



**DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION
OFFICE OF RURAL HEALTH**

Veterans Rural Health Advisory Committee Meeting

**1100 First Street, NE Room 717
Washington, DC
June 24 - 25, 2014**

Meeting Summary

The Veterans' Rural Health Advisory Committee (VRHAC) convened its spring meeting on Tuesday and Wednesday, June 24 - 25, 2014.

Committee members present at the meeting were:

- Chairman Terry Schow
- Mr. Caleb Cage
- Ms. Janice Casillas
- Mr. Gary Cooper
- Mr. Richard Davis, Ex-officio
- Ms. Syreeta Long
- Mr. W. Clyde Marsh
- Mr. John Mengershausen
- Mr. Tom Morris, Ex-officio
- Ms. Margaret Puccinelli
- Mr. Buck Richardson
- Mr. Donald Samuels
- Ms. Debra Wilson

Excused Absence:

- Dr. Susan Karol, Ex-officio, (designee Wilbur Woodis participated)

Present from the Department of Veteran Affairs (VA):

- The Honorable Jose Riojas, Chief of Staff of the Department of Veterans Affairs

From the Department of VA Advisory Committee Management Office:

- Mr. Jeffrey Moragne, Director
- Ms. Rebecca Schiller

From the Veterans Health Administration (VHA) Office of Tribal Government Relations (OTGR):

Ms. Stephanie Birdwell, Director
Ms. Ashley Harshaw
Ms. Terry Bentley
Ms. Mary Culley
Ms. Loraie Pawiki
Ms. Camella Koeller
Mr. Peter Vicaire

From the VHA Office of Rural Health (ORH):

Ms. Gina Capra, Director
Dr. Thomas Klobucar, Deputy Director
Mr. Elmer Clark
Mr. Linwood Hall, Jr.
Mr. Adam Bluth
Mr. Alden Borromeo
Ms. Janice Garland
Mr. Anthony Achampong
Mr. Michael Privman
Ms. Judy Bowie
Dr. Byron Bair
Dr. Paul Hoffman

From the National Center for Organizational Development (NCOD):

Mr. Matthew DelGiudice, NCOD Organizational Consultant

From the National Cemetery Administration (NCA):

Mr. Michael Nacincik, NCA Chief Communications and Outreach Support
Division
Ms. Robin Cooper, NCA Outreach Coordinator

From the Indian Health Services (IHS):

Mr. Wibur Woodis, Senior Policy Analyst for External Affairs IHS

Tuesday, June 24, 2014

Chairman Schow opened the meeting with welcoming remarks, and Committee members gave self-introductions. The following four meeting objectives were identified:

1. VRHAC will complete the drafting of 1 – 3 Recommendations for submission to Secretary of Veterans Affairs
2. VRHAC will be updated on Key Department activities as context for VRHAC recommendations
3. VRHAC will identify Key Actions to close out its' Fiscal Year (FY) 2014 efforts
4. VRHAC will provide feedback on draft ORH Strategic Plan 2015 – 19

Mr. Matthew DelGiudice, NCOD Organizational Consultant
Facilitator's Overview and Agenda Review

Matthew DelGiudice reviewed the meeting agenda highlighting the objectives

Ms. Gina Capra, Director, Office of Rural Health
ORH Director's Update and Discussion

Overview

- Action Items from January 2014 VRHAC meeting
- ORH Major Efforts to Date
 - Programmatic
 - Infrastructure
 - Operating Environment
- June VRHAC Meeting: Critical Timing, Critical Issues on which to advise

Action items from the January 2014 Meeting and resolutions

- Revise and renew Charter – Completed - New Charter signed and dated 5/29/2014
- Engage professional meeting Facilitator – Completed – Contracted with NCOD
- Prioritize Draft Recommendation Areas – Completed
- Pursue Electronic Filing Cabinet – Open Item

ORH Priority Performance Areas for FY 2014

- Rural Health Project Administration
- Implement Public Law re: VISN Rural Points of Contact
- Implement VA-Indian Health Service Memorandum of Understanding
- Support Veterans Rural Health Advisory Committee
- Develop ORH Strategic Plan 2015-2019

ORH approach and focus to operations

- Promulgate Best Practices in Rural Veterans Healthcare based on Evidence and Analysis.
- Promote Partnerships and Collaborations to advance Rural Communities Healthcare Access and Quality
- Bridge Operations and Policy
- Tracking and Analysis
- Inform and Influence

Director Capra provided updates on additional ORH efforts regarding rural project tracking, rural promising practices criteria, rural studies exploration, communication efforts, rural legislative updates, Veterans needs and demographics and VHA service delivery approaches.

Director Capra reviewed the VRHAC Charge for the meeting, as outlined by Chairman Schow at onset of meeting:

- Develop 1 - 3 Recommendations in FY14 for the SECVA
- Advise on advancing access to care for rural Veterans
- Draft Recommendation Areas (per January 2014 VRHAC meeting)
 1. Services and Care Committees
 2. Medical Care Coordination
 3. Federal Agency Coordination

Presentation: Mr. Michael Nacincik, Designated Federal Official, VA Advisory Committee on Cemeteries and Memorials, VA National Cemetery Administration (NCA)

“Overview of Rural Efforts and Advisory Committee Insights”

- National cemeteries were managed by the Army Department until 1973
- In 1973 Congress created Cemetery Administration
- Oversight of 131 cemeteries, other soldiers' lots, plots and monument sites
- No cost national cemetery committal for Veterans with qualifying discharges
- NCA also offers to commemorate Veterans through Memorial Programs Service
- Key performance measures is percentage of Veterans served by a burial option
- FY 2004, 75% of Veterans were served today 90% of Veterans have reasonable access to a burial option with a goal of 96% by the end of the decade
- Three-pronged approach: 1) extend life of existing cemeteries; 2) build five new cemeteries; 3) encourage states and tribes to build cemeteries

Presentation: Ms. Stephanie E. Birdwell, MSW Director, VA Office of Tribal and Government Relations (OTGR)

“Insights on VRHAC Recommendations”

Services and Care Delivery

- There is a need for strategic planning centering on communication
 - Tribal Veteran Representative (TVR) training is conducted throughout the year to ensure tribal communities have an informed liaison regarding Veterans benefits and processes.

Medical Care Coordination

- 2010 VA/IHS MOU is highlighted as “The book of opportunity.”
- Areas of interest are shared resources and collaboration

Federal Agency Collaboration

- OTGR has adopted the goal of Veterans agenda and Veterans centric
- A target area of collaboration is Veterans outlook on care

Key Comments, Questions and Answers

- Does IHS have an electronic medical record?
- What percentage of IHS population are VA healthcare enrolled Veterans?
- Chairman suggested exploration to see if a part of the IHS health system intake could include a question regarding military service and if a Veteran is identified if they could be automatically enrolled in the VA healthcare system.
- Chairman Schow described a database in Utah that was created at the State level to capture the true count of Veterans. The Utah Veteran population database has the count of Veterans at 149,000 verses 176,000 captured by the database created.
- Are metrics available for a comparison between VA and IHS healthcare?

Presentation: Mr. Tom Morris, Associate Administrator for Rural Health Policy, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services

“Lessons Learned” from HRSA Advisory Committee

- The HRSA Advisory Committee was established in 1987.
- The Committee meeting report started out as a very detailed work intensive document that upon completion was rarely viewed. As a result the Committee adopted a Recommendation and Background format for reporting.
- Also an annual report with a single topic format was adopted which allowed the Committee to focus on one objective.
- In 2010 with the appointment of a new Chair the Committees adopted a new format. A three – five page targeted action brief.

Working Session: Three Committee Recommendation Subgroups

Workgroup 1 –Federal Agency Coordination

Mr. Richard Davis, Mr. Tom Morris, Ms. Debra American Horse-Wilson, Mr. W. Clyde Marsh, Mr. Wilbur Woodis

- The committee recommends that the VA Secretary remove health IT requirements for contracts with rural providers that result in having to maintain duplicative EHRs and allow use of Blue Button to be explored as a potential substitution. In addition, the VA should provide clear guidance to rural providers who want to use telehealth to enhance care for rural Veterans.

Workgroup 2 – Medical Services Coordination

Ms. Janice Casillas, Mr. John Mengershausen, Mr. Donald Samuels, Ms. Margaret Puccinelli

- This committee’s recommendation is to improve Veteran access to primary health care services by reducing the contracting process to 30 days when establishing partnership agreements with local non-VA private practice and community health centers.

Workgroup 3 – Services and Benefits

Ms. Syreeta Long, Mr. William “Buck” Richardson, Mr. Caleb Cage, Mr. Gary Cooper

- The committee recommends that the VA Secretary engage with the National League of Cities, National Association of Counties, National Congress of American Indians and other stakeholders to encourage the creation of local Veteran Services and Benefits Coordinating Councils in order to increase local collaboration and service delivery, especially in rural areas.

Day One adjourned at 5:00 pm (EST).

Wednesday, June 25, 2014

Mr. Terry Schow, Chairman, VRHAC

Greeting and Introduction

Overview of Day 1 was provided and members shared their perspectives.

Mr. Matthew DelGiudice, NCOD Organizational Consultant

Subgroups Report Out from Day One

Discussion was brief to accommodate continuing work needed within the three Subgroups to draft respective Recommendations.

The Honorable Jose D. Riojas, Chief of Staff Department of Veterans Affairs

The Honorable Jose D. Riojas addressed the Committee. A dialogue of information, feedback, questions and answers ensued.

Mr. Matthew DelGiudice, NCOD Organizational Consultant

Subgroup Report Out and Action Plan next Steps

Workgroup 1 - VRHAC Breakout Group - Federal Agency Coordination - Update

- Included two actions under a single Health IT recommendation
- Strengthened recommendation by referencing specific sections of contracting

Workgroup 2 - VRHAC Breakout Group – Medical Services Coordination - Update

- Changed recommendation language to read like a recommendation verses goal
- Expounded on need for more Community Based Outpatient Clinics and/or collaborations in rural America with focus on primary care
- Streamlined contracting for care process

Workgroup 3 - VRHAC Breakout Group - Services and Benefits - Update

- Changed language to read more in line with format
- Incorporated examples of current models of care
- Added recommendations for council members duties and defined roles

Ms. Gina Capra, Director, ORH

Action Plan next steps

- Week of July 7, 2014, 30 minute calls with each Workgroup editor will be scheduled to finalize recommendations
- Week of July 25, 2014, final draft forwarded to Committee for concurrence
- After Committee concurrence recommendations will be submitted to Secretary

**Presentation and Discussion: Dr. Nancy Maher, Program Analyst, ORH
Drafting and Development of ORH Strategic Plan FY15-19**

- Strategic Planning terms
- Revised ORH Mission and Vision Statement
- Proposed ORH Strategic Goals for FY 15- 19
- Preliminary Draft Objectives for each goal
- Timeline
- Solicit feedback from Committee members

Mr. Terry Schow, Chairman, VRHAC

Committee Management Items

- *Please complete your meeting evaluation*
- *Initial discussion regarding Spring 2015 field meeting: locations, topics, etc.*

Public Comments

- *There were no public comments for the record.*

Adjournment

- Meeting adjourned on June 25, 2014, at 5:00 pm (EST).

Respectfully submitted,

Elmer Clark
Committee Manager
Veterans' Rural Health Advisory Committee

I hereby certify that, to the best of my knowledge, the foregoing minutes from the June 24-25, 2014, meeting of the Veterans' Rural Health Advisory Committee are true and correct.

Terry Schow
Chairman
Veterans' Rural Health Advisory Committee

The Committee will formally consider these minutes, and any corrections or notations will be incorporated in the meeting minutes.