Status of the Recommendations from the Veterans' Family, Caregiver and Survivor Advisory Committee

Prepared for the September 25-26, 2019 Advisory Committee Meeting
Washington, DC

VA | U.S. Department of Veterans Affairs

FAC Recommendations 1-4

PANEL 1:

Recommendation 1: Identify all federal programs serving Veteran Caregivers, families, and survivors and ensure the needs and perspectives are represented

Recommendation 2: Centralize efforts to oversee and drive the formation of policy and the implementation

Recommendation 3: Identify, fund, disseminate, and consistently apply innovations and/or replicable models in collaboration with non-governmental nonprofit organizations

Recommendation 4: Develop a system-wide strategy to more comprehensively collect, analyze, disseminate, and utilize data to improve the delivery of services

FAC Recommendation 1

Recommendation 1:

That VA lead a national, government-wide interdepartmental effort to identify all federal programs serving Veteran Caregivers, families, and survivors and ensure the needs and perspectives of these populations are represented.

Responding Office Representatives:

- Dr. Melissa Glynn, Assistance Secretary, Office of Enterprise Integration
- Ms. Barbara C. Morton, Deputy, Veterans Experience Office

VA Response to Recommendation 1

President's Management Agenda (PMA) – Cross Agency Priority (CAP) Goal of Improving Customer Experience with Federal Services

- VEO, as VA's lead for this PMA CAP Goal, and with OMB and other sister Agencies, is institutionalizing customer experience across Federal government to include the recognition of the customer status of Veteran Families, Caregivers and survivors, a designation explicitly enumerated in VA's recently-amended Code of Federal Regulations (38 C.F.R. Part 0) (amended May 20, 2019).

Cross-Agency Collaborations

- Working with **HHS (RAISE Task Force), DoD (NRD) and other federal agencies to identify programs** serving Veterans, families, Caregivers and survivors and provide the Committee with the inventory.
- **Memoranda of Understanding (MOU)** – Serving as an SME member of the RAISE Task Force to develop a strategic plan for the support of Caregivers government-wide, including the identification of existing services and gaps.

VA Backup for Response to FAC Recommendation 1

National Resource Directory

- The NRD and the Office of Warrior Care Policy have inventoried and provide a single access point for programs for Service Members and Veterans across the Department of Defense, Department of Veterans Affairs, other U.S. Government agencies, and associated organizations.
- The NRD highlights 13,017 unique resources
  - Family Member/Caregiver: 8619
  - Service member: 6994
  - Veteran: 9235
  - Provider: 1511
  - Federal Resources: 4632
- More than 27,000 followers on the NRD's social media pages, directing them to access the NRD and relevant programs.

VA Backup for Response to FAC Recommendation 1

The RAISE Family Caregivers Act

- HHS in consultation with VA and other Federal Agencies, and the Family Caregiving Advisory Council is developing a Family Caregiving Strategy, identifying state or local resources and best practices.
- Through this initiative the Eldercare Locator has been developed as a means by which they can access local information about services and supports available to family Caregivers. The locator also has a "Caregiver corner" with a number of resources that might prove useful to families.

Recommendation 2

Recommendation 2:

That VA centralize efforts to oversee and drive the formation of policy and the implementation and delivery of programs and services supporting Veteran Caregivers, families, and survivors.

Responding Office Representatives:

- Dr. Melissa Glynn, Assistance Secretary, Office of Enterprise Integration
- Ms. Barbara C. Morton, Deputy, Veterans Experience Office

VA Response to Recommendation 2

VA Regulations

- Effective May 20, 2019, VA amended 38 C.F.R. Part 0 – Core Values, Characteristics and Customer Experience Principles of the Department to include customer experience for Veterans, their families, Caregivers, and survivors
- Section 0.603 commits: *"VA will provide the best customer experience in its delivery of care, benefits, and memorial services* ***to Veterans, servicemembers, their families, Caregivers, and survivors****. The delivery of exceptional customer experience is the responsibility of all VA employees and will be guided by VA's Core Values and Characteristics."*

Veterans Signals Customer Experience Feedback Platform

- VA has implemented a new real-time customer experience feedback platform called **Veterans Signals**
- Veterans Signals is live across multiple business lines in **VHA, VBA, NCA and the Board of Veterans' Appeals**
- **Data collected includes feedback from Veterans, their families, Caregivers and survivors**
- Service recovery processes allow employees to act on the feedback immediately
- Veterans Signals customer experience data is reported regularly to the Secretary, Deputy Secretary, Chief of Staff and other senior VA leadership through OEI's governance structure

VA is hardwiring customer experience of Veterans, their families, Caregivers, and survivors as a prime directive and core business discipline at the Department

FAC Recommendation 3

Recommendation 3:

That VA identify, fund, disseminate, and consistently apply innovations and/or replicable models to address the needs of Veteran Caregivers, families, and survivors, in collaboration with non-governmental nonprofit organizations.

Responding Office Representatives:

- Dr. Melissa Glynn, Assistant Secretary, Office of Enterprise Integration (OEI)
- Dr. George T. Fitzelle, Scientific Project Officer, Health Services Research and Development, VHA
- Ms. Barbara C. Morton, Deputy, Veteran Experience Office (VEO)

VA Response to Recommendation 3

- **Center for Care and Payment Innovation** -As directed by the Mission Act (152), the Office of Enterprise Integration (OEI) established the Center, authorizing pilot programs to **develop innovative approaches** to testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of care. This will allow VA to determine whether such models improve access, quality, timeliness, and patient satisfaction of care and services, and create cost savings not only for Veterans but for their family Caregivers.
- **Office of Health Discovery, Education and Affiliated Networks** –
  - **VHA Innovation Ecosystem (VHA IE)** – contains two portfolios – Innovators Network and Diffusion of Excellence – that can quickly and effectively respond to **address the needs of Veterans Caregivers, families, and survivors in collaboration** with non-governmental non-profit organizations (NGNPOs).
- **The Elizabeth Dole Center of Excellence for Veteran and Caregiver Research** – research has begun and will continue to inform the development of innovative programs which support Veteran Caregivers, families and survivors. **Piloting innovative interventions to improve non-institutional** care across the Nation.

VA Backup for Response to FAC Recommendation 3

Innovation through Strategic Partnerships

- Approximately one third of Veterans we serve live in rural areas. They often must drive great distances to receive their care at the VA.
- Philips will donate the equipment required to pilot 10 rural access points at VSO halls for Veterans to conduct telehealth sessions with their VA providers, with a commitment to expand to 100 total sites.
- Walmart has made a commitment to bring healthcare closer to where rural Veterans live. While video telehealth can be used to provide more convenient care and facilitate access to specialists, many rural areas lack sufficient home broadband service.
- Walmart will donate a private space in five rural store locations for Veterans to use for telehealth sessions with their VA physicians, using Walmart's broadband access.
- The three major US telecom providers are committed to working with the VA to help bridge the digital divide for Veterans.
- They are eliminating data usage charges for Veterans and Caregivers while using the VA Video Connect application for their telehealth appointments.

VA Backup for Response to FAC Recommendation 3

Innovation through MOUs

VEO partners to create a comprehensive, integrated portfolio of community partners that allows Veterans, families, Caregivers, and survivors to access resources, care in the community, improve the Veteran's experience using CX principles, and ***create a replicable, coordinated support model that is anchored in making services easier, more effective, and with positive emotional experiences***.

- Red Cross MVCN is looking to establish a peer support-based affinity group for government employees who are Caregivers
- Code of Support providing free access to PATRIOTlink, an online resource tool with case management services available.
- Elizabeth Dole Foundation and the Campaign for Inclusive Care, a national initiative to integrate Caregivers into the Veteran's care team.
- RallyPoint supporting Veterans and their families through a digital peer network of interactions and resources.
- LinkedIn providing free access to premium subscriptions to training, employment, and networking resources for survivors and Caregivers.
- TAPS to support VA with new and existing community solutions for families, Caregivers, and survivors to include training for clergy members, post-vention for suicide attempt and loss survivors, and resource connections to hospice and palliative care.

FAC Recommendation 4

Recommendation 4:

That VA develop a system-wide strategy to more **comprehensively collect, analyze, disseminate, and utilize data** on Veteran Caregivers, families, and survivors to improve the delivery of services.

Responding Office Representatives:

- Dr. Melissa Glynn, Assistant Secretary, Office of Enterprise Integration (OEI)
- Dr. George T. Fitzelle, Scientific Project Officer, Health Services Research and Development, VHA
- Ms. Barbara C. Morton, Deputy, Veteran Experience Office (VEO)

VA Response to Recommendation 4

- The Evidence Based Policy Act of 2018 is driving Federal agencies to structure continuous learning through **applying data and analytical techniques to drive policy decisions**. Through **establishing a systematic plan** aligned with VA's strategic plan to identify and address policy questions relevant to its programs, policies and regulations. As required by the new legislation, VA will be critically evaluating delivery of our Caregivers programs. Established the following roles as per requirements of the Office of Management and Budget (OMB) in September 2019:
  - Evaluation Officer
  - Chief Data Officer
  - Statistical Officer

- OMB has already convened training for each of these roles and set forth implementation policy (M-19-23)

VA Backup for Response to FAC Recommendation 4

VA Regulations

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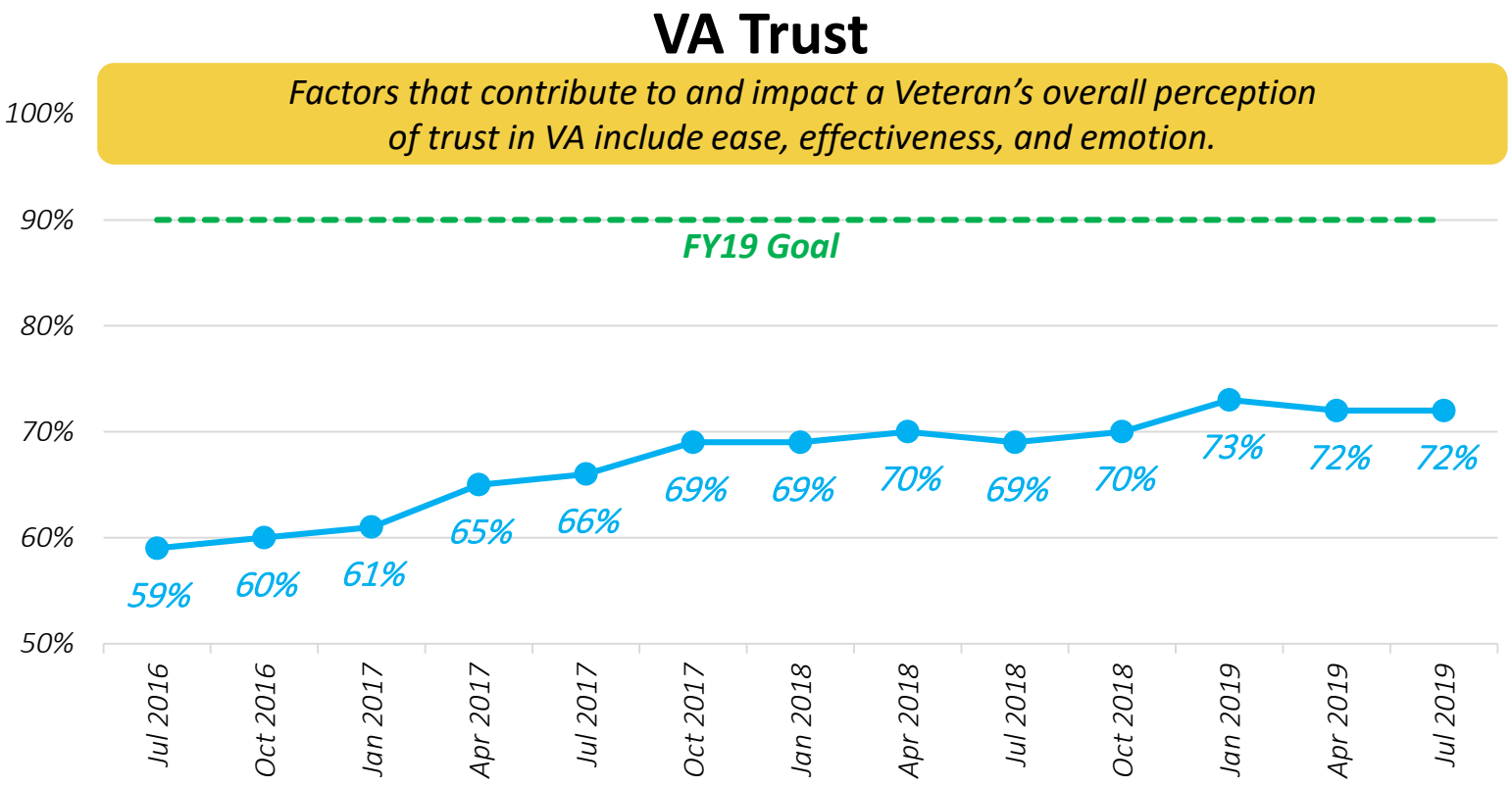
Since July 2016, VA-wide **Trust has increased** by 22 percentage points (from 59 percent to 72 percent)

VA Backup for Response to FAC Recommendation 4



FAC Recommendations 5-8

Panel 2:

Recommendation 5: Develop a system-wide strategy to more comprehensively collect, analyze, disseminate, and utilize data related to children and/or dependents.

Recommendation 6: Conduct a thorough analysis of the need for respite care resources, their availability, and their effectiveness, and (b) offer a range of respite care programs.

Recommendation 7: Develop enterprise-wide strategic plan to raise awareness to ensure that VA systems and professionals are defining the importance and role of caregiving and communicating sensitively and effectively.

Recommendation 8: Develop training materials and resources for VA's interdisciplinary teams to (a) identify Veteran Caregivers, (b) integrate Veteran Caregivers into the assessment and delivery of care and social services, and (c) identify and address the unique mental health and physical needs.

FAC Recommendation 5

Recommendation 5:

That VA develop a system-wide strategy to more comprehensively collect, analyze, disseminate, and utilize data related to children and/or dependents of Veterans and the services available to them to improve the delivery of services.

Responding Office Representatives:
Dr. Luci Leykum, Director, Center of Excellence for Veteran and Caregiver Research

VA Response to Recommendation 5

The CoE scope has been expanded by HSR&D to **include research related to children and youth.**

- The CoE investigators have developed a research strategy leveraging VA longitudinal data and program implementation to:
  - assess lived experiences of children and youth Caregivers*
  - identify and assess the types of support that would be most beneficial

  * Includes non-biological and non-dependent children and youth who may have a role in Veteran caregiving (e.g. step-children, grandchildren)

- The CoE proposal builds on the Rand Research Blueprint and Children Forum Report, and compliments work underway through the Elizabeth Dole Foundation.
- The CoE will partner with organizations whose focus is military children and families to complete this work.

VA Backup for Response to FAC Recommendation 5

- The CoE is working to identify Veterans' family members.
  - Phase 1: identification of family members of all Veterans enrolled with VA
  - Phase 2: identification of family members of Veterans not enrolled with VA
- The VEO will continue to host interagency, intergovernmental, non-profit and academic discussions to address the Experience of Children and Youth as Veteran Caregivers. The CoE will collaborate with the research strategy for Caregivers developed and pursued under the strategic plan of the interagency RAISE Task Force.

FAC Recommendation 6

Recommendation 6:

That VA (a) conduct a thorough analysis of the need for respite care resources, their availability, and their effectiveness, and (b) offer a range of respite care programs (e.g., Veteran Directed Home and Community Based Services) to improve access to and delivery of respite care by Veteran Caregivers and family members.

Responding Office Representatives:

- Dr. Scotte Hartronft, Executive Director, Office of Geriatrics and extended Care
- Dr. Elyse Kaplan, Deputy Director, Caregiver Support Program, VHA
- Dr. Thomas O'Toole, Senior Medical Advisor, Office of the Assistant Deputy Undersecretary for Health for Clinical Operations, VHA

VA Response to Recommendation 6

- VA recognizes that Purchased Personal Care Services Programs help Veterans needing assistance with 3 or more Activities of Daily Living (ADLs) or with significant cognitive impairment.
  - They reduce nursing home and facility bed days of care, while maintaining the most vulnerable Veterans in their home setting.
  - They are often used for Respite Services.

Program	Facilities	Census
Personal Care Services	All	139,121
Community Adult Day Health Care	All	10,318
Homemaker/Home Health Aide	All	125,763
Veteran Directed Care	68	3,040
Home Respite Care	All	17,952

Backup for Response to FAC Recommendation 6

Inpatient Respite Services

- Inpatient Respite Services are provided in all 134 Community Living Centers (Nursing Home level of care).
- 83 VA facilities provided inpatient respite in Community Nursing Homes at VA expense in FY 2018.

Program	Facilities	Census
Inpatient Respite		5,973
Inpatient Respite in Community Living Centers	134	3,198
Inpatient Respite in Community Nursing Home	All	2,780

VA Backup for Response to FAC Recommendation 6

Caregiver Concerns

- Caregivers want more assistance navigating VA and resources to assist with Veteran care.
- Caregivers value respite care services and would like to see more flexibility.
- Caregivers view that respite care provided by a stranger may induce stress
- VA is unable to provide respite care for children and other dependents.

Veteran and Caregiver Support Services

- Veteran Directed Care, which provides more flexibility, is not available at all VA Medical Centers.
- Purchased Care and Personal Care Services are managed locally at each VA Medical Center and their availability varies.

VA Backup for Response to FAC Recommendation 6

Choose Home Initiative Addressing Caregiver Key Concerns

- The Choose Home Pilot Program will help collect and address the information needed to access respite care needs and other Caregiver challenges.
  - The VA Choose Home pilot is using the power of predictive analytics to better serve.
  - Veterans who are severely injured or catastrophically injured and at risk for long-term nursing home care. The Predictive Analytics model utilized goes beyond knowing what has happened to providing a best assessment of what will happen in the future.
  - The pilot was undertaken February 2019 to September 2019 at 21 locations: The report will be issued by October 2019.

- The VA and the Corporation for National and Community Service (CNCS) are engaging Senior Corps volunteers in support of VA's Choose Home Initiative, enabling older Veterans to receive needed homemaker and daily living support in their homes, rather than move into health care institutions.

FAC Recommendation 7

Recommendation 7:

That VA develop an enterprise-wide strategic plan to raise awareness to ensure that VA systems and professionals are defining the importance and role of caregiving and communicating sensitively and effectively with all persons serving in the role of Caregiver, family member, and survivor for Veterans.

Representatives of Responding Offices:

- Dr. Elyse Kaplan, Deputy Director, Caregiver Support Program, VHA
- Mike Renfrow, Chief VA Px Implementation and Consultation, VEO

VA Response to Recommendation 7

VEO's *Own the Moment Training* helps front-line employees to be emotionally resonant to all VA customers to created better care and benefits experiences for Veterans, family members, Caregivers and survivors.

- OTM's language is inclusive of Veterans, family members, Caregivers and survivors.
- VHA has adopted OTM as mandatory training in FYs 20/21. By the end of FY21, all VHA Employees will take the OTM workshop.
- Approximately 80K VHA employees have attended the OTM workshop.
- VA is measuring the effectiveness of VA engagements as our core metrics for performance.
- VA Leadership is being held accountable in their performance plans that are reported by facility and eventually by Regional Office to OMB.

VHA conducts focus groups and Human Centered Design research with Veteran Caregivers to solicit their recommendations in areas such as expansion of the Caregiver Support Program and enhancements to the Electronic Health Record.

FAC Recommendation 8

Recommendation 8:

That VA develop training materials and resources for VA's interdisciplinary teams to (a) identify Veteran Caregivers, (b) integrate Veteran Caregivers into the assessment and delivery of care and social services, and (c) identify and address the unique mental health and physical needs of Veterans' Caregivers, family members (including children), and survivors.

Representatives of Responding Offices:

- Dr. Elyse Kaplan, Deputy Director, Caregiver Support Program, VHA
- Dr. Thomas O'Toole, Senior Medical Advisor, Office of the Assistant Deputy Undersecretary for Health for Clinical Operations, VHA
- Dr. Luci Leykum, Director, Center of Excellence for Veteran and Caregiver Research

VA Response to Recommendation 8

- The VA's Caregiver Support Program, EDF and USAA are collaborating on our Campaign for Inclusive Care. Education modules are in development to train providers to engage Caregivers as partners in Veteran's health and well-being and integrate them into the healthcare team.
- The Elizabeth Dole Center for Excellence for Veteran and Caregiver Research conducts research on Caregiver issues. Research currently underway includes:
  - Home Excellence Research and Outcomes Center to Advance, Redefine and Evaluate Non-Institutional Caregiving (HERO CARE)
  - Navigating Advanced Illness for Informal Caregivers of Ill Veterans
  - Spanish Online & Telephone Intervention for Caregivers of Veterans with Stroke
  - Telephone Assessment and Skill-Building Intervention for Informal Caregivers
  - Utilizing the RESCUE Stroke Caregiver Website to Enhance Discharge Planning
  - Trial Outcomes for Massage: Caregiver-Assisted vs. Therapist-Treated (TOMCATT)
  - Testing the effectiveness of telephone support for dementia Caregivers
- The Choose Home initiative supports VHA interdisciplinary teams with strategies to include Caregivers in the programming of care for Choose Home Veterans through the use of assessment tools, Choose Home registry and streamlined referral processes.

FAC Recommendation 9

Recommendation 9:

That VA (a) integrate the Veteran-designated family member and/or Caregiver into all relevant discussions on health record modernization, and (b) include an official designation identifying a Veteran-designated family member and/or Caregiver as part of a Veteran's health record

Responding Office Representatives:

- Mr. John Windom, Executive Director, Electronic Health Record Modernization
- Ms. Laura Prietula, Veterans Relationship Management Deputy Director, Veterans Experience Office

VA Response to Recommendation 9

VEO established a workgroup with Caregiver Support Program (CSP), Office of Electronic Health Modernization (OEHRM), and Cerner to demonstrate Caregiver workflows to meet the recommendation in the FAC.

- To integrate Veteran-designated family member and Caregiver relevant discussions into the health record modernization:
  - Held listening session with Caregivers for awareness of, and feedback on, the EHR modernization activities planned for March 2020.
  - Insights captured and will be presented at the OEHRM Workshop 8 on Oct 1-4, 2019.
- To include an official designation identifying a Veteran-designated family member and/or Caregiver as part of a Veterans Health Record:
  - VA clearly identified the VA Caregiver population throughout VHA.
  - OEHRM establishing a health record for Caregivers separate from the Veteran's Health Record.

Backup for Response to FAC Recommendation 9

Listening Session:
Sept 12th, 2019 I 1.5 hour virtual session I 9-10 Caregivers

CAREGIVER INVITEES

1. Elizabeth Dole Foundation
2. Red Cross Military Veteran Caregiver Network
3. Tragedy Assistance Program for Survivors
4. HHS Administration of Community Living
5. Bluestar Families
6. American Legion Auxiliary
7. Easterseals
8. Code of Support
9. VA's Caregiver Support Program
10. VA's Office of Survivor Assistance

8 PERSONAS

1. Enrolled in the VA Caregiver program
2. Applying or in-process of enrolling as a Caregiver
3. Providing a range of care to Veterans
4. Caregiver is also a Veteran
5. Caring for someone with mental health condition
6. Caring for someone in a rural area (travel far for appointments etc.)
7. Caring for someone at a Community Living Center (CLC) or a hospice
8. Caregiver who is the Veteran's child or family member

VA Caregiver Support

Backup for Response to FAC Recommendation 9

Introductions and Objectives

10 Mins

Activities

- Introduction to purpose of Caregiver Listening Session
- Overview of VEO, OEHRM, and CSP Program
- Caregiver demonstration overview

Review workflow

15 Mins

Activities

- Process of providing Caregiver support and needs of the Caregiver
- Notification process of Caregiver needs to Caregiver Support Program
- Maintaining privacy of Caregiver needs
- Process for linking the Caregiver to the Veteran's record
- Question and Answer

Documentation of Caregiver in Medical Record

25 Mins

Activities

- Documentation of Caregiver in the Veteran medical record
- Demonstration of Care Team section
- Caregiver information display to clinical teams
- Question and Answer

HealtheLife overview

25 Mins

Activities

- My Health Veterans Portal overview and demonstration
- Overview of Veteran proxy
- Question and Answer

Closing

15 Mins

Activities

- Q&A
- Next Steps
- Conclusion

Backup for Response to FAC Recommendation 9

Insight	Action
1. Overall positive feedback from participants about the EHRM and inclusion of Caregiver in Veteran's record, use of patient portal and the fact that the Caregiver needs will be on a separate record from the Veteran's	N/A
2. Valuable demonstration of new EHR capabilities. Caregivers would like to have more information on new EHR efforts	OEHRM to determine communications to Caregivers regarding new EHR
3. Caregivers would like to have more information on the new CARMA IT system	CSP to determine communications to Caregivers regarding CARMA
4. Pay attention to the Caregiver relationship and processes during a person's transition from Active Duty to Veteran	OEHRM determining if requirements are part of IOC. If not, may consider for a future wave/phase.
5. Terminology for identifying the relationship in the care team was confusing and may unintentionally influence provider's communication or non-communication. Perhaps a box indicating the Program of Comprehensive Assistance or General Caregiver Support Program could be checked next to the identified Caregiver in the record instead of titling them as "certified" or "informal"	Suggestion taken into consideration by OEHRM. Concern noted by CSP for further discussion in VHA.
6. Track the Caregiver's journey through the Caregiver programs	Suggestion noted by VEO for potential journey mapping
7. Some Caregivers may never interact with a Caregiver Support Coordinator, so request was made to authorize others besides the coordinator to add a Caregiver to a Veteran's record	Concern noted by CSP for further discussion in VHA.

Backup for Response to FAC Recommendation 9

Caregiver Support Coordinators being the only ones with authority to add a Caregiver to the record. I would like to see the providers or the Veterans have the ability to identify and add these Caregivers as needed.

How can we create a process to start supporting the Caregiver when they get the call that, in active duty, their loved-one was impacted by a catastrophic event. The Caregiving, in some cases, will begin right at that point.

Track a Caregiver's journey through the Caregiver programs

Terminology for identifying the relationship in the care team was confusing and may unintentionally influence provider's communication or non-communication. For example, if a family is not a "Certified Caregiver", "Informal Caregiver" but cares for the Veteran just as a Caregiver would who was in the program, would the providers tend not to reach out due to not being flagged as a "Certified" Caregiver?

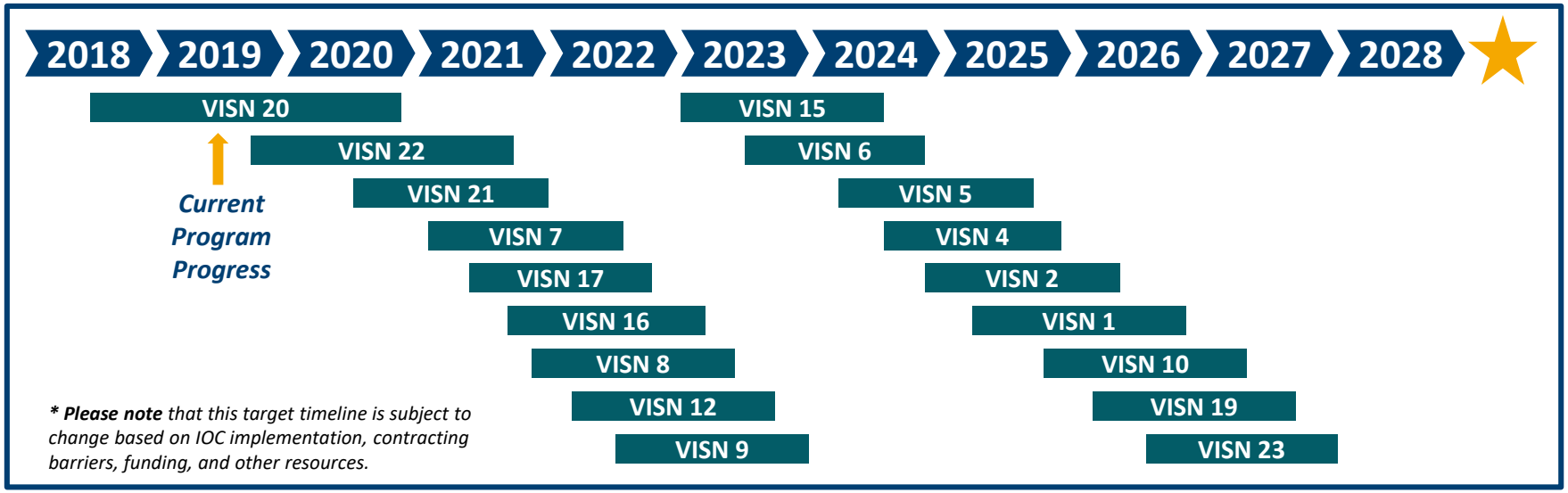
Backup for Response to FAC Recommendation 9

Delivering 138 capabilities across 36 solution areas

Access Management	Case Management	Emergency Medicine	Knowledge Solutions & Clinical Decision Support	Point of Care & Mobility	Support Services
Acute Care Delivery	Cerner Math	Extended Care	Laboratory	Population Health & Analytics	System Access
Ambulatory	Clinical & Document Imaging	Gastroenterology	Oncology	Quality & Performance Improvement	Transaction Services
Behavioral Health	Community & Consumer Health	Health Information Management	Patient Accounting	Radiology	Transplant
CareAware & Device Connectivity	Critical Care	Interfaces	Perioperative	Research	Women's Health
Cardiology	Dental	Interoperability	Pharmacy	Supply Chain	Workforce & Operations

Backup for Response to FAC Recommendation 9

Future VISN deployments will be staggered over the next ten years, during which OEHRM will integrate every possible efficiency and lesson learned into the deployment process.



Backup for Response to FAC Recommendation 9

EHRM

IOC | VISN 20 | VISN 22 | VISN 21 | VISN 7 | VISN 17 | VISN 16 | VISN 8 | VISN 12 | VISN 9 | VISN 15

April 2020 | 2021 | 2022 | 2023 | 2024 | 2025

EHR and CSS meet

Cerner Scheduling Solution (CSS)

Pilot 1 Columbus, OH 1 VAMC | Pilot 2 Cleveland, OH 1 VAMC | VISN 10 11 VAMCs | VISN 23 10 VAMCs | VISN 6 7 VAMCs | VISN 19 10 VAMCs | VISN 5 8 VAMCs | VISN 4 10 VAMCs | VISN 2 15 VAMCs | VISN 1 11 VAMCs | VISN 15

CSS Project Statistics:

- 675 Total Sites
  - 84 VAMCs
  - 131 Vet Centers
  - 460 CBOCs
- 8 VISNs in 24 States
- 5 Years
  - Wave Go-Live every ~60 Days

- **When fully implemented, 675 sites will have the benefit of resource-based scheduling system 5 years in advance.**
- **Veterans will receive better service due to the advanced level of technology.**
- **VA operations will become more efficient with the implementation of scheduling.**
- **Increased access to care for Veterans by filling no show appointment slots.**
- **Although there is likely to be small additional program management costs for accelerating the scheduling, the infrastructure requirements are already included in the lifecycle costs estimate.**

38

Backup for Response to FAC Recommendation 9

Challenge: *All Veteran Caregivers are currently mixed in with all other "collateral populations" and thus they are not clearly identified in the legacy EHR which may limit their role in the determination and delivery of the benefits for the Veteran. This effort will change that.*

Activities to Date:

- Working with Caregiver Support Program to establish Caregiver Medical Benefit Plans: Primary; Secondary; and General
- Working with OEHRM to transact Caregiver Medical Benefit Plans
- Working with OIT to separate the processes between Caregivers and Collaterals; separating the records (IT legacy system changes)
- Obtaining a roster of current Caregivers in order to establish a unique population

Backup for Response to FAC Recommendation 9

Challenge: *The Caregiver Support Program is modernizing their IT processes and systems*

Activities to Date:

- Working with VA Digital Services in support of the Caregiver Record Management Application (CARMA) under IT certification requirements
- Leading legacy application changes in support of SecVA IT Certification and post SecVA IT Certification:
  - Separate Caregiver population from the Collaterals
  - Establish relationship management structures to clearly identify a person as being a Caregiver and his/her relationship to a Veteran
  - Hybrid workflows in support of CARMA launch and OEHRM rollout
  - Applications include: Identity Management, Enrollment System, PATS-R, VA Customer Profile, Computerized Patient Record System (CPRS), others

Backup for Response to FAC Recommendation 9

Legislative Mandate: *NDAA FY 2019 SEC. 621 Extension of Certain Morale, Welfare, and Recreation Privileges to Certain Veterans and Their Caregivers – Extension of commissary, exchange, and morale, welfare and recreation (MWR) retail facilities access to certain Veterans and certain veteran Caregivers. Eligible Veterans include disabled Veterans, Purple Heart recipients, Medal of Honor recipients, and former POWs. Includes user fee offsets to the Treasury for commissary credit card merchant fees. An implementation plan briefing is due no later than October 1, 2019, with implementation on January 1, 2020*

Activities to Date:

- Working with Caregiver Support Program (CSP) and Department of Defense (DoD) to determine short and long-term plans to identify Caregivers
  - Short term: Letter valid for one year (meets mandate)
  - Long term: Caregiver Identification Card (under evaluation)

FAC Recommendations 10-12

Panel 3:

Recommendation 10: review and standardize the VHA clinical appeals process to be more transparent and to better integrate Veteran Caregiver and family input as a means of processing appeals.

Recommendation 11: create a 90-day adjustment period for stipend payment amounts when a tier level is lowered for Veterans and their Caregivers participating in the Program of Comprehensive Assistance for Family Caregivers.

Recommendation 12: establish a clinical indication for Veteran Caregivers of the most catastrophically wounded/injured participating in the Program of Comprehensive Assistance through the Veteran's primary care team to lessen the need for reassessment.

FAC Recommendation 10

Recommendation 10:

That VA review and standardize the VHA clinical appeals process to be more transparent and to better integrate Veteran Caregiver and family input as a means of processing appeals.

Representatives of Responding Offices:

- Dr. Lucille Beck, Deputy Under Secretary for Health Policy Services
- Dr. Jennifer Perez, Director, Caregiver Support Program
- Dr. Elyse Kaplan, Deputy Director, Caregiver Support Program

VA Response to Recommendation 10

VA Response: Concur in part.

- All decisions by the Secretary under the Program of Comprehensive Assistance for Family Caregivers(PCAFC) and the Program of General Caregiver Support Services (PGCSS) affecting the furnishing of assistance or support shall be considered medical determinations. 38 U.S.C. 1720G(c)(1).
- Decisions under such programs may not be adjudicated in the standard manner as claims associated with Veterans' VBA benefits. 38 C.F.R. 20.104(b).
- VHA relies on the clinical appeals process, as outlined in **VHA Directive 1041**, to resolve conflicts about decisions under the PCAFC and the PGCSS.
- The clinical appeals process provides patients and their representatives "access to a fair and impartial review of disputes regarding clinical decisions." VHA Directive 1041, Appeal of VHA Clinical Decisions (October 24, 2016).
- VHA will consider this recommendation as it pursues improvements in the clinical appeals process.

VA Response to Recommendation 10

Status:

VHA Directive 1041 – is currently being revised. A multi-disciplinary workgroup proposed changes that will provide a more consistent clinical appeals process across the country. The workgroup took into consideration how appeals are managed in the private sector and obtained input from Veterans and Caregivers. The National Caregiver Support Program is also considering options to clarify eligibility criteria which will support a more consistent application process.

In December 2018, VA suspended certain discharges from the PCAFC due to feedback about inconsistent application of eligibility requirements at VA medical centers.

- VA held listening sessions with Caregivers and other stakeholders
- VA developed or amended 14 SOPs to clarify program requirements for VA staff
- VA increased oversight in each Veterans Integrated Service Network, provided training and education to staff and Caregivers, and hired more than 680 staff to increase operational capacity

VA Backup for Response to FAC Recommendation 10

Appeals Modernization Act – was implemented on February 19, 2019. This Act allows for a more efficient, timely, transparent, and fair process for Veterans, their families, Caregivers and survivors to seek resolutions on their VA decision disagreements.

Board of Veterans' Appeals (BVA) Decisions and Hearings – To better support Veterans, their families, Caregivers and survivors, BVA improved its decision and hearing processes. Decisions were made more Veteran-centric by putting the order up front and explaining the result in a clear and concise manner. A historic 85,288 decisions were issued to Veterans in 2018 (62% more) and a total of 16,626 hearings were held.

Appeals Modernization Act Training and Education – BVA worked closely with Veterans Service Organizations, private representatives, and other offices across the Department to provide high-quality training and information to our nation's Veterans and their families concerning the Appeals Modernization Act prior to implementation in February 2019.

VA Backup for Response to FAC Recommendation 10

- VEO and the Caregiver Support Program engaged the Caregiver community in soliciting feedback on their experience with PCAFC and its operations.
- Talked to VSOs about the experience of Veterans and their Caregivers (e.g. SecVA brief to the VSOs hosted by Dr. Stone)
- Worked to build the capacity of the CSP for management and administration with VEO and other program offices to address future standardization, administrative, management, training, service recovery and program improvement efforts.
- Prioritized working directly with the Caregiver community to ensure openness, transparency, accountability and collaborative problem solving.

FAC Recommendation 11

Recommendation 11:

That VA create a 90-day adjustment period for stipend payment amounts when a tier level is lowered for Veterans and their Caregivers participating in the Program of Comprehensive Assistance for Family Caregivers.

Representatives of Responding Offices:

- Dr. Lucille Beck, Deputy Under Secretary for Health Policy Services
- Dr. Elyse Kaplan, Deputy Director, Caregiver Support Program

VA Response to Recommendation 11

VA Response: Concur-in-principle.

- VA will consider this recommendation (to develop a transitional period following tier decreases) as it pursues regulatory changes to improve the current PCAFC. Any changes to the program regulations would be subject to notice and comment rulemaking.

Status:

- VA will address this along side other regulation changes to develop a transitional period for tier decreases.
- VHA CSP is consulting with relevant organizations, Caregivers and the public for input regarding their experience.

FAC Recommendation 12

Recommendation 12:

That VA establish a clinical indication for Veteran Caregivers of the most catastrophically wounded/injured participating in the Program of Comprehensive Assistance through the Veteran's primary care team to lessen the need for reassessment.

Representatives of Responding Offices:

- Dr. Lucille Beck, Deputy Under Secretary for Health Policy Services
- Dr. Elyse Kaplan, Deputy Director, Caregiver Support Program

VA Response to Recommendation 12

VA Response: Concur-in-principle.

- VA will consider this recommendation (to develop a clinical indication for Caregivers of the most catastrophically wounded/injured Veterans participating in the Program of Comprehensive Assistance for Family Caregivers) as it pursues regulatory changes to improve the current PCAFC. Any changes to the program regulations would be subject to notice and comment rulemaking. VA will ensure the input and experience of families and Caregivers are considered as part of the rulemaking process.

VA Response to Recommendation 12

Status:

- **PCAFC** – VA is pursuing several regulatory changes that standardize the reassessment process for ongoing Veteran clinical eligibility for PCAFC. Under VA MISSION Act, an annual reassessment of the Veteran's level of need to assess for continued eligibility as well the clinical rating upon which the Veteran's tier level is based is required. Veteran's needs for personal care services may change overtime, therefore VA believes annual reassessment of needs is appropriate. It is possible that these annual reassessments may occur more or less frequently based on clinical indicators.

VA Backup for Response to FAC Recommendation 12

- Internal VA programs are working collaboratively to ensure Caregivers have a positive experience through program improvements and initiatives to improve care, including:
- The Choose Home Initiative, identifies at risk Veterans and provides home and community-based care alternatives at 21 Pilot Sites that will be rolled out nationally.
- Establishing the Elizabeth Dole Center for Excellence for Veteran and Caregiver Research
- Expanding telehealth services to increase access for Veterans and their Caregivers

Updates on the MISSION Act

Relevant Areas of the MISSION Act:

- Community Care
- Urgent Care

Representatives of Relevant Offices:

- Dr. Jennifer MacDonald, Director of Clinical Innovation and Education, VHA Office of Connected Care
- Dr. Kameron Matthews, Deputy Under Secretary, Health for Community Care

Mission Act Core Tenets and Approach

Delivering an excellent experience of care for Veterans, families, and Caregivers is at the core of VA's approach to the MISSION Act.

VA is one integrated system with direct and community aspects of care delivery.

The MISSION Act strengthens both aspects of care delivery and empowers Veterans to find the balance in the system that is right for them.

VA is leveraging this opportunity to grow into an optimized, customer-centric network.

MISSION Act Key Elements

- Strengthens VA's ability to recruit and retain clinicians
- Empowers Veterans with increased access to community care
- Authorizes "Anywhere to Anywhere" telehealth provision across State lines
- Establishes a VA Center for Innovation for Care and Payment
- Expands eligibility for Caregiver services to all eras of Veterans
- Combines multiple community care programs into a unified integrated experience
- Creates ability for VA to match infrastructure to Veteran needs
- Establishes access to urgent care in the community

Backup on the MISSION Act

- Communications
- Regulations
- Processes & Policies
- Training
- Technology
- Acquisitions

Stakeholder Engagement and Cross-functional Collaboration

Backup on the MISSION Act

Backup on the MISSION Act

VA MISSION Act

How will the MISSION Act benefit Veterans?

The MISSION Act empowers Veterans and enhances care options. VA will:

1. Continue to be a trusted, caring partner.
2. Meet Veterans where they are, with the right care at the right place and the right time.
3. Provide telehealth in their home, in a VA facility, or in the community.
4. Focus on providing an excellent experience for Veterans and their families.

Choose VA

For more information on the **VA MISSION Act,** visit **www.missionact.va.gov**

Choose VA

VA MISSION Act

How will the MISSION Act benefit VA staff members?

The MISSION Act empowers employees and strengthens VA care nationwide. The MISSION Act:

1. Improves ways to hire staff and keep them onboard.
2. Creates "Anywhere to Anywhere" telehealth that links Veterans with their care teams across state lines.
3. Allows VA to lead with cutting-edge technology.
4. Strengthens VA as a leader of U.S. health care.

Choose VA

Backup on the MISSION Act

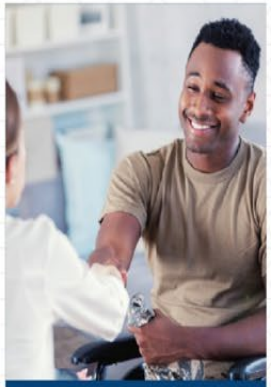
VA MISSION Act

Your Care is Our Mission

Through state-of-the-art facilities, cutting-edge technology, and increased clinician recruiting and retention incentives, VA continues to enhance its coordinated care system through high-quality VA health care and community care provider networks.

Enrolled Veterans will soon receive a brochure in the mail which outline the changes to the Community Care program effective June 6.

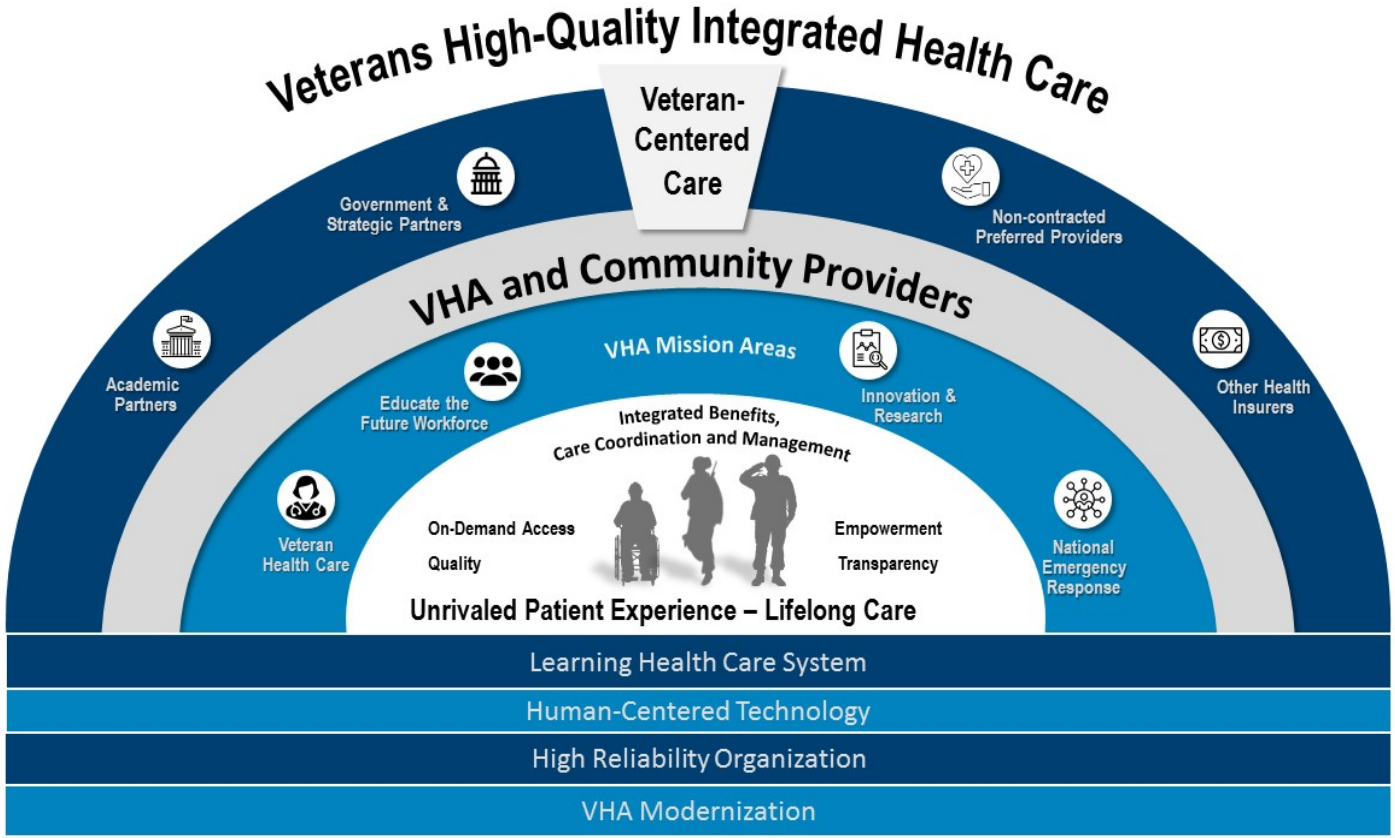
To learn more about the MISSION Act go to www.missionact.va.gov



Enhanced VA Options Under the MISSION Act:
IMPORTANT INFORMATION FOR VETERANS

Choose VA

Backup on the MISSION Act



Toward On-Demand Access

YOUR FACILITY LOGO HERE

At the [Facility Name] you can be seen by your provider or another appropriate clinical staff member, based on availability and your care needs; via telephone, smart phone,through video care , secure messaging, or other options. For medical emergency always call 911 or report to the emergency room closest to where you are located.

Talk to your Patient Aligned Care Team (PACT) or your Mental Health Team to learn about your options and timely access to care when you need it.

Update on Community and Urgent Care

Relevant Areas of the MISSION Act:

- Community Care
- Urgent Care

Representatives of Relevant Offices:

- Dr. Kameron Matthews, Deputy Under Secretary, Health for Community Care

VA Community Care

VA Community Care

1945 — Hometown Program
VA sets precedent for collaboration with community providers through Hometown Program provider agreements

1947 — Academic Teaching Affiliates
VA continues to expand care and training through academic teaching affiliates

1983 — Department of Defense
Congress enacts the VA and DoD Health Resources Sharing and Emergency Operations Act to promote health care resource sharing between VA and DoD

2007 — Project Hero
Project Health Effectiveness through Resource Optimization (HERO) established as a pilot program to improve managed strategies

2011 — Project ARCH
Congress establishes Project Access Received Closer to Home (ARCH) to increase access care for rural Veterans

2012 — Indian Health Service Tribal Health Service
Established reimbursement agreements for care provided to eligible Veterans.

2013 — PC3 & National Dialysis Contract
Patient-Centered Community Care (PC3) established as contracting vehicle to partner with community providers. National Dialysis Contracts to assist in purchasing care

2014 — Veterans Choice Program (VCP)
Congress expands Veterans access to community care in response to excessive wait-times and delays

2015 — Plan to Consolidate
VA submits Community Care consolidation plan to Congress

2018 — VA MISSION Act Passage
Consolidated multiple community care programs and appropriated $5.2 billion in VCP funding

2019 — Community Care Network
CCN Contract Awards

2019 — VA MISSION Act Implementation
Major changes implemented including expanded eligibility and urgent care benefit for Veterans

Community Care: Key Changes

New for Veterans

Veterans receive new benefits under the Veterans Community Care Program. These benefits include:

- Access to urgent care
- Expanded eligibility for community care
- Scheduling by the Veteran and VHA
- Technology that streamlines communication

New for Community Care Providers

Establishment of the Community Care Network and Veterans Care Agreements. Community providers must now:

- Undergo an industry standard credentialing process
- Complete mandatory training
- Be subject to an exclusionary process
- Submit claims within 180 days from date of service

New for VA Staff

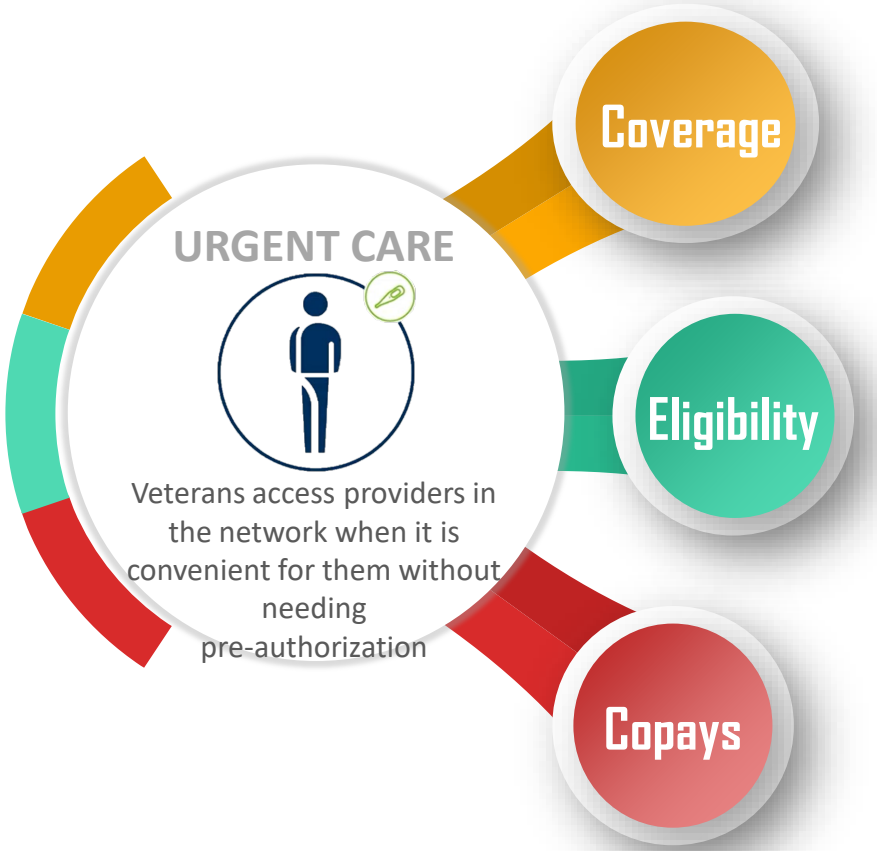
Introduction of new and modernized IT systems and business processes that will result in:

- Fewer manual process / increased automation
- Increased availability of processes metrics
- Broader options for care coordination
- Faster, easier, auditable information sharing

MISSION Act/Community Care : Expanded Eligibility Overview

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

MISSION Act: New Urgent Care Benefit



Access to urgent, non-emergency care (e.g. non-life threatening conditions) through the VA contracted network. Services such as:

- *Colds*
- *Ear infections*
- *Minor injuries*
- *Pink eye*
- *Skin infections*
- *Strep throat*

To be eligible for urgent care, Veterans must:

- Be enrolled in the VA health care system AND
- Have received care through VA from either a VA or community provider within the past 24 months

Priority Group(s)	Copayments based on number of visits in a calendar year
1-5	• First three visits: $0 • 4th and greater visits: $30 per visit
6	If related to a condition covered by special authority or exposure: • First three visits: $0 • 4th and greater visits: $30 per visit If not related: $30 per visit
7-8	$30 per visit

MISSION Act: New Urgent Care Benefit

Urgent Care Prescriptions

- VA will pay for or fill prescriptions resulting from Veteran's urgent care visit
  - The urgent care provider may write a medically necessary prescription for up to a 14-day supply
  - Veterans can fill a 14-day supply of medication at a contracted pharmacy within the VA network, in VA, or at a noncontracted pharmacy
    - If a noncontracted pharmacy is used, Veterans must pay for the prescription and then file a claim for reimbursement with the local VA medical facility
  - To find an in-network pharmacy, both urgent care providers and Veterans can use the VA Facility Locator

Billing

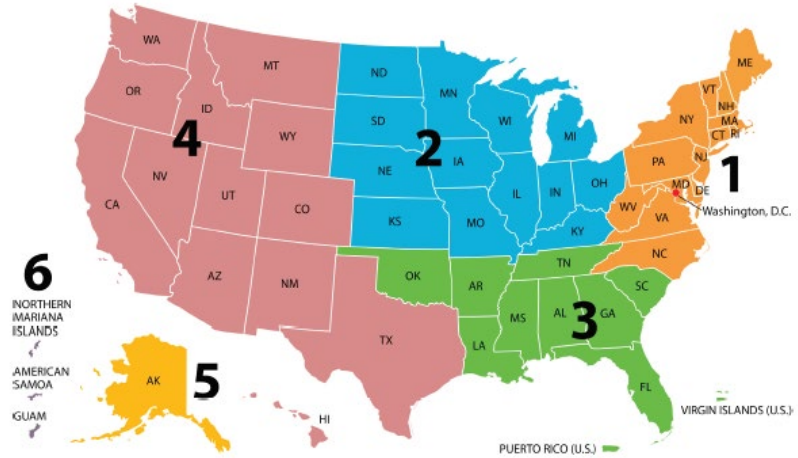
- Urgent care provider bills VA's Third Party Administrator (TPA) and VA may bill the Veteran the applicable copayment.

Community Care Network (CCN)

The **Community Care Network (CCN)** is a new set of **region-based** contracts to provide health care services in the community through a contractor who **builds** and **credentials** the associated network and **processes claims**.

Benefits of the CCN:

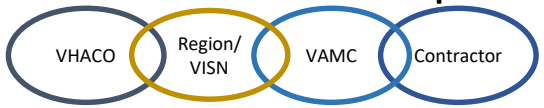
- Gives VA control of Veteran care and experience
  - VA is taking back **scheduling**, **care coordination**, and **customer service** functions
- Gives VA convenient access to a network of qualified, **credentialed providers**
- Gives VA a streamlined community care processes
  - by including **more services** under CCN
  - by **no longer** adjudicating claims



Community providers wanting to deliver care to our nation's Veterans can contact Optum at Join Optum VACCN Network or VACCNProviderContracting@optum.com.

(Regions 1, 2, and 3)

Achieved in Partnership



Community Care Resources

General Information

- MISSION ACT 101: How the law will improve VA's ability to deliver health care to Veterans – Provides an overview of changes under the VA MISSION Act. (VAntage Point, 02/11/19)
- VA MISSION Act: What is the latest on community care? - Highlights VA's efforts to-date for improving community care, what to expect, and next steps. (VAntage Point, 03/19/19)
- Fact Sheet: Veteran Community Care – General Information (VA MISSION Act of 2018) – Provides greater detail about community care improvements, processes, expected timeframes, and FAQs. (VAntage Point, 04/09/19)

Eligibility

- VA MISSION Act: Will you be eligible for community care? Highlights general requirements surrounding community care eligibility and describes the six criteria under the VA MISSION Act (VAntage Point, 04/09/19).
- Fact Sheet: Veteran Community Care – Eligibility (VA MISSION Act of 2018) – Provides greater detail about community care eligibility, examples of how the six criteria would be applied, and FAQs.

Community Care Website (External):

- https://www.va.gov/communitycare/

Community Care YouTube Playlist

- https://www.youtube.com/playlist?list=PL3AQ_JVoBEyys0cr7PzSVvnW1_YVYFs1p

Communication Resources

General Information
- Webpage (Public)
- Article/Blog
- Fact Sheet/FAQs
- Video
- Current vs. Future Information Sheet
- Top Questions Answered Article/Blog

Eligibility
- Webpage (Public)
- Article/Blog
- Fact Sheet/FAQs
- Video

Appointments/Getting Care
- Webpage (Public)
- Article/Blog
- Fact Sheet/FAQs

Billing and Payments
- Webpage (Public)
- Fact Sheet/FAQs

Sunset of Choice Program
- Webpage (Public – Providers)
- Webpage (Public – Veterans)
- Article/Blog
- Fact Sheet/FAQs

Urgent Care
- Webpage (Public)
- Article/Blog
- Fact Sheet/FAQs
- Video

Emergency Care
- Webpage (Public)
- Fact Sheet/FAQs
- Video

Veteran Care Agreements
- Webpage (Public)
- Fact Sheet/FAQs