U.S. Department of Veterans Affairs (VA)
Special Medical Advisory Group (SMAG) Meeting Minutes
May 1-2, 2024
Board of Veterans' Appeals, 425 I St. NW, Washington, DC

ATTENDEES:

Committee Members Present:
Dr. Gregg Meyer (Chairperson)
Dr. Terry Fulmer (Vice Chairperson) (Virtual)
Dr. Francis Crosson
Dr. Bijiibaa' Garrison (Virtual)
Dr. Arthur Kellermann
Dr. Kameron Matthews
Dr. Michael Mittelman
Mr. Chanin Nuntavong
Dr. John Prescott
Dr. Carolina Reyes
Dr. Phillip Sandefur (Virtual)
Dr. Lewis Sandy (Virtual)
Dr. Mary Wakefield

Committee Members Absent:
Dr. Jeffrey Akman
Dr. Robyn Begley
Dr. Junius Gonzales
Dr. M. Christopher Saslo
Dr. Ross Taubman
Dr. Misty Wilkie
Dr. Robert Winn

U.S. Department of Veterans Affairs Staff and Presenters:
Dr. Shereef Elnahal, VA Under Secretary for Health (USH)
Dr. Ryung Suh, Veterans Health Administration (VHA) Chief of Staff
Dr. Kenneth Kizer, Former VA USH
Mr. Jeffrey Moragne, Director, Advisory Committee Management Office (ACMO)
Ms. Nadia Smith, VHA Acting Chief Digital Health Officer
Ms. Latriece Prince-Wheeler, VHA Senior Advisor to the Deputy USH
Ms. Hillary Peabody, VHA Acting Assistant USH of Integrated Veteran Care (IVC)
Dr. Sachin Yende, Chief Medical Officer, VHA IVC
Dr. Neil Patel, Acting Deputy Executive Director, VHA National Emergency Medicine
Ms. Donna Hill, VA Deputy Director of Ops, National Artificial Intelligence Institute
Dr. Michael Charness, (Virtual), Chief of Staff, VA Boston Healthcare System
Dr. Steven Lieberman, VA Deputy USH (Virtual)
Dr. Mark Upton, VHA Deputy to the Deputy USH (Virtual)
Dr. Carolyn Clancy, VA Assistant USH for Discovery, Education and Affiliate Networks
Dr. Erica Scavella, VA Assistant USH for Clinical Services/Chief Medical Officer (Virtual)
Ms. RimaAnn Nelson, VA Assistant USH for Operations (Virtual)
Ms. Ann Doran, Executive Director, VHA Office of Patient Advocacy (Virtual)
Mr. Alan Cleaver, Executive Assistant to the VHA Chief of Staff
Ms. Yettalevette Enobakhare, VHA Executive Officer to the USH
Ms. Mariah Skylr, White House Fellow
Mr. Josh Geiger, Director of Operations, VHA National Emergency Medicine
Ms. Priya Bhasin, VHA IVC Contract Support

Ms. Krystal Toles, VHA Deputy Chief of Staff (Virtual)
Ms. Susan Fleming, VHA Deputy Chief of Staff (Virtual)
Ms. Jennifer Janowski, Senior Advisor to the USH, Office of Congressional and Legislative Affairs (Virtual)
Mr. Mark Chichester, Senior Advisor to the USH (Virtual)
Dr. Gregory Downing, Senior Advisor to the USH (Virtual)
Ms. Kendra Thate Manning, Health System Specialist, VHA TRICARE Liaison (Virtual)
Mr. Michael Pappas, Executive Director, VHA IVC (Virtual)
Dr. Lisa Arfons, Executive Director, VHA IVC (Virtual)
Mr. Michael Waldman, Special Counsel, Office of General Counsel (Virtual)
Ms. Lori McClure, Strategic Planning Manager, VHA IVC (Virtual)
Ms. Jennifer Garman, Program Management Officer, VHA IVC (Virtual)
Ms. Mary Fields, Executive Director, VHA IVC (Virtual)
Mr. Harrison Hines, Senior Advisor, VHA Healthcare Operations
Mr. Patrick Picardo, Exec. Director, VA/Dept. of Defense (DoD Health Affairs (Virtual)
Ms. Evangeline Tennort, Health System Specialist, VA/DoD Health Affairs (Virtual)

Other General Public Attendees:
Ms. Cindy Reardon, Assigned Transcriptionist/Court Reporter (Virtual)
Mr. Sidath Panangala, Congressional Research Service (Virtual)
Mr. Adrian Atizado, Director of Government Relations, TriWest HCA (Virtual)
Mr. Alan Petrazzi, Accenture Federal Services (Virtual)
Ms. Corey Siebers, Program Manager, Maxim Healthcare Services (Virtual)
Ms. Renee Golden, Regional Director, Military & Federal Homecare, Maxim HS (Virtual)
Mr. Drake Martin-Greene, Maxim Healthcare Services (Virtual)
Mr. Jester Jersey, Family Caregiver for Veteran Father (Virtual)
Ms. Samantha Gonzalez, Deputy Staff Director, U.S. Senate Committee on Veterans' Affairs (SVAC) (Virtual)
Ms. Elizabeth MacKenzie, Senior Policy Advisor, SVAC (Virtual)
Ms. Emily Rubright, Senior Health Policy Advisor, SVAC (Virtual)
Ms. Katie Fanning, Health Legislative Aid, SVAC (Virtual)
Mr. Hunter Thompson, Professional Staffer, SVAC (Virtual)
Mr. Jackson Haney, Staff Assistant, SVAC (Virtual)
Ms. Dahlia Melendrez, Deputy Staff Director/General Counsel, SVAC (Virtual)
Mr. Jon VanderPlas, General Counsel, SVAC (Virtual)
Ms. Kristy Park, Principal for Park Government Relations, LLC (Virtual)
Ms. Abbie Killian, Legislative Intern, U.S. House Committee on Veterans' Affairs (HVAC) (Virtual)
Ms. Jen Burch, Staff Member, HVAC (Virtual)
Ms. Alexis MacDonald, Staff Director, HVAC (Virtual)

SMAG Support Staff:
Mr. Brian Schoenhofer, Designated Federal Officer (DFO)
Ms. Aimee Corcoran
Ms. Jeannie Ferrell
Ms. Chudney Johnson

Ms. Yvonne Johnson
Mr. Dennis Lahl
Ms. Berenice Perez-Ruiz
Ms. Stephanie Seeley
Mr. Kyle Sommer
Ms. Melissa Spady, Assistant DFO
Mr. James Wilson, Assistant DFO

May 1, 2024 - Meeting Commencement: 8:58 A.M. ET

SMAG DAY 1 OPENING REMARKS

Summary of Opening Remarks by Mr. Brian Schoenhofer, VA DFO for SMAG

- Via Federal Register Notice, a half-hour session is accommodated during this meeting for the general public to offer feedback commentary to the SMAG and the VA.
- SMAG members remain embraced by the VA for their continued support including annual meeting engagements with enterprise leadership and subject matter experts.
- Planning remains underway for the upcoming fall 2024 meeting that is on track to be hosted at VA Palo Alto, California.

The Sergeant First Class Heath Robinson Promise to Address Comprehensive Toxics (**PACT) ACT of 2022 CURRENT STATE AND IMPACT**

Summary of Presentation by Dr. Shereef Elnahal, VA USH

- 401,006 Veterans enrolled in VA health care between March 2023 and March 2024, which represents a 30% increase and the most yearly enrollees since fiscal year (FY) 2017.
- The VHA experienced its largest growth in workforce hiring in more than 15-years; led by 61,239 external hires during FY 2023.
- The Access Sprint resulted in an overall 11% increase in new patient appointments, 12% decrease in new patients waiting >20 or >28 days, and 14% decrease in new patients waiting for community care (due to wait time eligibility).
- Predictive referral activity for community care through March 2024 suggests about a 19% growth above FY 2023 referral level (above 10% targeted growth).
- VHA outpatient experience trust scores have improved year-by-year since FY 2017 from 85% to just under 92%, respectively.

Key Takeaways from SMAG Members

- In response to the USH's opening presentation material highlighting the current state of the *PACT Act of 2022,* related care in VA, the SMAG acknowledged VA's incredible challenges including demand facing not only its enterprise, but the entire health care sector.
- The recent Executive Roundtable Report chaired by former USH, Dr. Kenneth Kizer, is acknowledged for the "existential threats" from community care and its costs counteracting direct care compounded by expanded benefits eligibilities.

Key Recommendations

- Strategize how to meet productivity standards with an overloaded workforce that may require greater artificial intelligence investments to handicap the workforce.

ANNUAL ADVISORY COMMITTEE MANAGEMENT TRAINING

Summary of Presentation by Mr. Jeffrey Moragne, Director for ACMO

- Advised Federal Advisory Committee Act 101 Requirements for the charter, public access, committee management best practices, and key resources.

EXECUTIVE ROUNDTABLE REPORT

Summary of Presentation by Dr. Kenneth Kizer, Adjunct Professor, Stanford University School of Medicine; and Dr. Ryung Suh, VHA Chief of Staff

- The Executive Roundtable Report discussed the urgent need to address VHA community care spending and access strategies.
- The report reflects an increased number of Veterans referred for community care due to policy changes by the Choice Act and the MISSION Act, an increase in reliance on VA and an increase of services offered to Veterans, which has increased the cost of community care spending.
- The report notes it remains unclear if community care providers are providing Veterans with the soonest or best care as they are not required to report on access or quality of care data.
- The report notes the VA has an obligation to inform the Veteran about the pros and cons of a referral to community care provider to allow them to make an informed choice.
- The number of Veterans referred to community providers and rising costs threaten to erode the VA's direct care system and may eliminate choice of Veterans who prefer to use VHA's direct care.

Key Takeaways from SMAG Members

- Several problematic policy and institutional standards remain for VA as top priorities:
    - Medicare Advantage loophole.
    - Problematic drive times and wait times (are they realistic?).
    - Lengthy 72 hours notification period for Veteran admissions to community hospitals.
    - Realigning VA's 30-min and 60-min access slot standards to those of current state private sector standards.
- Veterans deserve greater marketing for VA direct care vs. optional supplemental care.
- The pulse of VA's staff remains vital (morale, retention, recruitment).
- A competent payor infrastructure is key to VA's success.
    - Different teams with different expertise to be both a payor and a provider (e.g., skillsets of utilization management, benefits design, etc.) require rapid build.
    - Massive eligibilities expansion has not been complemented by infrastructure.
    - Greater referral coordination staff and training is necessary to educate Veterans.
- VA is applauded for its efforts to continue adopting telehealth and digital health visits.
- Veteran surveys are key to determining community care preference and barriers faced.

Key Recommendations Shared

- Provide a written strategy(s) in 30 days to respond to the Executive Roundtable Report.
- Executive Roundtable report should be released to the public.
- Leverage fellow agencies & community networks to solicit solutions and lessons learned.
- Redefine campaign messaging for community care as supplemental care.
- VA must attain greater buy-in from community care health systems to help ensure timely and effective transmission for data & records related to quality of care and access.
- VA should leverage utilization management and tracking data to fullest capability.
- Reassess community care partners and redefine network built around best possible care at the lowest possible cost.
- Medicare Advantage billing and policy(s) issues remain a top priority for Congress to address including subsidizing Medicare and third-party commercial health care.

DIGITAL HEALTH OVERVIEW

Summary of Presentation by Ms. Nadia Smith, Senior Advisor to VA USH; and Ms. Latriece Prince-Wheeler, Senior Advisor to Deputy USH

- The primary focus is to provide Veteran-centered health care and enhance VA operations via integration for digital health innovations across VHA.
- Includes categories such as Mobile Health Applications, Wearable devices, TeleHealth, Electronic Medical Records (EMRs), Electronic Health Records (EHRs) and Artificial Intelligence (AI).
- Aligns with government-wide initiatives to improve customer service.
- Improves collaborations with Office of Information Technology, Veterans Experience Office, and the EHR Management Integration Office to support enterprise level initiatives.

Key Takeaways from SMAG Members

- Progressive utilization management will enable Veterans to embrace VA's direct care accessibility, as well as nurture greater efficiencies across urban and rural environments.
- VA's growing telehealth and digital health footprint complements ongoing efforts to institute further tele-specialty assessments particularly for high-cost care needs, to determine emergent vs. specialty referral path forward.
- VA's telehealth infrastructure as currently exhibited seems primed to ensure positive impact in the challenging and costly rural care environments.
- Added special payment structures may be the key to countering complicated billing.
- VA exhibits great progress and commitment to expanding eligibility for care services.

Key Recommendations Shared

- Enhance providers' advanced digital capabilities.
    - Explore augmented visual diagnosis via mammography and retina scans (e.g., smart glasses) that enable immediate Veteran health record data via glasses.
    - Further standardize providers' templates to help optimize direct visual for open slot(s) utilization that may assist in countering no show rate.
- Explore feasibility to enable standardized same-day or next-day clinic access.
    - Standardize text and/or telephone appointment confirmations several days in advance to counter cancellation and no-show rates.
- Explore the opportunity(s) to address legislative barriers and further establish the most "seamless flow" for Veterans reverting to direct VA care from prior community care.
    - Establish deployment team(s) led by Emergency Room (ER) physician(s) that can cultivate field relationships with local ER units where Veterans typically visit for urgent care and stabilization; enabling immediate

notification of admission and deployment of VA team to immediately pick up and transport to nearest VA care.
    - Impeding protocols involving drive time and primary catchment area.
    - Redefining with modern purpose, the current state 72-hour notification protocol.
    - Reassess current state emergency care services and inpatient admissions costs.
- Revisit the referral system current state effectiveness and its mission alignment.

COMMUNITY CARE GROWTH AND SOONEST AND BEST CARE ACTIONS

Summary of Presentation by Ms. Hillary Peabody, VA Acting Assistant Under Secretary for Health for IVC

- Veteran community care usage has doubled in the last five years and is experiencing approximate 20% spending growth annually from FY2021 to 2023. Inhouse direct care users have remained relatively steady. Emergency care and geriatrics and extended care account for more than half of community care spending.
- The Civilian Health and Medical Program of the Department of VA (CHAMPVA) and Foreign Medical Program have also undergone “rapid” growth in recent years.
- VHA continues work towards streamlining team-based delivery, temporary deferrals for burdensome policies, greater recognitions for clinical staff contributions, and redesign of short- and long-term referral care coordination utilization management for standard episodes of care.
- VHA is bolstering technology-based solutions for 24/7 care coordination via the VA Health Connect (scheduling, pharmacy, clinical triaging, virtual visits), integrated Tele-Emergency Care platform, and External Provider Scheduling software that enhances the agency’s capabilities to schedule Veterans for care out in the community.

Key Takeaways from SMAG Members

- VA remains in position to capitalize on a vast community care network to help bridge utilization management and repatriation initiatives.
- Susceptibility remains high to private sector [revenue-minded] leverage taking advantage of the VA’s ineffective and inefficient utilization management.
- Added appropriations is warranted to develop better infrastructure addressing costly inpatient admissions uniques (populations, chronic conditions, early disease mgmt.).
- Mismanagement of utilization and its overall infrastructure must be prioritized to include outdated, ineffective, and cost-attributing standard episodes of care (SEOC).

- Challenges remain with an inappropriate balance of increasing direct care to Veterans, versus accommodating supplemental community care triage & reentry.

Key Recommendations Shared

- Dissect the $8 billion inpatient admissions key uniques making up the top 5% of costs (risk stratification, predictive modeling).
    - Shore-up referral care triage protocols (e.g., priority risks and "avoidables").
- Strengthen repatriation and overall trust with community care provider networks.
    - Added partnerships with rural and other major health systems (e.g., local AZ-based VHA facility partnered with brand new Indian Health Services facility).
    - Engage site visits to community ERs to create relationships and shared expectations (e.g., timely pay, specialty pays based on priorities, immediate notification for Veteran admissions, and complicated billing).
    - Leverage marketing opportunities with a handful of ***trusted*** community care providers (cultivating overall VHA-Veteran relationship and experience).
    - Ensure protective measures for community care ERs influenced by private equity stakeholders (not complementing VA/VHA mission standards with private sector revenue [volume x rate] interests working against VA/VHA scope).
- Refine SEOC pathways to better address key access measures.
    - Redefine intervention of care coordination prior to key care milestones (e.g., reporting to surgical procedure) and needed testing post inpatient admission.
    - Improve digital engagement footprint & coordination support via VA Digital Health Office led by Acting Chief Digital Health Officer, Nadia Smith.
    - Expand specialty care tele-health capacities particularly for high-cost care visits.
    - Streamline Veterans' access back into community care referral process/approval.
- Reengineer utilization management to redirect greater Veteran care back to VHA.
    - Triangulate (segment) costly unique populations (risk stratification/predictive modeling) for chronic data, social population data, early disease management.
    - Address rural capacity(s) and transportation network/accommodation(s) to include opportunities to leverage community emergency medicine units and other resources such as shared ambulance units to aid access gaps for Veterans requiring follow-up care, but NOT always emergent care.
    - Reexamine appointment management efficacy (no-shows, advance reminders).

- Modernize referral care team capability to more real-time determine “next best available” between community care availability vs. internal VA care availability.

TELE-URGENT CARE/EMERGENT CARE

Summary of Presentation by Dr. Neil Patel, Acting Executive Director, VA National Emergency Medicine Office

- The Tele-Health/Emergent Care (Tele-EC) is a tele-health service facilitated by VA emergency medicine clinicians to provide emergent connect core services (CCS) to Veterans for scheduling & administrations, pharmacy services, clinic triage, and virtual care visits.
- Tele-EC is valuable and convenient for Veterans to assess immediate and on-demand healthcare from the privacy of their homes, while affording Veterans the ability to receive prestige aligned VA care.
- Overviewed contrasting cost estimates against non-VA care, to include factoring reductions in emergency department (ED) visits and related costs for volume of calls.
- Approximately 50% of Veterans who utilized the CCC had their medical concerns resolved and avoided an ED visit.
- Elaborated on fiscal year quarterly updates of the Tele-EC in the healthcare market.

Key Takeaways from SMAG Members

- Recultivating value in tele-urgent/emergent care utilization remains a key priority.
  - Opportunities to bypass an ER wait (“Super Pass”).
  - Alternative(s) if no access to tele-urgent/emergent care.
  - Research benefits of the diagnoses.
  - VHA nursing community clinical feedback.
- VA’s current climate warrants a revisit for staffing infrastructure benchmarks (e.g., decision-making standards including who is directing the rules of decided care?).
- VA’s care ecosystem is due for reassessment.
  - Added workflow redirecting care back to the primary care (PC) provider, via Patient Aligned Care Team (PACT).
  - Flagging and establishing scripts for “frequent” callers.
  - Tracking non-connected care calls and other sensitive care (e.g., mental health).
  - Establishing broadband for Veterans that would require it.
  - Designated waiting areas for telehealth emergent care callers.
- Economies of scale and internal resources may prove key leverage points to more effectively market VA capabilities and modernized brand.
  - Leveraging greater text messaging modalities.

    - Business cards that may be handed out directly by PC providers to Veterans.
    - Develop tele-urgent care emergency kit for “health self-management” (e.g., COVID test, thermometer, etc.).

Key Recommendations Shared

- Reassess current marketing strategy for telehealth urgent/emergent care.
    - Bridge the costly 5% of “frequent callers.”
    - Leverage enterprise superusers to support the marketing strategy.
- Reassess key tele-urgent/emergent care metrics.
    - Average time for a call to be assessed.
    - Average response time when 911 services are required.
    - Tele-urgent/emergent care “step-up” length in time.
- Standardize the protocol of care after the tele-urgent/emergent care visit.
- Prototype trial-basis community care reviews to witness the transition of care next steps.
- Assess the feasibility and value of integrating addiction calls for opioid and alcoholism.

SMAG DAY 1 CLOSING REMARKS

Summary of Closing Remarks by Mr. Brian Schoenhofer, VA DFO for SMAG, and Dr. Gregg Meyer, Chairperson for VA SMAG Committee

- The SMAG thanked all attendees, presenters, and in particular, the VA USH, for accommodating today’s meeting and discussions.
- The USH reinforced the enterprise’s appreciation for all contributing efforts towards strategic solutions that will aid the VA’s mission efforts moving forward.

May 1, 2024 - Meeting Adjournment: 3:44 P.M. ET

May 2, 2024 - Meeting Commencement: 9:02 A.M. ET

SMAG DAY 2 OPENING REMARKS

Summary of Day 2 Opening Remarks by Mr. Brian Schoenhofer, VA DFO for SMAG, and Dr. Gregg Meyer, Chairperson for VA SMAG Committee

- The SMAG, as well as all other attendees including VA leadership and the general public were welcomed back for the subsequent day’s planned agenda.

- The SMAG and available VA leadership attendees were invited to engage a closed-session strategic huddle immediately following adjournment of the annual meeting.

ARTIFICIAL INTELLIGENCE (AI) TECH SPRINTS

Summary of Presentation by Ms. Donna Hill, VHA AI Tech Sprint Manager and Deputy Director of Operations, National AI Institute

- The AI Tech Sprints are three-month competitive engagement where teams (vendors) compete to create AI-enabled tools that leverage federal data to address specific Veteran health care issues.
- Currently the AI Tech Sprint is focused on reducing clinical burnout by spurring the creation of AI solutions to reduce administrative burden.
- The current AI Tech Sprints aim to provide in-depth market research to ensure trustworthy AI criteria is met, incorporate physician feedback into the decision-making process and create a pilot implementation path to support clinical and system needs.

Key Takeaways from SMAG Members

- VA's progressive AI environment complements its scope/scale and ultimate trajectory as a formidable care market leader in the future.
- VA's "objective" approach to AI toolsets and integrated clinical decision support systems remains vital and falls in line with the DoD's successful AI strategic investment platform.
- The Veteran-patient "fascination" lens for AI care is prime leverage to empower care.
- VA needs to ensure AI-driven modeling strongly balances with its clinician strengths and expectations, as well as short- and long-term enterprise interests.

Key Recommendations Shared

- Get ahead of potential legal ramifications (e.g., disability & comp claims susceptible to appeal for notes on record disclaiming "AI-generated note" vs. "AI-clinical decision" vs. actual provider-signed or AI with actual provider endorsement, etc.).
- Ensure cautious messaging probing and auditing measures when deploying AI-generated models & toolsets for highly sensitive questions-/discussion-on record that may need to remain strictly between Veteran & provider direct dictation (e.g., sensitive body parts, domestic violence, reproductive health, substance use abuse, etc.).
- **From the provider lens** – prevention against natural human "safety drifts."
    - Recurring training & education engagement aligning to providers availability.

    - Ensuring greater eye-on-patient vs. eye-on-technology.
    - Ensuring recurring audits.
    - Greater precision for encounter data that better equips clinical decision-making.
    - Ensuring AI generation/outcomes align to providers dictation standards/accuracy.
- Leverage the market opportunity with private sector AI-focused vendors and ensure effective guardrails with vendors that do not jeopardize VA's overall mission.
- Maximize General Services Administration-led platform and capabilities with private sector collabs and contracting.
- **From the Veteran-patient lens** – redefine patient experience models.
    - AI in-tuned advance marketing and patient education environments/opportunities.
    - Perceptions of provider "personal use" devices for AI technologies in the care environment (Veterans weary of a provider pulling out phone from pocket).
    - Informed consent implementations.
    - AI-generated preparation support prior to scheduled visits that aid medication roll-up, advance questions, and advanced symptoms checkers.
- Modernize capability sets and models.
    - Emergency triage toolsets enabling alerts and/or outbreak surveillance backbones for all VA healthcare facilities.
    - Smart triaging tools (e.g., symptoms checkers) to better direct Veterans to more appropriate and timely care pathways including ER and PC.
    - Combination ambient documentation [and] clinical decision support integrated as one toolset for providers.
    - Modalities to help destigmatize mental health and behavioral health.
    - Address ambient note dictation stalls impacting 5-10% time savings.

VA EFFORTS TO REDUCE ADMIN BURDEN FOR PROVIDERS (ACCESS SPRINTS)

Summary of Presentation by Dr. Michael Charness, Chief of Staff, VA Boston Healthcare System

- The goal is to lessen the burden on clinical teams across the VA.
- Ambient dictation and AI have been effective at reducing the administrative burden.
- Focus remains on minimizing the burden of mandatory training.
- Address the social and cultural factors associated with employee burnout.
- Focus on reducing the internal/external issues that can lead to organization and workplace burnout.

Key Takeaways from SMAG Members

- VA provider burnout may more appropriately be characterized as moral injury.

- The current electronic health record modernization atmosphere remains fragile and highly susceptible to the VA due to private sector relationships and unsecured dialogue with implementation stakeholders.

Key Recommendations Shared

- Nurture an open feedback atmosphere comprising shared appreciation, expressed values, and positive responsiveness, no matter the level of operational staff involved.
- Explore the value, as well as impact in developing chat box(s) messaging capability between Veterans and providers.
- Explore the value and relative impact in developing the capability to automatically incorporate Veteran-patient surveys into the respective electronic health record.

OPEN PUBLIC COMMENTARY SESSION

Key Takeaways from only one (1) general public attendee

- Mr. Jester Jersey engaged the SMAG and VA with the following remarks:
    - Expressed appreciation to ACMO for ensuring awareness & recognitions of the KIWANIS enterprise.
    - Currently supports his Veteran father as the primary caregiver and expressed the difficulties & complications in caring for a Veteran with serious health conditions especially when VA health care service and support is “slow.”
    - Expressed optimism for telehealth modalities including Tele-Urgent/ER Care as a “step in the right direction” especially during challenging times (pandemics).

SMAG DAY 2 CLOSING REMARKS

Summary of Closing Remarks by Mr. Brian Schoenhofer, VA DFO for SMAG, and Dr. Gregg Meyer, Chairperson for VA SMAG Committee

- The SMAG, as well as on behalf of the VA, thanked Mr. Jester Jersey for sharing his Veteran caregiver experiences and feedback.
- The SMAG also thanked other general attendees for their engagement to include VA leadership, scheduled enterprise presenters, and other key stakeholder officials to include the Veteran and Veteran caregiver community.

May 2, 2024 - Meeting Adjournment: 11:10 A.M. ET

Meeting Minutes approved by:

/s/ Gregg S. Meyer, M.D., MSc
Chairman, VA Special Medical Advisory Group