduce harm and improve quality of care for Veterans. National awards ceremonies are held bi-annually.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 *Operationalizing a Just Culture*	A Just Culture, one that balances the need of individual accountability with the need for a system that recognizes and accounts for normal human error/drift, is an essential component of an HRO. In promoting Just Culture concepts, leaders across VA must be careful not to erode the discretion Congress gave VA (e.g., Accountability and Whistleblower Protection Act, Human Resources disciplinary policies) by imposing a set of standards for penalty analyses that are not required. Mitigation: Collaborating with key stakeholders from VA executive leadership, program offices and VISN/VAMC leadership to reconcile the Just Culture decision-making philosophy with the frameworks established to enforce justifiable accountability.

Actions/Decisions for the First 100 Days

Communication

- Reinforce VA's cultural transformation, including the benefits of high reliability in improving healthcare outcomes for Veterans in their constituency during communications with VSOs, Congressional leaders and other stakeholders

Onboarding

- Visit VA medical centers to witness firsthand the cultural transformation to become a highly reliable healthcare organization and the effects on staff empowerment and Veteran outcomes

Market Assessments and Asset Infrastructure Review

MISSION Act Title I and Title II

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Dr. Kameron Matthews – Assistant Under Secretary for Health for Clinical Services
Valerie Mattison-Brown – Chief Strategy Officer
Daniel Gall – Deputy Chief Strategy Officer

Purpose & Agenda

Purpose: Provide an overview of VHA's market assessments, which are being conducted to inform recommendations that will be submitted to the Asset and Infrastructure Review (AIR) Commission.

Background

Scope

VHA is committed to delivering excellence in care and experience no matter where Veterans choose to live. Accomplishing this requires precise analysis of Veterans' needs in each market to inform enterprise design. The MISSION Act requires that market analyses regarding the modernization and/or realignment of VA facilities be provided to a Presidentially-appointed Asset and Infrastructure Review (AIR) Commission, to be nominated by May 31, 2021. VA's recommendations are to be submitted to the Commission by January 31, 2022.

Goals & Objectives

The market assessment opportunities represent an unprecedented opportunity to design the future of U.S. healthcare. Being the vanguard in Veteran experience and care excellence means understanding Veteran needs in each market - as well as the Federal, academic, community and strategic partner ecosystem – on an ongoing basis. VA intends to become the premier high-performing, integrated healthcare delivery network of the future.

Major Stakeholders

- Veterans and their families and caregivers
- Veteran Service Organizations (VSOs)
- Federal partners
- Congress
- AIR Commission (future)
- GAO
- OIG

Key Leadership

This effort is a whole-of-enterprise endeavor, requiring strong collaboration throughout the Department. Key VHA leadership includes:

- Executive In Charge and Deputy Under Secretary for Health
- Assistant Under Secretaries for Health
- Veterans Integrated Service Network Directors
- Chief Strategy Officer, Valerie Mattison Brown

Budget and Resources

The MISSION Act requires that the recommendations submitted by the Secretary to the AIR Commission consider the extent and timing of potential costs and savings. Cost-benefit analyses for market opportunities will be developed over the coming year.

Separately, below is an overview of Chief Strategy Office funding dedicated to this effort.

Program Office Funding:

($ in 000)	2019	2020	2021	Change 2020 v. 2021	
				$ / FTE	%
Total Budget	30,000	30,000	30,000	$0	0%
Total FTE	119*	156*	126*	-30 FTE	-23.8%

*Note: Includes contractor and VHA Staff. Approximately 6 FTE per year are government staff. Budget figures are from VHA Office of Asset Enterprise Management and represent multi-year funding.

Timeline & Key Milestones

MISSION Act Strategic Milestones

Date

(b)(5)

Major Successes

1. Methodology Standardization

VHA has established a successful 8-step market analysis process that includes data analysis, site visits, and extensive engagement with Field employees. Market opportunities identified are reviewed through robust, cross-functional leadership discussion inclusive of leaders in Central Office and the Field.

2. Field Engagement

By design, collaboration on market assessments between Central Office and the Field is active and strong throughout the entirety of the process, Joint efforts include data review and approval, opportunity development, and coordination and logistics sessions.

3. Phase Completion

VA has completed draft assessments and leadership review for 12 of 18 VISNs (Phases I and II), with the remaining 6 VISNs underway (Phase III). These thorough assessments have thus far included reviews of 63 markets, with 120+ site visits, 1,200+ interviews, and 15,000+ data slides generated.

4. COVID-19

With the onset of the pandemic, VA moved with agility to incorporate COVID-19 and emergency preparedness considerations into market assessments.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 *Leadership coordination*	• Significant investment of VA and VHA senior leader time will be required over the coming year as recommendations are finalized. Leaders will need to review and approve all recommendations. • Mitigation: Senior leaders are already apprised, and time will be allocated for this purpose.
2 *Asset Management Barriers*	• With the Veteran population shifting geographically, often faster than current capital asset processes can follow, VHA must balance the requirements of the AIR Commission process with the need to actively manage system operations. Some such instances may require legislative relief. • Mitigation: The HVAC, SVAC, and GAO are regularly updated on both the market assessments and on system operations. Additionally, market opportunities are reviewed to identify any barriers that may require legislative engagement.
3 *Stakeholder Influence*	• External stakeholders may wish to influence the process or outcomes of the AIR Commission, and media attention may be significant. Such influence has the potential to skew the review process away from Veteran-centered, data-intensive methodology and health care insights. • Mitigation: Protocols have been implemented to prevent the release of draft opportunities, and a full and comprehensive communications plan will be coordinated across the Department.
4 *Method Consistency*	• With the onset of the COVID-19 pandemic, VHA is balancing the need to maintain consistency in market assessment methodology with the need to incorporate COVID-19 insight into market opportunities. Mitigation: VHA assessment teams have shifted to conducting virtual interviews of market sites, but the same role-based set of participants engages in each VISN, and methodology is consistent. VHA also plans to conduct in-person site visits once the environment allows.

Actions/Decisions for the First 100 Days

Action 1

- Publish the market assessment criteria in the Federal Register and transmit to VSOs and Congress. Criteria will be used to assess market opportunities and develop recommendations to the AIR Commission regarding the modernization or realignment of facilities.
  Legislatively Required
  Mandatory suspense: February 1, 2021

Action 2

- Facilitate robust public listening sessions (in accordance with MISSION Act Section 203), to include Veterans and Veterans Service Organizations
  Legislatively Required
  Target Completion: April 2021

Action 3

- Complete draft assessments for last 6 VISNs and begin regional and enterprise integration analysis.
  Target Completion: Spring 2021

Note: Given the interdependency of VA health care markets, market opportunities will not be finalized until all assessments and regional/enterprise integration work is complete.

Precision Oncology

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Dr. Carolyn Clancy – Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks
Dr. Rachel Ramoni – Chief Research and Development Officer, Office of Research and Development
Dr. Michael Kelley – Chief Hematology/Oncology and Medical Service, Durham VAMC

Purpose & Agenda

Purpose: Provide an overview of the VHA Precision Oncology system of excellence.

Background

Scope

Precision oncology care provides the most appropriate treatment for the right patient at the right time, based on patient and tumor molecular characteristics. Goal: improved outcomes / quality of life. The VHA system-wide precision oncology approach includes infrastructure, genomic sequencing, access to high quality data and personnel (clinical, research, administrative).

Goals & Objectives

Overall Goal: Improve the lives of Veterans with cancer regardless of where they live in the US.

- Building on collaborations launched by the Cancer Moonshot, initiative is grounded in high reliability principles and a learning healthcare model that integrates clinical care and research.
- Build upon formalized collaborations and alliances as a result of the Cancer Moonshot initiative.

Major Stakeholders*

- Academic Affiliates
- Research partners

**See appendix for a comprehensive list of VHA Precision Oncology partnerships and alliances*

Key Leadership

- VHA Leadership
- VA Office of Strategic Partnerships
- Office of Healthcare Transformation for execution operations and management.
- Office of Research and Development
- National Oncology Program Office

Budget and Resources

The Precision Oncology budget establishes a national TeleOncology Network and develops or enhances national systems addressing prostate, lung, rare and women's, cancers. This budget will develop one system of accessible and world class oncologic care, for Veterans, everywhere in the United States.

Program Office Funding:

($ in 000)	2020	2021	2022	Change 2021 v. 2022	
	Expended	*Requested*	*Requested*	$ / FTE	%
Total Budget	3,255	(b)(5)	(b)(5)	(b)(5)	(b)(5)
Total FTE	9				

Timeline & Key Milestones

March

Lung Precision Oncology Program

-Develop communication plan, initiate opening of lung cancer hub sites.
-Finalize nationwide effort to expand the Lung Precision Oncology Program (LPOP) to the entire country.

April

Genetic Testing and GU Cancer Network

-Expand germline testing to provide access nationwide for patients with cancer.
-Establish four new centers for Genitourinary cancer within the Oncology System of Excellence.

Sept

Expand Clinical Trials

-Launch pilot virtual clinical trials approach across the VHA to make clinical trials accessible to Veterans everywhere.
-Expand precision oncology to breast cancer.

Sept

Research and Oncology Integration

-Coordinate between research and clinical services to identify expansion of additional hub sites for prostate cancer.
-Develop business requirements to facilitate integration of clinical and research oncological data to support precision oncology.

Major Successes

1. Precision Oncology Partnerships

- Engaged in a $50M partnership with the Prostate Cancer Foundation to establish and support Precision Oncology Program for Cancer of the Prostate (POPCaP) sites in VA.
- Expanded participation in the virtual molecular tumor board – VA wide discussion of new/challenging cases and enhancement of continuing education of VA clinicians.

2. Data Analytics and Informatics

Developed new data analytics/informatics tools that will increase efficiency of the tumor board, increase efficiency of the cancer registry and allow sites and program offices to monitor performance.

3. Precision Oncology Clinical Trials

- Increased multisite clinical trials supported by VA Office of Research and Development, PCF and industry.
- Launched a pilot mechanism – Prostate Cancer Analysis for Therapy Choice (PATCH) which stratify patients into clinical trials based on specific biomarkers – provide Veterans greater access to new therapies.

4. Precision Oncology Treatment Expansion

- Established VA-focused clinical pathways for prostate and lung cancer.
- Initiated a pilot project that returns clinically actionable results to MVP participants with metastatic prostate cancer – provide access to new therapy to improve quality and quantity of life.

5. Precision Oncology Modalities

- Launched a pilot project that establishes an alternative approach to germline testing and genetic counseling that conserve central genetic counseling resources.
- Expanded standardized molecular testing and analysis across VHA – completed ~20,000 samples from over 123 medical centers.

6. Site Expansion

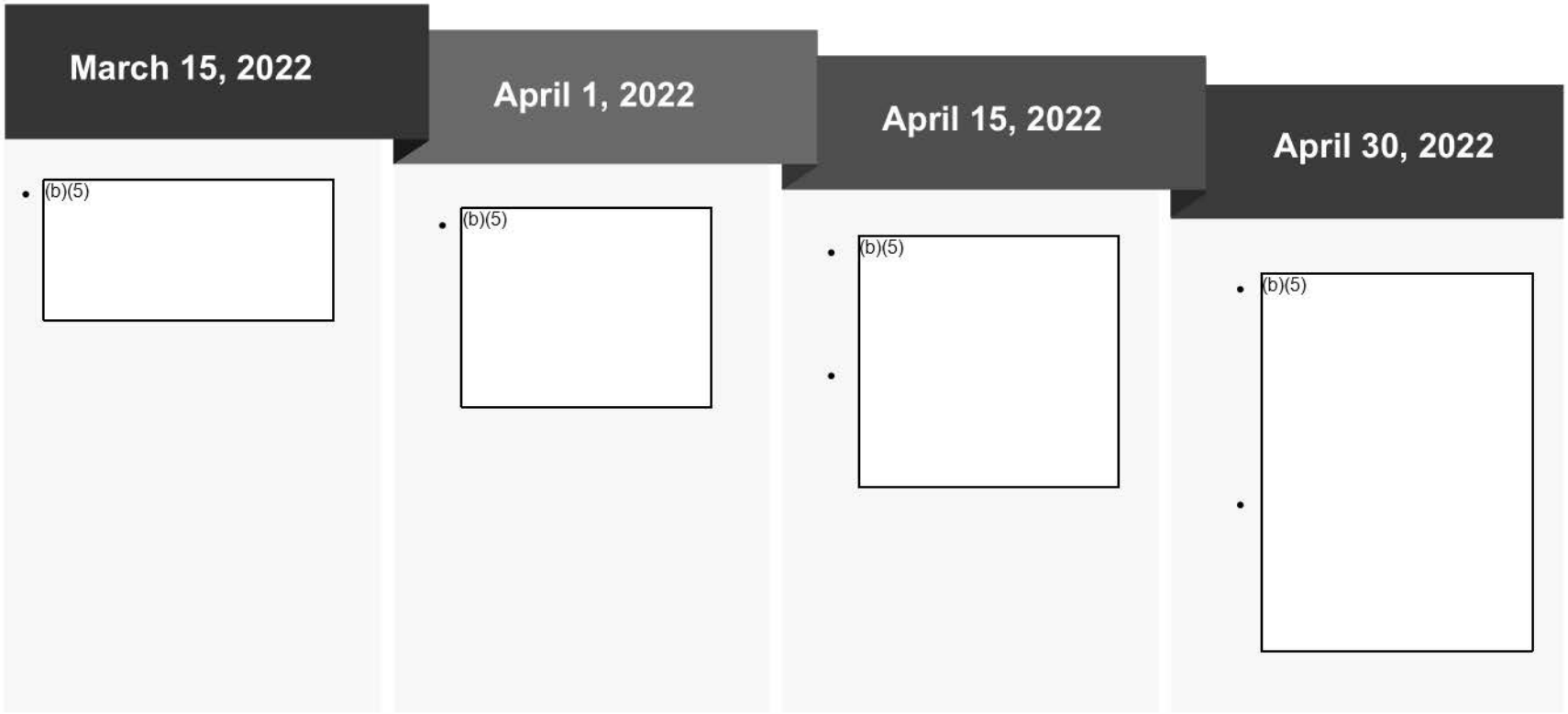
Operationalized 10 POPCaP sites to conduct precision oncology clinical trials and research, sites include Ann Arbor, Chicago, Durham, Bronx, Manhattan, Philadelphia, West Los Angeles, Seattle, Tampa/Bay Pines, Washington DC.

**See appendix for additional VHA Precision Oncology major successes.*

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 VHA Providers	**Challenge/Risk**: Lack of sufficient numbers of genetics providers to meet growing demand in precision oncology; VA faces strong competition for talent from private sector. • Risk losing clinical geneticists due to gaps in infrastructure and personnel support. **Mitigation:** Engaged in systematic review and analysis to develop strategies to increase genomic service capacity, increase efficiency and expand the roles of clinical staff to help meet demand.
2 Access to Care	**Challenge/Risk:** Over a third of Veterans live in rural areas • Staffing challenges; broadband access nonexistent or spotty; private sector community care. expensive and less developed than VA. **Mitigation:** Development of TeleOncology hubs with capabilities to reach across regional/geographic lines to help mitigate challenges: "No Veteran left behind."
3 Registry Data	**Challenge/Risk** (b)(5) (b)(5) **Mitigation** (b)(5) (b)(5)
4 IT Capabilities	**Challenge/Risk:** IT components to support the work in precision oncology is insufficient; OI&T budget lack adequate resources to support research enterprise. **Mitigation:** Requirements under development and should be completed in 4 months. MYP 23-25 OIT budget submitted.

Actions/Decisions for the First 100 Days



Decision(s) - Continued momentum contingent on FY21 budget request

Appendix A: Precision Oncology Partners and Alliances

The VHA Precision Oncology initiative includes the following stakeholders and enablers:

- VA National Precision Oncology Program (NPOP launched in 2016).
- VA $50M partnership with the Prostate Cancer Foundation (PCF initiated in 2016), to ensure precision oncology prostate cancer care across VHA.
- TeleOncology service (launched in 2020).
- Million Veteran Program (launched in 2011) – research study of over 800, 000 Veteran genetic information and access to their medical records.
- Access to Clinical Trials for Veterans (begun in 2017) – a collaborative with National Association of VA Research and Education Foundations.
- PHASER pharmacogenomics partnership with Sanford Health (initiated in 2018).
- Clinical Trials Matching and telehealth genetic counseling service (available since 2015).
- Virtual molecular tumor board and patient-specific expert consultation (begun in 2016).
- Affiliation with 40 National Cancer Institute (NCI) designated cancer centers.
- VA-NCI partnership (NAVIGATE) to increase Veteran access to NCI clinical trials.
- Partnership with Department of Defense and NCI through Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) network.
- Partnerships with industry for clinical trials and new research opportunities.
- Partnership with philanthropic stakeholders to accelerate progress.

Appendix B: Additional Precision Oncology Major Successes

- Established the Lung Precision Oncology Program (LPOP) in 17 VA Medical Centers to conduct lung cancer screening and precision oncology clinical trials.
- Expanded standardized approach to TeleOncology in VA – provide services to Veterans in underserved and remote geographic areas.
- Establish partnership for TeleOncology with Bristol Meyers Squibb Foundation:
  - Support national TeleOncology center.
  - Expand TeleOncology staffing in FY21.
- Increased access to specialized oncology services.
- Established key performance metrics.
- Facilitated foundational changes to the central Institutional Review Board for improved regulatory review/clinical trials management via software as a service.
- Initiated processes to modernize VA cancer registry system.
- Developed a national strategy to meet the genomic services needs of precision oncology.
- Provided dedicated precision oncology leadership to oversee system-wide initiatives.
- VA-National Cancer Institute big data postdoctoral training program (BD-STEP) is expanding VA's workforce in the area of health informatics.

Mental Health and Suicide Prevention

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Date of Briefing

Briefed by:
Dr. Richard Stone, VHA Executive in Charge
Dr. Steven Lieberman, Acting Deputy Under Secretary for Health
Mr. Jon Jensen, VHA Chief of Staff
Dr. Kameron Matthews, Assistant USH for Clinical Services
Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention
Dr. Matthew Miller, Director, Suicide Prevention Program

Purpose & Agenda

Purpose: Brief on VHA's suicide prevention and mental health programs and services which are part of an integrated platform across VHA and with community providers and partners.

Background

Scope

- Mental health and suicide prevention are part of a larger strategy to provide state of the art care and resources within a comprehensive continuum of integrated suicide prevention services and mental health care which includes clinically-based interventions and community-based strategies that are readily available across the entire Veterans Health Administration (VHA) system and in partnership with the communities in which Veterans live and work.

Goals & Objectives

- Engage Veterans in lifelong health, well-being, and resilience.
- Provide world-class mental health care and intervention at the time, manner and place that best meets of Veterans and their families needs.
- To Be There (www.bethereforveterans.com) for Veterans 24/7/365.
- Support research and innovation to develop and implement cutting edge interventions.

Major Stakeholders

- Veterans and their families
- Caregivers
- Veteran Service Organizations
- Federal partners (e.g., Department of Defense (DoD), Health and Human Services, Office of National Drug Control Policy),
- Community public private partnerships

Outputs/Outcomes

- Clinical and operational metrics tracked and reported within the organization and through multiple external reports and reviews.
- Veteran satisfaction surveys including the Veteran Outcome Assessment.
- Annual report on suicide prevention activities and suicide rates and the annual Capacity Report & Transparency Report.
- Media and social media impact (Nearly 4 billion ad impressions, 18.5 million website visits, 261 million social media engagements, 1.5 million resource engagements over the last two fiscal years 2019 – 2020).

Budget and Resources

VHA mental health and suicide prevention services and care are funded through several streams. There is a Presidential line-item for suicide prevention outreach that covers nationally-directed suicide prevention programs, the PREVENTS Office, and the Veterans Crisis Line (VCL) (see table below).

There is also a Presidential line-item for the National Center for Posttraumatic Stress Disorder (NCPTSD). The VHA budget includes funding for nationally-directed mental health programs and operational support. The largest amount of funding is that provided to field facilities for the direct provision of care and services through VERA funding.

($ in 000)	2019	2020	2021	Change 2020 v. 2021	
	Enacted	*Enacted*	*Requested*	$ / FTE	%
Presidential Line-item for Suicide Prevention	206,532	237,419	(b)(5)	(b)(5)	(b)(5)
Total Office of Mental Health and Suicide Prevention (OMHSP) FTE	1247	1414			

Timeline & Key Milestones

2020

Legislation

- Public Law 116-172: National Suicide Hotline Designation Act of 2020 requires the Federal Communications Commission (FCC) to designate 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline, including the VCL, by July 2022.
- Public Law 116-171: Commander John Scott Hannon Veterans Mental Health Improvement Act of 2019 will provide critical mental health care resources and evaluate alternative and supportive treatments to clinical care for Veteran populations through the VA.

2020

2020 National Veteran Suicide Prevention Annual Report

- The VA conducts the largest national analysis of Veteran suicide rates each year. This report a renewed and determined call to unrelentingly address suicide in our Veteran population and our society, as suicide has no single cause and the tragedy of suicide affects all Americans.

2019

VA/DoD Clinical Practice Guidelines

- VA/DoD published an update to the *Assessment and Management of Patients at Risk for Suicide CPG*
- Implementation of evidence-based clinical practice guidelines (CPG) is one strategy VHA has embraced to improve care by reducing variation in practice and systematizing "best practices."
- VHA has published CPGs regarding care for depression, Posttraumatic Stress Disorder (PTSD), and Substance Use Disorder (SUD).

2019

Public Health Approach to Suicide Prevention

- To expand VA's approach to prevent Veteran suicide nationwide, the VHA launched the implementation of Suicide Prevention (SP) 2.0 by the OMHSP. SP 2.0 expands upon current suicide prevention efforts by taking a comprehensive public health approach to suicide prevention that blends equal weight and emphasis to community-based prevention and clinically based interventions.

2018

National Strategy for Preventing Veteran Suicide 2018–2028

- VA has developed the National Strategy for Preventing Veteran Suicide in alignment with the 2012 National Strategy for Suicide Prevention. The purpose of the National Strategy for Preventing Veteran Suicide is to provide a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention over the next several years.

Major Successes

1. REACH VET

- Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) program, which uses predictive analytics to identify Veterans with high statistical risk for suicide. Annually, 30,000 Veterans receive care review and outreach to ensure they are-well engaged in care and their needs are being met.

2. Telehealth and COVID

- Since April 2020, VHA ensured continuity in providing mental health care but pivoted to provide as much as 85% at times via virtual modalities. In October 2020, there were more than 400,000 televideo visits in mental health.
- Since April 2020, 100% of willing and ready staff at the Veterans Crisis Line are working remotely from home to ensure the VCL's ability to fulfill its 24/7/365 mission to support staff.

3. SP 2.0

- VA's Suicide Prevention Program (SPP) implements a strategy based on a public health approach that incorporates current efforts in suicide prevention with evidence-informed clinical and community-based strategies for those seeking mental and physical health care. This program is informed by data and research and is evaluated for effectiveness. These efforts seek to advance approaches to prevention, intervention and postvention focused on Veterans, their families and communities.

4. Substance Use Prevention

- STORM predictive modeling to improve opioid safety by providing risk scores and risk mitigation strategies for Veterans with an active outpatient opioid prescription or Opioid Use Disorder. Since April of 2018: 22,250. Veterans had a documented interdisciplinary team review.
- Substance use disorder care is fully integrated into VHA's nationally-recognized Primary Care Mental Health Integration program making it easily accessible.

5. Universal Screening for Suicide Risk

- Currently, VHA has developed and implemented a national, standardized process for suicide risk screening and assessment (VA Risk ID) across VHA services, using high-quality, evidence-based tools and practices. As of November 2, 2020, more than 5 million Veterans has been screened for suicide risk.

6. Suicide Prevention Program NOW Plan

- The SPP Now Plan aims to initiate quick deployment of interventions which are deemed to most efficiently impact Veterans at high risk for suicide within one year's time. The five planks are: lethal means safety, suicide prevention in specific medical populations, outreach and understanding prior VHA Users, current suicide prevention program enhancements and paid media.
- VHA is a state-of-the-art leader in SUD Treatment providing Contingency Management, other evidence-based treatments, and rapidly shifted to virtual care during COVID.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 Public Health Approach	• Veteran suicide is a national public health crisis. If VA does not exhaust all suicide prevention options, for example identification of high-risk Veterans, outreach, and engagement with community partners, Veteran suicide will continue to be a national public health crisis.
2 Data and Suicide Surveillance	• Suicide death reporting is robust but flows from states through the Centers for Disease Control and Prevention and then to VA and results in a delay of approximately two years in the availability of Veteran suicide death data. This limits the ability to act to intervene in suicide death trends in a timely manner.
3 Mental Health Staffing	• Nationwide shortages of qualified mental health staff have made the recruitment and retention of mental health staff challenging. • This shortage occurs as the number of Veterans seeking care from VHA increases, further straining the resources available to provide enhanced care for those at high risk for suicide.
4 Lethal Means Safety	• Need coordinated support from the firearm industry across national and state level government including across VA and Bureau of Alcohol, Tobacco, Firearms & Explosive implement suicide prevention training in firearms courses. • Lack of requirement for non-VA/community providers to take Military Cultural Competency and Lethal Means Safety Counseling training.
5 Priorities	• National public health infrastructure has been reduced over the last several decades and has resulted in very limited funding and resources for major public health campaigns. Clinically, suicide prevention and mental health priorities compete with healthcare system priorities.

Actions/Decisions for the First 100 Days

Action 1

SP 2.0 and NOW

- **Governor's Challenge**
- VA and SAMHSA have partnered to develop and implement site-specific public health strategies to address Veteran suicide across all States and Territories.
- (b)(5)
- **Rapid Surveillance of Suicide Deaths and Attempts**
- (b)(5)

Action 2

- **Expand implementation of robust team- based MH care (BHIP).**
- Provision of care using framework of the quadruple aim – access, quality, satisfaction, and value.
- Advance measurement-based care for providing right care in the right time. Rollout in FY21 to PTSD and SUD treatment programs.
- (b)(5)

Action 3

Lethal Means Safety (LMS)

- In 2017, nearly 70% of all Veteran suicides were by firearm.
- LMS education, such as firearm and medication storage practices, can save lives and decrease risk of suicide by increasing the amount of time and space between someone in a suicidal crisis and lethal means.
- (b)(5)

Action 4

- Advancing integration of mental health throughout the VHA continuum with a focus on health for life.
- Transition mental health care from a focus on disease to a whole health approach.
- Expand Primary Care Mental Health Integration to all clinics regardless of size.
- Expand Mental Health Peer Support in primary care.

VA Connected Care - Telehealth

Presidential Transition Briefing

Prepared for:

VA Agency Review Team

Briefed by:

Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Dr. Beth Taylor, Assistant Under Secretary for Health for Patient Care Services
Dr. Neil Evans, Chief Officer, Connected Care
Dr. Kevin Galpin, Executive Director, Telehealth Services

Purpose & Agenda

Purpose: To provide a high-level overview of VHA Connected Care, with a specific focus on VHA Telehealth Services

Background

Mission/Vision

Mission - To deliver **high-quality, Veteran-centered care**, optimize individual and population health, advance health care that is **personalized and proactive**, and **enhance the health care experience** through virtual modalities of care.

Vision - VA will leverage connected technologies to enhance the **accessibility, capacity, quality,** and **experience** of VA health care for Veterans, their families, and their caregivers anywhere in the country. Connected Care will be effectively **integrated** into the daily lives of both VA staff and the Veterans they serve.

Priorities – **Accessibility, Capacity, Quality, Experience**

Scope

- VA is considered a market leader and international exemplar in Connected Care / Telehealth, serving Veterans through what is likely the largest integrated approach to virtual care in the United States.
- In FY 20, VA provided greater than 5.6M episodes of telehealth care across all modalities (video visit, asynchronous telehealth exchange, and remote patient monitoring) to over 1.6M Veterans.
- In FY20, My HealtheVet, VA's on-line health portal, with 5.5M user accounts and 2.6M active users supported over 22M online prescription refills and more than 23M secure messages.

Major Stakeholders

- Veterans and their families
- VA clinical staff
- Field leadership
- Dedicated field-based telehealth and connected health support staff
- U.S. Congress
- Office of Information and Technology
- Office of Rural Health
- Veterans Experience Office
- Office of Veteran Access to Care
- VSOs
- OEHRM
- Office of Health Informatics
- Strategic Partnerships
- Clinical Program Offices

Key Leadership

- Neil C. Evans, MD
  Chief Officer, Connected Care
- Kevin Galpin, MD
  Executive Director, Telehealth
- Kathleen Frisbee, PhD
  Executive Director, Connected Health

Budget and Resources

Program Office Funding:

($ in 000)	2019	2020	2021	Change 2020 v. 2021	
	Enacted	*Enacted*	*Requested*	$ / FTE	%
Total Budget	1,017,450	1,058,790	(b)(5)		

VA Connected Care

From Anywhere to Anywhere

myhealthevet VA Mobile VA Telehealth

Where VA Connected Care Occurs

Home/Community

- MyHealtheVet / VA.gov / Secure Messaging
- VA Video Connect
- Home Telehealth / Remote Monitoring
- mHealth - Apps, Annie
- VA Health Chat
- Telephone Care
- Tele-Urgent Care
- And more...

Clinic

- Video Telehealth
  - -Primary Care
  - -Mental Health
  - -50+ specialties
- Store and Forward Telehealth
- Clinical Resource Hubs

Hospital

- Tele Critical Care
- TeleStroke
- TeleNephrology
- More ...

How VA Implements Connected Care

Local

Connected Care Integration into all routine operations

Regional

Clinical Resource Hubs

- TeleMental Health
- TelePrimary Care
- TeleDermatology
- TeleRehabilitation
- TeleSleep
- Specialty Care Expansion

National

- Expert TeleConsultation
  e.g. TeleGenomics, Specialty Mental Health
- TeleEmergencyManagement
- TeleCritical Care, TeleStroke, etc.

Timeline & Key Milestones

Telehealth Growth / Evolution

2003 — Home Telehealth

2007 — Clinic Based Telehealth

2011 — Inpatient Telehealth

2017 — Telehealth Hubs

2017 — Anywhere to Anywhere

2019 — Connected Care Expansion & Integration into all clinical operations

2020 — COVID-19

Major Successes

FY20 Clinical Summary

Video Telehealth to the Home and Community

- 14,567 Patient Aligned Care Team clinicians (~ 90%) have completed at least one video visit to the home or other non-VA site.
- 12,616 Mental Health clinicians (~ 95%) have completed at least one video visit to the home or other non-VA site.
- 8,764 providers (e.g. MD, DO, NP, PA and Clinical Pharmacists) in most medical or surgical subspecialty areas have completed at least one video visit to the home or other non-VA site. (~ 58%)
- More than 3.8M video encounters provided to the home or non-VA location, serving more than 1.1M Veterans.
  - ✓ 1,200% increase in visits over FY19.
  - ✓ 1,000% increase in Veterans served over FY19

Overall Telehealth

- More than 27% of Veterans who received care in the VA received a portion of their care through telehealth.
- More than 5.6M episodes of telehealth care across all modalities (synchronous, asynchronous, remote monitoring) provided to more than 1.6M Veterans.
  - ✓ 117% increase in episodes of care over FY19.
  - ✓ 79% increase in Veterans served over FY19.

TeleCritical Care Expansion

- TeleCritical Care hubs East (Cincinnati) and West (Minneapolis) significantly expanding services, supported by new national contract.
- Currently covering ~40% of VA ICU beds.

TeleStroke Expansion

- National expansion ongoing.

Clinical Resource Hubs

- Providing services in all 18 VISNs, filling gaps/clinical vacancies, providing support for EHRM go-lives, and more.

VA Video Connect

- Technical enhancements to support massive increase in care volume, from ~2000 video visits per day in February 2020 to >35,000 video visits now, on a typical workday.
- Continuous capability delivery – recent new capabilities to support group visits, “now” visits, scheduling enhancements, ATLAS.

ATLAS

- 7 sites operational (VFW, American Legion, Walmart).

My HealtheVet

- 5.5M user accounts, 2.6M active users.
- 22M on-line prescription refills.
- 23M secure messages exchanged.
- 2.5M VA Blue Button users (health record).
- 45% of VA web traffic.
- Integration with VA’s digital front door – VA.gov.

VA Mobile

- 69 apps on the VA App store (Veteran and care-team facing).

Major Challenges/Risks

Priority Area	Potential Challenges/Risks
1 *Digital Divide*	**Challenge/Risk:** A key challenge is the digital divide, which hinders Veterans without technology or access to the internet from participating in connected care from their homes. **Mitigation:** Digital Divide Consult and Tablet Loaner Program (> 65,000 tablets Issued). Accessing Telehealth through Local Area Stations (ATLAS). HUD-VASH Collaboration – Cell Phone Program. Zero Rating and FCC's LifeLine Programs.
2 *OIT Funding*	**Challenge/Risk**: Office of Information and Technology (OIT) Funding - OIT program resources are a significant risk. The rapid expansion of telehealth video services caused by the initial phase of the COVID-19 pandemic required immediate infrastructure upgrades to meet user requirements. If the pandemic continues, additional resource will likely be needed. **Mitigation:** Continued close collaboration between Telehealth and OIT on project and funding forecasts.
3 *EHR Integration*	**Challenge/Risk:** - At the initiation of the EHR transition, Cerner did not have robust telehealth functionality to match the advanced VA telehealth program. Significant engineering and design was, and remains, necessary to fully implement VA telehealth within the new record and to support cross-facility care delivery in a hybrid Cerner/VistA environment. - Telehealth has been significantly leveraged during the COVID-19 pandemic, requiring program pivots and reengineering efforts, that have pulled key team efforts from the larger EHR modernization efforts. - VA's online patient portal, My HealtheVet, serves more than 5 million Veterans and has traditionally been a single experience for Veterans regardless of where they receive care, integrated into VA's digital front door at VA.gov. The electronic health record go-live has temporarily fragmented this experience for Veterans. VA needs to decide and execute on an approach to resolve this issue. **Mitigation:** Significant ongoing collaboration between Connected Care, OEHRM, VEO, and OIT to define long-term strategies.

Actions/Decisions for the First 100 Days

Digital Front Door

- In 2018, VA leadership jointly signed and adopted a digital modernization strategy to improve how Veterans access and manage their benefits online; the first major step in this strategy was the November 2018 relaunch of VA.gov as Veterans' digital front door.
- Since 2003, My Health*e*Vet has been VA's single national health portal, regardless of where care is delivered – with very high levels of Veteran satisfaction.
- (b)(5)

Legislative Authorities

- VA has made remarkable progress in clarifying its authorities for delivering telehealth to Veterans in their homes and communities, in particular through the VA MISSION Act.
- Areas of continued attention include authorities regarding (a) clinical trainees, (b) international authorities and (c) controlled substance prescriptions.

Post-COVID Budget

- Demand for Connected Care services has increased in some areas by more than 1000%.
- As the "new normal" becomes apparent, budget planning for Connected Care post-COVID may need to be amended.

Veterans' Whole Health

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard A. Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Mr. Jon Jensen – VHA Chief of Staff
Dr. Beth Taylor, Assistant Under Secretary for Health for Patient Care Services
Dr. Benjamin Kligler – Executive Director, Patient Centered Care and Cultural Transformation
Dr. Cynthia Gantt, Deputy Director, Patient Centered Care and Cultural Transformation

Purpose & Agenda

Purpose: Our mission is to transform health care to a Whole Health System (WH) of care to support the health and well-being of Veterans, VA employees and the nation.

Background

Scope

Whole Health is an approach to healthcare that empowers and equips people to take charge of their health and well-being and to live life to the fullest. It expands the vision of the health system's role beyond disease management to creating well-being and supporting Veterans in moving towards what matters most to them in life. Whole Health incorporates peer support, access to complementary/integrative health approaches, health coaching, and a Whole Health approach to clinical care into the Veteran experience.

Goals & Objectives

Every Veteran and VA employee will have the opportunity to experience the Whole Health approach and incorporate it into their life and work.

Major Stakeholders

- Veterans and their families
- Caregivers
- VHA employees
- Community providers
- Veteran Service Organizations (VSOs)
- Congress

Key Leadership

- Dr. Beth Taylor, Assistant Under Secretary for Patient Care Services
- Dr. Benjamin Kligler, Executive Director
- Dr. Cynthia Gantt, Deputy Director

Budget and Resources

Whole Health in VHA includes both program office and VISN level resources. At the national level, the program office develops Whole Health strategic initiatives including research and evaluation, education, employee Whole Health, and innovation initiatives. The VISNs also invest substantially in Whole Health with the amount of these investments varying depending on Veteran population as well as emphasis and synergies with other local strategies.

Program Office Funding:

($ in 000)	2019	2020	2021	Change 2020 v. 2021	
	Enacted	*Enacted*	*Requested*	$ / FTE	%
Total Budget	52,570	63,599**	(b)(5)		
Total FTE	64.25 + *12.0	76.25	(b)(5)		

**Term Employees converted to permanent in FY20*
***Approximately $30 million disbursed directly to the VISNs to support field-based Whole Health initiatives and direct patient care*

Timeline and Key Milestones

- **Deployment: Integration of Whole Health approaches and non-pharmacologic services into mental health and suicide prevention as well as into primary care** as mandated in the Executive Decision Memo on "Engaging Veterans in Lifelong Health Well-Being and Resilience."(b)(5)

(b)(5)

- **Research and Evaluation: Flagship Outcome Evaluation:** The **Veterans Health and Life Survey** has been sent to over 20,000 Veterans at the flagships. Initial report presented to Congress in April 2020; final analysis of the outcomes will be available by fourth quarter FY21.
- **Live Whole Health mobile app** – launched in October to offer a new way for Veterans to check in on their health and life goals from the palm of their hand. Communication and dissemination plan will continue through FY21.
- **Engagement:** OPCCCT leadership and field implementation teams in active consultation with every VISN to execute their network Whole Health strategy by end of second quarter FY21.

Timeline and Key Milestones

- **Education: Award of $25M 5-year Whole Health education contract in October 2020** – Will support shift to more virtual curricula and course offerings, as well as increased focus on Employee Whole Health, social determinants of health, development of field-based faculty, and expanding role of VISN level Whole Health Education Coordinators.
- **Integration into EHR Modernization:** Coordination with VA Office of EHR Modernization and Cerner to ensure that the WH approach and system activities can be scheduled, referred to, documented, collected and analyzed. Launch at first site underway, will continue as CERNER deployment rolls out over next several years.
- **Veteran Outreach:** Building on the Executive Order mandating access to VA mental health and Whole Health for transitioning service members, the VOICES program was launched in OPCCCT to reach transitioning service members and VSOs with the Whole Health approach.
- **Employee Whole Health (EWH):** to benefit VA staff and speed the spread of Whole Health to Veterans and increase the resiliency of employees, the EWH program was launched in FY20 including a Learning Collaborative training for EWH site coordinators, and a grant program to support field-based initiatives.

Major Successes

1. Completion of Whole Health flagship pilot demonstration project

18 VAMCs successfully implemented the Whole Health System during FY18-20 as mandated in the Comprehensive Addiction and Recovery Act (CARA) legislation.

2. Whole Health System of Care Evaluation

Report on Outcomes of the WH System Pilot at 18 Flagship Sites had positive results: (1) Threefold reduction in opioid use of those with chronic pain utilizing WH services compared to those who did not. (2) Opioid use among WH users decreased 38% compared to 11% decrease among those with no WH use. These outcomes were reported to Congress in April 2020 as mandated in Section 933 of CARA legislation.

3. Increased access to evidence-based Complementary and Integrative Health (CIH)

We increased access across the health system as mandated by VHA policy directive 1137; quarterly tracking of CIH utilization continues to show major growth.

4. #LiveWholeHealth

In response to COVID-19, VHA launched the **#LiveWholeHealth** self-care blog series for Veterans, offering self-care experiential videos include meditation, yoga, breathwork, movement, healthy cooking and more are posted weekly to VA social media that Veterans, family, caregivers, and staff can access on demand.

5. COVID-19 employee support resources

In collaboration with several VHA program offices, VHA OPCC&CT heled spearhead the Organizational Health Council's effort to offer virtual well-being resources to VA staff to support them through the pandemic. Through September 30, 2020 there have been a total of 31,372-page views.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 COVID-19	Mitigation will be achieved through continuing to focus on using virtual platforms for both Whole Health clinical services and Whole Health education programs.
2 Competing Priorities	Mitigation achieved through continued collaboration with other program offices and VISN leadership to leverage existing channels to support expansion, as well as to encourage continued visible support from VHA leadership for the initiative. In addition continued robust assessment of Veteran and staff outcomes to support the implementation case.
3 Resistance	Mitigation achieved through continue training and through offering staff the opportunity to experience the benefits of the Whole Health approach in their own lives.

Women's Health

Presidential Transition Briefing

Prepared for:
VA Agency Review Team

Briefed by:
Dr. Richard Stone – VHA Executive in Charge
Dr. Steven Lieberman – Acting Deputy Under Secretary for Health
Jon Jensen – VHA Chief of Staff
Dr. Patricia M. Hayes – Chief Officer, Women's Health
Dr. Sally Haskell – Deputy Chief Officer, Women's Health

Purpose & Agenda

Purpose: Provide an update on the ongoing and upcoming efforts VHA is undertaking to provide outstanding care for Women Veterans

Background

Scope

Women's Health strives to be a national leader in the provision of health care for women Veterans, thereby raising the standard of care for all women, and improving the health of the nation.

Goals & Objectives

Women's Health mission is to serve as a trusted resource for the field and works to ensure that women Veterans experience timely, high quality comprehensive care in a sensitive and safe environment at all points of care.

Major Stakeholders

- Veterans and their families
- Academic Partners
- Community Care Providers

Key Leadership

- Patricia M. Hayes, PhD, Chief Officer
- Sally Haskell, MD, Deputy Chief Officer, Women's Health
- Office of Women Veterans
- Facility Women Veteran leads

Budget and Resources

Program Office Funding:

	2019	2020	2021	Change 2020 v. 2021	
	Enacted	*Enacted*	*Requested*	$ / FTE	%
Total Budget	$13,772,352	$13,897,660	(b)(5)		n/a
Total FTE	24	25	(b)(5)		

**FY21 includes $50 million Special Purpose Funding- Women's Health Innovation and Staffing Enhancement funds*

Major Successes

1. Model of Care

Model of care example for the nation: The maturity of the VA's comprehensive approach to care for women veterans is a model for addressing equity in healthcare overall. VHA must embrace the significant data available and use it to erase inequity by designing new models that can be flexed for subpopulations of Veterans.

2. Gap identification

Deep dive in gaps in capacity, care coordination and VHA culture, developing a resource needs and implementation strategy. Result is providing field with $50 million specifically for women's health staffing in current fiscal year, and Budget request for $50 Million additional in FY 2022.

3. Breast Cancer Hubs

Women's Care System of Excellence- breast cancer center hubs established at Duke University in collaboration with Durham VA, and Baylor University in collaboration with Houston VA to offer state-of-the-art highest quality, coordinated cancer treatment for women Veterans across the nation. Now collaborating with Precision Oncology to establish system for gynecological cancers in women.

4. Women's Health Mini-Residency

Through a national Women's Health Mini-Residency program trained over 600 primary care providers and extended training to rural areas in a collaboration with Office of Rural Health; over past two years visited 40 rural sites per year and trained an additional 170 providers. Delivered innovative virtual training during COVID pandemic

5. Gender-specific Spinal Cord Care

Office of Women's Health has partnered with Office of Spinal Cord Injury to assess the needs of the field in providing gender-specific care such as breast and cervical cancer screening to women Veterans with spinal cord injury. This is an area where VHA out-performs care in the community.

Major Challenges/Risks

Priority Area:	Potential Challenges/Risks:
1 *Increased demand*	• Surge in women Veterans using VA beyond projected increase, including impact from pandemic and economic fallout for women.
2 *Retention*	• Retention of designated women's health primary care providers remains a challenge across the network.
3 *Health Equity*	• Addressing health equity in the diverse sub-populations of women Veterans is a continued focus of the Department, and requires constant local engagement.
4 *Culture*	• Existing issues with welcoming culture remain. • Ending gender and sexual harassment campaign ongoing at facilities.

Actions/Decisions for the First 100 Days

Innovation

- Women's Health Innovation and Staffing Enhancement must provide an additional $50M in FY2022 funding to the field to address the ongoing gaps in capacity.

COVID-19 Vaccine

- Given current pattern of gender disparity in acceptance of flu vaccine, will closely follow women Veterans and minority Veterans uptake of COVID 19 vaccine and conduct outreach and interventions to address gaps.

Recruitment

- Continuing efforts on recruitment and retention of women's health primary care providers.

Veterans Health Administration
Human Capital Management
Presidential Transition Briefing

Prepared for:

Agency Review Team

Briefed by:

Jessica Bonjorni, Chief, Human Capital Management

Agenda

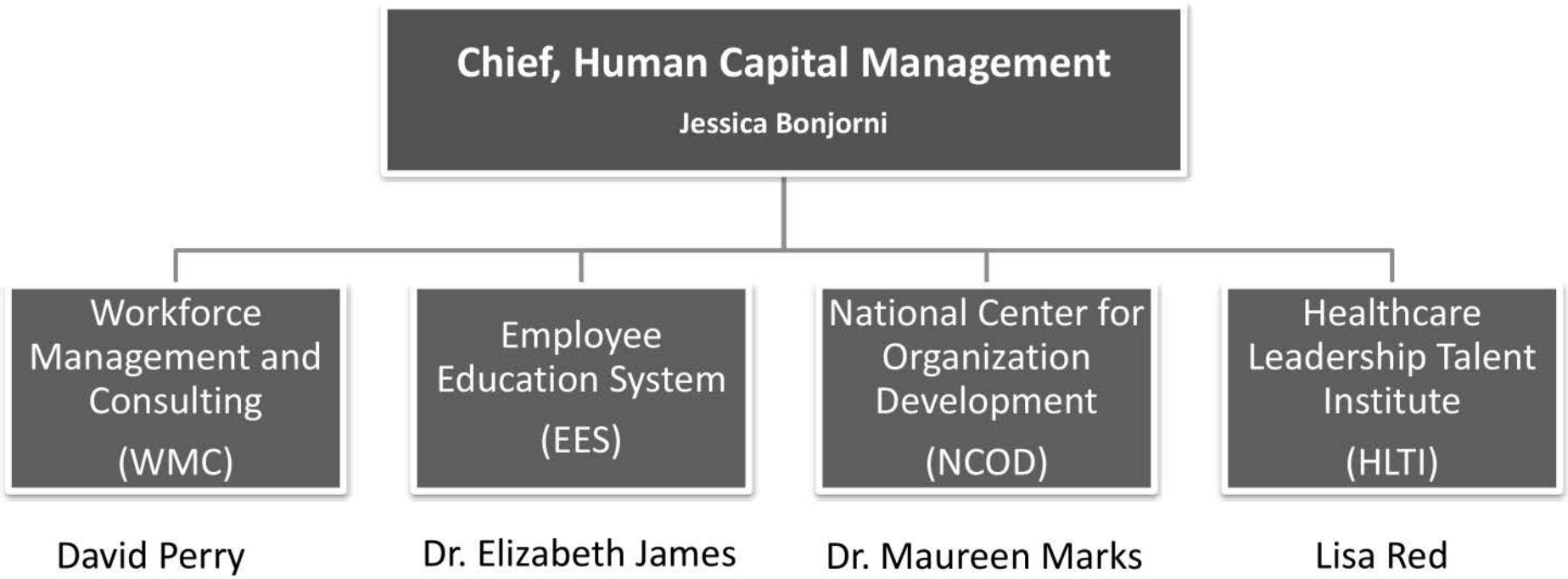
- Overview
- Organization Structure
- Budget and Resources
- Top Priorities
- Major Successes
- Major Challenges/Risks and Mitigations
- Actions/Decisions for First 100 Days

Overview

- **Mission:** VHA's Human Capital Management leads VHA's human capital management, systems, operations, and oversight to enable delivery of outstanding care for Veterans and their families.
- **Key Functions and Activities:**
  - Developing and serving VHA's HR community.
  - Providing thoughtful leadership, advocacy, and direct assistance to VHA's workforce.
  - Bringing the right people together to address complex human capital and workforce management needs.
  - Provides quality workforce education and training to improve outcomes in Veteran clinical care and health care operations.
  - Provides support to leaders at various levels in VA in the organization enabling them to create a highly engaged workforce.
  - Combines leadership development and succession planning processes to identify, develop, and leverage the talents of the VA/VHA workforce to ensure current and future leaders at all levels are prepared to guide their teams in providing exceptional service to our Veterans.

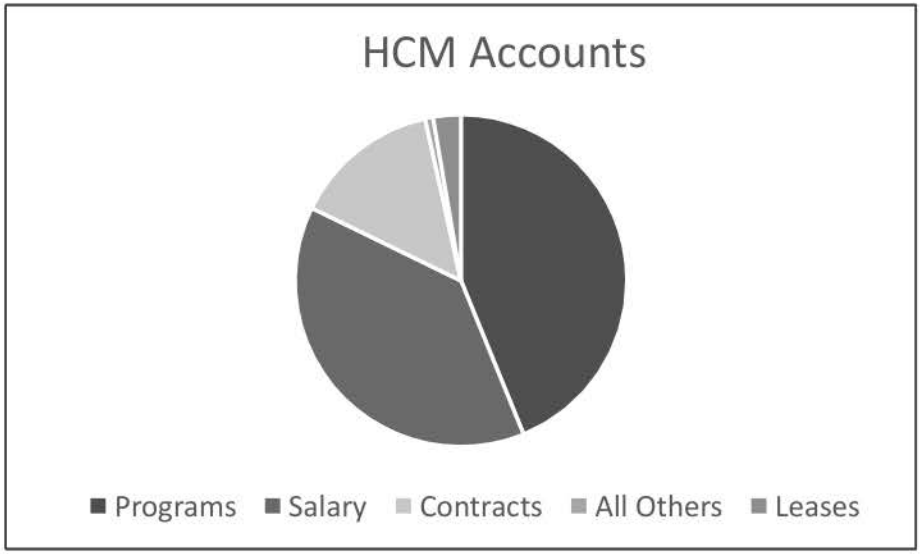
Organization Structure

Office of Human Capital Management



Budget and Resources

	2019 Actual	*2020 Actual*	*2021 Proposed*	*Change 2020 v. 2021 $ / FTE*
Total Budget	344,108	358,679	(b)(5)	(b)(5)
Total FTE	1,536	1,536	(b)(5)	(b)(5)



- FTE increases in reimbursable HR services to VHA field and VA staff offices
- Significant expansion to national programs via MISSION Act

VHA HCM FY 2021 Priorities

VHA Priorities

- COVID-19 Response
- Develop Responsive Shared Services
- Electronic Health Record Modernization
- Improve Access to Care
- Improve Readiness
- Transform Healthcare Logistics
- Commit to Zero Harm
- Transform Healthcare Delivery
- Modernize Enterprise Data
- Promote Diversity & Inclusion

+ HCM Priorities

- Customer Experience
- HR Training & Development
- Early Talent Pipeline Recruitment
- Standardization of HR Processes
- Training Managers on HCM policies/programs
- GAO High Risk List
- Manpower Management

Major Successes

- **HR Modernization** – Improved HR delivery by converting from a decentralized model to shared services at each VISN that provide consistent and effective HR services to VHA's medical facilities.
- **Retirement Shared Services Office** – Consolidated all retirement services in VHA as a shared service.
- **VHACO Redesign** – Successfully transitioned more than 8,000 employees, budgets, and systems to more agile, responsive structure with clear lines of ownership and accountability.
- **COVID Response** – Implemented overhaul of hiring processes to significantly reduce time to hire, including implementing numerous hiring, onboarding, and compensation waivers and expanded authorities.
- **Recruitment Marketing** – Leveraged award-winning VA Careers website and digital recruitment marketing campaign to achieve near-record hiring.
- **MISSION Act Recruitment Flexibilities** – expanded Education Debt Reduction Program awards by 78% ($72M, 100% execution); launched new scholarship program (first 50 medical school participants).
- **PHS-VA Interagency Partnership** – deployed 30 Commissioned Corps Officers to critical points of care.

Major Challenges/Risks and Mitigations

Competitive Compensation

- Continued expansion of key recruitment and retention programs

(b)(5)

- Targeted, predictive workforce analytics
- Pursue permanent legislative changes

Employee Burnout

- Action plans based on All Employee Survey results
- Expanded employee whole health resources
- Leverage existing and emergency employee benefits, i.e., expanded childcare options

Maintaining COVID-19 HR Flexibilities

- Increased communication and training resources for VHA HR professionals and stakeholders
- Analysis and evaluation of expanded and temporary authorities
- Expand telework and digital processes to enable workforce
- Permanently adopt policies and processes

Lack of System Integration (HR/Payroll/Timekeeping)

- Proof of concept pilot
- Continued partnership with OPM

Actions/Decisions for First 100 Days

- **Actions/Decisions**
  - Continue surge hiring to support COVID response / vaccine administration
  - Codify COVID-19 HR Policy Changes
  - Staff the VHA D&I Office
  - Determine future VA Staff Office HR servicing model
  - Key workforce legislative proposal submission

Veterans Health Administration (VHA) Overview

Prepared for:
VA General Counsel

Briefed by:

Mr. Jon Jensen – VHA Chief of Staff

March 11, 2021

Vision

VA is the backstop of the U.S. health care system, and we are leading through the pandemic into the future on behalf of those we serve. The high reliability journey we began prior to the pandemic has enabled us to serve Veterans and civilians across the Nation with excellence, and we must continue to accelerate our transformation into the premier, modern model of the future.

We will realize the full promise of VA for Veterans and the Nation as a unified, agile national enterprise powered by top talent, research, academic and private sector partnerships, and modernized systems.

- ***Dr. Richard A. Stone,*** ***VHA, Acting Under Secretary***

Agenda

Overview

VA will lead U.S. healthcare into the future on behalf of those we serve, the nation's Veterans.

VA's Four Statutory Missions:

1 Care Delivery
Develop, maintain, and operate a national health care delivery system for eligible Veterans

2 Education
Administer a program of education and training for health care personnel

3 Research
Conduct health care research benefitting Veterans and public

4 Emergency Response
Provide contingency support to the nation during national emergencies, natural disasters, and war

Top Leadership:

Richard A. Stone, MD
Executive in Charge

Steve Lieberman, MD
Acting Deputy Under Secretary for Health

Jon Jensen
VHA Chief of Staff

Kameron Matthews, MD
Assistant Under Secretary for Health for Clinical Services

Renee Oshinski
Assistant Under Secretary for Health for Operations

Mark Upton, MD
Acting Assistant Under Secretary for Health for Community Care

Marjorie Bowman, MD, MPA
Acting Assistant Under Secretary for Health for Discovery, Education, and Affiliate Networks

Beth Taylor, DHA, RN
Assistant Under Secretary for Health for Patient Care Services

Gerard R. Cox, MD, MHA
Assistant Under Secretary for Health for Quality and Patient Safety

Deborah Kramer
Acting Assistant Undersecretary for Health for Support

Leadership Priorities

VHA is dedicated to becoming a trusted, high reliability healthcare organization that leads the nation in excellent care on behalf of those who have served our nation. Our top priorities are as follows:

LEADERSHIP OF THE COVID-19 RESPONSE

VA is proud to be leading the response to the COVID-19 pandemic alongside our Federal partners. We continue to take swift and decisive action to keep Veterans safe, with their well-being, alongside that of our employees, at the center of every decision.

EXCELLENCE IN CARE DELIVERY

At the core of VHA's mission is empowering Veterans with excellent health care options. We will be the Veteran's most trusted partner in the achievement of their life and health goals and will become the most accessible and convenient health care system in history.

SYSTEMS MODERNIZATION

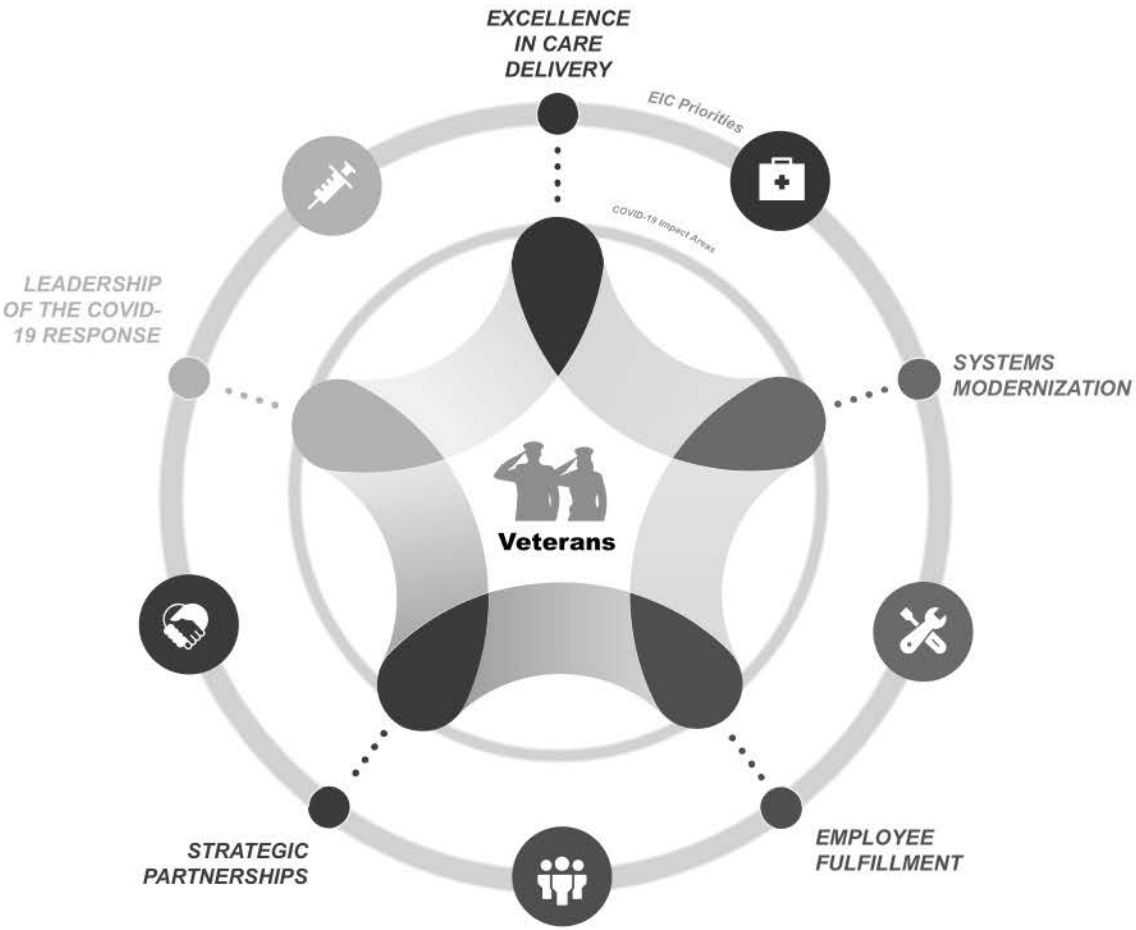
We know that to engage with Veterans, employees, and strategic partners effectively, VHA needs modern systems. Through constant innovation in integrated clinical and business areas, VHA will be able to continually deliver top-quality care to Veterans.

EMPLOYEE FULFILLMENT

Our employees are the face of medicine for the nation's Veterans and are on the frontlines of the COVID-19 pandemic. Recruiting, developing, and retaining outstanding professionals is essential to delivering the best health care possible.

STRATEGIC PARTNERSHIPS

We strongly believe that despite our expertise and nationwide network, we can't do this work alone. VA serves as the vanguard of national collaboration between public and private sector collaboration, within and beyond healthcare, on issues that matter to Veterans.



Leadership of the COVID-19 Response

VA is proud to be leading the response to the COVID-19 pandemic alongside our Federal partners. We continue to take swift and decisive action to keep Veterans safe, with their well-being, alongside that of our employees, at the center of every decision.

Ongoing Efforts:

VHA is strategically focused on the following efforts to drive change and support leadership of the COVID-19 response initiatives:

- **Operational Readiness**
- **Veteran Engagement**
- **Vulnerable Veteran Outreach**
- **4th Mission**
- **Disaster Preparedness**
- **Expansion of Routine Care**

COVID-19 Impact:

The COVID-19 pandemic has changed almost every facet of healthcare in the United States, and it has impacted many aspects of life for Veterans and Americans. Continued proactive communication and engagement, innovation in care delivery, operational agility, and a clear focus on holistic excellence and experience are imperative.

Upcoming Risks/Challenges:

- Exponential increase in rates of COVID-19, combined with influenza and instability in the global supply chain, may strain national resources and impact personnel. VA is well prepared, but nationwide PPE scarcity may diminish our ability to expand in-person care and assist State and local partners.

Potential 100-Day Accomplishments:

- Vaccine distribution milestones
- State, community, and State Veterans Homes (SVH) support milestones
- Clinical coordination partnership with Indian Health Services (IHS)
- Homeless Veteran support/treatment milestones

Excellence In Care Delivery

At the core of VHA's mission is empowering Veterans with excellent health care options. We will be the Veteran's most trusted partner in the achievement of their life and health goals and will become the most accessible and convenient health care system in history.

Ongoing Efforts:

VHA is strategically focused on the following efforts to drive change and support excellence in care delivery initiatives:

- **Mental Health & Suicide Prevention**
- **Unified Experience of Direct & Community Care**
- **Convenient Access/telehealth**
- **Market Assessments**
- **Health Equity & Population Health**
- **End Harassment campaign**
- **Whole Health**
- **Caregivers**

COVID-19 Impact:

Basic healthcare experiences such as waiting rooms, guest visitation, and routine care have been dramatically altered since the beginning of the pandemic. VHA continues to share our expertise with other systems, especially our best-in-class geriatrics model. We are also expanding our offerings in areas such as telehealth, bringing excellent care to Veterans wherever they are.

Upcoming Risks/Challenges:

- Effective distribution of the COVID-19 vaccine will require robust communication, logistical planning, operational agility, and unified enterprise attention on safety and equity.
- Americans are seeking less routine and preventative care, and mental health/substance use disorder prevalence are rising. VA will continue to lead proactive, partnered programs to emphasize this care and make it meaningfully accessible.

Potential 100-Day Accomplishments:

- Region 5 implementation of community care network (Alaska)
- Record-setting telehealth delivery and expansion of tele-ICU/specialty care
- Tablet/iPhone delivery milestones, including for homeless Veterans
- 3D printing milestones
- Caregiver expansion milestones

Systems Modernization

We know that to engage with Veterans, employees, and strategic partners effectively, VHA needs modern systems. Through constant innovation in integrated clinical and business areas, VHA will be able to continually deliver top-quality care to Veterans.

Ongoing Efforts:

VHA is strategically focused on the following efforts to drive change and support systems modernization initiatives:

- **EHRM**
- **Supply Chain**
- **Market Assessments**
- **Data & Analytics Improvements**
- **Financial System Modernization**
- **Asset Management Modernization**

COVID-19 Impact:

VHA accelerated our transformation journey to meet the demands of COVID-19. Veteran safety has been the true north of our response, and we have moved as a unified enterprise to rapidly modernize systems and tools that support care and operations. This transformation continues, focused on technology, information, and the systems that matter to the experience of Veterans and our strategic partners interacting with VA.

Upcoming Risks/Challenges:

- Ensuring interoperability between new IT systems, including Cerner, DMLSS, and legacy systems will require continued effort and attention.
- Robust, Department-wide collaboration on systems modernization amidst the pandemic is necessary to prevent disruption of operations.
- Navigation of global supply chain instability and procurement of materials essential to sustain operations will require continued innovation, creativity, and partnerships.

Potential 100-Day Accomplishments:

- 100% payment of clean community care claims within 30 days
- DMLSS implementation milestones
- EHRM milestones
- Launch (charter) of AIR Commission
- Publication of AIR Commission criteria
- Data & analytics upgrade

Employee Fulfillment

Our employees are the face of medicine for the nation's Veterans and are on the frontlines of the COVID-19 pandemic. Recruiting, developing, and retaining outstanding professionals is essential to delivering the best health care possible.

Ongoing Efforts:

In 2020, VHA was named the 6th ***Best Place to Work*** in federal government, advancing 11 positions from our 2017 ranking. We are strategically focused on the following efforts to drive change and support employee fulfillment:

- **Morale and Engagement**
- **Equity and Inclusion**
- **Strategic Hiring**
- **Just Culture**

COVID-19 Impact:

VHA has achieved record hiring during the pandemic, with more than 50,000 personnel onboarded. Our workforce has shown extreme dedication, with lower-than-average leave and retirement rates despite the strain of the pandemic and multiple natural disasters. More than 3,000 have deployed across the country, some multiple times. Sustaining morale and resilience as the pandemic protracts is the key task at hand.

Upcoming Risks/Challenges:

- Expiration of Office of Personnel Management (OPM) emergency hiring authorities will increase time to hire efforts, delaying onboarding of critical staff.
- Approximately 50%+ of VHA nurses will reach retirement eligibility this year (CY21), potentially resulting in expertise and staffing shortfalls.

Potential 100-Day Accomplishments:

- New Diversity and Inclusion Office
- Hiring milestones
- Permanent hiring authorities
- Strategic hires (i.e. national breast cancer leader)

Strategic Partnerships

We strongly believe that despite our expertise and nationwide network, we can't do this work alone. VA serves as the vanguard of national collaboration between public and private sector collaboration, within and beyond healthcare, on issues that matter to Veterans.

Ongoing Efforts:

VHA is strategically focused on the following efforts to drive change and support strategic partnerships:

- **Federal** (DoD, FEMA, Emergency Support Function 8)
- **States** (State Veterans Homes; Prescription Drug Monitoring Program)
- **VA WIN** (Wellness in Your Neighborhood)
- **ATLAS** (Accessing Telehealth through Local Area Stations)
- **Academic Partners**

COVID-19 Impact:

COVID-19 has further demonstrated the importance of VA leadership alongside Federal and State partners for the benefit of Veterans and the Nation. Unprecedented collaboration with DoD, FEMA, HHS, IHS, State governments, and tribal organizations have directly saved lives and supported innumerable Veterans and civilians across the country.

Upcoming Risks/Challenges:

- The anticipated impacts of COVID-19 and influenza will require further active collaboration with Federal and State partners.
- The Veteran population is geographically shifting faster than current authorities and procedures for capital asset management can match. VA needs new methods and partners to be present in communities where Veterans need us.

Potential 100-Day Accomplishments:

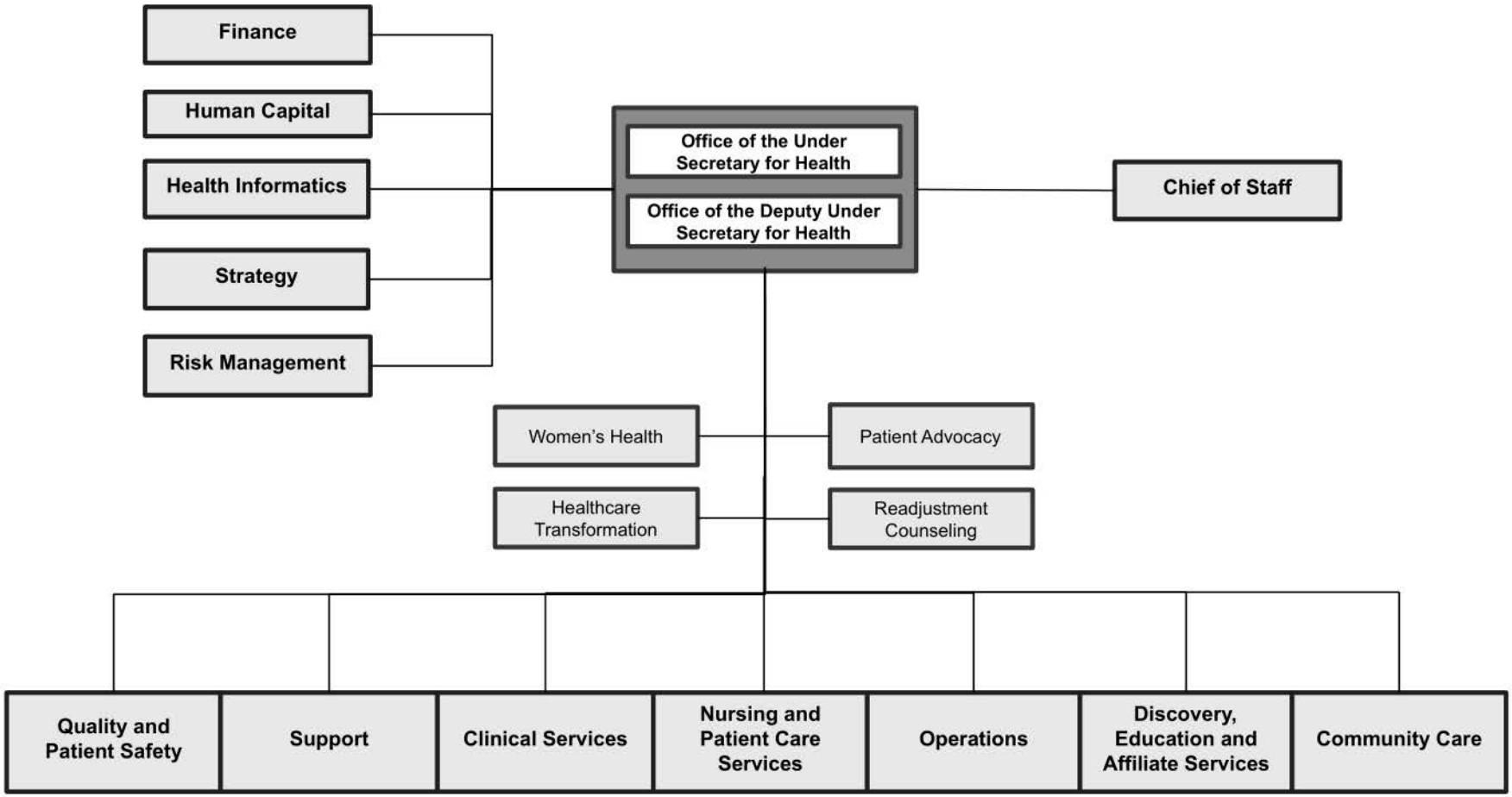
- Launch of Prescription Drug Monitoring Program (PDMP)
- (b)(5)
- (b)(5)
- Partnerships with federal and industry partners to expand broadband

Potential Challenges/Risks

Potential Challenges/Risks for each Priority Area have been consolidated below to provide a comprehensive summary:

EIC Priority Area:	Potential Challenges/Risks:
LEADERSHIP OF THE COVID-19 RESPONSE	• Exponential increase in rates of COVID-19 combined with influenza and instability in the global supply chain may strain national resources and impact personnel. VA is well prepared, but scarcity may diminish our ability to expand in-person care and assist State and local partners.
EXCELLENCE IN CARE DELIVERY	• Effective distribution of the COVID-19 vaccine will require robust communication, logistical planning, operational agility, and unified enterprise attention on safety and equity. • Americans are seeking less routine and preventative care, and mental health/substance use disorder prevalence are rising. VA will continue to lead proactive, partnered programs to emphasize this care and make it meaningfully accessible.
SYSTEMS MODERNIZATION	• Ensuring interoperability between new IT systems, including Cerner, DMLSS, and legacy systems will require continued effort and attention. • Robust, Department-wide collaboration on systems modernization amidst the pandemic is necessary to prevent disruption of operations. • Navigation of global supply chain instability and procurement of materials essential to sustain operations will require continued innovation, creativity, and partnerships.
EMPLOYEE FULFILLMENT	• Expiration of Office of Personnel Management (OPM) emergency hiring authorities will increase time to hire efforts, delaying onboarding of critical staff. • Approximately 50%+ of VHA nurses will reach retirement eligibility this year (CY21), potentially resulting in expertise and staffing shortfalls.
STRATEGIC PARTNERSHIPS	• The anticipated impacts of COVID-19 and influenza will require further active collaboration with Federal and State partners. • The Veteran population is geographically shifting faster than current authorities and procedures for capital asset management can match. VA needs new methods and partners to be present in communities where Veterans need us.

Organization Structure



Budget and Resources

	2019 Actual	2020 Current Estimate 2/	2021 Revised Estimate	Change 2020 v. 2021 $ / FTE	Change 2020 v. 2021 %
Medical Services 1/	$49,911,165,000	$51,061,165,000	(b)(5)	(b)(5)	%
Medical Community Care 1/	$9,384,704,000	$15,279,799,000			%
Medical Support & Compliance 1/	$7,028,156,000	$7,327,956,000			%
Medical Facilities 1/	$6,807,468,000	$6,141,880,000			%
Medical Care Appropriations Total	**$73,131,493,000**	**$79,810,800,000**			**%**
MCCF Collections	$3,915,045,000	$3,912,170,000			%
Total Research Appropriations 1/	$779,000,000	$750,000,000			%
Grants for Construction of State Extended Care Facilities Appropriations 1/	$150,000,000	$90,000,000			%
Total Medical Care FTE	327,594	337,908			%
Total Research FTE	3,248	3,275			%
DOD-VA Health Care Sharing Fund FTE	22	22			%
James A. Lovell Federal Healthcare Center FTE	3,017	3,081			%
Canteen Service FTE	3,285	3,285			%

1/ Does not include COVID-19 Emergency Supplemental Funding

2/ Includes $615 million transfer from the Veterans Choice Fund from P.L. 116-94.