



DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

February 20, 2020

In Reply Refer To: 001B
FOIA Request: 19-09094-F

Austin R. Evers
Executive Director
American Oversight
foia@americanoversight.org

Dear Mr. Evers:

This is the Fifth Partial Initial Agency Decision (IAD) to your Freedom of Information Act (FOIA) request to the Office of the Secretary, U.S. Dept. of Veterans Affairs (OSVA) dated July 11, 2019, referred to this FOIA office on July 2, 2019, and assigned FOIA tracking number **19-09094-F**. You requested, as you phrase it:

"All emails sent or received by former Secretary David Shulkin or former Chief of Staff and Acting Secretary Peter O'Rourke on any personal, non-governmental, or nonofficial email account regarding official agency business.

[. . .]

Please provide all responsive records from November 9, 2016, through March 28, 2018."

Fifth Partial IAD & Reasonable Searches Dated 8/2/19

On August 2, 2019, OSVA received approximately twenty-two thousand (22,000) pages of emails from David Shulkin working on VA business on his aol.com and gmail.com email accounts. OSVA now releases to you one thousand three hundred fifty-one (1,352) pages, Bates-numbered 3639-5000. VA also re-releases page Bates-numbered 3542, but without previous (b)(5) redactions.

OSVA releases partial email addresses of Laurie Perlmutter (lperl), Marc Sherman (mbs), Bruce Moskowitz (brucem), whereas redacting their email addresses would not identify them as the recipients or senders. OSVA releases the names of Marc Sherman's associates Michael Zinner, Terry Fadem, and Clifford Ko, as well as Perlmutter associate Marisol Garcia. OSVA releases names of RFP panelists Amy Cooper, Stan Huff, Stephanie Reel, Jon Manis, Karson, Ed Marx, Frank Opelka, Aneesh Chopra, Cris Ross, Carla Smith, Ryan Howells, Paul Sutton, and Kenneth Mandi. VA elects to release the names and VA contact information of VA Senior Executives. VA also releases photographs of the VA Secretary, as well as public photographs.

After reviewing the one thousand three hundred fifty-one (1,352) pages, Bates-numbered 3639-5000, OSVA redacts some information with FOIA Exemptions 5 and 6. Exemption 5 protects interagency or intra-agency memorandums or letters that would not be available by law to a party other than an agency in litigation with the agency. For information on eleven (11) pages, VA redacts communications between the VA and the President's advisers. The presidential communications privilege protects agency communications to or from the President or his advisers. Loving v. DOD, 550 F.3d 32, 37-38 (D.C. Cir. 2008) (Exemption 5 "incorporates" Presidential Communications Privilege, which protects "'communications directly involving and documents actually viewed by the President,' as well as documents 'solicited and received' by the President or his 'immediate White House advisers'" (internal citations omitted)); Berman v. CIA, 378 F. Supp. 2d 1209, 1219-20 (E.D. Cal. 2005) (same), aff'd on other grounds, 501 F.3d

1136 (9th Cir. 2007); Judicial Watch, Inc. v. DOJ, 365 F.3d 1108, 1110 n.1 (D.C. Cir. 2004) ("embrac[ing] the definitional analysis set forth" in In re Sealed Case, 121 F.3d 729, 749-50, 752 (D.C. Cir. 1997), protecting documents covered by Presidential Communications Privilege); Amnesty Int'l USA v. CIA, 728 F. Supp. 2d 479, 522 (S.D.N.Y. 2010) ("all twenty documents reflect or memorialize communications between senior presidential advisers and other United States government officials and are therefore properly withheld"). Out of the five thousand five hundred four (5,504) pages released to you, OSVA redacted information per the presidential communications privilege on only thirty-three (33) pages.

FOIA Exemption 5 also permits an agency to withhold material reflecting the thoughts, opinions, and recommendations of federal officials reviewing an issue. Under the deliberative process privilege and FOIA Exemption 5, OSVA redacts internal government deliberations, thoughts, opinions, recommendations, and solutions from federal employees reviewing in their professional capacities: VA programs, potential responses to news or Congressional inquiries, talking points, a proposed Executive Order, and unsubstantiated allegations. The information contained in the responsive records is both predecisional and deliberative because it reflects preliminary opinions, proposed solutions, recommendations, potential responses to news or Congressional inquiries, talking points, a proposed Executive Order, and unsubstantiated allegations, which do not reflect VA's final decision. Exposure of premature discussions before a final decision is made could create undue public confusion. The release of the redacted information would negatively impact the ability of federal employees to openly and frankly consider issues amongst themselves when deliberating, discussing, reviewing, proposing changes to, and making recommendations on: VA programs, potential responses to news inquiries, talking points, a proposed Executive Order, or unsubstantiated allegations. The information reveals the thoughts, deliberations, and opinions that, if released, would have a chilling effect on the ability of federal officials to discuss, opine, recommend or be forthcoming about the agency's issues which require full and frank assessment. Here, the disclosure of the withheld information is likely to compromise the integrity of this deliberative or decision-making process. Moreover, the predecisional character of a document is not altered by the passage of time. Bruscino v. BOP, No. 94-1955, 1995 WL 444406 at *5 (D.D. C. May 15, 1995), aff'd in part, No. 95-5212, 1996 WL 393101 (D.C. Cir. June 24, 1996); Bruscino v. BOP, No. 94-1955, 1995 WL 444406 at *5 (D.D. C. May 15, 1995), aff'd in part, No. 95-5212, 1996 WL 393101 (D.C. Cir. June 24, 1996); Access Reports v. DOJ, 926 F.2d 1192, 1196-97 (D.C. Cir. 1991) ("talking points" memoranda are predecisional); ACLU v. DHS, 738 F. Supp. 2d 93, 112 (D.D.C. 2010) ("talking points" are predecisional . . . the document itself suggests that a public statement was anticipated at the time of its creation, and given that no official statement has yet been made, the talking points remain ripe recommendations that are ready for adoption or rejection by the Department"); Sec. Fin. Life Ins. Co., No. 03-102-SBC, 2005 WL 839543, at *11 (D.D.C. Apr. 12, 2005) ("The undisputed evidence establishes that these [talking points] are deliberative."); Judicial Watch, Inc. v. U.S. Dep't of Commerce, 337 F. Supp. 2d 146, 174 (D.D.C. 2004) (protecting "talking points" and recommendations on how to answer questions); St. Louis Sewer Dist., No. 10-2103, at *18 (E.D. Mo. Mar. 2, 2012) (protecting e-mail communications, "press releases, talking points and 'Q & A,'" drafts, and briefing materials); Citizens for Responsibility & Ethics in Wash. v. DHS, 514 F. Supp. 2d 36, 44 (D.D.C. 2007) (protecting briefing materials concerning Hurricane Katrina response including proposed "solutions and approaches"); Judicial Watch, Inc. v. DOE, 310 F. Supp. 2d 271, 317 (D.D.C. 2004) (protecting briefing materials for Secretary of the Interior), aff'd in part, rev'd in part on other grounds & remanded, 412 F.3d 125, 133 (D.C. Cir. 2005); Klunzinger v. IRS, 27 F. Supp. 2d 1015, 1026 (W.D. 1998) (protecting paper to brief commissioner for meeting); Thompson v. Dep't of the Navy, No. 95-347, 1997 WL 527344, at *4 (D.D.C. Aug. 18, 1997) (protecting

materials to brief senior officials responding to media inquiries, as "disclosure of materials reflecting the process by which the Navy formulates its policy concerning statements to and interactions with the press" could stifle frank communication within the agency), aff'd, No. 97-5292, 1998 WL 202253, at *1 (D.C. Cir. Mar. 11, 1998) (per curiam); Williams v. DOJ, 556 F. Supp. 63, 65 (D.D.C. 1982) (protecting "briefing papers prepared for the Attorney General prior to an appearance before a congressional committee").

5 U.S.C. § 552(b)(6) exempts from required disclosure "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." FOIA Exemption 6 permits VA to withhold a document or information within a document if disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information being withheld, as indicated on the enclosed documents, under FOIA Exemption 6, consists of names, identities, photographs, email addresses, phone numbers, cellular numbers, facsimile numbers, resume details, medical details, and photographs of: federal employees, federal contractors, veterans, private citizens, and their family members. Federal employees, federal contractors, veterans, private citizens, and their family members retain a significant privacy interest under certain circumstances, such as in instances where the release of their information could represent a threat to their well-being, harassment, or their ability to function within their sphere of employment. The federal employees, federal contractors, veterans, private citizens, and their family members whose information is at issue have a substantial privacy interest in their personal information. In weighing the private versus the public interest, we find that there is no public interest in knowing the names, identities, email addresses, phone numbers, cellular numbers, facsimile numbers, resume details, medical details, and photographs of: federal employees, federal contractors, veterans, private citizens, and their family members. The coverage of FOIA Exemption 6 is absolute unless the FOIA requester can demonstrate a countervailing public interest in the requested information by demonstrating that the FOIA requester is in a position to provide the requested information to members of the general public and that the information requested contributes significantly to the public's understanding of the activities of the Federal government. Additionally, the requester must demonstrate how the public's need to understand the information significantly outweighs the privacy interest of the person to whom the information pertains. Upon consideration of the records, I have not been able to identify a countervailing public interest of sufficient magnitude to outweigh the privacy interest of the individuals whose names are redacted. The protected information has been redacted and (b)(6) inserted. "Withholding a telephone number or e-mail address, alone, is not sufficient to protect that [privacy] interest; alternate means of contacting and harassing these employees would be readily discoverable on the Internet if this court ordered their names disclosed." Long v. Immigration & Customs Enft., 2017 U.S. Dist. LEXIS 160719 (D.C. Cir. 2017).

Out of the twenty-two thousand (22,000) pages, OSVA has reviewed about eleven thousand nine hundred (11,900) pages and released five thousand five hundred four (5,504) pages, some redacted, to you. About six thousand four hundred (6,400) pages predate November 9, 2016 and, thus, are non-responsive to your FOIA request. Of the five thousand five hundred four (5,504) pages, two thousand four hundred fifty-four (2,454) pages relate to three (3) informal advisors. Within the 22,000 pages, VA has ten thousand one hundred (10,100) pages to review.

On February 3, 2020, OSVA released one thousand nine hundred fifty-four (1,954) pages, Bates-numbered 1659-3638, redacted with FOIA Exemptions 4, 5, and 6. On January 14, 2020, OSVA released seven hundred six (706) pages, Bates-numbered 950-1658, redacted with FOIA Exemptions 5 and 6.

On January 6, 2020, OSVA released to you five hundred forty-three (543) pages, non-consecutively Bates-numbered 10033-11500, redacted with FOIA Exemptions 5 and 6. The other four thousand two hundred seventy-nine (4,279) pages, within pages Bates-numbered 10033-14999, predated November 9, 2016 and, thus, are non-responsive to your FOIA request. On January 6, 2020, OSVA also re-released to you nine hundred forty-nine (949) pages, Bates-numbered 1-949, previously released to you on November 21, 2019, but with fewer redactions.

Approximate 30,800 Pages of Emails Received on or About 12/23/19

On or about December 23, 2019, Mr. Shulkin submitted approximately thirty thousand eight hundred (30,800) pages of emails in which he copied a VA email address. From OSVA's preliminary review, about sixteen thousand four hundred (16,400) pages predate November 9, 2016, and thus, are non-responsive to your FOIA request.

From a sample size of two hundred twelve (212) emails totaling nine hundred ninety-nine (999) pages, Shulkin did **not** copy, forward, or send to his VA email address, one hundred six (106) emails totaling four hundred ninety (490) pages. We estimate seven thousand two hundred (7,200) pages in which Shulkin copied, forwarded, or sent to his VA email address, and seven thousand two hundred (7,200) pages in which Shulkin did **not** copy, forward, or send to his VA email address.

For your past FOIA request **18-07426-F**, OSVA has released to you all of Shulkin's aol and gmail emails, possibly redacted, in which Shulkin directly communicated with the three (3) informal advisors and copied, forwarded, or sent to his VA email address. For your FOIA request **18-11960-F**, OSVA has produced and will continue to produce all of Shulkin's aol and gmail emails referencing the three (3) informal advisors and copying, sending, or forwarding emails to VA email address.

OSVA will process the seven thousand two hundred (7,200) pages in which Shulkin did **not** copy, forward, or send to his VA email address as responsive to this FOIA request.

FOIA Mediation

As part of the 2007 FOIA amendments, the Office of Government Information Services (OGIS) was created to offer mediation services to resolve disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. Using OGIS services does not affect your right to pursue litigation. Under the provisions of the FOIA Improvement Act of 2016, the following contact information is provided to assist FOIA requesters in resolving disputes:

VA Central Office FOIA Public Liaison:

Name: Doloras Johnson

Email Address: vacofoiaservice@va.gov

Office of Government Information Services (OGIS)

Email Address: ogis@nara.gov

Fax: 202-741-5769

Mailing address:

Austin Evers
Page 5
February 20, 2020

National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740-6001

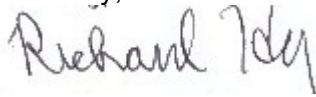
FOIA Appeal

This concludes OSVA's Fifth Partial IAD to request **19-09094-F**. Please be advised that should you desire to do so, you may appeal the determination made in this response to:

Office of General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

If you should choose to file an appeal, please include a copy of this letter with your written appeal and clearly indicate the basis for your disagreement with the determination set forth in this response. Please be advised that in accordance with VA's implementing FOIA regulations at 38 C.F.R. § 1.559, your appeal must be postmarked no later than ninety (90) days of the date of this letter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard Ha".

Richard Ha, JD, CIPP/G
OSVA FOIA Officer

Attachments – Redacted one thousand three hundred fifty-two (1,352) pages

Message

From: Jared Kushner [(b) (6) (b) (6)]
Sent: 3/30/2017 2:59:22 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Notes

I am very jazzed! I hope we keep getting things checked off your list and that the you keep finding new projects to put on it!!!

On 3/29/17, 3:00 PM, "David shulkin" <Drshulkin@aol.com> wrote:

Ike- below are notes from the meeting today as recorded by our team- Jared was great and just pushed hard to get things done- that was a big help. We made good progress.

David

- >
- >
- > 1. Telehealth EO (Should be a done deal, will need to work with (b) (6) and (b) (6) on timing but think that it will happen quickly)
- > 2. Heard that there would be an EO close hold coming out in the next week to exempt technology from the hiring freeze which includes USDS. Will also say there is a need for a national technology council that reports to the president. VA Secretary will be apart of that council.
- > 3. Our approach with Apple should be 3 prongs)1. Enable veterans to download their health records anywhere, work off blue button initiative 2.) incorporate health data from fit bits, watches etc into the health record 3.) make sure clinicians have appropriate access to the technology. The next step is for (b) (6) to convene the va group and apple group together.
- > 4. Secretary was shown 4 CIO resumes, he liked 3. The WH recruiting team will be doing a technical and background review on all the 3 and see who be best to come in for an interview(here are the names (b) (6) Chris Ross -CIO Mayo, (b) (6) Vet went to West Point and (b) (6)
- > 5. DOD and VA meeting went well. Next step is for the two teams to look at analysis if VA can piggy back on the contract and how much would that cost, is it feasible. Follow up meeting should be next week in preparation for the DOD Mattis meeting on 4/12. Looking for least amount of money and quickest win.
- > 6. Shared the EO for Accountability and Whistleblower, need to send electronic copy to (b) (6)
- >
- >

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 3/25/2017 7:21:11 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: Updated guest List

Yes, she said this morning she missed the invite in her junk mail.

On Mar 25, 2017 3:18 PM, "David shulkin" <Drshulkin@aol.com> wrote:
See the list - verna was on it

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) hotmail.com>
Date: March 21, 2017 at 4:15:19 PM EDT
To: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: Fwd: Updated guest List

Sent from my iPad

Begin forwarded message:

From: (b) (6) <(b) (6) mfa.gwu.edu>
Date: March 21, 2017 at 3:07:47 PM EDT
To: "(b) (6) MD" <(b) (6) aol.com>
Cc: (b) (6) <(b) (6) hotmail.com>
Subject: Updated guest List

Attached is the updated guest list. We have 63 confirmed guests but still waiting on 13 to RSVP so we are close to the limit.

(b) (6)

Clinical Practice Manager, Radiology

George Washington University Hospital

900 23rd Street NW

Suite G-2092

Washington, DC 20037

T [202.715.](#) (b) (6)

F [202.715.](#) (b) (6)

Confidentiality Note: This e-mail is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential or otherwise protected from disclosure. Dissemination, distribution or copying of this e-mail or the information herein by anyone other than the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, is prohibited. If you have received this e-mail in error, please call [\(202\) 741.](#) (b) (6) and destroy the original message and all copies.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/25/2017 7:18:30 PM
To: (b) (6) [(b) (6) gmail.com]
Subject: Fwd: Updated guest List
Attachments: Shulkin Guest List 3.24.17.xlsx; Untitled attachment 06700.htm

See the list - verna was on it

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) hotmail.com>
Date: March 21, 2017 at 4:15:19 PM EDT
To: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: Fwd: Updated guest List

Sent from my iPad

Begin forwarded message:

From: (b) (6) <(b) (6) mfa.gwu.edu>
Date: March 21, 2017 at 3:07:47 PM EDT
To: (b) (6) MD" <(b) (6) aol.com>
Cc: (b) (6) <(b) (6) hotmail.com>
Subject: Updated guest List

Attached is the updated guest list. We have 63 confirmed guests but still waiting on 13 to RSVP so we are close to the limit.

(b) (6)
*Clinical Practice Manager, Radiology
George Washington University Hospital
900 23rd Street NW
Suite G-2092
Washington, DC 20037
T 202.715 (b) (6)
F 202.715 (b) (6)*

Confidentiality Note: This e-mail is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential or otherwise protected from disclosure. Dissemination, distribution or copying of this e-mail or the information herein by anyone other than the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, is prohibited. If you have received this e-mail in error, please call (202) 741 (b) (6) and destroy the original message and all copies.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/26/2017 9:42:08 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Fwd: Medical devices

Yes this is his son

Sent from my iPhone

Begin forwarded message:

From: Aaron Moskowitz <(b) (6)@brefnet.org>
Date: March 26, 2017 at 9:24:52 AM EDT
To: (b) (6) <(b) (6)@lahey.org>
Cc: Poonam Alaigh <(b) (6)@hotmail.com>, (b) (6) MD
<(b) (6)@Vanderbilt.Edu>, "Bruce Moskowitz M.D."
<(b) (6)@mac.com>, David shulkin <Drshulkin@aol.com>
Subject: Re: Medical devices

I am available these times. I'm looking forward to the conversation.
-Aaron

Sincerely,
Aaron Moskowitz
Executive Director
Biomedical Research& Education Foundation
www.brefnet.org
(c)561-512-(b) (6)
1010 N. Hancock St
c/o WeWork
Philadelphia, PA 19123

On Mar 25, 2017, at 10:51 AM, (b) (6) <(b) (6)@lahey.org>
wrote:

Hello –

I'll work around everyone's schedules in order to participate in any call this week. My only time during the week that I could not join for a 30 minute call is on Tuesday, 3/28, between noon-1pm EDT.

Thank you for including me in these discussions.

– (b) (6)

(b) (6) MD MSc FACC FSCAI
Chairman, Department of Cardiovascular Medicine
The Landsman Cardiovascular Center
Co-Director, Comparative Effectiveness Research Institute

Sidney Alexander MD Chair in Cardiovascular Medicine
Lahey Hospital and Medical Center

Associate Professor of Medicine
Tufts University School of Medicine

T: 781-744-(b) (6)
F: 781-744-(b) (6)

From: Poonam Alaigh [[mailto:\(b\) \(6\)@hotmail.com](mailto:(b) (6)@hotmail.com)]
Sent: Saturday, March 25, 2017 9:09 AM
To: (b) (6) Bruce Moskowitz
Cc: David shulkin; (b) (6) Aaron Moskowitz
Subject: Re: Medical devices

I am out of the country this week starting Thursday until next Wednesday.

Lets wait to see what works for David, and we we can confirm accordingly.

From: (b) (6) <(b) (6)@Vanderbilt.Edu>
Sent: Saturday, March 25, 2017 9:01 AM
To: Bruce Moskowitz; Poonam Alaigh
Cc: David shulkin; (b) (6) Aaron Moskowitz
Subject: RE: Medical devices

Sounds great, I just got back to the states, and look forward to the call!

I'm headed to San Francisco tomorrow for two conferences (PCORI CDRN and AMIA Informatics Spring Summit) back to back, so times are around those events I can't cancel (all times eastern)

Monday: 7am, 8am, 9am, 10am

Tuesday: any time but 11am

Wednesday: any time but 11am and 1pm

Thursday: any time but 10:30 am and before my panel presentation starting 3:30 pm

Friday: 7am (before flight out)

Thanks,

(b) (6)

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
Sent: Saturday, March 25, 2017 7:51 AM
To: Poonam Alaigh
Cc: David shulkin; (b) (6); (b) (6) Aaron Moskowitz
Subject: Re: Medical devices

I will set up a conference call for all so we can move quickly. Aaron who has worked with (b) (6) and (b) (6) will also be on the call. Aaron has worked with AHRQ and FDA on device registries and will provide his expertise. Give me some times that are convenient.

Sent from my iPhone

On Mar 25, 2017, at 8:41 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

I really like the concept of developing a registry for these high risk medical devices to start with- it would be another first that VA could lead internally and the nation. There is a lot of variation in this space regarding cost, quality and outcomes. Should we approach Dr. (b) (6) directly or Bruce will you connect us all?

Also, Bruce, as all these research initiatives and opportunities come together, will start to loop in some of the key internal team leads, like Dr. (b) (6) who David referred to earlier.

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, March 24, 2017 7:56 AM
To: Bruce Moskowitz
Cc: Poonam Alaigh
Subject: Re: Medical devices

Yes thanks Bruce

Sent from my iPhone

> On Mar 24, 2017, at 7:29 AM, Bruce Moskowitz

<(b) (6) (b) (6)@mac.com> wrote:

>

> Terry Fadem is already aware of this initiative, he and (b) (6) have

worked together. Can I pass on your email response to (b) (6) and Terry Fadem? I have a foundation that will assist paying for the project.

>

> Sent from my iPad

> Bruce Moskowitz M.D.

>

>> On Mar 24, 2017, at 7:15 AM, David shulkin <Drshulkin@aol.com> wrote:

>>

>> This is terrific- i was not aware

>>

>> May be a case study to commercialize -

>> Should we get Terry involved?

>>

>> Sent from my iPhone

>>

>>> On Mar 24, 2017, at 6:50 AM, Bruce Moskowitz

<(b) (6)@mac.com> wrote:

>>>

>>> This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.

>>>

>>> Dr. (b) (6) works with his counterpart (b) (6) MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. (b) (6) was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. (b) (6) they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.

>>> Dr. (b) (6) is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.

>>> <VA Medical Device Registry Proposal v10 03-22-17.docx>

>>>

>>>

>>>

>>>

>>>

>>> Sent from my iPad

>>> Bruce Moskowitz M.D.

>>

See our web page at <http://www.lahey.org> for a full directory of Lahey sites, staff, services and career opportunities.

THIS MESSAGE IS INTENDED FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the intended recipient, your use of this message for any purpose is strictly prohibited. If you have received this communication in error, please delete the message and notify the sender so that we may correct our records.

Message

From: Aaron Moskowitz [(b) (6)] [brefnet.org]
Sent: 3/26/2017 1:24:52 PM
To: [(b) (6)] [(b) (6)] [ahey.org]
CC: Poonam Alaigh [(b) (6)] [hotmail.com]; [(b) (6)] MD [(b) (6)] [Vanderbilt.Edu]; Bruce Moskowitz M.D. [(b) (6)] [mac.com]; David shulkin [Drshulkin@aol.com]
Subject: Re: Medical devices

I am available these times. I'm looking forward to the conversation.
-Aaron

Sincerely,
Aaron Moskowitz
Executive Director
Biomedical Research & Education Foundation
www.brefnet.org
(c)561-512 [(b) (6)]
1010 N. Hancock St
c/o WeWork
Philadelphia, PA 19123

On Mar 25, 2017, at 10:51 AM, [(b) (6)] <[(b) (6)] [ahey.org]> wrote:

Hello –

I'll work around everyone's schedules in order to participate in any call this week. My only time during the week that I could not join for a 30 minute call is on Tuesday, 3/28, between noon-1pm EDT.

Thank you for including me in these discussions.

– [(b) (6)] [(b) (6)]

[(b) (6)] MD MSc FACC FSCAI
Chairman, Department of Cardiovascular Medicine
The Landsman Cardiovascular Center
Co-Director, Comparative Effectiveness Research Institute
Sidney Alexander MD Chair in Cardiovascular Medicine
Lahey Hospital and Medical Center

Associate Professor of Medicine
Tufts University School of Medicine

T: 781-744-[(b) (6)]
F: 781-744-[(b) (6)]

From: Poonam Alaigh [mailto:[(b) (6)] [hotmail.com]]
Sent: Saturday, March 25, 2017 9:09 AM
To: [(b) (6)] Bruce Moskowitz
Cc: David shulkin; [(b) (6)] Aaron Moskowitz
Subject: Re: Medical devices

I am out of the country this week starting Thursday until next Wednesday.

Lets wait to see what works for David, and we we can confirm accordingly.

From: (b) (6) <(b) (6)@Vanderbilt.Edu>

Sent: Saturday, March 25, 2017 9:01 AM

To: Bruce Moskowitz; Poonam Alaigh

Cc: David shulkin; (b) (6) Aaron Moskowitz

Subject: RE: Medical devices

Sounds great, I just got back to the states, and look forward to the call!

I'm headed to San Francisco tomorrow for two conferences (PCORI CDRN and AMIA Informatics Spring Summit) back to back, so times are around those events I can't cancel (all times eastern)

Monday: 7am, 8am, 9am, 10am

Tuesday: any time but 11am

Wednesday: any time but 11am and 1pm

Thursday: any time but 10:30 am and before my panel presentation starting 3:30 pm

Friday: 7am (before flight out)

Thanks,

(b) (6)

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]

Sent: Saturday, March 25, 2017 7:51 AM

To: Poonam Alaigh

Cc: David shulkin; (b) (6) (b) (6) Aaron Moskowitz

Subject: Re: Medical devices

I will set up a conference call for all so we can move quickly. Aaron who has worked with (b) (6) and (b) (6) will also be on the call. Aaron has worked with AHRQ and FDA on device registries and will provide his expertise. Give me some times that are convenient.

Sent from my iPhone

On Mar 25, 2017, at 8:41 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

I really like the concept of developing a registry for these high risk medical devices to start with- it would be another first that VA could lead internally and the nation. There is a lot of variation in this space regarding cost, quality and outcomes. Should we approach Dr. (b) (6) directly or Bruce will you connect us all?

Also, Bruce, as all these research initiatives and opportunities come together, will start to loop in some of the key internal team leads, like Dr. (b) (6) who David referred to earlier.

From: David shulkin <Drshulkin@aol.com>

Sent: Friday, March 24, 2017 7:56 AM

To: Bruce Moskowitz

Cc: Poonam Alaigh

Subject: Re: Medical devices

Yes thanks Bruce

Sent from my iPhone

> On Mar 24, 2017, at 7:29 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

>

> Terry Fadem is already aware of this initiative, he and (b) (6) have worked together. Can I pass on your email response to (b) (6) and Terry Fadem? I have a foundation that will assist paying for the project.

>

> Sent from my iPad

> Bruce Moskowitz M.D.

>

>> On Mar 24, 2017, at 7:15 AM, David shulkin <Drshulkin@aol.com> wrote:

>>

>> This is terrific- i was not aware

>>

>> May be a case study to commercialize -

>> Should we get (b) (6) involved?

>>

>> Sent from my iPhone

>>

>>> On Mar 24, 2017, at 6:50 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

>>>

>>> This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.

>>>

>>> Dr. (b) (6) works with his counterpart (b) (6) MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. (b) (6) was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. (b) (6) they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.

>>> Dr. (b) (6) is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.

>>> <VA Medical Device Registry Proposal v10 03-22-17.docx>

>>>

>>>

>>>

>>>

>>>

>>> Sent from my iPad

>>> Bruce Moskowitz M.D.

>>

See our web page at <http://www.lahey.org> for a full directory of Lahey sites, staff, services and career opportunities.

THIS MESSAGE IS INTENDED FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the intended recipient, your use of this message for any purpose is strictly prohibited. If you have received this communication in error, please delete the message and notify the sender so that we may correct our records.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/25/2017 1:58:59 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Medical devices

I dont need to be involved in this

Sent from my iPhone

On Mar 25, 2017, at 9:09 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

I am out of the country this week starting Thursday until next Wednesday.

Lets wait to see what works for David, and we we can confirm accordingly.

From: (b) (6) <(b) (6)@Vanderbilt.Edu>
Sent: Saturday, March 25, 2017 9:01 AM
To: Bruce Moskowitz; Poonam Alaigh
Cc: David shulkin; (b) (6) Aaron Moskowitz
Subject: RE: Medical devices

Sounds great, I just got back to the states, and look forward to the call!

I'm headed to San Francisco tomorrow for two conferences (PCORI CDRN and AMIA Informatics Spring Summit) back to back, so times are around those events I can't cancel (all times eastern)

Monday: 7am, 8am, 9am, 10am

Tuesday: any time but 11am

Wednesday: any time but 11am and 1pm

Thursday: any time but 10:30 am and before my panel presentation starting 3:30 pm

Friday: 7am (before flight out)

Thanks,

(b) (6)

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
Sent: Saturday, March 25, 2017 7:51 AM
To: Poonam Alaigh
Cc: David shulkin; (b) (6); (b) (6) Aaron Moskowitz
Subject: Re: Medical devices

I will set up a conference call for all so we can move quickly. Aaron who has worked with (b) (6) and (b) (6) will also be on the call. Aaron has worked with AHRQ and FDA on device registries and will provide his expertise. Give me some times that are convenient.

Sent from my iPhone

On Mar 25, 2017, at 8:41 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

I really like the concept of developing a registry for these high risk medical devices to start with- it would be another first that VA could lead internally and the nation. There is a lot of variation in this space regarding cost, quality and outcomes. Should we approach Dr. (b) (6) directly or Bruce will you connect us all?

Also, Bruce, as all these research initiatives and opportunities come together, will start to loop in some of the key internal team leads, like Dr. (b) (6) who David referred to earlier.

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, March 24, 2017 7:56 AM
To: Bruce Moskowitz
Cc: Poonam Alaigh
Subject: Re: Medical devices

Yes thanks Bruce

Sent from my iPhone

> On Mar 24, 2017, at 7:29 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

>
> Terry Fadem is already aware of this initiative, he and (b) (6) have worked together. Can I pass on your email response to (b) (6) (b) (6) and Terry Fadem? I have a foundation that will assist paying for the project.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Mar 24, 2017, at 7:15 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> This is terrific- i was not aware
>>
>> May be a case study to commercialize -
>> Should we get Terry involved?
>>
>> Sent from my iPhone
>>
>>> On Mar 24, 2017, at 6:50 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:
>>>
>>> This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.
>>>
>>> Dr. (b) (6) works with his counterpart (b) (6) MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. (b) (6) was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. (b) (6) they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.
>>> Dr. (b) (6) is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.
>>> <VA Medical Device Registry Proposal v10 03-22-17.docx>
>>>
>>>
>>>
>>>
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 3/25/2017 1:09:08 PM
To: [(b) (6)]<[redacted]@Vanderbilt.Edu>; Bruce Moskowitz [(b) (6)]<[redacted]@mac.com>
CC: David shulkin [Drshulkin@aol.com]; [(b) (6)]<[redacted]@ahey.org>; Aaron Moskowitz [(b) (6)]<[redacted]@brefnet.org>
Subject: Re: Medical devices

I am out of the country this week starting Thursday until next Wednesday.

Lets wait to see what works for David, and we we can confirm accordingly.

From: [(b) (6)]<[(b) (6)]@Vanderbilt.Edu>
Sent: Saturday, March 25, 2017 9:01 AM
To: Bruce Moskowitz; Poonam Alaigh
Cc: David shulkin; [(b) (6)]<[redacted]@ahey.org>; Aaron Moskowitz
Subject: RE: Medical devices

Sounds great, I just got back to the states, and look forward to the call!

I'm headed to San Francisco tomorrow for two conferences (PCORI CDRN and AMIA Informatics Spring Summit) back to back, so times are around those events I can't cancel (all times eastern)

Monday: 7am, 8am, 9am, 10am

Tuesday: any time but 11am

Wednesday: any time but 11am and 1pm

Thursday: any time but 10:30 am and before my panel presentation starting 3:30 pm

Friday: 7am (before flight out)

Thanks,

[(b) (6)]

From: Bruce Moskowitz [mailto:[redacted]@mac.com]
Sent: Saturday, March 25, 2017 7:51 AM
To: Poonam Alaigh
Cc: David shulkin; [(b) (6)]<[redacted]@ahey.org>; Aaron Moskowitz [(b) (6)]<[redacted]@brefnet.org>
Subject: Re: Medical devices

I will set up a conference call for all so we can move quickly. Aaron who has worked with (b) (6) and (b) (6) will also be on the call. Aaron has worked with AHRQ and FDA on device registries and will provide his expertise. Give me some times that are convenient.

Sent from my iPhone

On Mar 25, 2017, at 8:41 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

I really like the concept of developing a registry for these high risk medical devices to start with- it would be another first that VA could lead internally and the nation. There is a lot of variation in this space regarding cost, quality and outcomes. Should we approach Dr. (b) (6) directly or Bruce will you connect us all?

Also, Bruce, as all these research initiatives and opportunities come together, will start to loop in some of the key internal team leads, like Dr. (b) (6) who David referred to earlier.

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, March 24, 2017 7:56 AM
To: Bruce Moskowitz
Cc: Poonam Alaigh
Subject: Re: Medical devices

Yes thanks Bruce

Sent from my iPhone

> On Mar 24, 2017, at 7:29 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

>

> Terry Fadem is already aware of this initiative, he and (b) (6) have worked together. Can I pass on your email response to (b) (6) and Terry Fadem? I have a foundation that will assist paying for the project.

>

> Sent from my iPad

> Bruce Moskowitz M.D.

>

>> On Mar 24, 2017, at 7:15 AM, David shulkin <Drshulkin@aol.com> wrote:

>>

>> This is terrific- i was not aware

>>

>> May be a case study to commercialize -

>> Should we get Terry involved?

>>

>> Sent from my iPhone

>>

>>> On Mar 24, 2017, at 6:50 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

>>>

>>> This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.

>>>

>>> Dr. (b) (6) works with his counterpart (b) (6) MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. (b) (6) was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. (b) (6) they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.

>>> Dr. (b) (6) is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.

>>> <VA Medical Device Registry Proposal v10 03-22-17.docx>

>>>

>>>

>>>

>>>

>>>

>>> Sent from my iPad

>>> Bruce Moskowitz M.D.

>>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/25/2017 12:51:28 PM
To: Poonam Alaigh [(b) (6)] hotmail.com]
CC: David shulkin [Drshulkin@aol.com]; [(b) (6)] [(b) (6)] ahey.org]; [(b) (6)] [(b) (6)] vanderbilt.edu]; Aaron Moskowitz [(b) (6)] brefnet.org]
Subject: Re: Medical devices

I will set up a conference call for all so we can move quickly. Aaron who has worked with [(b) (6)] and [(b) (6)] will also be on the call. Aaron has worked with AHRQ and FDA on device registries and will provide his expertise. Give me some times that are convenient.

Sent from my iPhone

On Mar 25, 2017, at 8:41 AM, Poonam Alaigh <[(b) (6)] hotmail.com> wrote:

I really like the concept of developing a registry for these high risk medical devices to start with- it would be another first that VA could lead internally and the nation. There is a lot of variation in this space regarding cost, quality and outcomes. Should we approach Dr. [(b) (6)] directly or Bruce will you connect us all?

Also, Bruce, as all these research initiatives and opportunities come together, will start to loop in some of the key internal team leads, like Dr. [(b) (6)] who David referred to earlier.

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, March 24, 2017 7:56 AM
To: Bruce Moskowitz
Cc: Poonam Alaigh
Subject: Re: Medical devices

Yes thanks Bruce

Sent from my iPhone

> On Mar 24, 2017, at 7:29 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>

> Terry Fadem is already aware of this initiative, he and [(b) (6)] have worked together. Can I pass on your email response to [(b) (6)] [(b) (6)] and Terry Fadem? I have a foundation that will assist paying for the project.

>

> Sent from my iPad

> Bruce Moskowitz M.D.

>
>> On Mar 24, 2017, at 7:15 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> This is terrific- i was not aware
>>
>> May be a case study to commercialize -
>> Should we get Terry involved?
>>
>> Sent from my iPhone
>>
>>> On Mar 24, 2017, at 6:50 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:
>>>
>>> This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.
>>>
>>> Dr. (b) (6) works with his counterpart (b) (6) MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. (b) (6) was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. (b) (6) they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.
>>> Dr. (b) (6) is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.
>>> <VA Medical Device Registry Proposal v10 03-22-17.docx>
>>>
>>>
>>>
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/24/2017 11:56:11 AM
To: Bruce Moskowitz [(b) (6)] mac.com]
CC: Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Re: Medical devices

Yes thanks Bruce

Sent from my iPhone

> On Mar 24, 2017, at 7:29 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>
> Terry Fadem is already aware of this initiative. he and [(b) (6)] have worked together. Can I pass on your email response to [(b) (6)] and Terry Fadem? I have a foundation that will assist paying for the project.

>
> Sent from my iPad
> Bruce Moskowitz M.D.

>
>> On Mar 24, 2017, at 7:15 AM, David shulkin <Drshulkin@aol.com> wrote:

>>
>> This is terrific- i was not aware
>>
>> May be a case study to commercialize -
>> Should we get Terry involved?

>>
>> Sent from my iPhone

>>
>>> On Mar 24, 2017, at 6:50 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>>>
>>> This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.

>>>
>>> Dr. [(b) (6)] works with his counterpart [(b) (6)] MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. [(b) (6)] was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. [(b) (6)] they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.

>>> Dr. [(b) (6)] is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.

>>> <VA Medical Device Registry Proposal v10 03-22-17.docx>

>>>
>>>
>>>
>>>
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/24/2017 11:29:21 AM
To: David shulkin [Drshulkin@aol.com]
CC: [(b) (6)] hotmail.com; IP [(b) (6)] frenchangel59.com]; L Perl [(b) (6)] gmail.com]; mbs[(b) (6)] @gmail.com
Subject: Re: Medical devices

Terry Fadem is already aware of this initiative, he and [(b) (6)] have worked together. Can I pass on your email response to [(b) (6)] [(b) (6)] and Terry Fadem? I have a foundation that will assist paying for the project.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 24, 2017, at 7:15 AM, David shulkin <Drshulkin@aol.com> wrote:

>
> This is terrific- i was not aware

>
> May be a case study to commercialize -
> Should we get Terry involved?

>
> Sent from my iPhone

>
>> On Mar 24, 2017, at 6:50 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>>
>> This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.

>>
>> Dr. [(b) (6)] works with his counterpart [(b) (6)] MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. [(b) (6)] was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. [(b) (6)] they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.

>> Dr. [(b) (6)] is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.

>> <VA Medical Device Registry Proposal v10 03-22-17.docx>

>>
>>
>>
>>
>>

>> Sent from my iPad
>> Bruce Moskowitz M.D.
>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/24/2017 11:15:33 AM
To: Bruce Moskowitz [(b) (6)] mac.com]
CC: [(b) (6)] hotmail.com; IP [(b) (6)] frenchangel59.com]; L Perl [(b) (6)] gmail.com]; mbs[(b) (6)] @gmail.com
Subject: Re: Medical devices

This is terrific- i was not aware

May be a case study to commercialize -
Should we get [(b) (6)] involved?

Sent from my iPhone

> On Mar 24, 2017, at 6:50 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>

> This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.

>

> Dr. [(b) (6)] works with his counterpart [(b) (6)] MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. [(b) (6)] was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. [(b) (6)] they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.

> Dr. [(b) (6)] is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.

> <VA Medical Device Registry Proposal v10 03-22-17.docx>

>

>

>

>

>

> Sent from my iPad

> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/24/2017 10:50:21 AM
To: drshulkin@aol.com; [(b) (6)] hotmail.com
CC: IP [(b) (6)] frenchangel59.com]; L Perl [(b) (6)] gmail.com]; mbs [(b) (6)] @gmail.com
Subject: Medical devices
Attachments: VA Medical Device Registry Proposal v10 03-22-17.docx; Untitled attachment 06732.txt

This is an important initiative to cut fraud and waste, over utilization and at the same time provide an income to the VA. It shows that there are superb scientists within the VA system with powerful ideas to save money and produce a revenue stream. Please review the PDF.

Dr. [(b) (6)] works with his counterpart [(b) (6)] MD, MS, MPH, who is a practicing general internist and medical informatician at Vanderbilt University and TVHS Veteran's Administration. Dr. [(b) (6)] was an NLM Biomedical Informatics Fellow at Decision Systems Group at Brigham & Women's Hospital, Boston, MA during which time he completed a Master's in public health at Harvard University as well as a master's of science in biomedical informatics at MIT. Along with Dr. [(b) (6)] they have expertise in developing and adapting methods for post-marketing medical device surveillance, and have been involved in the development, evaluation, and validation of automated outcome surveillance statistical methods and computer applications.

Dr. [(b) (6)] is leading the OMOP extract, transform, and load team within VINCI for the national VHA data, and is a Co-Principal Investigator for the pScanner CDRN Phase 2. He also is currently independently funded for two VA HSR&D IIR's in automated surveillance and data visualization techniques for acute kidney injury following cardiac catheterization and patients with cirrhosis. His key focus areas include include natural language processing, data mining and population health analytics as well as health services research in acute kidney injury, diabetes, and device safety in interventional cardiology.

VA Medical Device Registry Proposal

(b) (6) MD MSc

Version: 1.0

March 22, 2017

Outline of Concepts:

A. Project Objectives:

1. Develop and rapidly deploy a **robust clinical device registry within the VA** (VA Medical Device Registry – VA MDR) for all high-risk medical devices. Timeline dependent on VA, but does not require new EHR.
 - a. scalable to lower risk medical devices
 - b. integrated into routine clinical workflow (no additional data collection, minimal change to standard clinical documentation).
 - c. UDI (Unique Device Identifier) compatible (but not required for older devices)
 - d. Common data model of underlying registry: OMOP (NIH, FDA, CMS endorsed)
2. **Deploy prospective, active surveillance system** and tools to support safety and quality monitoring. Timeline for system development/testing/implementation: <18 months
 - a. DELTA safety surveillance system: Prospective, active, comparative safety monitoring
 - b. Apply DELTA to monitoring comparative efficacy of devices (do they result in similar or differing impacts in meaningful outcomes).
 - c. Apply DELTA to procedural quality surveillance and monitoring of practice variation patterns. (Do centers/doctors have widely differing rates of proceeding to procedures/device implants. If yes (as always) – tools to provide “deep dives” for review).
 - d. Apply DELTA to monitor appropriateness of procedure/device use where appropriateness criteria have been established. Addresses another aspect of potential overuse.
3. Establish **VA Comparative Quality and Value Institute (VA-CQVI)** to establish policies, priorities for prospective surveillance efforts, and to manage, execute, distribute and hold accountable VA entities to implement priority recommendations.
 - a. Effector arm within VA. Source of truth for organization.
 - b. Leverage purchasing decisions and opportunities
 - c. Accounts for costs, cost savings and revenue realized for program
 - d. Vehicle for licensing and data distribution sale.

B. Major project Costs:

1. Database/Registry design, implementation and ongoing maintenance and improvements
2. Surveillance tools/system design, implementation, operation, maintenance, improvements.
Note that core system (DELTA) is open-source, free to use, and already in testing within VA.
3. Operational costs of VA Comparative Quality and Value Institute

C. Financial Impact and ROI:

1. **Immediate Cost Savings** Realizable:
 - a. Medical device purchasing decisions – focus on highest value medical devices (best safety profile; efficacy impact and cost profile). Winners will need to meet pricing requirements of VA-CQVI.
 - b. Reduce 10%+ costly device implant procedures through practice variation analysis. High priority areas: Knee/Hip replacement; ICD implant, coronary stent implant; aortic valve implant.
 - c. Reduce costs to medical device manufacturers through replacement of current FDA regulation for costly post approval studies (PAS) with high quality prospective surveillance studies required through the VA-MDR. Savings realized by manufacturers but can be used immediately in price negotiations with device winners.
 - d. Reduce harm and costs of unnecessary hospitalizations through the reduction in use of devices with poor safety profiles.
2. **Future Revenue** Potential:
 - a. Data licensing fees to medical device manufacturers to receive detailed reports (quarterly) on performance of their devices relative to competing devices.
 - b. Software tools licensing fees for prospective Practice Variation Analysis tools that would be of great interest to many payors and hospitals (and EHR vendors).

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: Terry Fadem [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/26/2017 9:14:17 PM
To: David Shulkin [drshulkin@aol.com]; bruce [(b) (6)]<[REDACTED]@mac.com>
CC: [(b) (6)]<[REDACTED]@gmail.com>
Subject: Re: Terry Fadem

David,

I will be available either day...just let me know. My home phone is 773-857-[(b) (6)]...if for some reason cell service (215-272-[(b) (6)]) is not working...

Terry

On Sun, Mar 26, 2017, 15:55 David Shulkin <drshulkin@aol.com> wrote:

Terry please let me know if you are around either Wednesday evening or early Thursday for a quick breakfast

I will ask my office to forward you my exact schedule so we can find a time to meet if you are in town.

David Shulkin

-----Original Message-----

From: Bruce Moskowitz <[(b) (6)]@mac.com>
To: David Shulkin <drshulkin@aol.com>; Terry Fadem <[(b) (6)]@gmail.com>
Sent: Sun, Mar 26, 2017 4:51 pm
Subject: Terry Fadem

Since you will be in Chicago this is Terry's cell 215272-[(b) (6)]

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/26/2017 8:55:02 PM
To: bruce(b) (6)@mac.com(b) (6)@gmail.com
CC: (b) (6)gmail.com
Subject: Re: Terry Fadem

Terry please let me know if you are around either Wednesday evening or early Thursday for a quick breakfast

I will ask my office to forward you my exact schedule so we can find a time to meet if you are in town.

David Shulkin

-----Original Message-----

From: Bruce Moskowitz <(b) (6)mac.com>
To: David Shulkin <drshulkin@aol.com>; Terry Fadem <(b) (6)gmail.com>
Sent: Sun, Mar 26, 2017 4:51 pm
Subject: Terry Fadem

Since you will be in Chicago this is Terry's cell 215272(b) (6)

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/26/2017 8:51:07 PM
To: David Shulkin [drshulkin@aol.com]; Terry Fadem [(b) (6)] gmail.com]
Subject: Terry Fadem

Since you will be in Chicago this is Terry's cell 215272 [(b) (6)]

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/27/2017 8:09:39 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

Have they started to talk to you about the VA? We can discuss tonight

Sent from my iPhone

On Mar 26, 2017, at 10:58 PM, David Shulkin <drshulkin@aol.com> wrote:

https://www.washingtonpost.com/politics/trump-taps-kushner-to-lead-a-swat-team-to-fix-government-with-business-ideas/2017/03/26/9714a8b6-1254-11e7-ada0-1489b735b3a3_story.html?utm_term=.cc33cc59277f

Sent from my iPad

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/27/2017 2:58:11 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>

https://www.washingtonpost.com/politics/trump-taps-kushner-to-lead-a-swat-team-to-fix-government-with-business-ideas/2017/03/26/9714a8b6-1254-11e7-ada0-1489b735b3a3_story.html?utm_term=.cc33cc59277f

Sent from my iPad

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/9/2017 12:24:53 AM
To: (b) (6) gmail.com
Subject: Fwd: notes to discuss for the April 25th retreat at a mail call
Attachments: Senior Leaders.docx

-----Original Message-----

From: David shulkin <Drshulkin@aol.com>
To: (b) (6) <(b) (6) gmail.com>
Sent: Sat, Apr 8, 2017 4:56 pm
Subject: Fwd: notes to discuss for the April 25th retreat at a mail call

Sent from my iPhone

Begin forwarded message:

From: David Shulkin <drshulkin@aol.com>
Date: April 8, 2017 at 4:54:56 PM EDT
To: (b) (6) [va.gov](mailto:(b) (6)@va.gov)
Subject: notes to discuss for the April 25th retreat at a mail call

Senior Leaders- April 25th

It might be nice to start with some recognitions of great accomplishments from the media files from the field

Reflections on Where We are and Why Now (no incrementalism)

100 Day Accomplishments

Vision for the future- Organizations are fixed from the outside and not from the inside so we need competition and transparency

What it takes to Execute- Make Decisions- whether on accountability or on strategic budgeting

(Focus, Boldness, urgency, Investments, Accountability_

Now let's take a look into the future

Next 100 Day Accomplishments

President's Executive for September and Modernization

Decisions we have made – Mental health office into one office-

Consolidate communications at vaco, consolidate ocla at vaco, HR into a single org across VA

Big Ideas

Accountability Action Exercise (real cases with Meghan –Porn case)

Access Web Site Demo

VE Office

Action Plan Exercise where leaders work on an action plan for their priorities

Bring the Timeline of what we need to accomplish as a visual

End with my 5 Priorities Slide

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/8/2017 8:56:38 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: notes to discuss for the April 25th retreat at a mail call
Attachments: Senior Leaders.docx; Untitled attachment 06753.htm

Sent from my iPhone

Begin forwarded message:

From: David Shulkin <drshulkin@aol.com>
Date: April 8, 2017 at 4:54:56 PM EDT
To: (b) (6) va.gov
Subject: notes to discuss for the April 25th retreat at a mail call

Senior Leaders- April 25th

It might be nice to start with some recognitions of great accomplishments from the media files from the field

Reflections on Where We are and Why Now (no incrementalism)

100 Day Accomplishments

Vision for the future- Organizations are fixed from the outside and not from the inside so we need competition and transparency

What it takes to Execute- Make Decisions- whether on accountability or on strategic budgeting

(Focus, Boldness, urgency, Investments, Accountability_

Now let's take a look into the future

Next 100 Day Accomplishments

President's Executive for September and Modernization

Decisions we have made – Mental health office into one office-

Consolidate communications at vaco, consolidate ocla at vaco, HR into a single org across VA

Big Ideas

Accountability Action Exercise (real cases with Meghan –Porn case)

Access Web Site Demo

VE Office

Action Plan Exercise where leaders work on an action plan for their priorities

Bring the Timeline of what we need to accomplish as a visual

End with my 5 Priorities Slide

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/27/2017 12:18:29 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: (No Subject)

We just selected the people- its not till the process really starts

Its a dumb thibg- lets see what the reg really says- my guess is thats its folklore

Sent from my iPhone

On Mar 26, 2017, at 8:14 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

Doesnt it also apply to me or have you not started the process in my case

From: David shulkin <Drshulkin@aol.com>
Sent: Sunday, March 26, 2017 8:06 PM
To: Poonam Alaigh
Subject: Fwd: (No Subject)

Sent from my iPhone

Begin forwarded message:

From: DJS <vacodjs1@va.gov>
Date: March 26, 2017 at 7:33:16 PM EDT
To: 'Shulkin ' <drshulkin@aol.com>
Subject: FW: (No Subject)

Sent with Good (www.good.com)

-----Original Message-----

From: Wright, Vivieca (Simpson)
Sent: Sunday, March 26, 2017 11:24 AM Eastern Standard Time
To: DJS
Subject: RE: (No Subject)

Already checked they have to step out of their roles as the process moves along -
Gina says the key time is when the Commission assembles for Tom. Is [(b) (6)]
interested? He told me no earlier.

-----Original Message-----

From: DJS

Sent: Sunday, March 26, 2017 08:49 AM Eastern Standard Time

To: Wright, Vivieca (Simpson)

Subject:

Can we check - someone mentioned to me that if you are in an acting role that you cannot be selected as permanent

We have that situation in all 3 undersecretaries - and I want to make sure that candidates like Tom and [REDACTED] are eligible if they are selected.

Sent with Good (www.good.com)

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/27/2017 12:14:24 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: (No Subject)

Doesnt it also apply to me or have you not started the process in my case

From: David shulkin <Drshulkin@aol.com>
Sent: Sunday, March 26, 2017 8:06 PM
To: Poonam Alaigh
Subject: Fwd: (No Subject)

Sent from my iPhone

Begin forwarded message:

From: DJS <vacodjs1@va.gov>
Date: March 26, 2017 at 7:33:16 PM EDT
To: 'Shulkin ' <drshulkin@aol.com>
Subject: FW: (No Subject)

Sent with Good (www.good.com)

-----Original Message-----

From: Wright, Vivieca (Simpson)
Sent: Sunday, March 26, 2017 11:24 AM Eastern Standard Time
To: DJS
Subject: RE: (No Subject)

Already checked they have to step out of their roles as the process moves along - Gina says the key time is when the Commission assembles for Tom. Is [(b) (6)] interested? He told me no earlier.

-----Original Message-----

From: DJS
Sent: Sunday, March 26, 2017 08:49 AM Eastern Standard Time

To: Wright, Vivieca (Simpson)

Subject:

Can we check - someone mentioned to me that if you are in an acting role that you cannot be selected as permanent

We have that situation in all 3 undersecretaries - and I want to make sure that candidates like Tom and (b) (6) are eligible if they are selected.

Sent with Good (www.good.com)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/27/2017 12:06:40 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Fwd: (No Subject)

Sent from my iPhone

Begin forwarded message:

From: DJS <vacodjs1@va.gov>
Date: March 26, 2017 at 7:33:16 PM EDT
To: 'Shulkin ' <drshulkin@aol.com>
Subject: FW: (No Subject)

Sent with Good (www.good.com)

-----Original Message-----

From: Wright, Vivieca (Simpson)
Sent: Sunday, March 26, 2017 11:24 AM Eastern Standard Time
To: DJS
Subject: RE: (No Subject)

Already checked they have to step out of their roles as the process moves along - Gina says the key time is when the Commission assembles for Tom. Is [(b) (6)] interested? He told me no earlier.

-----Original Message-----

From: DJS
Sent: Sunday, March 26, 2017 08:49 AM Eastern Standard Time
To: Wright, Vivieca (Simpson)
Subject:

Can we check - someone mentioned to me that if you are in an acting role that you cannot be selected as permanent

We have that situation in all 3 undersecretaries - and I want to make sure that candidates like Tom and [(b) (6)] are eligible if they are selected.

Sent with Good (www.good.com)

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/28/2017 1:58:33 AM
To: Poonam Alaigh [(b) (6)]@hotmail.com]

She is going to be the first American Indian president

Listen to her compare Indians and Jews

<https://m.youtube.com/watch?v=WPyxFZ8AtZI>

Sent from my iPad

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/28/2017 2:17:08 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Meet w/SecVA

I thought it was going to be just you and I first to brainstorm - and then bring it to the bigger group- but it's fine now - however you want to approach it

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: March 28, 2017 at 10:15:25 AM EDT
To: 'Poonam Alaigh' <[(b) (6)]<[REDACTED]@hotmail.com>
Subject: FW: Meet w/SecVA

Sent with Good (www.good.com)

-----Original Message-----

From: [(b) (6)]
Sent: Tuesday, March 28, 2017 10:11 AM Eastern Standard Time
To: Blackburn, Scott R.; Alaigh, Poonam, M.D.; Crump, Regan; Lee, Jennifer S. (VACO); Wright, Vivieca (Simpson); Selnick, Darin; Murphy, Thomas, Acting Under Secretary for Benefits; Tran, Dat VACO; Murray, Edward
Cc: [(b) (6)]; VBAVACO; [(b) (6)]; VBAVACO; [(b) (6)]; VBAVACO; Alvies; [(b) (6)]; [(b) (6)]; [(b) (6)]; [(b) (6)]; [(b) (6)]; [(b) (6)]
Subject: Meet w/SecVA

Hello - the Secretary would like to meet with you at 5:30pm this afternoon for a Modernization Brainstorming. Please confirm your availability. Thank you.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/21/2017 2:32:24 AM
To: Ike Perlmutter [(b) (6) frenchangel59.com]
Subject: Fwd: veterans visits

Fyi

Sent from my iPhone

Begin forwarded message:

From: Ivanka Kushner <[(b) (6) (b) (6)]>
Date: April 20, 2017 at 7:05:02 PM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: RE: veterans visits

Thank you

[(b) (5)]
[REDACTED]
[REDACTED]

-----Original Message-----

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Thursday, April 20, 2017 2:46 PM
To: Ivanka Kushner <[(b) (6) (b) (6)]>
Subject: veterans visits

Ivanka- [(b) (5)] [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

David Shulkin

Sent from my iPhone

Message

From: Ivanka Kushner [(b) (6) (b) (6)]
Sent: 4/20/2017 11:05:02 PM
To: David shulkin [Drshulkin@aol.com]
Subject: RE: veterans visits

(b) (5)

[REDACTED]

-----Original Message-----

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Thursday, April 20, 2017 2:46 PM
To: Ivanka Kushner <(b) (6) (b) (6)>
Subject: veterans visits

Ivanka- (b) (5)

[REDACTED]

[REDACTED]

David shulkin

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/20/2017 6:45:57 PM
To: Ivanka Trump (b) (6) (b) (6)
Subject: veterans visits

Ivanka- (b) (5)

[REDACTED]

[REDACTED]

David Shulkin

Sent from my iPhone

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/29/2017 12:18:52 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Hiring Veterans Is Easy. Keeping Them Is Hard - The Wall Street Journal.

Yes this is the Mount Sinai group that we are meeting with.

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 29, 2017, at 7:26 AM, David shulkin <Drshulkin@aol.com> wrote:

Is there a contact we can followup with Bruce?

Sent from my iPhone

On Mar 29, 2017, at 6:53 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

This is part of the telemedicine platform I looked at that can solve this issue. Since I can get it for free we should start a pilot project ASAP and get a press release to show we have solutions as soon as a problem is identified.

I thought you would be interested in the following story from The Wall Street Journal.

Hiring Veterans Is Easy. Keeping Them Is Hard

<https://www.wsj.com/articles/the-battle-to-keep-veterans-from-quitting-corporate-jobs-1490702401>

Download the Wall Street Journal app here: [WSJ](#).

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/29/2017 11:26:27 AM
To: Bruce Moskowitz [(b) (6)] mac.com]
CC: [(b) (6)] hotmail.com; IP [(b) (6)] frenchangel59.com]; lper [(b) (6)] @gmail.com; mbs [(b) (6)] @gmail.com
Subject: Re: Hiring Veterans Is Easy, Keeping Them Is Hard - The Wall Street Journal.

Is there a contact we can followup with Bruce?

Sent from my iPhone

On Mar 29, 2017, at 6:53 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

This is part of the telemedicine platform I looked at that can solve this issue. Since I can get it for free we should start a pilot project ASAP and get a press release to show we have solutions as soon as a problem is identified.

I thought you would be interested in the following story from The Wall Street Journal.

Hiring Veterans Is Easy. Keeping Them Is Hard

<https://www.wsj.com/articles/the-battle-to-keep-veterans-from-quitting-corporate-jobs-1490702401>

Download the Wall Street Journal app here: [WSJ](#)

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/29/2017 10:53:09 AM
To: drshulkin@aol.com; [(b) (6)] hotmail.com
CC: IP [(b) (6)] frenchangel59.com]; lper [(b) (6)] @gmail.com; mbs [(b) (6)] @gmail.com
Subject: Hiring Veterans Is Easy. Keeping Them Is Hard - The Wall Street Journal.

This is part of the telemedicine platform I looked at that can solve this issue. Since I can get it for free we should start a pilot project ASAP and get a press release to show we have solutions as soon as a problem is identified.

I thought you would be interested in the following story from The Wall Street Journal.

Hiring Veterans Is Easy. Keeping Them Is Hard

<https://www.wsj.com/articles/the-battle-to-keep-veterans-from-quitting-corporate-jobs-1490702401>

Download the Wall Street Journal app here: [WSJ](#).

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/5/2017 11:31:58 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Feeling so bad about Jen

Understood

Sent from my iPhone

> On Apr 5, 2017, at 6:42 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

>

> I know in my head it's the right thing but now that it is happening- my heart is aching- I don't ever want to hurt anyone. But this is a need to do unfortunately and I can't be wavering.

>

> Sent from my iPad

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 4/5/2017 10:42:24 AM
To: Drshulkin@aol.com
Subject: Feeling so bad about Jen

I know in my head it's the right thing but now that it is happening- my heart is aching- I don't ever want to hurt anyone. But this is a need to do unfortunately and I can't be wavering.

Sent from my iPad

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 3/30/2017 11:46:33 PM
To: David Shulkin [drshulkin@aol.com]

Travel with Ivanka: her team wants to use

May14/May 15th - this is a Monday. This is a busy week for you (Need to select a good place)

May16/17 - Boston- open to that

June 7/8 - works for Palo Alto because she will be in California that week.

I am going to think tonight and make some recommendations.

(b) (6)

Message

From: IP [(b) (6)]frenchangel59.com]
Sent: 3/28/2017 2:31:08 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: New Transparency Publicly Facing Website

FYI

From: IP [mailto:(b) (6)]frenchangel59.com]
Sent: Tuesday, March 28, 2017 10:19 AM
To: (b) (6) M.D.; 'Bruce Moskowitz'; (b) (6) partners.org'; (b) (6) ccf.org'; (b) (6) (b) (6) kp.org'; 'mbs(b) (6)@gmail.com'; 'lper(b) (6)@gmail.com'
Subject: RE: New Transparency Publicly Facing Website

This is an outstanding first step.

Transparency is key and critical and will enable our veterans to have the knowledge and the freedom to make decisions about their own health care.

David has delivered a very strong message here regarding his intent and goals and it is excellent.

All our Best,

Laurie and Ike

From: (b) (6) M.D. [mailto:(b) (6)]mayo.edu]
Sent: Monday, March 27, 2017 11:20 AM
To: Bruce Moskowitz; (b) (6) partners.org; (b) (6) @ccf.org; (b) (6) (b) (6) (b) (6) kp.org; IP; mbs(b) (6)@gmail.com; lper(b) (6)@gmail.com
Subject: RE: New Transparency Publicly Facing Website

Bruce, et al – well done! Thanks for sharing.
My best, (b) (6)

From: Bruce Moskowitz [mailto:(b) (6)]mac.com]
Sent: Sunday, March 26, 2017 6:20 PM
To: (b) (6) partners.org; (b) (6) @ccf.org; (b) (6) (b) (6) M.D.; (b) (6) (b) (6) kp.org; IP; mbs(b) (6)@gmail.com; lper(b) (6)@gmail.com
Subject: Fwd: New Transparency Publicly Facing Website

A more comprehensive overview.

Sent from my iPhone

Begin forwarded message:

From: Poonam Alaigh <(b) (6)hotmail.com>
Date: March 26, 2017 at 7:10:55 PM EDT
To: David Shulkin <drshulkin@aol.com>, Bruce Moskowitz <(b) (6)mac.com>
Subject: New Transparency Publicly Facing Website

Bruce and David- in addition to a quick narrative below, I am attaching two slide decks- one with a comparison of the current vs the new system of transparency on our website and the other, with additional detailed screenshots of the website.

We at the VA have many stakeholders that we are accountable to including our Veterans and their organizations, members of Congress, the general public and media. In 2014, after the start of the Access crisis, VA began publicly posting patient access data online as a way to be transparent and accountable despite the complexity of misguided appointment calculations, and where there was no industry standard. While being transparent is important and necessary, the way we have continued to post information about pending appointments has been tantamount to a data dump in extensive spread sheets that include raw data. This has not been helpful to most people who look at the data and it is even less helpful to veterans. The way that VA posts its data is not like any hospital in the country, and what's worse, it is an unstandardized approach to measuring wait times while doing little to improve or enhance the veteran's experience.

We have learned a lot since 2014. We are now following veterans' lead in providing them what they would like to see about our performance. And what they find more important is how satisfied they are with their care and what their experience has been when accessing care.

That is why we have transitioned to a website that features what veterans are saying about their care:

1. Wait times that truly reflect the time that it takes for a veteran to be seen in a clinic after they call. It also allows veterans to search by *their* location to see what their options are, and how long it will take for them to be seen in facilities within reasonable distance.
2. Their satisfaction to their access to care (the most important way we measure our performance in access)
3. How their hospital compares in quality to the surrounding hospitals by Medicare

In addition, Veterans and other stakeholders can also see how the care is being provided at the VA as an overall health care delivery system.

We have committed to transparency and we are now transparent with information that is understandable by veterans, providing them with the tools and enhancing their ability to make decisions about where and how they receive care.

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/26/2017 11:10:55 PM
To: David Shulkin [drshulkin@aol.com]; Bruce Moskowitz [(b) (6)]@mac.com]
Subject: New Transparency Publicly Facing Website
Attachments: Public-Facing Website Changes Explained.pptx; Access and Quality Metric Screenshots (1).pptx

Bruce and David- in addition to a quick narrative below, I am attaching two slide decks- one with a comparison of the current vs the new system of transparency on our website and the other, with additional detailed screenshots of the website.

We at the VA have many stakeholders that we are accountable to including our Veterans and their organizations, members of Congress, the general public and media. In 2014, after the start of the Access crisis, VA began publicly posting patient access data online as a way to be transparent and accountable despite the complexity of misguided appointment calculations, and where there was no industry standard. While being transparent is important and necessary, the way we have continued to post information about pending appointments has been tantamount to a data dump in extensive spread sheets that include raw data. This has not been helpful to most people who look at the data and it is even less helpful to veterans. The way that VA posts its data is not like any hospital in the country, and what's worse, it is an unstandardized approach to measuring wait times while doing little to improve or enhance the veteran's experience.

We have learned a lot since 2014. We are now following veterans' lead in providing them what they would like to see about our performance. And what they find more important is how satisfied they are with their care and what their experience has been when accessing care.

That is why we have transitioned to a website that features what veterans are saying about their care:

1. Wait times that truly reflect the time that it takes for a veteran to be seen in a clinic after they call. It also allows veterans to search by *their* location to see what their options are, and how long it will take for them to be seen in facilities within reasonable distance.
2. Their satisfaction to their access to care (the most important way we measure our performance in access)
3. How their hospital compares in quality to the surrounding hospitals by Medicare

In addition, Veterans and other stakeholders can also see how the care is being provided at the VA as an overall health care delivery system.

We have committed to transparency and we are now transparent with information that is understandable by veterans, providing them with the tools and enhancing their ability to make decisions about where and how they receive care.

Public-Facing Website Changes

Access and Quality

Old Reporting Site

The screenshot shows the Veterans Health Administration (VHA) Patient Access Data website. On the left is a navigation menu with links: Health Benefits, Conditions & Treatments, Wellness Programs, Locations, Research, Special Groups, Careers, Job Help & Training, and About VHA. Below this is a 'QUICK LINKS' section with buttons for Hospital Locator (with a zip code field and 'Go' button), Health Programs, Protect Your Health, and A-Z Health Topics. The main content area is titled 'Veterans Health Administration' and 'Patient Access Data'. It contains a paragraph about the VA's mission, a section for '2015 Local Patient Access Data', a 'NOTE' about data availability, and a 'March 2017 Data Release' section with dates and links to appointment data. Three blue callout boxes are overlaid on the page: one pointing to the 'Patient Access Data' header, one pointing to the '2015 Local Patient Access Data' section, and one pointing to the 'March 2017 Data Release' section.

Select One ▼

Veterans Health Administration

Patient Access Data

All text website

At the Department of Veterans Affairs (VA), our most important mission is to provide the care and benefits Veterans have earned and deserve — when and where they need it. To ensure the VA can measure and release patient access data.

2015 Local Patient Access Data

Two different options per data release with unclear definitions

NOTE: Patient access data is available for the 2014 Patient Access Data Archive.

Regularly updated patient access data is available for VA Medical Centers and Community-Based Outpatient Clinics for a scheduled appointment and number of patients that cannot be scheduled for an appointment. Both completed and pending appointment data is available.

- Pending: Scheduled appointment but not yet completed.
- Completed: Completed appointment except surgery and procedures.

March 2017 Data Release

March 23, 2017

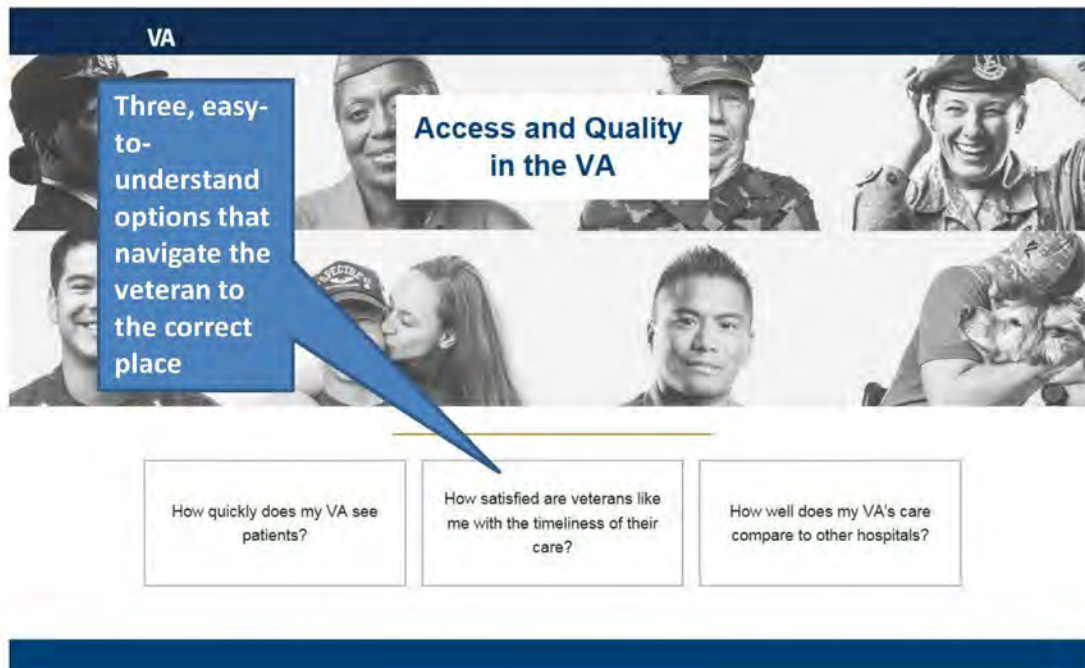
Pending Appointments (As of 15 March 2017) | Completed Appointments (As of 28 February 2017)

March 09, 2017

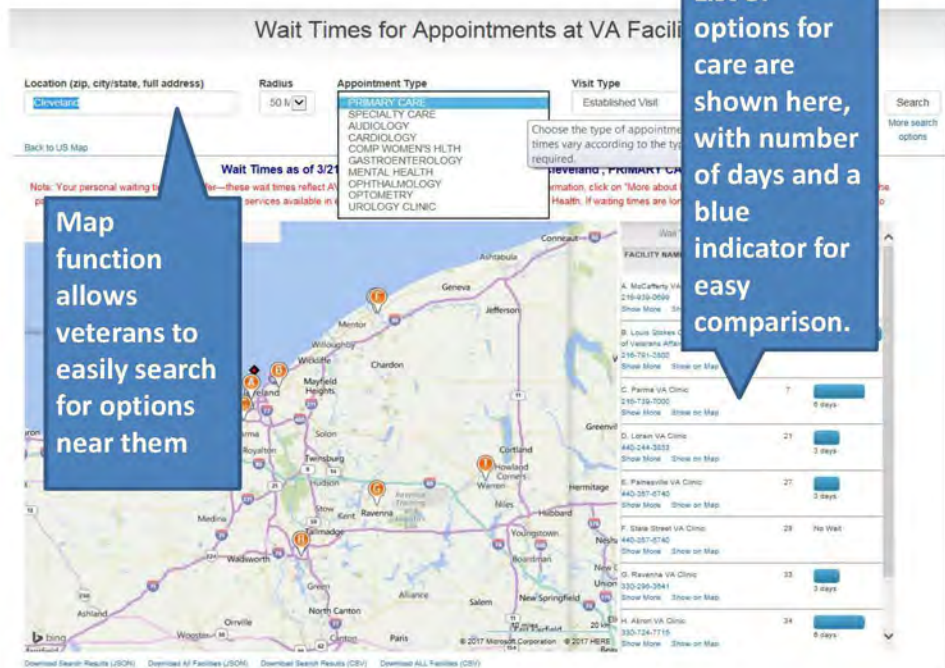
Pending Appointments (As of 01 March 2017)

[illegible]

New Website



New Website (cont)



New Website (cont)

VA

[Home](#) › [Healthcare](#) › [Access](#) › [National Care Times](#)

How timely is VA care right now?

Note: Data updated 3/1/17

Veterans currently have [8.02 million appointments](#) scheduled

[94% \(7.5 million\)](#) are scheduled to be seen [no later than 30 days after the requested date \(Patient-Indicated Date\)](#).

[6% \(484,603\)](#) are scheduled to be seen [30 days or greater after the requested date](#).
[< 1% \(of total scheduled\)](#) are considered "priority**".

[* How is this figure calculated?](#)

If veterans are interested in VA's performance overall, this data is now presented in a simple format that explains what we are measuring and why.

VA



Access and Quality in the VA

How quickly does my VA see
patients?

How satisfied are veterans like
me with the timeliness of their
care?

How well does my VA's care
compare to other hospitals?

VA Pre-Decisional

VA

[Home](#) > [Healthcare](#) > [Access](#)

How quickly does my local VA see patients?

Click below to see how we do.

My Local Care Times

How quickly can my VA hospital see me in clinic?

Same-Day Service Options

Does my VA hospital or clinic have same-day services?

How is the VA doing overall?

National Care Times

How timely is VA care right now?

Access to Specialty Care

How quickly are patients seeing a specialist for care needed right away?

VA Pre-Decisional

Wait Times for Appointments at VA Facilities

Location (zip, city/state, full address) Radius Appointment Type Visit Type Sort Results By [More search options](#)

[Back to US Map](#)

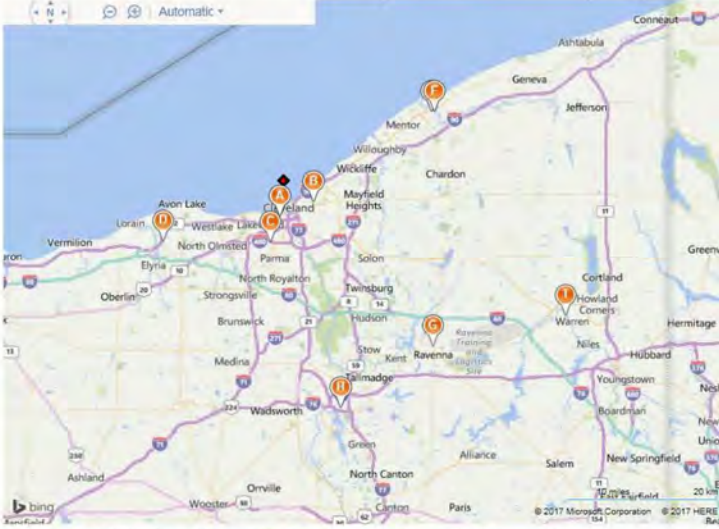
Wait Times as of 3/21/2017

Note: Your personal waiting time may differ—these wait times reflect Average Wait Times (AWT) for the facility. For urgent problems, there are same day services available in many facilities.

Cleveland, PRIMARY CARE

Choose the type of appointment you need. Wait times vary according to the type of appointment required.

For more information, click on "More about how we calculate wait times" at the bottom of the Health. If waiting times are longer than 30 days, you may request a referral to another facility.



Wait Times for 'PRIMARY CARE' Appointments

FACILITY NAME	DISTANCE (MILES)	AVERAGE WAIT TIME
A. McCafferty VA Clinic 216-939-0699 Show More Show on Map	2	2 days
B. Louis Stokes Cleveland Department of Veterans Affairs Medical Center 216-791-3500 Show More Show on Map	4	8 days
C. Parma VA Clinic 216-739-7000 Show More Show on Map	7	0 days
D. Lorain VA Clinic 440-244-3333 Show More Show on Map	21	3 days
E. Painesville VA Clinic 440-357-6740 Show More Show on Map	27	3 days
F. State Street VA Clinic 440-357-6740 Show More Show on Map	28	No Wait
G. Ravenna VA Clinic 330-290-3541 Show More Show on Map	33	3 days
H. Akron VA Clinic 330-724-7715 Show More Show on Map	34	6 days

[Download Search Results \(JSON\)](#) [Download All Facilities \(JSON\)](#) [Download Search Results \(CSV\)](#) [Download All Facilities \(CSV\)](#)

VA Pre-Decisional

Same Day Services in VA for Primary Care and Mental Health

Location (zip, city/state, full address)

Richmond

Radius

50 mi

Sort Results By

Distance

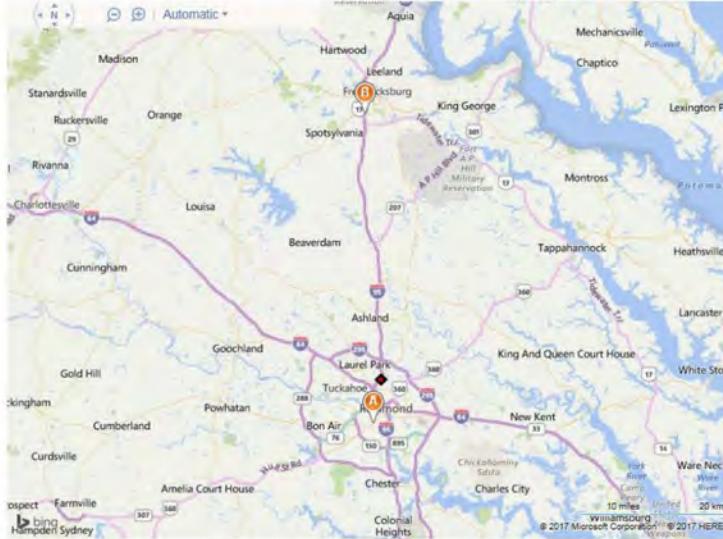
Search

More search options

[Back to US Map](#)

Same Day Services report as of 3/21/2017 using filters: 60 mile radius of 'Richmond'

SAME DAY SERVICES IN PRIMARY CARE AND MENTAL HEALTH DEFINITION: When you contact us, we will either address your need that day or schedule appropriate follow up care, depending on the urgency. We may address your health care need by providing a face to face visit, returning a phone call, arranging a telehealth or video care visit, responding by secure email, or scheduling a future appointment.



SAME DAY SERVICES IN PRIMARY CARE AND MENTAL HEALTH

FACILITY NAME	DISTANCE (MILES)	SAME DAY SERVICES
A. Hunter Holmes McGuire Hospital 804-675-6000 Show More Show on Map	4	☒
B. Fredericksburg 2 VA Clinic 804-675-6000 Show More Show on Map	49	☐

[Download Search Results \(JSON\)](#) [Download All Facilities \(JSON\)](#) [Download Search Results \(CSV\)](#) [Download All Facilities \(CSV\)](#)

VA Pre-Decisional

VA

[Home](#) › [Healthcare](#) › [Access](#) › [National Care Times](#)

How timely is VA care right now?

Note: Data updated 3/1/17

Veterans currently have [8.02 million appointments](#) scheduled

94% (7.5 million) are scheduled to be seen no later than 30 days after the requested date (Patient-Indicated Date).

6% (484,603) are scheduled to be seen 30 days or greater after the requested date.
< 1% (of total scheduled) are considered "priority**".

[* How is this figure calculated?](#)

VA Pre-Decisional

Access to Specialty Care

Note: Data updated 3/1/17

How quickly are patients seeing a specialist for care needed right away?

Veterans currently have [32,549 referrals](#) to a specialist for care needed right away.



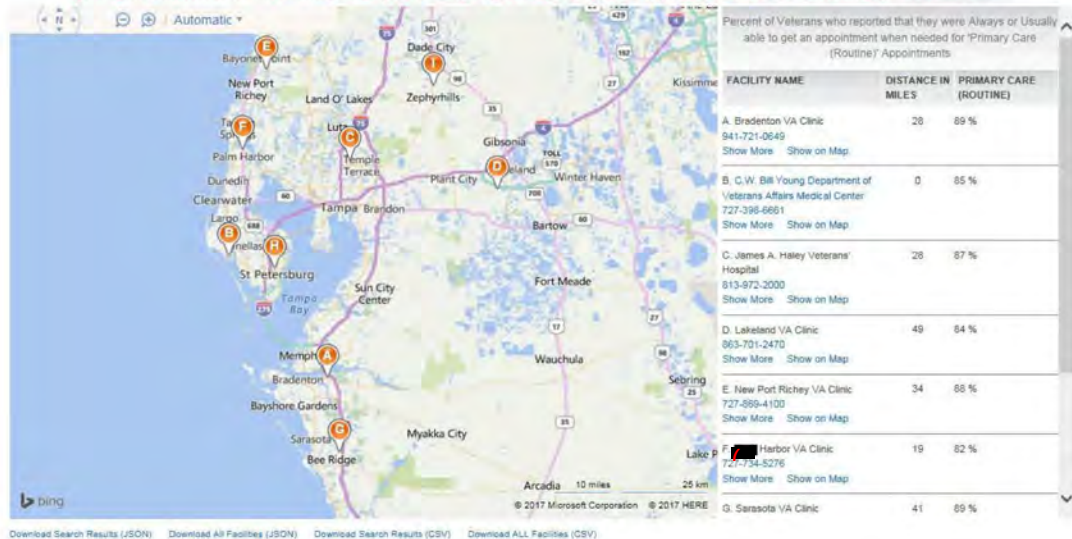
What do we mean by "care needed right away" or "referrals needed right away"?

What Veterans Say About Access to Care at VA facilities

Location (zip, city/state, full address) Radius Appointment Type Sort Results By
BAY PINES x 50 Miles Primary Care (Routine) Facility Name Search

Percent of Veterans who reported that they were Always or Usually able to get an appointment when needed. The 7/1/2016 - 12/31/2016. At least 30 Veterans have responded to this question for a site to be included. The filters used to search are: 50 mile radius of 'BAY PINES', Primary Care (Routine)

Note - The data shows what Veterans have said about their own Access experiences over the preceding 6 months. Your own experience may be different. For urgent problems, there often are options to be seen sooner, such as a same-day clinic. If your wait will be longer than 30 days, you may request a referral to Care in the Community. [How can I request a referral to Care in the Community?](#)



VA Pre-Decisional

VA

[Home](#) > [Healthcare](#) > [Health Care Quality Information and Resources](#)

How well does my VA perform compared to other hospitals?

How well does my VA medical center compare to surrounding hospitals?

How well does my VA medical center compare against other clinics that can treat me as an outpatient?
[COMING SOON]

We are posting this data here temporarily until Medicare uploads our submitted data into "Hospital Compare"

VA Pre-Decisional

Hospital Compare Data

Select your hospital from the list below to compare.

More hospitals COMING SOON

(402) Togus VA Medical Center (NEW)

(402) Togus VA Medical Center

(501) VA New Mexico Healthcare System

(508) Decatur (Atlanta) VA Medical Center

(528) Upstate New York VA Healthcare System

(537) Jesse Brown VA Medical Center - VA Chicago Healthcare

(573A4) VA North Florida and South Georgia Healthcare System

(578) Hines VA Medical Center

(580) Houston VA Medical Center

VA Pre-Decisional

Hospital Compare Data

Convert Select

	A wound that splits open after surgery on the abdomen or pelvis	Accidental cuts and tears from medical treatment	Blood stream infection after surgery	Broken hip from a fall after surgery	Collapsed lung due to medical treatment	Deaths among with serious complication surgery
Data date range (Preferred direction)	7/13 - 6/15	7/13 - 6/15	7/13 - 6/15	7/13 - 6/15	7/13 - 6/15	7/13 - 6/15
National Average	2.32	1.43	10.21	0.06	0.41	136.48
National Median	2.2	1.4	9.8	0.1	0.4	135.6
Portland (HRR) Average	2.4	2.2	8.7	0.1	0.5	133.2
Portland (HRR) Median	2.2	1.6	9.6	0.1	0.4	137.3
National Top 10 Percent	1.98	0.92	8.00	0.06	0.32	114.35
National Top 25 Percent	2.13	1.14	9.04	0.06	0.36	124.46
(402) Togus VA Medical Center	4.52	1.67	6.41	0.00	0.00	0.00
BRIDGTON HOSPITAL	Not Available	Not Available	Not Available	Not Available	Not Available	Not Availa
CENTRAL MAINE MEDICAL CENTER	1.97	2.39	9.93	0.06	0.36	145.61
FRANKLIN MEMORIAL HOSPITAL	2.26	1.34	9.76	0.06	0.39	Not Availa
FRISBIE MEMORIAL HOSPITAL	2.19	1.48	9.45	0.06	0.36	Not Availa
INLAND HOSPITAL	2.27	1.38	9.72	0.06	0.39	Not Availa
MAINE MEDICAL CENTER	2.78	3.33	7.30	0.06	0.64	129.69
MAINEGENERAL MEDICAL CENTER	2.06	1.60	8.75	0.06	0.42	125.13
MEMORIAL HOSPITAL, THE	Not Available	Not Available	Not Available	Not Available	Not Available	Not Availa
MERCY HOSPITAL	2.12	2.07	9.64	0.06	0.33	121.38
MID COAST HOSPITAL	2.21	1.18	Not Available	0.06	0.40	Not Availa
PENOBSCOT BAY MEDICAL CENTER	2.22	1.61	9.46	0.06	0.47	Not Availa
RUMFORD HOSPITAL	Not Available	Not Available	Not Available	Not Available	Not Available	Not Availa
SOUTHERN MAINE HEALTH CARE	2.61	1.62	9.27	0.06	0.33	144.61
ST ANDREWS HOSPITAL	Not Available	Not Available	Not Available	Not Available	Not Available	Not Availa
ST MARYS REGIONAL MEDICAL CENTER	2.19	2.20	10.82	0.06	0.46	121.72
STEPHENS MEMORIAL HOSPITAL	Not Available	Not Available	Not Available	Not Available	Not Available	Not Availa
WENTWORTH-DOUGLASS HOSPITAL	2.12	1.85	10.31	0.06	0.46	145.25
YORK HOSPITAL	2.17	1.04	8.76	0.06	0.39	144.64

VA Pre-Decisional

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/4/2017 1:45:44 PM
To: IP (b) (6) frenchangel59.com]
Subject: Re: Trump's Secretary of Everything: Jared Kushner - CNNPolitics.com

Very true

Sent from my iPhone

On Apr 4, 2017, at 7:19 AM, IP (b) (6) frenchangel59.com> wrote:

<http://www.cnn.com/2017/04/03/politics/jared-kushner-donald-trump-foreign-policy/index.html>

Trump's Secretary of Everything: Jared Kushner

It was Jared Kushner, the 36-year-old commercial real estate magnate, whose marriage to President Donald Trump's eldest daughter has thrust the otherwise inexperienced diplomat into the center of US foreign relations -- and seemingly every top issue facing the administration.

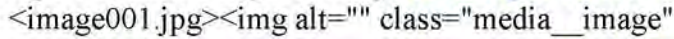
PM Al-Abadi receives the US CJCS Gen Dunford and his accompanying delegation
<http://pmo.iq/press2017/3-4-20172.htm> ...

— Haider Al-Abadi (@HaiderAlAbadi) 7:44 AM - 3 Apr 2017

Kushner was visiting Iraq at Dunford's invitation to receive briefings on the military campaign against ISIS, and planned to meet with US and Iraqi officials. Iraq is now the latest portfolio handed to Kushner, whose role as Trump's senior adviser appears to be growing by the day, and whose influence over his father-in-law now extends into nearly every area of government.

In some instances, Kushner's involvement in his father-in-law's administration has raised ethical questions, given the vast property and business holdings Kushner managed in his time running his family's real estate empire. [His ties to Russia during the presidential transition](#) have also drawn scrutiny, and he's due to answer questions from Senate investigators soon.

"I said, 'Hey, next time I go to Iraq, if you're interested, come and it'd be good,' " Dunford told reporters on the flight to Iraq, [according to Reuters](#). He said he'd invited Kushner weeks ago.


src="//i2.cdn.cnn.com/cnnnext/dam/assets/170403163523-jared-kushner-secretary-of-everything-large-169.jpg">

Multiple White House and administration officials say Kushner has now eclipsed nearly all of Trump's West Wing and Cabinet advisers in terms of influence, establishing himself as the key envoy for those outside the administration -- including foreign diplomats, business executives and even some members of Congress -- to direct their bidding. He's also, by the way, running a government reform effort and spearheading criminal justice reform.


src="//i2.cdn.cnn.com/cnnnext/dam/assets/170320211016-ivanka-trump-03-17-large-169.jpg">

The elevated position has caused some annoyance at the agencies and departments more typically tasked with carrying out American foreign policy. One ally of Secretary of State Rex Tillerson described the top diplomat as frustrated with Kushner's diplomatic exploits. Officials said Tillerson intervened last month to delay a White House meeting with top Saudi officials over a plan to combat ISIS because he felt there was not enough planning for it.

Other allies and aides deny any tension between the two men and say Kushner has been very helpful both in getting the secretary's input and focusing the President's attention on issues important to Tillerson.

<image003.jpg>

Source: Meeting was to 'engage with' Russia 02:17

Speaking Monday, White House press secretary Sean Spicer said Kushner was working jointly with the State Department to manage the administration's foreign affairs.

"There's a lot of relationships that Jared's made over time -- Mexico being one of them -- that are going to continue having conversations with him," Spicer said. "That doesn't mean by any means it's being done without the coordination with the State Department. It's quite, in fact, the opposite. He's continuing to work with them and facilitate an outcome. But he brings a perspective to this, and began doing that during the transition. But again, it's not a binary choice where he's doing this at the expense of somebody else."

During last year's presidential campaign, and later during the transition, Kushner was identified by Trump's team as the principal point of contact for foreign governments looking to either congratulate the new US leader or begin diplomatic talks.

<image004.jpg>

The role has gained Kushner scrutiny in recent weeks when it was revealed he met with the Russian ambassador to Washington, Sergey Kislyak, as well as the head of a Russia state-owned bank, Sergey Gorkov, in December. According to a source familiar with what transpired, Kushner's interactions with Russians during the transition as a point man "looking for the right person to engage with on Russia," further reflection of his elevated status within Trump's sphere.

Senate investigators are planning to question Kushner about the meetings as part of a larger probe into Russia's influence in last year's contest.

As Trump enters his eleventh week in office, Kushner's role has expanded to include a globe-spanning collection of foreign assignments -- North America, the Middle East and China included. Even as Senate-confirmed foreign policy aides work to cement their influence within the administration and in foreign capitals, Kushner's already established role has grown to include duties typically assigned to a national security adviser or even a secretary of state.

Before his surprise trip to Iraq, Kushner had been preparing intensively for Thursday and Friday's meeting with Chinese President Xi Jinping, which will take place at Trump's Mar-a-Lago estate in Florida. Kushner has acted as a key conduit between the Chinese government and

the White House in the lead-up to the two leaders' talks, which Xi's representatives requested take place at Trump's Florida estate.

<image005.jpg>

In discussions with China's ambassador in Washington, Kushner has sketched the agenda for the meetings and dictated some elements of the Palm Beach summit, according to people familiar with the planning.

Kushner is seen as a moderating voice on US-China ties, which are becoming both more complicated and more vital as Trump begins his presidency. His daughter, Arabella, has played an unlikely role as well in softening Trump's approach; video of the five-year-old presidential granddaughter singing in Chinese at a New Year's celebration in Washington went viral in China.

But Kushner's close involvement in planning the Chinese visit has also raised ethical questions. His family's real estate company was recently in talks with China's Anbang Insurance Group to redevelop a flagship property in Manhattan; the talks were recently called off after scrutiny from ethics watchdogs and Democratic lawmakers.

Disclosure reports released by the White House Friday showed Kushner, along with his wife Ivanka Trump, could be worth more than \$700 million. At one point he held a position in 267 separate entities, ranging from the Trump transition team to dozens of property holdings in New York and New Jersey, meaning more potential conflicts are likely to arise, even after Kushner has resigned from his business positions.

<image006.jpg>

His expansive responsibilities don't end at foreign affairs. Last week the White House announced Kushner would lead a presidential office tasked with reshaping the federal bureaucracy. He's preparing to meet with lawmakers to discuss criminal justice reform. And he's taken part in discussions to improve the Department of Veterans Affairs and tackle the nation's opioid abuse epidemic.

As Kushner list of responsibilities grows, the limitations on his time are also becoming evident. As he traveled to Iraq Monday, Trump was preparing to welcome Egyptian President Abdel Fattah el-Sisi at the White House for talks, a session Kushner would likely have attended if he wasn't overseas on another assignment.

White House officials said the meeting was likely to include a discussion of Middle East peace, another area Trump has charged Kushner with overseeing. Kushner, an observant Jew, has known Israeli Prime Minister Benjamin Netanyahu for decades, and Trump has expressed rampant optimism at his son-in-law's ability to broker an agreement.

So, too, has Trump lent his support to Kushner's attempts at managing friendlier ties with Mexico, even as the President continues his controversial plan to construct a border wall.

The U.S. has a 60 billion dollar trade deficit with Mexico. It has been a one-sided deal from the beginning of NAFTA with massive numbers...

— Donald J. Trump (@realDonaldTrump) 3:51 AM - 26 Jan 2017

of jobs and companies lost. If Mexico is unwilling to pay for the badly needed wall, then it would be better to cancel the upcoming meeting.

— Donald J. Trump (@realDonaldTrump) 3:55 AM - 26 Jan 2017

The two men at times have seemed at odds; in February, as Kushner was meeting with Mexican officials in Washington to arrange a visit by President Enrique Peña Nieto, Trump tweeted: "If Mexico is unwilling to pay for the badly needed wall, then it would be better to cancel the upcoming meeting."

Peña Nieto ended up canceling his visit.

CNN's Elise Labott and Gloria Borger contributed to this report.

From: IP [REDACTED]frenchangel59.com]
Sent: 4/4/2017 11:19:45 AM
To: David shulkin [drshulkin@aol.com]
Subject: Trump's Secretary of Everything: Jared Kushner - CNNPolitics.com

<http://www.cnn.com/2017/04/03/politics/jared-kushner-donald-trump-foreign-policy/index.html>

Trump's Secretary of Everything: Jared Kushner

It was Jared Kushner, the 36-year-old commercial real estate magnate, whose marriage to President Donald Trump's eldest daughter has thrust the otherwise inexperienced diplomat into the center of US foreign relations -- and seemingly every top issue facing the administration.

PM Al-Abadi receives the US CJCS Gen Dunford and his accompanying delegation

<http://pmo.iq/press2017/3-4-20172.htm> ...

— Haider Al-Abadi (@HaiderAlAbadi) 7:44 AM - 3 Apr 2017

Kushner was visiting Iraq at Dunford's invitation to receive briefings on the military campaign against ISIS, and planned to meet with US and Iraqi officials. Iraq is now the latest portfolio handed to Kushner, whose role as Trump's senior adviser appears to be growing by the day, and whose influence over his father-in-law now extends into nearly every area of government.

In some instances, Kushner's involvement in his father-in-law's administration has raised ethical questions, given the vast property and business holdings Kushner managed in his time running his family's real estate empire. [His ties to Russia during the presidential transition](#) have also drawn scrutiny, and he's due to answer questions from Senate investigators soon.

"I said, 'Hey, next time I go to Iraq, if you're interested, come and it'd be good,' " Dunford told reporters on the flight to Iraq, [according to Reuters](#). He said he'd invited Kushner weeks ago.

Multiple White House and administration officials say Kushner has now eclipsed nearly all of Trump's West Wing and Cabinet advisers in terms of influence, establishing himself as the key envoy for those outside the administration -- including foreign diplomats, business executives and even some members of Congress -- to direct their bidding. He's also, by the way, running a government reform effort and spearheading criminal justice reform.



The elevated position has caused some annoyance at the agencies and departments more typically tasked with carrying out American foreign policy. One ally of Secretary of State Rex Tillerson described the top diplomat as frustrated with Kushner's diplomatic exploits. Officials said Tillerson intervened last month to delay a White House meeting with top Saudi officials over a plan to combat ISIS because he felt there was not enough planning for it.

Other allies and aides deny any tension between the two men and say Kushner has been very helpful both in getting the secretary's input and focusing the President's attention on issues important to Tillerson.



![Source: Meeting was to 'engage with' Russia](//i2.cdn.cnn.com/cnnnext/dam/assets/170328034231-jared-kushner-feb-1-2017-large-169.jpg)

Source: Meeting was to 'engage with' Russia 02:17

Speaking Monday, White House press secretary Sean Spicer said Kushner was working jointly with the State Department to manage the administration's foreign affairs.

"There's a lot of relationships that Jared's made over time -- Mexico being one of them -- that are going to continue having conversations with him," Spicer said. "That doesn't mean by any means it's being done without the coordination with the State Department. It's quite, in fact, the opposite. He's continuing to work with them and facilitate an outcome. But he brings a perspective to this, and began doing that during the transition. But again, it's not a binary choice where he's doing this at the expense of somebody else."

During last year's presidential campaign, and later during the transition, Kushner was identified by Trump's team as the principal point of contact for foreign governments looking to either congratulate the new US leader or begin diplomatic talks.



![Source: Kushner meeting with Russian bank exec was effort to 'engage with' Russia](//i2.cdn.cnn.com/cnnnext/dam/assets/170327093752-jared-kushner-donald-trump-march-15-large-169.jpg)

The role has gained Kushner scrutiny in recent weeks when it was revealed he met with the Russian ambassador to Washington, Sergey Kislyak, as well as the head of a Russia state-owned bank, Sergey Gorkov, in December. According to a source familiar with what transpired, Kushner's interactions with Russians during the transition as a point man "looking for the right person to engage with on Russia," further reflection of his elevated status within Trump's sphere.

Senate investigators are planning to question Kushner about the meetings as part of a larger probe into Russia's influence in last year's contest.

As Trump enters his eleventh week in office, Kushner's role has expanded to include a globe-spanning collection of foreign assignments -- North America, the Middle East and China included. Even as Senate-confirmed foreign policy aides work to cement their influence within the administration and in foreign capitals, Kushner's already established role has grown to include duties typically assigned to a national security adviser or even a secretary of state.

Before his surprise trip to Iraq, Kushner had been preparing intensively for Thursday and Friday's meeting with Chinese President Xi Jinping, which will take place at Trump's Mar-a-Lago estate in Florida. Kushner has acted as a key conduit between the Chinese government and the White House in the lead-up to the two leaders' talks, which Xi's representatives requested take place at Trump's Florida estate.



![Trump signals he won't press human rights ahead of key diplomatic week](//i2.cdn.cnn.com/cnnnext/dam/assets/170328080204-donald-trump-lean-large-169.jpg)

In discussions with China's ambassador in Washington, Kushner has sketched the agenda for the meetings and dictated some elements of the Palm Beach summit, according to people familiar with the planning.

Kushner is seen as a moderating voice on US-China ties, which are becoming both more complicated and more vital as Trump begins his presidency. His daughter, Arabella, has played an unlikely role as well in softening Trump's approach; video of the five-year-old presidential granddaughter singing in Chinese at a New Year's celebration in Washington went viral in China.

But Kushner's close involvement in planning the Chinese visit has also raised ethical questions. His family's real estate company was recently in talks with China's Anbang Insurance Group to redevelop a flagship property in Manhattan; the talks were recently called off after scrutiny from ethics watchdogs and Democratic lawmakers.

Disclosure reports released by the White House Friday showed Kushner, along with his wife Ivanka Trump, could be worth more than \$700 million. At one point he held a position in 267 separate entities, ranging from the Trump transition team to dozens of property holdings in New York and New Jersey, meaning more potential conflicts are likely to arise, even after Kushner has resigned from his business positions.



[Michael Flynn left Russian speaking fees off initial financial disclosures](#) [class="media_image" src="//i2.cdn.cnn.com/cnnnext/dam/assets/170328034231-jared-kushner-feb-1-2017-large-169.jpg">](#)

His expansive responsibilities don't end at foreign affairs. Last week the White House announced Kushner would lead a presidential office tasked with reshaping the federal bureaucracy. He's preparing to meet with lawmakers to discuss criminal justice reform. And he's taken part in discussions to improve the Department of Veterans Affairs and tackle the nation's opioid abuse epidemic.

As Kushner list of responsibilities grows, the limitations on his time are also becoming evident. As he traveled to Iraq Monday, Trump was preparing to welcome Egyptian President Abdel Fattah el-Sisi at the White House for talks, a session Kushner would likely have attended if he wasn't overseas on another assignment.

White House officials said the meeting was likely to include a discussion of Middle East peace, another area Trump has charged Kushner with overseeing. Kushner, an observant Jew, has known Israeli Prime Minister Benjamin Netanyahu for decades, and Trump has expressed rampant optimism at his son-in-law's ability to broker an agreement.

So, too, has Trump lent his support to Kushner's attempts at managing friendlier ties with Mexico, even as the President continues his controversial plan to construct a border wall.

The U.S. has a 60 billion dollar trade deficit with Mexico. It has been a one-sided deal from the beginning of NAFTA with massive numbers...

— Donald J. Trump (@realDonaldTrump) 3:51 AM - 26 Jan 2017

of jobs and companies lost. If Mexico is unwilling to pay for the badly needed wall, then it would be better to cancel the upcoming meeting.

— Donald J. Trump (@realDonaldTrump) 3:55 AM - 26 Jan 2017

The two men at times have seemed at odds; in February, as Kushner was meeting with Mexican officials in Washington to arrange a visit by President Enrique Peña Nieto, Trump tweeted: "If Mexico is unwilling to pay for the badly needed wall, then it would be better to cancel the upcoming meeting."

Peña Nieto ended up canceling his visit.

CNN's Elise Labott and Gloria Borger contributed to this report.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/28/2017 12:52:39 AM
To: Bruce Moskowitz [(b) (6)]<[REDACTED]@gmail.com>
CC: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Can Tech Speed Up Emergency Room Care? - The Wall Street Journal,

Bruce- We will ask our ED Program office to evaluate and I agree Steve would be very helpful i am sure

David

Sent from my iPhone

On Mar 27, 2017, at 8:47 PM, Bruce Moskowitz <[(b) (6)]<[REDACTED]@gmail.com>> wrote:

This article brings up the question if you have a dedicated group to review what already is in place to and adapt what you feel is relevant. There are multiple efforts like this. I know Steve Corwin would be pleased to assist.

I thought you would be interested in the following story from The Wall Street Journal.

Can Tech Speed Up Emergency Room Care?

<https://www.wsj.com/articles/can-tech-speed-up-emergency-room-care-1490629118>

Download the Wall Street Journal app here: [WSJ](#)

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)]
Sent: 3/28/2017 12:47:42 AM
To: drshulkin@aol.com; [(b) (6)]
Subject: Can Tech Speed Up Emergency Room Care? - The Wall Street Journal.

This article brings up the question if you have a dedicated group to review what already is in place to and adapt what you feel is relevant. There are multiple efforts like this. I know Steve Corwin would be pleased to assist.

I thought you would be interested in the following story from The Wall Street Journal.

Can Tech Speed Up Emergency Room Care?

<https://www.wsj.com/articles/can-tech-speed-up-emergency-room-care-1490629118>

Download the Wall Street Journal app here: [WSJ](#).

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/7/2017 11:56:39 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>

<http://www.modernhealthcare.com/article/20170606/NEWS/170609935/jefferson-health-talking-with-teladoc-to-facilitate-post-op-visits>

See above- we need to do this for suicide

What do u think?

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/3/2017 3:15:33 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Join me May 12th for an evening of music, fun, and celebrating America's defenders

Ok thanks

Sent from my iPhone

On Apr 3, 2017, at 9:16 AM, Darin Selnick <(b) (6) @gmail.com> wrote:

I am not sure if you are aware of this event at WLA VA, but it is something we can get some good media from. (b) (6) is a good guy, and I know him and his executive director (b) (6) from my past GI Film Festival work. He is someone we should make a focused effort to do more with in the future, especially with his efforts on building homes for severely disabled veterans.

Darin

----- Forwarded message -----

From: (b) (6) <(b) (6) garysinisefoundation.org>
Date: Mon, Apr 3, 2017 at 9:04 AM
Subject: Join me May 12th for an evening of music, fun, and celebrating America's defenders
To: (b) (6) k@gmail.com



CONCERT FOR DEFENDERS

AN EVENING HONORING OUR MILITARY
AND FIRST RESPONDER COMMUNITIES



— JOIN US —

FRIDAY, MAY 12, 2017

Jackie Robinson Stadium Parking Lot

100 Constitution Ave.

Los Angeles, California 90095

Dear Friends,

I want to make you aware of our Gary Sinise Foundation sponsored *Concert For Defenders* coming up on May 12th at the LA VA. It's a free concert in celebration of those who serve and I hope you'll come salute them with us that night.

Along with my band, friends John Ondrasik and Katharine McPhee will both be performing. I know it's going to be a great night and a wonderful opportunity to show support to our military, veterans, and first responders. Although the concert is free, if you think you might attend I encourage you to RSVP to help us determine what size crowd will be there. We'll have food trucks available.

Hope to see you May 12th. All the best to you.

A handwritten signature in black ink that reads "Gary Sinise". The signature is written in a cursive, flowing style.

FOOD TRUCKS 5PM



6:30PM

FIVE *for*
FIGHTING



SPECIAL GUEST

KATHARINE
MCPHEE



GARY
SINISE & THE
LIDAN BAND

RSVP NOW FOR FREE

For questions contact:

(b) (6)

garysinisefoundation.org

VA



U.S. Department
of Veterans Affairs

SERVING HONOR AND NEED™

View our [Privacy Policy](#)

Gary Sinise Foundation is a tax-exempt charity
All contributions are tax deductible to the extent allowable by law

Gary Sinise Foundation
PO Box 50008
Studio City, CA 91614-5001

© 2017 Copyright Gary Sinise Foundation

Gary Sinise Foundation, P.O. Box 50008, Studio City, CA 91614

[SafeUnsubscribe™](#) [\(b\) \(6\)](#)@gmail.com

[Update Profile](#) | [About our service provider](#)

Sent by [\(b\) \(6\)](#) [garysinisefoundation.org](#) in collaboration with



Try it free today

Message

From: Darin Selnick [(b) (6)]@gmail.com]
Sent: 4/3/2017 1:16:57 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: Join me May 12th for an evening of music, fun, and celebrating America's defenders

I am not sure if you are aware of this event at WLA VA, but it is something we can get some good media from. [(b) (6)] is a good guy, and I know him and his executive director [(b) (6)] from my past GI Film Festival work. He is someone we should make a focused effort to do more with in the future, especially with his efforts on building homes for severely disabled veterans.

Darin

----- Forwarded message -----

From: [(b) (6)] <[(b) (6)]@garysinisefoundation.org>
Date: Mon, Apr 3, 2017 at 9:04 AM
Subject: Join me May 12th for an evening of music, fun, and celebrating America's defenders
To: [(b) (6)]@gmail.com

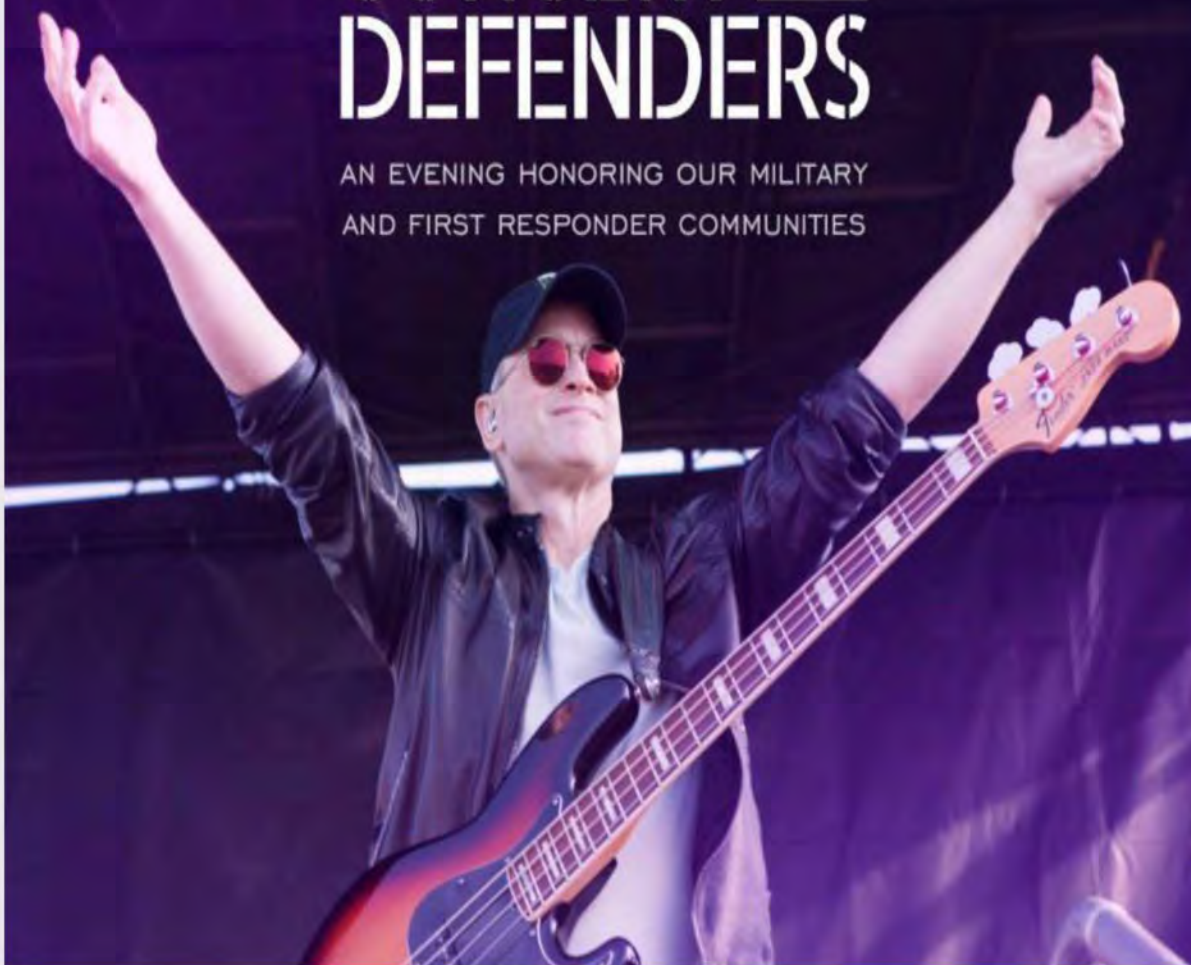
GARY SINISE FOUNDATION

[DONATE NOW](#)



CONCERT FOR DEFENDERS

AN EVENING HONORING OUR MILITARY
AND FIRST RESPONDER COMMUNITIES



— JOIN US —

FRIDAY, MAY 12, 2017

Jackie Robinson Stadium Parking Lot

100 Constitution Ave.

Los Angeles, California 90095

Dear Friends,

I want to make you aware of our Gary Sinise Foundation sponsored *Concert For Defenders* coming up on May 12th at the LA VA. It's a free concert in celebration of those who serve and I hope you'll come salute them with us that night.

Along with my band, friends John Ondrasik and Katharine McPhee will both be performing. I know it's going to be a great night and a wonderful opportunity to show support to our military, veterans, and first responders. Although the concert is free, if you think you might attend I encourage you to RSVP to help us determine what size crowd will be there. We'll have food trucks available.

Hope to see you May 12th. All the best to you.

A handwritten signature in black ink that reads "Gary Sinise". The signature is fluid and cursive, with the first name "Gary" and last name "Sinise" clearly legible.

FOOD TRUCKS 5PM



6:30PM

FIVE *for*
FIGHTING



SPECIAL GUEST

KATHARINE
MCPHEE



GARY
SINISE & THE
LT. DAN BAND

RSVP NOW FOR FREE

For questions contact:

(b) (6) garysinisefoundation.org

VA



U.S. Department
of Veterans Affairs

SERVING HONOR AND NEED™

View our [Privacy Policy](#)

Gary Sinise Foundation is a tax-exempt charity
All contributions are tax deductible to the extent allowable by law

Gary Sinise Foundation
PO Box 50008
Studio City, CA 91614-5001

© 2017 Copyright Gary Sinise Foundation

Gary Sinise Foundation, P.O. Box 50008, Studio City, CA 91614

[SafeUnsubscribe™](#) (b) (6) @gmail.com

[Update Profile](#) | [About our service provider](#)

Sent by (b) (6) garysinisefoundation.org in collaboration with



Try it free today

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/27/2017 3:06:06 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Fwd: training/pgy1
Attachments: (b) (6) Resume--3.25.17.docx; Untitled attachment 06885.htm

Does this make sense?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <(b) (6)@gmail.com>
Date: March 27, 2017 at 7:07:46 AM EDT
To: David shulkin <drshulkin@aol.com>, Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Fwd: training/pgy1

This is why we need more residency slots tied to Veteran Care. I have many examples like this.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: (b) (6) <(b) (6)@gmail.com>
Date: March 27, 2017 at 12:18:03 AM EDT
To: bruce (b) (6)@gmail.com
Subject: training/pgy1

Dear Dr. Moskowitz,

Attached is a copy of my CV. I am (b) (6). I was advised by my school administration to link individual pgy-1 years with my derm applications in the match, ultimately leaving me without a pgy-1 position at the end of match week. Currently, on the public list of unfilled positions, the only advertised internal medicine positions are reserved specifically for FMGs.

Thank you,

(b) (6)

--
(b) (6)
561.389 (b) (6)

(b) (6)
Palm Beach, FL (b) (6)

(b) (6)
(b) (6) @med.upenn.edu
561.389.(b) (6)

(b) (6)
Philadelphia, PA (b) (6)

EDUCATION:

(b) (6)

WORK EXPERIENCE:

(b) (6)

July 2012-June 2013

(b) (6)

(b) (6)

January 2011-May 2011

(b) (6)

(b) (6)

FOR FLORIDA SENATE, PALM BEACH, FL

June 2010-November 2010

(b) (6)

(b) (6)

July 2009-May 2010

(b) (6)

LEADERSHIP/VOLUNTEER WORK:

(b) (6)

-
-
-
-

PUBLICATIONS:

(b) (6)

-
-
-
-

Message

From: Bruce Moskowitz [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/27/2017 11:07:46 AM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Fwd: training/pgy1
Attachments: [(b) (6)] Resume-3.25.17.docx; Untitled attachment 06890.htm

This is why we need more residency slots tied to Veteran Care. I have many examples like this.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: [(b) (6)]<[(b) (6)]@gmail.com>
Date: March 27, 2017 at 12:18:03 AM EDT
To: bruce[(b) (6)]@gmail.com
Subject: training/pgy1

Dear Dr. Moskowitz,

Attached is a copy of my CV. I am currently a [(b) (6)]
[(b) (6)]. I was advised by my school administration to link individual pgy-1 years with my derm applications in the match, ultimately leaving me without a pgy-1 position at the end of match week. Currently, on the public list of unfilled positions, the only advertised internal medicine positions are reserved specifically for FMGs.

Thank you,

[(b) (6)]

--
[(b) (6)]

561.389. [(b) (6)]

(b) (6)
Palm Beach, FL (b) (6)

(b) (6)
(b) (6) @med.upenn.edu
561.389.(b) (6)

(b) (6)
Philadelphia, PA (b) (6)

EDUCATION:

(b) (6)

WORK EXPERIENCE:

(b) (6) July 2012-June 2013

(b) (6)

January 2011-May 2011

(b) (6) FOR FLORIDA SENATE, PALM BEACH, FL

June 2010-November 2010

(b) (6)

July 2009-May 2010

(b) (6)

LEADERSHIP/VOLUNTEER WORK:

• (b) (6)

•

•

•

PUBLICATIONS:

• (b) (6)

•

•

•

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/30/2017 1:42:04 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Back in NJ

Ok - you are free to have a great time 😊

Sent from my iPhone

> On Mar 29, 2017, at 6:20 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

>

> If you want me to have a good time, you can't be upset with me anymore - that's what's so special about people like us- we get upset but forget easily- never hold grudges, we forgive, we are sincere, and we let go- and we apologize. So apologies my dear friend- I know how much you have done to protect me - and know they it hasn't been easy for you - my commitment to you is unconditional. Now you have to smile!!

>

> Sent from my iPhone

>

>> On Mar 29, 2017, at 7:15 PM, David shulkin <Drshulkin@aol.com> wrote:

>>

>> I didn't say that

>>

>> But being upset has nothing to do with our long lasting commitments

>>

>> Sent from my iPhone

>>

>>> On Mar 29, 2017, at 6:01 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

>>>

>>> So you are not upset at me anymore??

>>>

>>> Sent from my iPhone

>>>

>>>> On Mar 29, 2017, at 6:56 PM, David shulkin <Drshulkin@aol.com> wrote:

>>>>

>>>> You know I have your back

>>>>

>>>> Always will

>>>>

>>>> Have a great time and enjoy family time

>>>>

>>>> Sent from my iPhone

>>>>

>>>>> On Mar 29, 2017, at 5:15 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

>>>>>

>>>>> Just landed here- I know I upset you but know that I can never really get mad at you- take care of yourself, will have my emails going- I will learn- I just feel so vulnerable to everything around me with no one I can trust and so the worst of me comes out. I will be better and I just need to trust that as long as you have my back, everything is fine. It will happen with time- I will miss you but am so excited about seeing (b) (6) and spending some quality family time with (b) (6). Take care of yourself and don't get into any issues while I am away.

>>>>>

>>>>> Sent from my iPhone

>>>>>

>>>>>

>>>>>

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/29/2017 11:20:49 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Back in NJ

If you want me to have a good time, you can't be upset with me anymore - that's what's so special about people like us- we get upset but forget easily- never hold grudges, we forgive, we are sincere, and we let go- and we apologize. So apologies my dear friend- I know how much you have done to protect me - and know they it hasnt been easy for you - my commitment to you is unconditional. Now you have to smile!!

Sent from my iPhone

> On Mar 29, 2017, at 7:15 PM, David shulkin <Drshulkin@aol.com> wrote:

>
> I didnt say that

>
> But being upset has nothing to do with our long lasting commitments

>
> Sent from my iPhone

>
>> On Mar 29, 2017, at 6:01 PM, Poonam Alaigh <[(b) (6)]> wrote:

>>
>> So you are not upset at me anymore??

>>
>> Sent from my iPhone

>>
>>> On Mar 29, 2017, at 6:56 PM, David shulkin <Drshulkin@aol.com> wrote:

>>>
>>> You know i have your back

>>>
>>> Always will

>>>
>>> Have a grest time and enjoy family time

>>>
>>> Sent from my iPhone

>>>
>>>> On Mar 29, 2017, at 5:15 PM, Poonam Alaigh <[(b) (6)]> wrote:

>>>>
>>>> Just landed here- I know I upset you but know that I can never really get mad at you- take care of yourself, will have my emails going- I will learn- I just feel so vulnerable to everything around me with no one I can trust and so the worst of me comes out. I will be better and I just need to trust that as long as you have my back, everything is fine. It will happen with time- I will miss you but am so excited about seeing [(b) (6)] and spending some quality family time with [(b) (6)] Take care of yourself and don't get into any issues while I am away.

>>>>
>>>>> Sent from my iPhone

>>>
>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/29/2017 11:04:34 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Back in NJ

I didnt say that

But being upset has nothing to do with our long lasting commitments

Sent from my iPhone

> On Mar 29, 2017, at 6:01 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> So you are not upset at me anymore??

>

> Sent from my iPhone

>

>> On Mar 29, 2017, at 6:56 PM, David shulkin <Drshulkin@aol.com> wrote:

>>

>> You know i have your back

>>

>> Always will

>>

>> Have a grest time and enjoy family time

>>

>> Sent from my iPhone

>>

>>> On Mar 29, 2017, at 5:15 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>>>

>>> Just landed here- I know I upset you but know that I can never really get mad at you- take care of yourself, will have my emails going- I will learn- I just feel so vulnerable to everything around me with no one I can trust and so the worst of me comes out. I will be better and I just need to trust that as long as you have my back, everything is fine. It will happen with time- I will miss you but am so excited about seeing [(b) (6)] and spending some quality family time with [(b) (6)] Take care of yourself and don't get into any issues while I am away.

>>>

>>> Sent from my iPhone

>>

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/29/2017 11:01:08 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Back in NJ

So you are not upset at me anymore??

Sent from my iPhone

> On Mar 29, 2017, at 6:56 PM, David shulkin <Drshulkin@aol.com> wrote:

>

> You know i have your back

>

> Always will

>

> Have a grest time and enjoy family time

>

> Sent from my iPhone

>

>> On Mar 29, 2017, at 5:15 PM, Poonam Alaigh <[(b) (6)]> wrote:

>>

>> Just landed here- I know I upset you but know that I can never really get mad at you- take care of yourself, will have my emails going- I will learn- I just feel so vulnerable to everything around me with no one I can trust and so the worst of me comes out. I will be better and I just need to trust that as long as you have my back, everything is fine. It will happen with time- I will miss you but am so excited about seeing [(b) (6)] and spending some quality family time with [(b) (6)]. Take care of yourself and don't get into any issues while I am away.

>>

>> Sent from my iPhone

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/29/2017 10:51:34 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Back in NJ

You know i have your back

Always will

Have a grest time and enjoy family time

Sent from my iPhone

> On Mar 29, 2017, at 5:15 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> Just landed here- I know I upset you but know that I can never really get mad at you- take care of yourself, will have my emails going- I will learn- I just feel so vulnerable to everything around me with no one I can trust and so the worst of me comes out. I will be better and I just need to trust that as long as you have my back, everything is fine. It will happen with time- I will miss you but am so excited about seeing [(b) (6)] and spending some quality family time with [(b) (6)] Take care of yourself and don't get into any issues while I am away.

>

> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/29/2017 10:15:59 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Back in NJ

Just landed here- I know I upset you but know that I can never really get mad at you- take care of yourself, will have my emails going- I will learn- I just feel so vulnerable to everything around me with no one I can trust and so the worst of me comes out. I will be better and I just need to trust that as long as you have my back, everything is fine. It will happen with time- I will miss you but am so excited about seeing [(b) (6)] and spending some quality family time with [(b) (6)]. Take care of yourself and don't get into any issues while I am away.

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/6/2017 3:19:21 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: VA Transparency launch



Sent from my iPhone

On Apr 5, 2017, at 11:18 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Just say that there was something missing these past few days and now you feel that we are back on track.

Sent from my iPhone

On Apr 5, 2017, at 10:44 PM, David Shulkin <drshulkin@aol.com> wrote:

Thanks for coming today- I know it was difficult and you sacrificed important family time

We needed to be at both meetings together

Pretty good progress

Sent from my iPad

On Apr 5, 2017, at 10:13 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Thats so great- thanks for all of your support

Sent from my iPhone

On Apr 5, 2017, at 6:31 PM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

The same comment from all to support you to the fullest. Spoke to Ike who asked that Terry Fadem move quickly. Also he asked that I find 3-4, more IT for you to interview April 17,

Sent from my iPhone

Begin forwarded message:

From: "(b) (6) M.D." <(b) (6)@mayo.edu>
Date: April 5, 2017 at 4:06:10 PM EDT

To: Bruce Moskowitz

<(b) (6)@mac.com>

Cc: "(b) (6)@partners.org"

<(b) (6)@partners.org> ,

"(b) (6)@ccf.org"

<(b) (6)@ccf.org> , (b) (6)

<(b) (6)@jhmi.edu> , "(b) (6)"

<(b) (6)@mayo.edu> ,

(b) (6)) (6)@kp.org"

<(b) (6)@kp.org> , IP

(b) (6)@frenchangel59.com> ,

"lper(b) (6)@gmail.com"

<lper(b) (6)@gmail.com> ,

"mbs(b) (6)@gmail.com"

<mbs(b) (6)@gmail.com>

**Subject: Re: VA Transparency
launch**

Bruce et al,

I agree. I remain proud to support
David in this important work.

(b) (6)

(b) (6) M.D.

President and CEO

Mayo Clinic Administration

Mayo Building, East 11

Phone: 507-266-(b) (6)

Fax: 507-293-(b) (6)

Mayo Clinic

200 First Street SW

Rochester, MN 55905

www.mayoclinic.org

On Apr 5, 2017, at 7:29 AM, Bruce
Moskowitz

<(b) (6)@mac.com>

wrote:

We all need to be behind
this tremendous
accomplishment by the
Secretary and his team.
Thank you for your
support.

Sent from my iPad
Bruce Moskowitz M.D.

<Access and Quality
Tool Implementation

Plan Draft
03302017_Final.doc>

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 4/6/2017 3:18:38 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: VA Transparency launch

Just say that there was something missing these past few days and now you feel that we are back on track.

Sent from my iPhone

On Apr 5, 2017, at 10:44 PM, David Shulkin <drshulkin@aol.com> wrote:

Thanks for coming today- I know it was difficult and you sacrificed important family time

We needed to be at both meetings together

Pretty good progress

Sent from my iPad

On Apr 5, 2017, at 10:13 PM, Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>> wrote:

Thats so great- thanks for all of your support

Sent from my iPhone

On Apr 5, 2017, at 6:31 PM, Bruce Moskowitz <[(b) (6)]<[redacted]@mac.com>> wrote:

The same comment from all to support you to the fullest. Spoke to Ike who asked that Terry Fadem move quickly. Also he asked that I find 3-4 more IT for you to interview April 17.

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] M.D." <[(b) (6)]<[redacted]@mayo.edu>>
Date: April 5, 2017 at 4:06:10 PM EDT
To: Bruce Moskowitz <[(b) (6)]<[redacted]@mac.com>>
Cc: [(b) (6)]<[redacted]@partners.org>, [(b) (6)]<[redacted]@ccf.org>, [(b) (6)]<[redacted]@ccf.org>, [(b) (6)]<[redacted]@jhmi.edu>, [(b) (6)]<[redacted]@mayo.edu>, [(b) (6)]<[redacted]@kp.org>, [(b) (6)]<[redacted]@kp.org>, IP [(b) (6)]<[redacted]@frenchangel59.com>, [(b) (6)]<[redacted]@lperl@gmail.com>, [(b) (6)]<[redacted]@lperl@gmail.com>

"mbs^{(b) (6)}@gmail.com"
<mbs^{(b) (6)}@gmail.com>

Subject: Re: VA Transparency launch

Bruce et al,

I agree. I remain proud to support David in this important work.

^{(b) (6)}

^{(b) (6)} **M.D.**

President and CEO

Mayo Clinic Administration

Mayo Building, East 11

Phone: [507-266-^{\(b\) \(6\)}](tel:507-266-<sup>(b) (6)</sup)

Fax: [507-293-^{\(b\) \(6\)}](tel:507-293-<sup>(b) (6)</sup)

Mayo Clinic

[200 First Street SW](https://www.mayoclinic.org/locations/200-First-Street-SW)

[Rochester, MN 55905](https://www.mayoclinic.org/locations/rochester-mn-55905)

www.mayoclinic.org

On Apr 5, 2017, at 7:29 AM, Bruce Moskowitz

<^{(b) (6)}@mac.com> wrote:

We all need to be behind this tremendous accomplishment by the Secretary and his team. Thank you for your support.

Sent from my iPad
Bruce Moskowitz M.D.

<Access and Quality Tool
Implementation Plan Draft
03302017_Final.doc>

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 4/6/2017 2:44:46 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: VA Transparency launch

Thanks for coming today- I know it was difficult and you sacrificed important family time

We needed to be at both meetings together

Pretty good progress

Sent from my iPad

On Apr 5, 2017, at 10:13 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Thats so great- thanks for all of your support

Sent from my iPhone

On Apr 5, 2017, at 6:31 PM, Bruce Moskowitz <[(b) (6)]<[REDACTED]@mac.com>> wrote:

The same comment from all to support you to the fullest. Spoke to Ike who asked that Terry Fadem move quickly. Also he asked that I find 3-4,more IT for you to interview April 17.

Sent from my iPhone

Begin forwarded message:

From: "[(b) (6)] M.D." <[(b) (6)]<[REDACTED]@mayo.edu>>
Date: April 5, 2017 at 4:06:10 PM EDT
To: Bruce Moskowitz <[(b) (6)]<[REDACTED]@mac.com>>
Cc: "[(b) (6)]<[REDACTED]@partners.org>" <[(b) (6)]<[REDACTED]@partners.org>>, "[(b) (6)]<[REDACTED]@ccf.org>" <[(b) (6)]<[REDACTED]@ccf.org>>, "[(b) (6)]<[REDACTED]@ihmi.edu>" <[(b) (6)]<[REDACTED]@ihmi.edu>>, "[(b) (6)]<[REDACTED]@mayo.edu>" <[(b) (6)]<[REDACTED]@mayo.edu>>, "[(b) (6)]<[REDACTED]@kp.org>" <[(b) (6)]<[REDACTED]@kp.org>>, IP <[(b) (6)]<[REDACTED]@frenchangel59.com>>, "lper[(b) (6)]<[REDACTED]@gmail.com>" <[(b) (6)]<[REDACTED]@gmail.com>>, "lper[(b) (6)]<[REDACTED]@gmail.com>" <[(b) (6)]<[REDACTED]@gmail.com>>, "mbs[(b) (6)]<[REDACTED]@gmail.com>" <[(b) (6)]<[REDACTED]@gmail.com>>, "mbs[(b) (6)]<[REDACTED]@gmail.com>" <[(b) (6)]<[REDACTED]@gmail.com>>
Subject: Re: VA Transparency launch

Bruce et al,
I agree. I remain proud to support David in this important work.

[(b) (6)]

[(b) (6)] M.D.
President and CEO
Mayo Clinic Administration
Mayo Building, East 11

Phone: [507-266-](tel:507-266-)(b) (6)

Fax: [507-293-](tel:507-293-)(b) (6)

Mayo Clinic

[200 First Street SW](#)

[Rochester, MN 55905](#)

www.mayoclinic.org

On Apr 5, 2017, at 7:29 AM, Bruce Moskowitz

<(b) (6)@mac.com> wrote:

We all need to be behind this tremendous accomplishment by the Secretary and his team. Thank you for your support.

Sent from my iPad
Bruce Moskowitz M.D.

<Access and Quality Tool Implementation Plan
Draft 03302017_Final.doc>

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 4/6/2017 2:13:43 AM
To: Bruce Moskowitz [(b) (6)]<[redacted]@mac.com>
CC: drshulkin@aol.com
Subject: Re: VA Transparency launch

Thats so great- thanks for all of your support

Sent from my iPhone

On Apr 5, 2017, at 6:31 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:

The same comment from all to support you to the fullest. Spoke to Ike who asked that Terry Fadem move quickly. Also he asked that I find 3-4, more IT for you to interview April 17.

Sent from my iPhone

Begin forwarded message:

From: "[(b) (6)] M.D." <[(b) (6)]@mayo.edu>
Date: April 5, 2017 at 4:06:10 PM EDT
To: Bruce Moskowitz <[(b) (6)]@mac.com>
Cc: "[(b) (6)]@partners.org" <[(b) (6)]@partners.org>, "[(b) (6)]@ccf.org" <[(b) (6)]@ccf.org>, "[(b) (6)]@jhmi.edu" <[(b) (6)]@jhmi.edu>, "[(b) (6)]@mayo.edu" <[(b) (6)]@mayo.edu>, "[(b) (6)]@kp.org" <[(b) (6)]@kp.org>, IP <[(b) (6)]@frenchangel59.com>, "lperl" <[(b) (6)]@gmail.com>, "lperl" <[(b) (6)]@gmail.com>, "mbs" <[(b) (6)]@gmail.com>, "mbs" <[(b) (6)]@gmail.com>
Subject: Re: VA Transparency launch

Bruce et al,
I agree. I remain proud to support David in this important work.

[(b) (6)]

[(b) (6)] M.D.
President and CEO
Mayo Clinic Administration
Mayo Building, East 11
Phone: 507-266-[(b) (6)]
Fax: 507-293-[(b) (6)]

Mayo Clinic
[200 First Street SW](#)
[Rochester, MN 55905](#)
[www.mayoclinic.org](#)

On Apr 5, 2017, at 7:29 AM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:

We all need to be behind this tremendous accomplishment by the Secretary and his team. Thank you for your support.

Sent from my iPad
Bruce Moskowitz M.D.

<Access and Quality Tool Implementation Plan Draft
03302017_Final.doc>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 4/5/2017 10:31:08 PM
To: drshulkin@aol.com; Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Fwd: VA Transparency launch

The same comment from all to support you to the fullest. Spoke to Ike who asked that Terry Fadem move quickly. Also he asked that I find 3-4, more IT for you to interview April 17.

Sent from my iPhone

Begin forwarded message:

From: "(b) (6) M.D." <[(b) (6)] mayo.edu>
Date: April 5, 2017 at 4:06:10 PM EDT
To: Bruce Moskowitz <[(b) (6)] mac.com>
Cc: "(b) (6) partners.org" <[(b) (6)] partners.org>, "(b) (6) ccf.org" <[(b) (6)] ccf.org>, "(b) (6) jhmi.edu" <[(b) (6)] jhmi.edu>, "(b) (6) mayo.edu" <[(b) (6)] mayo.edu>, "(b) (6) kp.org" <[(b) (6)] kp.org>, IP <[(b) (6)] frenchangel59.com>, "lperl[(b) (6)] @gmail.com" <lperl[(b) (6)] @gmail.com>, "mbs[(b) (6)] @gmail.com" <mbs[(b) (6)] @gmail.com>
Subject: Re: VA Transparency launch

Bruce et al,

I agree. I remain proud to support David in this important work.

[(b) (6)]

[(b) (6)] M.D.
President and CEO
Mayo Clinic Administration
Mayo Building, East 11
Phone: 507-266-[(b) (6)]
Fax: 507-293-[(b) (6)]

Mayo Clinic
[200 First Street SW](#)
[Rochester, MN 55905](#)
[www.mayoclinic.org](#)

On Apr 5, 2017, at 7:29 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

We all need to be behind this tremendous accomplishment by the Secretary and his team. Thank you for your support.

Sent from my iPad
Bruce Moskowitz M.D.

<Access and Quality Tool Implementation Plan Draft 03302017_Final.doc>

Message

From: (b) (6) [(b) (6)]@responsivehealth.org]
Sent: 3/26/2017 4:04:53 PM
To: 'Bruce Moskowitz' [(b) (6)]@gmail.com]
CC: 'David shulkin' [drshulkin@aol.com]; 'Poonam Alaigh' [(b) (6)]@hotmail.com]; (b) (6) [(b) (6)]@gmail.com]; (b) (6) [(b) (6)]@responsivehealth.org; (b) (6) [(b) (6)]@mssm.edu
Subject: RE: Va

Excellent Bruce. I'll have Peggy work with (b) (6) to set up a time.

(b) (6) CTO
Responsive Health
(b) (6)@ResponsiveHealth.org
732-772-(b) (6) (cell)
646-868-(b) (6) (office)
ResponsiveHealth.org

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6)]@gmail.com]
Sent: Sunday, March 26, 2017 11:50 AM
To: (b) (6) [(b) (6)]@responsivehealth.org; (b) (6) [(b) (6)]@mssm.edu
CC: David shulkin; Poonam Alaigh; (b) (6) [(b) (6)]
Subject: Va

We would like to set up a group call so that we can discuss how to best utilize your technology in a pilot project. (b) (6) in my office will coordinate a time. I have CC'd the Secretary and the acting Under Secretary. Thank you.

Sent from my iPad
Bruce Moskowitz M.D.

From: David shulkin [Drshulkin@aol.com]
Sent: 3/24/2017 1:08:46 AM
To: IP (b) (6) frenchangel59.com]
Subject: Re: WHERE DOES THE VA'S MONEY GO?

Yes we can fix all of this

Sent from my iPhone

On Mar 23, 2017, at 6:06 PM, IP (b) (6) frenchangel59.com> wrote:

WHERE DOES THE VA'S MONEY GO?

<https://cv4a.org/vas-money-go/>

The Department of Veterans Affairs has a history of mismanagement and wasted resources, but Congress is attempting to address the root of the problem with the VA Accountability First Act of 2017.

Since 2009, the Department of Veterans Affairs' budget has grown by nearly 86 percent. That is significant growth, especially considering the VA's 2017 budget totals a whopping **\$182.3 billion**—an increase of 4.9 percent from 2016. But despite its growing budget, it seems like every day there's a new story of resources being wasted at the expense of veterans' care.

That's because the core of this problem is the VA not holding its leaders and employees accountable for the bad decisions they make.

Consider these examples of senseless spending:

- VA hospital being built in Aurora, Colo: The need for a new hospital in the area was identified almost two decades ago, but what was initially expected to cost \$604 million to build has exploded to **\$1.7 billion**. And it's not because the facility will include special equipment or resources for veterans—it's because of the building's unusual design which one contractor compared to a "shopping mall." The worst part, though, is veterans will continue waiting another year and a half to use the facility.
- \$20 million on artwork: That's how much the department spent between 2004 and 2014. The Palo Alto Healthcare System alone spent more than \$6 million, including a \$280,000 installation on a parking garage wall. The project, meant to honor blind veterans by featuring quotes in Morse code, is a light-up display.

It's mind blowing that this amount of waste can happen. It's the reason why Congress should pass the VA Accountability First Act of 2017—this legislation is desperately needed because it's almost impossible to fire bad VA employees who misuse resources.

It also places restrictions on the amount of bonuses the VA can award to executives and employees. In FY2015, the department gave out more than \$177 million in bonuses to nearly 189,000 employees.

Financial incentives are a good way to boost morale, but the VA gave bonuses to people who don't deserve them:

- Dr. Darren Deering, who served as chief of staff at the Phoenix VA, received a **\$5,000 bonus just three months before he was fired** for negligence and lack of oversight.
- Stella S. Fiotes, the executive director of VA's Office of Construction and Facilities and in charge of overseeing the Aurora hospital's construction—now over budget and behind schedule—**received more than \$18,000**.

The consequences of the VA's wasted resources are seen in the veterans who have died waiting for care. And those who travel hours to a hospital because the facility closest to them is still under construction. And those who have been denied claims because of lost paperwork.

It's time for the VA's history of waste and unaccountable workers to come to an end. Congress needs to pass the VA Accountability First Act of 2017 to ensure veterans' needs are prioritized ahead of department bureaucrats' wants.

From: IP [REDACTED]frenchangel59.com]
Sent: 3/23/2017 10:06:39 PM
To: David shulkin [drshulkin@aol.com]
Subject: WHERE DOES THE VA'S MONEY GO?

WHERE DOES THE VA'S MONEY GO?

<https://cv4a.org/vas-money-go/>

The Department of Veterans Affairs has a history of mismanagement and wasted resources, but Congress is attempting to address the root of the problem with the VA Accountability First Act of 2017.

Since 2009, the Department of Veterans Affairs' budget has grown by nearly 86 percent. That is significant growth, especially considering the VA's 2017 budget totals a whopping **\$182.3 billion**—an increase of 4.9 percent from 2016. But despite its growing budget, it seems like every day there's a new story of resources being wasted at the expense of veterans' care.

That's because the core of this problem is the VA not holding its leaders and employees accountable for the bad decisions they make.

Consider these examples of senseless spending:

- VA hospital being built in Aurora, Colo: The need for a new hospital in the area was identified almost two decades ago, but what was initially expected to cost \$604 million to build has exploded to **\$1.7 billion**. And it's not because the facility will include special equipment or resources for veterans—it's because of the building's unusual design which one contractor compared to a "shopping mall." The worst part, though, is veterans will continue waiting another year and a half to use the facility.
- \$20 million on artwork: That's how much the department spent between 2004 and 2014. The Palo Alto Healthcare System alone spent more than \$6 million, including a \$280,000 installation on a parking garage wall. The project, meant to honor blind veterans by featuring quotes in Morse code, is a light-up display. It's mind blowing that this amount of waste can happen. It's the reason why Congress should pass the VA Accountability First Act of 2017—this legislation is desperately needed because it's almost impossible to fire bad VA employees who misuse resources.

It also places restrictions on the amount of bonuses the VA can award to executives and employees. In FY2015, the department gave out more than \$177 million in bonuses to nearly 189,000 employees.

Financial incentives are a good way to boost morale, but the VA gave bonuses to people who don't deserve them:

- Dr. Darren Deering, who served as chief of staff at the Phoenix VA, received a **\$5,000 bonus just three months before he was fired** for negligence and lack of oversight.
- Stella S. Fiotes, the executive director of VA's Office of Construction and Facilities and in charge of overseeing the Aurora hospital's construction—now over budget and behind schedule—**received more than \$18,000**.

The consequences of the VA's wasted resources are seen in the veterans who have died waiting for care. And those who travel hours to a hospital because the facility closest to them is still under construction. And those who have been denied claims because of lost paperwork.

It's time for the VA's history of waste and unaccountable workers to come to an end. Congress needs to pass the VA Accountability First Act of 2017 to ensure veterans' needs are prioritized ahead of department bureaucrats' wants.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/23/2017 11:25:12 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Residency Slots

Yes no one wants to do only general surgery in my community we are down to two. Easy to find subspecialty surgeons. If we have them commit to general surgery care or general internal medicine care for five years that would be significant.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 23, 2017, at 7:22 AM, David shulkin <Drshulkin@aol.com> wrote:

>
> In the past weve llimited it to int med and psych
>
> I wasn't aware of general surgery being a shortage? But if it is then no problem
>
> Sent from my iPhone
>

>> On Mar 23, 2017, at 7:19 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>>
>> I think we should consider limiting them to internal medicine, general surgery and psychiatry since these are where the biggest shortage is.
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 11:22:37 AM
To: Bruce Moskowitz [(b) (6)] mac.com]
Subject: Re: Residency Slots

In the past weve llimited it to int med and psych

I wasn't aware of general surgery being a shortage? But if it is then no problem

Sent from my iPhone

> On Mar 23, 2017, at 7:19 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>

> I think we should consider limiting them to internal medicine, general surgery and psychiatry since these are where the biggest shortage is.

>

> Sent from my iPad

> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/23/2017 11:19:47 AM
To: David Shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Residency Slots

I think we should consider limiting them to internal medicine, general surgery and psychiatry since these are where the biggest shortage is.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/25/2017 6:46:51 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Access website: follow-up and recommendations

Absolutely- i think the people who are upset at moving fast need to be outed and should be encouraged to move to agriculture

Sent from my iPhone

On Mar 25, 2017, at 1:51 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Have been involved with a lot of trouble shooting as [(b) (6)] is being blamed for not following the normal process- I assured him that I have his back and will support him and communicated that accordingly to all involved. I will manage- and am hoping vivieca is on the same page as me in ensuring that the site is live by 4/4 inside or outside of va.gov. In case vivieca brings it up, I need you to support us in this expedited path to releasing the public website - o action on your part unless it comes up

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: March 25, 2017 at 1:47:44 PM EDT
To: 'Poonam Alaigh' <[(b) (6)]<[REDACTED]@hotmail.com>
Subject: FW: Access website: follow-up and recommendations

Sent with Good (www.good.com)

-----Original Message-----

From: Blackburn, Scott R.
Sent: Saturday, March 25, 2017 01:42 PM Eastern Standard Time
To: [(b) (6)]
Cc: [(b) (6)]; [(b) (6)]
Alaigh, Poonam, M.D.; Morton, Barbara C.; Wright, Vivieca (Simpson)
Subject: RE: Access website: follow-up and recommendations

[(b) (6)] [(b) (6)] team – thank you for getting together on this so quickly, laying out the issues, and two courses of action (that both seem viable to me). I apologize that I couldn't meet at 4:30pm Friday afternoon.

Frankly I was a little surprised that we had all not connected much earlier (seems like a huge miscommunication and missed opportunity). We will need to fix that so this doesn't happen again (I feel we have the same issue with the VAR). But I don't want to

get into that now. First, let's work together quickly to solve this problem ASAP (once this is behind us, we can then do an AAR and make sure this doesn't happen again).

This is a HUGE deal for the Secretary, USH, and VHA. I am cc'ing Poonam/Vivieca to raise this to them. They are talking a big early April rollout with demos to Congress, etc. We have already shared with VSOs (at the breakfast earlier this week). Two reactions:

1. <!--[if !supportLists]--><!--[endif]--> Of the two options below, which do you all recommend? Which would USDS recommend? OIT? VHA? Comms? Do we have consensus or is this going to be a heated debate? I do have my personal leaning, but I first want to hear the thoughts of the others (particularly as I wasn't aware of this until Wednesday and have only spent 30 mins total on this).
2. <!--[if !supportLists]--><!--[endif]--> How quickly can we make a decision? I am out through Monday evening (at the Winter Sports Clinic in Colorado). However I would suggest you all get together Monday, with Poonam and Vivieca, to see if we have consensus. If we don't have consensus, I trust Vivieca/Poonam to choose between the below two options. I would then ask that we move swiftly, as we have clearly committed to deadlines on this. If still an issue on Tuesday, I am happy to weigh in to help settle this.

Does this sound good to you all?

(again, let's avoid the finger pointing. We have the VA's best and brightest on this thread. Let's leverage the great work done, solve these issues quickly, and meet the intent of this product to the best we can on the timeline we've committed to. Let's also be clear that this will be a "living product" for which we will learn, gather feedback, and constantly improve.

From: (b) (6)
Sent: Friday, March 24, 2017 3:09 PM
To: Blackburn, Scott R.
Cc: (b) (6); (b) (6)
Subject: Access website: follow-up and recommendations
Importance: High

Scott,

Per your recommendation I spoke with (b) (6) (and later IT) about the Access website and synced up. As promised, here's a quick read-out on the facts as I understand them, and a recommended path forward. In short, there are definitely some solid and workable options here.

We can work off of this in our 4:30 meeting if that's helpful.

WHAT WE KNOW:

1. **This Access website** was done through (b) (6) and OIT b/c his leadership was under the impression that USDS had been working with Steve Lieberman for 8 months and delivered nothing. *This is false. We started working with Steve about 6 weeks ago, and delivered a prototype in less than one month.*
2. **There is a functional version of this on vets.gov that is ready to go, based on vets.gov standards and rigorous user research.** *This version has been briefed and demoed to the Secretary—that happened about 3 weeks ago.*
3. **The vets.gov version was supposed to launch today.** *The reason it hasn't launched is because Steve's team wanted us to add national averages but the CDW data didn't have that information, so as soon as that is a green light, we're ready to roll.*
4. **As I mentioned this morning, we have several concerns about this site going live in its current state. These are the top 3 concerns:**
 1. **The website is currently in violation of the usage rights of the photos on the landing page.** The photos on the homepage of vets.gov cannot be used on any other site without violating our usage rights. If it goes live with this design anywhere other than vets.gov, the VA could (and likely will) get sued.
 2. **The website looks like vets.gov, but is not vets.gov.** At minimum this will be confusing to veterans, but more troubling is that this could be perceived as a non-credible website. As an example, knock off sites are created as part of many online scams. The credibility of vets.gov and this site are seriously undermined by this. *Bottom line here is that vets.gov branding cannot be used without doing significant damage to the VA's efforts at creating a modern, unified, digital experience.*
 3. **The language is very VA-centric, and not written with the user in mind.** Based on the research we have done for vets.gov, I am confident to say that word like "access" mean very little outside of this building. As a VA employee I know that the content is referring to healthcare, but to a veteran this will be less clear.
 4. **VA should not spin up another website.** We as an agency, via MyVA, have been working to create a single, trusted, digital experience that enables veterans to transact with their most critical VA services (primarily healthcare) in one place. If it is vital this is launched, in this exact form in the next few weeks, then it should be linked to from a page on VA.gov that uses that style guide and can in no way be confused as a vets.gov site.

OPTIONS // PATHS FORWARD:

1. **Launch the product that we (Digital Service) already built (and already briefed/demoed to the Secretary) on vets.gov.** This means that the product meets our standards of user testing, design, content, and technical reliability. As long as the data is clean, accurate, and reliable, we can meet your timeline.
 1. PRO: roll out a user-tested product that is more in line with what Veterans want and need than [the alternate version](#).
 2. CON: if there is something wrong with the data or the map as CDW has built it, it will damage the credibility of vets.gov.
2. **Launch the Access website on va.gov, with va.gov (not vets.gov) branding.** This would mean launching the non-vets.gov version on va.gov, using the va.gov template, and framing it as a “prototype” that will be tested rigorously with Veterans in the field, and eventually moved to vets.gov. This could happen in as little as 2 days, since va.gov is a template-based website and should be a very rapid build.

See you at 4:30!

(b) (6)

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 3/25/2017 5:51:49 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Access website: follow-up and recommendations

Have been involved with a lot of trouble shooting as [(b) (6)] is being blamed for not following the normal process- I assured him that I have his back and will support him and communicated that accordingly to all involved. I will manage- and am hoping vivieca is on the same page as me in ensuring that the site is live by 4/4 inside or outside of va.gov. In case vivieca brings it up, I need you to support us in this expedited path to releasing the public website - o action on your part unless it comes up

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: March 25, 2017 at 1:47:44 PM EDT
To: 'Poonam Alaigh' <[(b) (6)]<[redacted]@hotmail.com>
Subject: FW: Access website: follow-up and recommendations

Sent with Good (www.good.com)

-----Original Message-----

From: Blackburn, Scott R.
Sent: Saturday, March 25, 2017 01:42 PM Eastern Standard Time
To: [(b) (6)]
Cc: [(b) (6)]; [(b) (6)] Alaigh, Poonam, M.D.; Morton, Barbara C.; Wright, Vivieca (Simpson)
Subject: RE: Access website: follow-up and recommendations

[(b) (6)] team – thank you for getting together on this so quickly, laying out the issues, and two courses of action (that both seem viable to me). I apologize that I couldn't meet at 4:30pm Friday afternoon.

Frankly I was a little surprised that we had all not connected much earlier (seems like a huge miscommunication and missed opportunity). We will need to fix that so this doesn't happen again (I feel we have the same issue with the VAR). But I don't want to get into that now. First, let's work together quickly to solve this problem ASAP (once this is behind us, we can then do an AAR and make sure this doesn't happen again).

This is a HUGE deal for the Secretary, USH, and VHA. I am cc'ing Poonam/Vivieca to raise this to them. They are talking a big early April rollout with demos to Congress, etc. We have already shared with VSOs (at the breakfast earlier this week). Two reactions:

1. <!--[if !supportLists]--><!--[endif]--> Of the two options below, which do you all recommend? Which would USDS recommend? OIT? VHA? Comms? Do we have consensus or is this going to be a heated debate? I do have my personal leaning, but I first want to hear the thoughts of the others (particularly as I wasn't aware of this until Wednesday and have only spent 30 mins total on this).
2. <!--[if !supportLists]--><!--[endif]--> How quickly can we make a decision? I am out through Monday evening (at the Winter Sports Clinic in Colorado). However I would suggest you all get together Monday, with Poonam and Vivieca, to see if we have consensus. If we don't have consensus, I trust Vivieca/Poonam to choose between the below two options. I would then ask that we move swiftly, as we have clearly committed to deadlines on this. If still an issue on Tuesday, I am happy to weigh in to help settle this.

Does this sound good to you all?

(again, let's avoid the finger pointing. We have the VA's best and brightest on this thread. Let's leverage the great work done, solve these issues quickly, and meet the intent of this product to the best we can on the timeline we've committed to. Let's also be clear that this will be a "living product" for which we will learn, gather feedback, and constantly improve.

From: (b) (6)
Sent: Friday, March 24, 2017 3:09 PM
To: Blackburn, Scott R.
Cc: (b) (6); (b) (6)
Subject: Access website: follow-up and recommendations
Importance: High

Scott,

Per your recommendation I spoke with (b) (6) (and later IT) about the Access website and synced up. As promised, here's a quick read-out on the facts as I understand them, and a recommended path forward. In short, there are definitely some solid and workable options here.

We can work off of this in our 4:30 meeting if that's helpful.

WHAT WE KNOW:

1. **This Access website** was done through (b) (6) and OIT b/c his leadership was under the impression that USDS had been working with Steve Lieberman for 8 months and delivered nothing. *This is false. We started working with Steve about 6 weeks ago, and delivered a prototype in less than one month.*
2. There is a functional version of this on vets.gov that is ready to go, based on vets.gov standards and rigorous user research. *This version has been briefed and demoed to the Secretary—that happened about 3 weeks ago.*
3. The vets.gov version was supposed to launch today. *The reason it hasn't launched is because Steve's team wanted us to add national averages but the CDW data didn't have that information, so as soon as that is a green light, we're ready to roll.*
4. As I mentioned this morning, we have several concerns about this site going live in its current state. These are the top 3 concerns:
 1. **The website is currently in violation of the usage rights of the photos on the landing page.** The photos on the homepage of vets.gov cannot be used on any other site without violating our usage rights. If it goes live with this design anywhere other than vets.gov, the VA could (and likely will) get sued.
 2. **The website looks like vets.gov, but is not vets.gov.** At minimum this will be confusing to veterans, but more troubling is that this could be perceived as a non-credible website. As an example, knock off sites are created as part of many online scams. The credibility of vets.gov and this site are seriously undermined by this. *Bottom line here is that vets.gov branding cannot be used without doing significant damage to the VA's efforts at creating a modern, unified, digital experience.*
 3. **The language is very VA-centric, and not written with the user in mind.** Based on the research we have done for vets.gov, I am confident to say that word like "access" mean very little outside of this building. As a VA employee I know that the content is referring to healthcare, but to a veteran this will be less clear.
 4. **VA should not spin up another website.** We as an agency, via MyVA, have been working to create a single, trusted, digital experience that enables veterans to transact with their most critical VA services (primarily healthcare) in one place. If it is vital this is launched, in this exact form in the next few weeks, then it should be linked to from a page on va.gov that uses that style guide and can in no way be confused as a vets.gov site.

OPTIONS // PATHS FORWARD:

1. **Launch the product that we (Digital Service) already built (and already briefed/demoed to the Secretary) on vets.gov.** This means that the product meets our standards of user testing, design, content, and technical reliability. As long as the data is clean, accurate, and reliable, we can meet your timeline.
 1. PRO: roll out a user-tested product that is more in line with what Veterans want and need than [the alternate version](https://vets.gov).
 2. CON: if there is something wrong with the data or the map as CDW has built it, it will damage the credibility of vets.gov.
2. **Launch the Access website on va.gov, with va.gov (not vets.gov) branding.** This would mean launching the non-vets.gov version on va.gov, using the va.gov template, and framing it as a "prototype" that will be tested rigorously with Veterans in the field, and eventually moved to vets.gov. This could happen in as little as 2 days, since va.gov is a template-based website and should be a very rapid build.

See you at 4:30!

(b) (6)

Message

From: (b) (6) (b) (6) pcommgroup.com]
Sent: 3/23/2017 7:17:57 PM
To: David shulkin [Drshulkin@aol.com]; IP (b) (6) frenchangel59.com]
Subject: RE: Introduction

It is a privilege. What is the best way to schedule and connect?

Best

(b) (6)

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Thursday, March 23, 2017 11:57 AM
To: IP <(b) (6) frenchangel59.com>
Cc: (b) (6) <(b) (6) pcommgroup.com>
Subject: Re: Introduction

I look forward to the conversation

Thank you

Sent from my iPhone

On Mar 23, 2017, at 2:42 PM, IP <(b) (6) frenchangel59.com> wrote:

Hi David,

I want to introduce you to (b) (6) She is wonderful and has a passion in helping our amazing veterans.

(b) (6) and her partner (b) (6) will reach out to you.

All my best,

Ike

/=/=/=/=/=/=/

Below please find each of your contact information:

(b) (6)
Managing Partner
Principal Communications Group
Business Phone: (323) 658-(b) (6)
Mobile Phone: (310) 717-(b) (6)
E-mail: (b) (6) [pcommgroup.com](mailto:(b) (6) pcommgroup.com)

AND

Secretary David Shulkin

Office: 202-461-4809

Email: drshulkin@aol.com

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 6:56:34 PM
To: IP (b) (6) frenchangel59.com]
CC: (b) (6) pcommgroup.com
Subject: Re: Introduction

I look forward to the conversation

Thank you

Sent from my iPhone

On Mar 23, 2017, at 2:42 PM, IP (b) (6) frenchangel59.com> wrote:

Hi David,

I want to introduce you to (b) (6) She is wonderful and has a passion in helping our amazing veterans.

(b) (6) and her partner (b) (6) will reach out to you.

All my best,

Ike

/=/=/=/=/=/=/

Below please find each of your contact information:

(b) (6)
Managing Partner
Principal Communications Group
Business Phone: (323) 658-(b) (6)
Mobile Phone: (310) 717-(b) (6)
E-mail: (b) (6) pcommgroup.com

AND

Secretary David Shulkin
Office: 202-461-4809
Email: drshulkin@aol.com

Message

From: IP [REDACTED] frenchangel59.com]
Sent: 3/23/2017 6:42:57 PM
To: David shulkin [drshulkin@aol.com]; [REDACTED] bcommgroup.com
Subject: Introduction

Hi David,

I want to introduce you to [REDACTED] She is wonderful and has a passion in helping our amazing veterans.

[REDACTED] and her partner [REDACTED] will reach out to you.

All my best,

Ike

/=/=/=/=/=/=/

Below please find each of your contact information:

[REDACTED]
Managing Partner
Principal Communications Group
Business Phone: (323) 658-[REDACTED]
Mobile Phone: (310) 717-[REDACTED]
E-mail: [REDACTED] [bcommgroup.com](mailto:[REDACTED]@bcommgroup.com)

AND

Secretary David Shulkin
Office: 202-461-4809
Email: drshulkin@aol.com

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/28/2017 11:07:30 PM
To: (b) (6) (b) (6) va.gov]
Subject: Re: [EXTERNAL] Re: Terry Fadem

Ok

Sent from my iPhone

On Mar 28, 2017, at 5:17 PM, (b) (6) <(b) (6) va.gov> wrote:

At the hotel tomorrow?

From: Terry Fadem [mailto:(b) (6) gmail.com]
Sent: Tuesday, March 28, 2017 4:43 PM
To: (b) (6)
Subject: Re: [EXTERNAL] Re: Terry Fadem
Importance: High

(b) (6)

Were you able to confirm a time for me to meet with Dr. Shulkin?

Thank you,

(b) (6)

On Mon, Mar 27, 2017 at 1:47 PM, (b) (6) <(b) (6) (b) (6) va.gov> wrote:

Good Afternoon – thank you. We have a pretty packed itinerary visiting VA Medical Centers, Media engagements etc. Will let you shortly.

From: Terry Fadem [mailto:(b) (6) gmail.com]
Sent: Monday, March 27, 2017 1:46 PM

To: (b) (6)
Subject: Re: [EXTERNAL] Re: Terry Fadem
Importance: High

(b) (6)

If you can arrange it, I would prefer meeting with Dr. Shulkin in the morning - either Wednesday or Thursday ---early is best as I now have some other meetings elsewhere.

Thank you,

Terry

On Mon, Mar 27, 2017 at 11:24 AM, Terry Fadem <(b) (6)@gmail.com> wrote:

Thank you. By the way...I am assuming that this event is tomorrow (?).

Terry

On Mon, Mar 27, 2017 at 9:21 AM, (b) (6) <(b) (6)@va.gov> wrote:

Good Morning – let me send you the details from our team on the ground. Yes. I think it should be.

From: Terry Fadem [mailto:(b) (6)@gmail.com]
Sent: Monday, March 27, 2017 9:20 AM
To: (b) (6)
Subject: Re: [EXTERNAL] Re: Terry Fadem
Importance: High

(b) (6)

Wednesday at 3:30 PM at the Palmer Hilton can work. Also, the Joint Federal reception is not on my calendar - should it be...as I have no details about this event.

Thank you,

Terry

On Sun, Mar 26, 2017 at 5:27 PM, (b) (6) <(b) (6)@va.gov> wrote:

Good evening,

Dr. Shulkin will be at the Joint Federal Reception on Tuesday evening, I see that you will also be

in attendance.

We can also hold a time for you to meet him at the Palmer Hilton on Wednesday at 3:30pm.

Let us know if that works.

(b) (6)

-----Original Message-----

From: (b) (6) <(b) (6)@gmail.com>
Sent: Sunday, March 26, 2017 05:16 PM Eastern Standard Time
To: Terry Fadem
Cc: Bruce Moskowitz; David Shulkin; (b) (6)
Subject: [EXTERNAL] Re: Terry Fadem

Good evening, sure will send you few times momentarily for the secretary...

On Mar 26, 2017 5:14 PM, "Terry Fadem" <(b) (6)@gmail.com> wrote:

David,

I will be available either day...just let me know. My home phone is [\(b\) \(6\)](tel:773-857-(b)(6))...if for some reason cell service [\(b\) \(6\)](tel:215-272-(b)(6)) is not working...

Terry

On Sun, Mar 26, 2017, 15:55 David Shulkin <drshulkin@aol.com> wrote:

Terry please let me know if you are around either Wednesday evening or early Thursday for a quick breakfast

I will ask my office to forward you my exact schedule so we can find a time to meet if you are in town.

David Shulkin

-----Original Message-----

From: Bruce Moskowitz <(b) (6) mac.com>

To: David Shulkin <drshulkin@aol.com>; Terry Fadem <(b) (6) gmail.com>

Sent: Sun, Mar 26, 2017 4:51 pm

Subject: Terry Fadem

Since you will be in Chicago this is Terry's cell [215272](#) (b) (6)

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: (b) (6) (b) (6) va.gov]
Sent: 3/28/2017 9:17:30 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: FW: [EXTERNAL] Re: Terry Fadem

Importance: High

At the hotel tomorrow?

From: Terry Fadem [mailto:(b) (6) gmail.com]
Sent: Tuesday, March 28, 2017 4:43 PM
To: (b) (6)
Subject: Re: [EXTERNAL] Re: Terry Fadem
Importance: High

(b) (6)

Were you able to confirm a time for me to meet with Dr. Shulkin?

Thank you,
Terry

On Mon, Mar 27, 2017 at 1:47 PM, (b) (6) <(b) (6) va.gov> wrote:

Good Afternoon – thank you. We have a pretty packed itinerary visiting VA Medical Centers, Media engagements etc. Will let you shortly.

From: Terry Fadem [mailto:(b) (6) gmail.com]
Sent: Monday, March 27, 2017 1:46 PM

To: (b) (6)
Subject: Re: [EXTERNAL] Re: Terry Fadem
Importance: High

(b) (6)

If you can arrange it, I would prefer meeting with Dr. Shulkin in the morning - either Wednesday or Thursday -- early is best as I now have some other meetings elsewhere.

Thank you,

(b) (6)

On Mon, Mar 27, 2017 at 11:24 AM, Terry Fadem <(b) (6)@gmail.com> wrote:

Thank you. By the way...I am assuming that this event is tomorrow (?).

Terry

On Mon, Mar 27, 2017 at 9:21 AM, (b) (6) <(b) (6)@va.gov> wrote:

Good Morning – let me send you the details from our team on the ground. Yes. I think it should be.

From: Terry Fadem [mailto:(b) (6)@gmail.com]

Sent: Monday, March 27, 2017 9:20 AM

To: (b) (6)

Subject: Re: [EXTERNAL] Re: Terry Fadem

Importance: High

(b) (6)

Wednesday at 3:30 PM at the Palmer Hilton can work. Also, the Joint Federal reception is not on my calendar - should it be...as I have no details about this event.

Thank you,

Terry

On Sun, Mar 26, 2017 at 5:27 PM, (b) (6) <(b) (6)@va.gov> wrote:

Good evening,

Dr. Shulkin will be at the Joint Federal Reception on Tuesday evening, I see that you will also be in attendance.

We can also hold a time for you to meet him at the Palmer Hilton on Wednesday at 3:30pm.

Let us know if that works.

(b) (6)

-----Original Message-----

From: (b) (6) (b) (6) @gmail.com]
Sent: Sunday, March 26, 2017 05:16 PM Eastern Standard Time
To: Terry Fadem
Cc: Bruce Moskowitz; David Shulkin; (b) (6)
Subject: [EXTERNAL] Re: Terry Fadem

Good evening, sure will send you few times momentarily for the secretary.

On Mar 26, 2017 5:14 PM, "Terry Fadem" <(b) (6) @gmail.com> wrote:

David,

I will be available either day...just let me know. My home phone is 773-857-(b) (6)...if for some reason cell service (215-272-(b) (6)) is not working...

Terry

On Sun, Mar 26, 2017, 15:55 David Shulkin <drshulkin@aol.com> wrote:

Terry please let me know if you are around either Wednesday evening or early Thursday for a quick breakfast

I will ask my office to forward you my exact schedule so we can find a time to meet if you are in town.

David Shulkin

-----Original Message-----

From: Bruce Moskowitz <(b) (6) mac.com>
To: David Shulkin <drshulkin@aol.com>; Terry Fadem <(b) (6) gmail.com>
Sent: Sun, Mar 26, 2017 4:51 pm
Subject: Terry Fadem

Since you will be in Chicago this is Terry's cell 215272-(b) (6)

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/22/2017 11:08:06 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: VCL

You could announce this to the vsos this am

Sent from my iPhone

> On Mar 22, 2017, at 5:58 AM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> Aren't you glad that we made the decision we did about bringing suicide together in operations - it's still early but I know that if it had been in 10P, it would have only gotten worse- think about a suicide prevention hotline there, which was well under way??? This has been dogging me since before the transition and no matter who was leading policy, this could not be the way forward- for the sake of our Veterans. When I told Mike Missel about our change- he was so relieved and said that this is what they have been looking for. Thanks for trusting me with this- I know you were torn between the personal and professional dynamics here, but you supported me because it was about the right care!!

>

> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/22/2017 9:58:26 AM
To: David Shulkin [drshulkin@aol.com]
Subject: VCL

Aren't you glad that we made the decision we did about bringing suicide together in operations - it's still early but I know that if it had been in 10P, it would have only gotten worse- think about a suicide prevention hotline there, which was well under way??? This has been dogging me since before the transition and no matter who was leading policy, this could not be the way forward- for the sake of our Veterans. When I told Mike Missel about our change- he was so relieved and said that this is what they have been looking for. Thanks for trusting me with this- I know you were torn between the personal and professional dynamics here, but you supported me because it was about the right care!!

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/27/2017 8:46:41 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Fwd: Re:

Take a look at what [(b) (6)] sent me

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]@gmail.com>
Date: March 27, 2017 at 4:33:19 PM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: Re:

You see this article today

<http://www.modernhealthcare.com/article/20170325/MAGAZINE/303259988/data-points-vha-wait-time-update>

Sent from my iPhone

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/22/2017 11:10:07 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Fwd: NYTimes: Kitty Dukakis, on Veterans' Mental Health

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]@wilsonjohnsonlaw.com>
Date: March 21, 2017 at 10:27:47 PM EDT
To: David Shulkin MD <drshulkin@aol.com>
Subject: NYTimes: Kitty Dukakis, on Veterans' Mental Health

<https://www.nytimes.com/2017/03/21/opinion/kitty-dukakis-on-veterans-mental-health.html?smprod=nytcore-iphone&smid=nytcore-iphone-share>

She praises a remedy that will help those veterans who have less than honorably discharges.

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 3:04:00 PM
To: Bruce Moskowitz [(b) (6) mac.com]
CC: Poonam Alaigh [(b) (6) hotmail.com]

Bruce - do you want us to set up a call for you and one of our research leads?

Weve asked Dr [(b) (6)] an internist i trained with at Pittsburgh to be our lead person on working with you and Poonam on this

David

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 4/22/2017 3:21:28 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fw: Quick question

See below

From: Poonam Alaigh <[(b) (6)]@hotmail.com>
Sent: Saturday, April 22, 2017 11:20 AM
To: [(b) (6)]
Subject: Re: Quick question

[(b) (6)] this is the process where we have to establish a commission, like a search committee. The Secretary then has to forward names to the President for his final selection and nomination. This is one of the few positions that requires a search committee like function. Right now I am only in an acting role and don't know if I will be the final candidate. But in either case, I don't think you should be concerned because David is the Secretary and he values you and supports you to be a member of the team here at the VA as we are bringing about transformation to improve the care for our Veterans. The VA and the Veterans need you [(b) (6)] so don't be concerned.

From: [(b) (6)] <[(b) (6)]@gmail.com>
Sent: Saturday, April 22, 2017 11:12 AM
To: Poonam Alaigh
Subject: Quick question

Hi Poonam,

I hope you're enjoying some rest over this weekend. I came across the following article:

"VA establishes commission to recommend new under secretary for its Veterans Health Administration"

I was wondering if this is just a formality.

I wanted to check on this, because I want to make sure when I join, I have the opportunity to work with you in the role and not someone else. I understand if you can't answer.

Thanks for the understanding of why I ask.

Here's the link:

<http://www.blogs.va.gov/VAntage/36971/va-establishes-commission-recommend-new-secretary-veterans-health-administration/>



VA establishes commission to recommend new under secretary ...

www.blogs.va.gov

VA announced today the establishment of a search commission to help identify candidates for the position of Under Secretary for Health of its Veterans Health ...

Have a great rest of the weekend.

Sincerely,

(b) (6)

(b) (6) [gmail.com](#)

732-790-(b) (6)

908-783-(b) (6) (cell)

[www.LinkedIn.com/in/](#)(b) (6)

[www.](#)(b) (6) [com](#)

@(b) (6)

Read my recent interview in Modern Marketing Today: [http://bit.ly/\(b\) \(6\) MMTinsights](http://bit.ly/(b) (6) MMTinsights)

Named one of the Top 50 Most Influential CMOs and Marketing Leaders of 2016 (Science of Digital Marketing), one of 10 CMOs to Watch in 2015 (WealthEngine), and ranked in the Top CMOs on Twitter in 2014, 2015 and 2016 (Social Media Marketing Magazine)!

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 11:37:13 PM
To: Bruce Moskowitz [(b) (6) mac.com]
Subject: Re: Ip

Ok thanks

Sent from my iPhone

> On Mar 21, 2017, at 6:52 PM, Bruce Moskowitz <(b) (6) mac.com> wrote:
>
> He is getting someone.
> Also I told him about agenda we will work on including the residency program etc. as soon as we are comfortable with all the other points we brought up outside the 10 point plan we will show it to Ip LP and Marc to review. I want to make sure it is sound from a medical standpoint first
>
> Sent from my iPhone
>
>> On Mar 21, 2017, at 6:46 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Totally agree
>>
>> Sent from my iPhone
>>
>>> On Mar 21, 2017, at 5:53 PM, Bruce Moskowitz <(b) (6) mac.com> wrote:
>>>
>>> We need great PR
>>> <http://www.politico.com/agenda/story/2017/03/vista-computer-history-va-conspiracy-000367>
>>>
>>>
>>> Sent from my iPhone
>>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/21/2017 10:52:24 PM
To: David shulkin [Drshulkin@aol.com]
CC: IP [(b) (6)] frenchangel59.com]
Subject: Ip

He is getting someone.

Also I told him about agenda we will work on including the residency program etc. as soon as we are comfortable with all the other points we brought up outside the 10 point plan we will show it to Ip LP and Marc to review. I want to make sure it is sound from a medical standpoint first

Sent from my iPhone

> On Mar 21, 2017, at 6:46 PM, David shulkin <Drshulkin@aol.com> wrote:

>

> Totally agree

>

> Sent from my iPhone

>

>> On Mar 21, 2017, at 5:53 PM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>>

>> We need great PR

>> <http://www.politico.com/agenda/story/2017/03/vista-computer-history-va-conspiracy-000367>

>>

>>

>> Sent from my iPhone

>

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/27/2017 2:12:56 AM
To: (b) (6) gmail.com
Subject: slides for aamc
Attachments: aamcapril2017.pptx

The Secretary's Ten Priorities

Presentation to the
AAMC

**Veterans
Speak
with
their
Feet**

VA
Choose

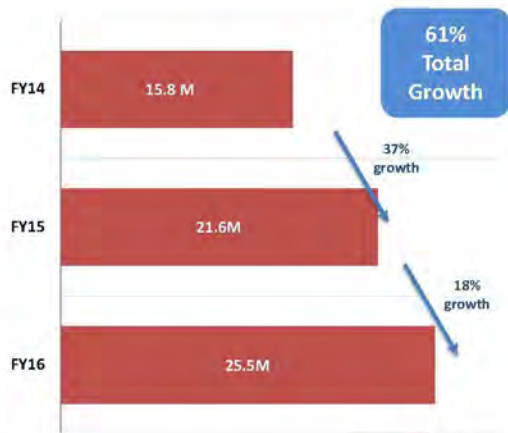
**VA is Able to
Compete and
Grow**

Focus on Execution | Make Bold Change

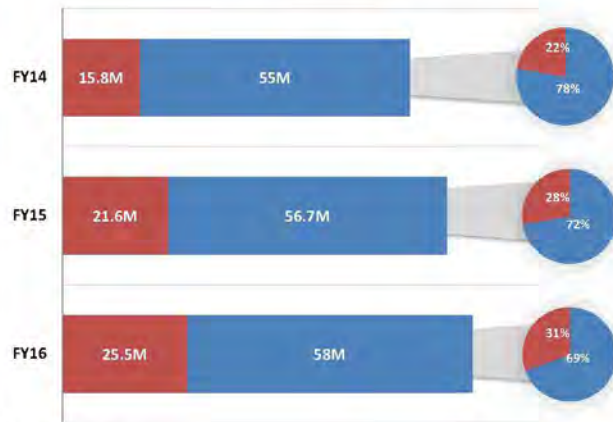
Incrementalism is not the answer to additional improvements VA and Veterans need.

Priority 1- Extend the Choice Deadline

GROWTH IN COMMUNITY CARE
COMPLETED APPOINTMENTS
(FY14-16)



INTERNAL VA VS. COMMUNITY CARE
COMPLETED APPOINTMENTS
(FY14-16)



Community Care Appointments
Internal VA Facility Based Appointments

*Data as of November 17, 2016

Priority- 2-Choice 2.0 Legislation

- 1. Maintain a high-performing integrated network that includes VA, federal partners, academic affiliates, and community providers**
- 2. Increase choice for all Veterans, starting with those with service-connected conditions**
- 3. Ensure Veterans get the care they need, closer to home when appropriate**
- 4. Optimize coordination of VA healthcare with the health insurance Veterans already have**
- 5. Maintain affordability of healthcare options for low-income Veterans**
- 6. Assist in coordinating care for Veterans served by multiple providers**
- 7. Apply industry standards for performance, quality, patient satisfaction, payment models, and health outcomes**

These are based on your recent HVAC testimony.

VA



Access and Quality in the VA

How quickly does my VA see
patients?

How satisfied are veterans like
me with the timeliness of their
care?

How well does my VA's care
compare to other hospitals?

VA Pre-Decisional

Wait Times for Appointments at VA Facilities

Location (zip, city/state, full address) Radius Appointment Type Visit Type Sort Results By More search options

[Back to US Map](#)

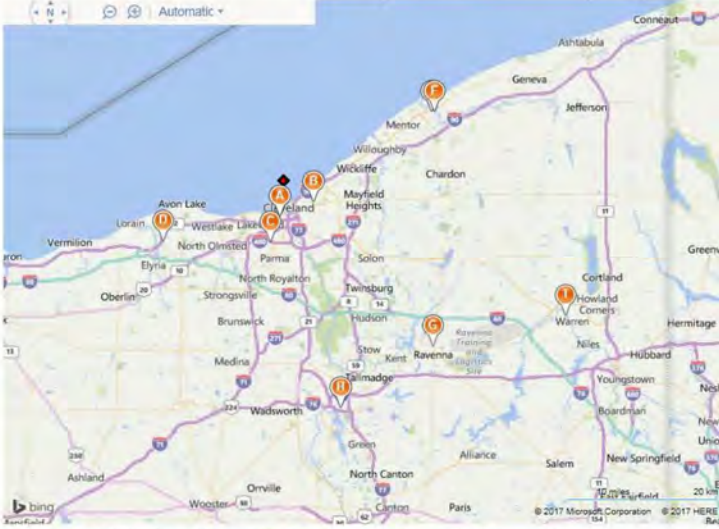
Wait Times as of 3/21

Note: Your personal waiting time may differ—these wait times reflect [VA wait times](#) (page). For urgent problems, there are same day services available in [VA Health](#). If waiting times are longer than 30 days, you may request a referral to [VA Health](#).

Cleveland, PRIMARY CARE

Choose the type of appointment you need. Wait times vary according to the type of appointment required.

Information, click on "More about how we calculate wait times" at the bottom of the Health. If waiting times are longer than 30 days, you may request a referral to [VA Health](#).



Wait Times for 'PRIMARY CARE' Appointments

FACILITY NAME	DISTANCE (MILES)	AVERAGE WAIT TIME
A. McCafferty VA Clinic 216-939-0699 Show More Show on Map	2	2 days
B. Louis Stokes Cleveland Department of Veterans Affairs Medical Center 216-791-3500 Show More Show on Map	4	8 days
C. Parma VA Clinic 216-739-7000 Show More Show on Map	7	0 days
D. Lorain VA Clinic 440-244-3333 Show More Show on Map	21	3 days
E. Painesville VA Clinic 440-357-6740 Show More Show on Map	27	3 days
F. State Street VA Clinic 440-357-6740 Show More Show on Map	28	No Wait
G. Ravenna VA Clinic 330-290-3541 Show More Show on Map	33	3 days
H. Akron VA Clinic 330-724-7715 Show More Show on Map	34	6 days

[Download Search Results \(JSON\)](#) [Download All Facilities \(JSON\)](#) [Download Search Results \(CSV\)](#) [Download All Facilities \(CSV\)](#)

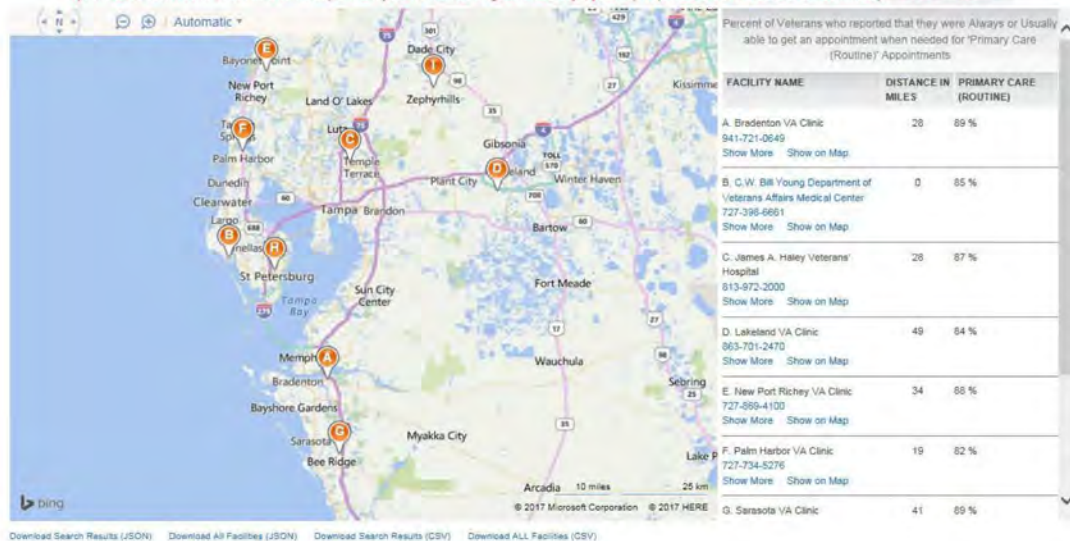
VA Pre-Decisional

What Veterans Say About Access to Care at VA facilities

Location (zip, city/state, full address)
 Radius
 Appointment Type
 Sort Results By

Percent of Veterans who reported that they were Always or Usually able to get an appointment when needed. The 7/1/2016 - 12/31/2016. At least 30 Veterans have responded to this question for a site to be included. The filters used to search are: 50 mile radius of 'BAY PINES', Primary Care (Routine)

Note - The data shows what Veterans have said about their own Access experiences over the preceding 6 months. Your own experience may be different. For urgent problems, there often are options to be seen sooner, such as a same-day clinic. If your wait will be longer than 30 days, you may request a referral to Care in the Community. [How can I request access?](#)



VA Pre-Decisional

Priority 3- Enhancing Foundational Services



Priority 4- Accountability Legislation

- 1. Increased flexibility to remove, demote, or suspend VA employees for poor performance or misconduct**
- 2. Authority to recoup bonuses of employees for poor performance or misconduct**
- 3. Authority to recoup relocation expenses authorized through fraud or malfeasance**
- 4. Authority to reduce federal pensions for employees convicted of felonies**
- 5. Increased protections for whistleblowers**

These bullet points are based on Chairman Roe's "VA Accountability First Act," introduced Feb. 28, 2017.

Priority 5- Infrastructure Improvements



Officers' Quarters
Fort Thomas, KY
Circa 1895

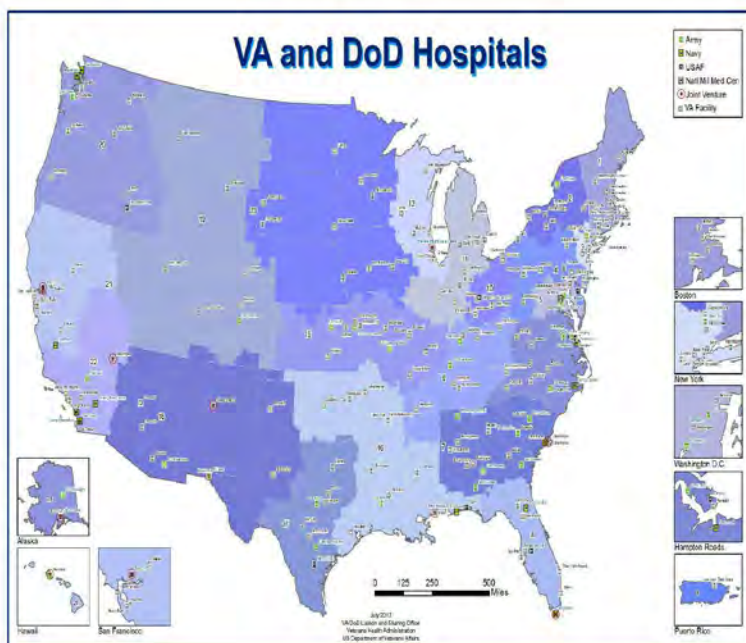


Gas Station
Minneapolis, MN
1932



Palo Alto VAMC
2017

Priority 6- VA/DoD/Federal Coordination



Priority 7- EMR Interoperability & Modernization

test.auguste.med.va.gov - Refraction to UNDS and OpenMVC

File Edit Connection Setup Macro Window Help

Priority 8- Suicide Prevention



13

Mental Health PSA



14

The video will play as soon as you cue the next slide.

Priority 9- Accelerating Performance on Claims



Decision Ready Claims (DRC)

- Actively engage Veterans in the claims process.
- Enhance access & capabilities of VSOs in the submission of DRC.
- Expand partnership with VSOs to assist in the acceleration and performance of disability claims.
- Successful participation in the DRC program will result in a claim decision within 30 days of submission.

The bullets explain how the Decision Ready Claims program will improve performance, accelerate claims decisions, and further reduce the 125-day backlog. The program is slated to begin in May.

Priority 10- Appeals Modernization



16

Message

From: Bruce Moskowitz [(b) (6)]@mac.com]
Sent: 3/23/2017 5:01:52 PM
To: IP [(b) (6)]@frenchangel59.com]
CC: drshulkin@aol.com; Poonam Alaigh [(b) (6)]@hotmail.com]; L Perl [(b) (6)]@gmail.com]; mbs[(b) (6)]@gmail.com
Subject: Re: Apple

Ok since I have now been educated what is available I will have a call with DAvid and Poonam.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 23, 2017, at 12:54 PM, IP <[(b) (6)]@frenchangel59.com> wrote:

>
> Bruce,
>
> I agree 100% that we should discuss prior to the call.
>
> I think Marisol is working on the internal call and the call with [(b) (6)]
>
> Thank you,
> Ike
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:[(b) (6)]@mac.com]
> Sent: Thursday, March 23, 2017 12:35 PM
> To: drshulkin@aol.com; Poonam Alaigh
> Cc: IP; L Perl; mbs[(b) (6)]@gmail.com
> Subject: Apple
>
> Each academic center will have two IT people on the call. I have taken the
> time to review what each center has already developed and currently
> available. Perhaps we should discuss what is currently on the shelf then
> decide what additionally the VA needs prior to the call with [(b) (6)] and
> his group.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>

Message

From: IP (b) (6) frenchangel59.com]
Sent: 3/23/2017 4:54:21 PM
To: 'Bruce Moskowitz' (b) (6) mac.com]; drshulkin@aol.com; 'Poonam Alaigh' (b) (6) hotmail.com]
CC: 'L Perl' (b) (6) gmail.com]; mbs (b) (6) @gmail.com
Subject: RE: Apple

Bruce,

I agree 100% that we should discuss prior to the call.

I think Marisol is working on the internal call and the call with (b) (6)

Thank you,
Ike

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6) mac.com]
Sent: Thursday, March 23, 2017 12:35 PM
To: drshulkin@aol.com; Poonam Alaigh
Cc: IP; L Perl; mbs (b) (6) @gmail.com
Subject: Apple

Each academic center will have two IT people on the call. I have taken the time to review what each center has already developed and currently available. Perhaps we should discuss what is currently on the shelf then decide what additionally the VA needs prior to the call with (b) (6) and his group.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/22/2017 3:22:22 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Transparency website

I agree

Sent from my iPhone

> On Mar 22, 2017, at 10:50 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com> wrote:

>

> I think there is a huge opportunity to engage the "Big 5" via Bruce and give them a heads up so that they can support us via media comments and clips- while they are feeling valued and engaged- let me know if you have time today for a catch up - we have to think through this carefully

>

> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com
Sent: 3/22/2017 2:50:30 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Transparency website

I think there is a huge opportunity to engage the "Big 5" via Bruce and give them a heads up so that they can support us via media comments and clips- while they are feeling valued and engaged- let me know if you have time today for a catch up - we have to think through this carefully

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/24/2017 2:49:29 PM
To: (b) (6) (b) (6)@hotmail.com]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6)@gmail.com>
Date: March 24, 2017 at 8:51:06 AM EDT
To: David Shulkin <drshulkin@aol.com>

The guys are so happy to be back on the detail team. Thank you.

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 3/24/2017 12:51:06 PM
To: David Shulkin [drshulkin@aol.com]

The guys are so happy to be back on the detail team. Thank you.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/25/2017 12:21:14 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
CC: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Subject: Re:

Lets book that for my office

Sent from my iPhone

On Mar 25, 2017, at 7:49 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Yes, I will make it work especially since you will be here Marc. Always prefer getting together in person when possible. Thanks

Sent from my iPad

On Mar 24, 2017, at 9:52 PM, David shulkin <Drshulkin@aol.com> wrote:

Poonam dies the 11 th at 1 pm work?

Sent from my iPhone

On Mar 24, 2017, at 5:15 PM, Marc Sherman <[(b) (6)]<[REDACTED]@gmail.com>> wrote:

I saw that Poonam is unable to make it for 5pm on April 4. I could move things around for April 11 @ 1pm. I was planning on coming to your office. I didn't realize you wanted to talk by phone. If by phone, April 5 @ 4pm could also work.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 23, 2017 12:04 PM, "David shulkin"
<Drshulkin@aol.com> wrote:

Linam looking for a time to get together about fraud and abuse

Would any of these work?

April 4 th at 5 pm
Aoril 5 th 4 pm
April 11 th 1 pm

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/25/2017 11:49:55 AM
To: David shulkin [Drshulkin@aol.com]
CC: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Subject: Re:

Yes, I will make it work especially since you will be here Marc. Always prefer getting together in person when possible. Thanks

Sent from my iPad

On Mar 24, 2017, at 9:52 PM, David shulkin <Drshulkin@aol.com> wrote:

Poonam dies the 11 th at 1 pm work?

Sent from my iPhone

On Mar 24, 2017, at 5:15 PM, Marc Sherman <[(b) (6)]<[REDACTED]@gmail.com>> wrote:

I saw that Poonam is unable to make it for 5pm on April 4. I could move things around for April 11 @ 1pm. I was planning on coming to your office. I didn't realize you wanted to talk by phone. If by phone, April 5 @ 4pm could also work.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 23, 2017 12:04 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Linam looking for a time to get together about fraud and abuse

Would any of these work?

April 4 th at 5 pm
Aoril 5 th 4 pm
April 11 th 1 pm

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/25/2017 1:51:18 AM
To: Marc Sherman (b) (6) gmail.com]
CC: Poonam Alaigh (b) (6) hotmail.com]
Subject: Re:

Poonam dies the 11 th at 1 pm work?

Sent from my iPhone

On Mar 24, 2017, at 5:15 PM, Marc Sherman <(b) (6) gmail.com> wrote:

I saw that Poonam is unable to make it for 5pm on April 4. I could move things around for April 11 @ 1pm. I was planning on coming to your office. I didn't realize you wanted to talk by phone. If by phone, April 5 @ 4pm could also work.

Marc Sherman
(202) 758-(b) (6)

On Mar 23, 2017 12:04 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Linam looking for a time to get together about fraud and abuse

Would any of these work?

April 4 th at 5 pm
Aoril 5 th 4 pm
April 11 th 1 pm

Sent from my iPhone

Message

From: Marc Sherman [(b) (6)]
Sent: 3/24/2017 9:15:02 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6)]
Subject: Re:

I saw that Poonam is unable to make it for 5pm on April 4. I could move things around for April 11 @ 1pm. I was planning on coming to your office. I didn't realize you wanted to talk by phone. If by phone, April 5 @ 4pm could also work.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 23, 2017 12:04 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Linam looking for a time to get together about fraud and abuse

Would any of these work?

April 4 th at 5 pm
April 5 th 4 pm
April 11 th 1 pm

Sent from my iPhone

Message

From: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/23/2017 4:33:44 PM
To: David shulkin [Drshulkin@aol.com]
CC: L Perl [(b) (6)]<[REDACTED]@gmail.com>; Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re:

Laurie

You don't have to do anything with this email...I accidentally sent it to you also. But good info for you nonetheless.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 23, 2017 12:30 PM, "Marc Sherman" <[(b) (6)]<[REDACTED]@gmail.com>> wrote:
The 4th at 5pm works for me.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 23, 2017 12:04 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Linam looking for a time to get together about fraud and abuse

Would any of these work?

April 4 th at 5 pm
Aoril 5 th 4 pm
April 11 th 1 pm

Sent from my iPhone

Message

From: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/23/2017 4:30:44 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>; L Perl [(b) (6)]<[REDACTED]@gmail.com>
Subject: Re:

The 4th at 5pm works for me.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 23, 2017 12:04 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Linam looking for a time to get together about fraud and abuse

Would any of these work?

April 4 th at 5 pm
April 5 th 4 pm
April 11 th 1 pm

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 4:04:12 PM
To: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
CC: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>

Linam looking for a time to get together about fraud and abuse

Would any of these work?

April 4 th at 5 pm
Aoril 5 th 4 pm
April 11 th 1 pm

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/24/2017 9:17:27 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Question: Veterans Administration Inquiry + [(b) (6)] Conversation

Yes send to OAR -im not sure who - if you dont know who ask Vivieca

Sent from my iPhone

On Mar 24, 2017, at 5:10 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Should I have him send to me at the VA email and I will send it to [(b) (6)] or someone?

Sent from my iPhone

Begin forwarded message:

From: "[(b) (6)]" <[(b) (6)]<[REDACTED]@mayo.edu>>
Date: March 24, 2017 at 4:25:53 PM EDT
To: "Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>" <[(b) (6)]<[REDACTED]@hotmail.com>>
Subject: Question: Veterans Administration Inquiry + [(b) (6)] Conversation

Hi Dr. Alaigh – hope you are doing well!

Two things:

- 1) <!--[if !supportLists]--><!--[endif]-->Had a great conversation w/ [(b) (6)] on Sunday, March 12 – found him to be mission-driven; comparable, demonstrated experience; strategic; and from what I could discern in our 30-minute conversation, a strong fit for the needs of the VA.
- 2) <!--[if !supportLists]--><!--[endif]-->Please see this e-exchange. We need to draft a response to this person who reached out to Dr. [(b) (6)] – is there someone w/in the VA we could talk to for perspective as we build content in response?

Thanks, [(b) (6)]

From: [(b) (6)]
Sent: Friday, March 24, 2017 3:18 PM
To: [(b) (6)] [(b) (6)]
Cc: [(b) (6)] [(b) (6)]
Subject: Follow-up: Veterans Administration

Hi – will redirect through Executive Correspondence, w/ input me + someone that my primary contact at the VA designates.

Thanks, [(b) (6)]

From: (b) (6) **On Behalf Of** MC Admin
Sent: Monday, March 20, 2017 9:31 AM
To: (b) (6)
Cc: (b) (6) (b) (6) (b) (6)
Subject: FW: Veterans Administration

Not certain how you want to handle this one.

(b) (6) (b) (6) |Office Manager |Executive Assistant to (b) (6) (b) (6)
|Mayo Clinic Administration, Mayo East 11 |Office: 507-284-(b) (6) |Fax: 507-
293-(b) (6) | (b) (6) [mayo.edu](mailto:(b) (6)@mayo.edu)
Mayo Clinic |200 First Street, S.W. |Rochester, MN 55905
[|www.mayoclinic.org](http://www.mayoclinic.org)

From: (b) (6) . [[mailto:\(b\) \(6\)@gmail.com](mailto:(b) (6)@gmail.com)]
Sent: Saturday, March 18, 2017 1:47 AM
To: MC Admin
Subject: Veterans Administration

Dear Dr (b) (6)

I am a Mayo patient and a VA whistle-blower who has been systematically destroyed mentally, physically, and financially by vicious VA administrators and their illegal retaliation against me. Over the past 16 years, I have exposed and reported through chain of command fraud, waste, mismanagement, incompetence, HIPPA violations, infection control problems, major safety violations, patient abuse, deficient fire and evacuation procedures, and the blatant and illegal retaliation against all whistle-blowers at the St Cloud VAHCS. My report to VA managers, MCD Bahl, Shinseki, Petzel, Logan, and McDonald were ignored. I sent JCAHO, OSHA, OIG, OSC, EEOC, St Cloud fire chief and mayor, AFGE, WFPB, OPM, GAP, POGO, MN DEED, and MSPB full reports of non compliance to VA policies and federal laws. I also wrote politicians Oberstar, Klobuchar, Frankin, Nolan, Walz, Grassley, and Emmer letters informing them of gross misconduct at the St Cloud VA. All of the above had reasons to dismiss the charges, bury the evidence, and destroy the messenger. I made the offer to back up my charges and meet with them at the facility and all declined. I meet with 10 OIG officials last year at the facility but they also had an agenda to white wash everything. I also wrote to President Obama, Michele Obama, and VP Biden who sent me form letters back stating their commitment to Veterans!

I know that you met with Mr David Shulkin recently. I have blogged for this exchange with the Mayo and other world renown health care systems. But how can the VA culture change when at no point have they ever admitted to any wrongdoing or prosecuted or fired any VA senior executive? Shinseki and McDonald chose a path to white wash the evidence and even reward the lying criminals. The VA system is corrupt and rotten from the top down. AFGE employees are protected for life and above the law. How can a system be honest when the agency has their own OIG? Banks of VA lawyers and VA judges are the ones a whistle blower appeals to! I need to talk with you about how major reform of the VA is desperately needed. Can you help me secure a meeting with Shulkin?

In 2013 I won a MSPB case against the VA however they tried to force me into retirement at age 61. I have not signed retirement papers and have not been payed for almost 4 years by the VA. I don't know the status of my FERS or FEGLI or federal health insurance. I have been forced to take out my TSP account and to take a reduced and early Social Security. My wife has been forced to return to work for MSOCS. All of the VA's actions against me have lead to great financial losses. All of my reports were accurate and indisputable. My right and duty to report problems is protected by federal law and VA policies. What went wrong?

BC/BS is responsible for my medical bills at the Mayo and St Cloud Medical Group. Both Minnesota and Federal BC/BS cards were submitted to both facilities and patient referral policies were followed.

Sincerely,

(b) (6) 218-260 (b) (6)

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 3/24/2017 9:10:12 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Question: Veterans Administration Inquiry + [(b) (6)] Conversation

Should I have him send to me at the VA email and I will send it to [(b) (6)] or someone?

Sent from my iPhone

Begin forwarded message:

From: "[redacted] [(b) (6)] <[(b) (6)]@mayo.edu>
Date: March 24, 2017 at 4:25:53 PM EDT
To: "Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>" <[(b) (6)]@hotmail.com>
Subject: Question: Veterans Administration Inquiry + [(b) (6)] Conversation

Hi Dr. Alaigh – hope you are doing well!

Two things:

- 1) <!--[if !supportLists]--><!--[endif]-->Had a great conversation w/ [(b) (6)] on Sunday, March 12 – found him to be mission-driven; comparable, demonstrated experience; strategic; and from what I could discern in our 30-minute conversation, a strong fit for the needs of the VA.
- 2) <!--[if !supportLists]--><!--[endif]-->Please see this e-exchange. We need to draft a response to this person who reached out to Dr. [(b) (6)] is there someone w/in the VA we could talk to for perspective as we build content in response?

Thanks, [(b) (6)]

From: [(b) (6)]
Sent: Friday, March 24, 2017 3:18 PM
To: [(b) (6)] [(b) (6)]
Cc: [(b) (6)] [(b) (6)]
Subject: Follow-up: Veterans Administration

Hi – will redirect through Executive Correspondence, w/ input me + someone that my primary contact at the VA designates.

Thanks, [(b) (6)]

From: [(b) (6)] On Behalf Of MC Admin
Sent: Monday, March 20, 2017 9:31 AM
To: [(b) (6)]
Cc: [(b) (6)] [(b) (6)] [(b) (6)]
Subject: FW: Veterans Administration

Not certain how you want to handle this one.

[(b) (6)] [(b) (6)] |Office Manager |Executive Assistant to [(b) (6)] [(b) (6)] |Mayo Clinic
Administration, Mayo East 11 |Office: 507-284-[(b) (6)] |Fax: 507-293-[(b) (6)]

(b) (6) mayo.edu

Mayo Clinic | 200 First Street, S.W. | Rochester, MN 55905 | www.mayoclinic.org

From: (b) (6) . [[mailto:\(b\) \(6\)@gmail.com](mailto:(b) (6)@gmail.com)]

Sent: Saturday, March 18, 2017 1:47 AM

To: MC Admin

Subject: Veterans Administration

Dear Dr (b) (6)

I am a Mayo patient and a VA whistle-blower who has been systematically destroyed mentally, physically, and financially by vicious VA administrators and their illegal retaliation against me. Over the past 16 years, I have exposed and reported through chain of command fraud, waste, mismanagement, incompetence, HIPPA violations, infection control problems, major safety violations, patient abuse, deficient fire and evacuation procedures, and the blatant and illegal retaliation against all whistle-blowers at the St Cloud VAHCS. My report to VA managers, MCD Bahl, Shinseki, Petzel, Logan, and McDonald were ignored. I sent JCAHO, OSHA, OIG, OSC, EEOC, St Cloud fire chief and mayor, AFGE, WFPB, OPM, GAP, POGO, MN DEED, and MSPB full reports of non compliance to VA policies and federal laws. I also wrote politicians Oberstar, Klobuchar, Frankin, Nolan, Walz, Grassley, and Emmer letters informing them of gross misconduct at the St Cloud VA. All of the above had reasons to dismiss the charges, bury the evidence, and destroy the messenger. I made the offer to back up my charges and meet with them at the facility and all declined. I meet with 10 OIG officials last year at the facility but they also had an agenda to white wash everything. I also wrote to President Obama, Michele Obama, and VP Biden who sent me form letters back stating their commitment to Veterans!

I know that you met with Mr David Shulkin recently. I have blogged for this exchange with the Mayo and other world renown health care systems. But how can the VA culture change when at no point have they ever admitted to any wrongdoing or prosecuted or fired any VA senior executive? Shinseki and McDonald chose a path to white wash the evidence and even reward the lying criminals. The VA system is corrupt and rotten from the top down. AFGE employees are protected for life and above the law. How can a system be honest when the agency has their own OIG? Banks of VA lawyers and VA judges are the ones a whistle blower appeals to! I need to talk with you about how major reform of the VA is desperately needed. Can you help me secure a meeting with Shulkin?

In 2013 I won a MSPB case against the VA however they tried to force me into retirement at age 61. I have not signed retirement papers and have not been paid for almost 4 years by the VA. I don't know the status of my FERS or FEGLI or federal health insurance. I have been forced to take out my TSP account and to take a reduced and early Social Security. My wife has been forced to return to work for MSOCS. All of the VA's actions against me have lead to great financial losses. All of my reports were accurate and indisputable. My right and duty to report problems is protected by federal law and VA policies. What went wrong?

BC/BS is responsible for my medical bills at the Mayo and St Cloud Medical Group. Both Minnesota and Federal BC/BS cards were submitted to both facilities and patient referral policies were followed.

Sincerely,

(b) (6) 218-260-(b) (6)

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 5/21/2017 7:53:20 PM
To: David shulkin [Drshulkin@aol.com]
CC: [(b) (6)]<[REDACTED]@va.gov>
Subject: Re:

This is precisely what the group is doing by the end of 6 weeks while redesigning the program on 6 months - I will forward this link onto the internal team to ensure targeting outcomes in 6 weeks

Sent from my iPhone

On May 20, 2017, at 4:06 PM, David shulkin <Drshulkin@aol.com> wrote:

<http://www.dailycommercial.com/news/20170520/wounded-warrior-project-suggests-improvements-to-vas-caregiver-program>

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/20/2017 8:05:55 PM
To: Poonam Alaigh [(b) (6)]@hotmail.com]
CC: [(b) (6)]@va.gov

<http://www.dailycommercial.com/news/20170520/wounded-warrior-project-suggests-improvements-to-vas-caregiver-program>

Sent from my iPhone

Message

From: Vivieca Simpson [(b) (6)]<[REDACTED]@gmail.com>
Sent: 5/30/2017 1:35:29 AM
To: David shulkin [drshulkin@aol.com]
Subject: Re:

My family and friends have been sending messages all afternoon. Jim enjoyed it as well.

On May 29, 2017 18:28, "David Shulkin" <drshulkin@aol.com> wrote:

Sent from my iPad

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/28/2017 11:56:38 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Thoughts?

This was sent out today- I didnt really like it that much - but what do you think

<http://bcove.me/podqbwqh>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/25/2017 1:59:42 PM
To: Jennifer Lee [(b) (6)]<[REDACTED]@gmail.com>
Subject: Re: Congrats and Vista

Ok great

Sent from my iPhone

On Mar 25, 2017, at 8:50 AM, Jennifer Lee <[(b) (6)]<[REDACTED]@gmail.com>> wrote:

Ok thanks. will do.

After the Politico event I also had a helpful discussion with Aneesh chopra and Peter Levin.

Maybe we can discuss when we meet on Monday?

Thanks

Jen

On Mar 25, 2017 8:28 AM, "David shulkin" <Drshulkin@aol.com> wrote:

Take a look

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]<[REDACTED]@engineeredcare.com>>
Date: March 25, 2017 at 1:56:22 AM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: RE: Congrats and Vista

David –

Here is my argument for why the VA is better off developing its own EMR rather than acquiring a COTS solution. To be clear, I don't specifically argue that the VA employ engineers to develop its software but I do believe that there are far reaching benefits to "owning the code" rather than being dependent on a COTS vendor.

I specifically advocate for the migration of the current core Vista system to a modern software development platform and that the software be released open source to the public. I think that will have a far reaching impact on the healthcare industry and continue to offer foreign governments and healthcare systems an EMR that they can implement just like we do with Vista today. I don't mean to appear quixotic but I truly think this is the right way to go in this case.

Lastly, I don't dig too much into point by point strategy – like move the M code to C# or java, consolidate the sites' data, enable restful web services, etc. I didn't feel like it was appropriate for this level of discussion but it is something that I'd be happy to do if there was genuine interest.

I've pasted my memo below and attached it as a PDF. I appreciate you giving it a read – it's something that I've thought a lot about. If you find it's too long then I would recommend reading the final section at least.

Please let me know if anything is unclear or if you have any concerns. Congrats again on your appointment as Secretary.

(b) (6)

In Support of VistA

Summary:

The capital cost of a commercial off-the-shelf (COTS) EMR product, its implementation risk, and long term vendor dependence present significant barriers to a cost-effective and successful implementation of a COTS EMR at the VA.

Instead, an investment in the VistA platform to migrate it as-is to a modern software platform would enable the VA to realize significant benefits. The resulting system would have reduced operating cost, less implementation risk, and enable an increased pace of innovation without the downsides of vendor dependence. Further, this approach could likely be achieved at a fraction of the cost of implementing a COTS EMR platform.

This paper aims to provide a general defense of targeted investment in the VistA system without digging deeply into the specific technology implementation details. The author would be happy to provide such details upon request.

Challenges with Acquisition and Implementation a COTS EMR System

The acquisition of a commercial off-the-shelf EMR product\platform is a bad match for VHA because the development of these systems has been optimized for commercial hospitals and clinics. First and foremost, it's important to recognize that these organizations are businesses (even if they're not-for-profit) and for most facility's leadership operating these businesses takes a priority over innovating healthcare delivery. Consequently, COTS EMR vendors have prioritized investment in areas that are business critical for such sites.

Here are a few of the examples of business critical functionality:

1. Billing and financial procedures (interfacing with Medicare, Insurers, financial planning, etc.)
2. Data Reporting for various regulatory requirements for Medicare
3. Implementation of standards like Meaningful Use

It happens that aside from being business critical many of these areas are very complex to manage and require similarly complex software. This means that a substantial amount of the capital costs for the acquisition of a commercial product is being put towards the vendor's costs of developing feature sets that aren't applicable to the VA. Obviously, the VA would use the full weight of the federal government to aggressively negotiate pricing but this doesn't ensure that the product pricing is in line with the government's needs.

The next hurdle to implementing a COTS product is getting through the customization phase needed to ensure the product works for the VA. For the most part, the VA operates as an integrated healthcare system which the author would argue is one of its greatest strengths. However, most hospitals and clinics today do not operate in such an environment and thus EMR technology hasn't really been optimized for integrated healthcare systems. This differing operating paradigm and the general nature of the implementation of an IT system of this scale will result in substantial requests for customization of the COTS EMR platform.

Some examples of the system customization required would be:

1. Development of a VA administrative package
2. Inclusion of VA integrated mail-in pharmacies, scheduling at CBOCs, a system-wide patient record, etc.
3. System integration of the in-house tools to address areas that are important for the VA: behavioral health tools, TBI, prosthetics, social support.

Given these requirements, there's a high likelihood that the implementation of this platform including the purchasing process and the customization phase will result in a protracted implementation - possibly upwards of 10 years. Along this path there will be many potential pitfalls. For example, the need for many VA staffers to learn an entirely new system could result in a substantial productivity reduction for some time and workforce attrition. There will likely be delays in the implementation schedule, which seem to be inherent in projects of this scale. Assuming the 10 year timeframe there will also be a change in administration. Because of the political environment within which this implementation would take place and its potential price tag, any implementation challenges run the risk of tarnishing the reputation of VHA as a whole and causing great disruptions to VHA.

However, assuming that VHA makes it through the monumental implementation of a new EMR then the likely scenario is that VHA will find itself dependent on a particular vendor. For purposes of discussion we'll say this is Vendor X and that the generally agreed upon cost to migrate from Vendor X's platform would be several billion dollars. The VA will have continually changing needs for the software and customization requests. Vendor X could be inclined to charge rates that come close to the cost of migration but don't hit it. Because the VA cannot competitively bid out these changes it VA will have no recourse but to pay those rates. This vendor dependence could cause a persistent situation where taxpayers are being overcharged despite the government's efforts to thwart such a situation. This is fairly obvious but it warrants a mention.

An Analysis of the Current VistA System

Of course, the argument against a COTS EMR is immaterial if there is no way the current infrastructure would meet the continually changing needs of our veterans. The good news is that the VA has a working EMR today so there is a starting point. Furthermore, the VA actually had a huge advantage when building VistA in that they could make tools that focused on patient care rather than worrying about being in business.

Ultimately, the primary goal of the VA's EMR platform is to enable the VA to do its activities efficiently and effectively at a reasonable support cost. When you're investing in an IT system there are several considerations. Obviously, it is important to ensure its operability for the long run but there are also likely to be near term goals. It's also important to note that sometimes problems are viewed as IT problems when the solution is more easily achievable in another way.

Most healthcare systems have various performance metrics that they are monitoring to measure their organizational effectiveness. Here are a few examples of areas of focus:

- Healthcare outcomes – immunization rates, lower readmissions rates or hospital acquired infection rates
- Patient Experience – easier scheduling of appointments or higher utilization of software tools
- Worker productivity – improved nurse to patient ratios or higher quality documentation
- System efficiency – total patients served at a given cost
- Reduction in support budget for the platform

The question becomes what are reasonable expectations for these metrics at the VA when accounting for budget, patient population, geography, etc.? A reasonable starting point is comparing whether the VA is actually achieving metrics in line with private hospitals or healthcare systems using COTS EMR systems. I would hazard to suggest that, despite the substantial investment in COTS systems by its private counterparts, the VA is likely operating comparably in most areas. If not, then an investigation would surely be in order to determine whether an IT solution or the replacement of the EMR would allow it to demonstratively achieve better outcomes.

Also, EMRs aren't generally viewed as a big productivity improvement tool for staff – that's one reason that the federal government had to create an incentive program to get hospitals to implement them. In fact, the current tools that VA staff use are actually quite efficient. The truly ironic thing is that some very early VA tools – the actual command line interface to VistA for example - is one of the most efficient tools around! I'd very surprised if COTS tools provided substantial productivity increases that were unattainable with an investment in the current VistA infrastructure. To remove any doubt, this is a topic could be easily researched.

Obviously another major concern is the risk of missing a wave of innovation that would result in better care for veterans. The questions that come to mind are: Where will this innovation come from? And, will it exclusively be limited to COTS EMR products?

As one looks into the marketplace it's important to identify the compulsion to innovate. COTS vendors generally have little incentive to actually improve patient care beyond the regulatory requirements that Medicare insists upon. Their primary objectives are to improve the operations, typically financial, of a hospital or clinic because most operate independently rather than as integrated healthcare systems. COTS EMR vendors know the focus of key decision makers and invest in those areas.

On the other hand, much of the research focused on improving patient care delivery is funded by the federal government and academic researchers have many incentives to publish their work. The VA itself is actually quite adept at researching healthcare delivery and many of its physicians hold academic positions as well as VA positions. In many cases, the research that VA providers participate in results in innovation that could be incorporated in IT platforms but what concerns many is that the pace of IT innovation in the VA is particularly slow.

Can Investment in VistA Deliver a Modern EMR?

The sneaky truth that underlies this entire discussion is that EMR software is actually fairly rudimentary technology. It is essentially comprised of a series of forms for inputting data, screens for guiding workflow, and reports for reviewing how everything is going. This may seem like an oversimplification but it is the result of the highly regulated and standardized process of delivering healthcare. Why then would the VA have trouble innovating and what is the fix?

The author believes that the inability to create a strong vision and various implementation failures is mainly the result of one technology dependency. That is the fact that VistA itself is built on such archaic tools that the current environment is very hard to develop for and costly to maintain. To be clear, when I write VistA in this context, I am specifically referring to the part of the VA's EMR platform that is implemented in the language M or Mumps. I do not mean CPRS or any other tools such as Vistaweb or BCMA or the Shift Handoff Tool.

Because VistA is developed on such highly specialized (read: old and arcane) tools the VA must maintain internal engineering teams to support the product. Most highly-skilled engineers would not learn this development language because it is used in so few places that the investment of time and energy wouldn't be worthwhile. The same goes for the engineers that support the IT systems – they have very little to gain by studying the underlying technology. Consequently, the cost of development and IT support is high and the ability to find highly-skilled workers is very difficult.

The best way forward is to create a contract for an effort to move the core of the VistA platform as-is to a modern software development environment. The idea would be to limit changes to the platform during this migration to ensure a quick implementation and reduce risk and disruption. If done properly, this upgrade could be compatible with many of the VAs current tools and appear nearly seamless to users. The resulting technology would be released as an open-source EMR that could be utilized by the community at-large.

The migration of VistA to a modern technology platform would offer many benefits. The operating cost would be substantially less because the platform could run on newer infrastructure and IT personnel would be easier to train. The software itself would be easier to maintain and develop because of the benefits introduced in these new development platforms. Future development could be outsourced on the platform in a competitive model to ensure reasonable costs as the platform evolved.

The availability of an open source EMR product to the community would also positively impact medicine. For starters, this would continue the VA's legacy of being open source, which has enabled entire countries to implement their healthcare systems by taking advantage of our investment. The same technology could be adopted by hospitals, likely at costs cheaper than COTS EMR systems to fuel development and innovation throughout the healthcare system. While this doesn't necessarily directly affect veterans, it enables the US to be a leader in global healthcare and facilitate care for countries at a disadvantage.

On top of these benefits, the likely cost of upgrading the underlying VistA infrastructure would be an order of magnitude cheaper than the cost of a COTS EMR with far less risk and potential disruption. The total time to complete this upgrade could be realized within one presidential term. This approach should be debated and I'd be happy to layout the defense of this in depth.

Conclusion

The goal of this document is to articulate a more capital efficient approach to technology modernization within the VA. Rather than throw away a working system today, the system itself can be organically upgraded with continual improvements towards a more efficient, effective information system. Ultimately, this paper advocates a lower risk, cheaper implementation option that enables the VA to serve its patients effectively and maintain the VA's stature as a global leader in healthcare.

(b) (6)

(b) (6) [gmail.com](#)

From: (b) (6)
Sent: Monday, March 20, 2017 10:53 AM
To: 'David shulkin' <Drshulkin@aol.com>
Subject: RE: Congrats and VistA

Awesome! I'll put it together. Will take about a week. I appreciate the opportunity to share this with you.

(b) (6)

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Monday, March 20, 2017 10:52 AM
To: (b) (6) <(b) (6) [engineeredcare.com](#)>
Subject: Re: Congrats and VistA

Sure id like to look at it

Sent from my iPhone

On Mar 20, 2017, at 1:19 PM, (b) (6) <(b) (6) engineeredcare.com> wrote:

Hi David –

This email is a bit belated but I wanted to reach out to congratulate you on your appointment to Sec. of the VA. I can only imagine the difference in the day-to-day's from your time at Morristown Medical Center... Also, I'm sure you saw that Chuck Schumer got your pen when Donald Trump signed your nomination. That would be a hell of a keepsake if you could get your hands on it...

Anyway, I'm not sure if you remember from our brief relationship but my expertise was building and designing large scale software systems. I worked at Microsoft on Windows before creating Engineered Care. I've worked to build our software on top of VistA for the past 5 years and I'm probably one of the most knowledgeable external experts on VistA outside of the VA. Having worked with the other EMR vendors I also recognize the value of VistA versus other EMRS, etc.

On March 7th – you said:

“If someone can explain to me why veterans benefit from VA being a good software developer, then maybe I'd change my mind”

I can explain this to you! There are a few good reasons! And the impact of this effort influences healthcare globally today.

Two questions:

1. If I wrote something that was a little more in-depth would you (or someone) read it? I would obviously try to make it brief and to the point.

2. Is there a person on your team that'd be better to discuss this with?

I'm writing you strictly as a citizen. This is something that I feel like many people simply do not understand but believe it or not VistA's actually a remarkable asset. Please let me know if this would be of interest and I'd be more than happy to discuss this with whomever you recommend.

Thanks,

(b) (6)

(b) (6)

+1.206.369 (b) (6)

Message

From: Jennifer Lee [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/25/2017 12:50:20 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: Congrats and VistA

Ok thanks. will do.

After the Politico event I also had a helpful discussion with Aneesh chopra and Peter Levin.

Maybe we can discuss when we meet on Monday?

Thanks

Jen

On Mar 25, 2017 8:28 AM, "David shulkin" <Drshulkin@aol.com> wrote:

Take a look

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]@engineeredcare.com>
Date: March 25, 2017 at 1:56:22 AM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: RE: Congrats and VistA

David –

Here is my argument for why the VA is better off developing its own EMR rather than acquiring a COTS solution. To be clear, I don't specifically argue that the VA employ engineers to develop its software but I do believe that there are far reaching benefits to "owning the code" rather than being dependent on a COTS vendor.

I specifically advocate for the migration of the current core VistA system to a modern software development platform and that the software be released open source to the public. I think that will have a far reaching impact on the healthcare industry and continue to offer foreign governments and healthcare systems an EMR that they can implement just like we do with VistA today. I don't mean to appear quixotic but I truly think this is the right way to go in this case.

Lastly, I don't dig too much into point by point strategy – like move the M code to C# or java, consolidate the sites' data, enable restful web services, etc. I didn't feel like it was appropriate for this level of discussion but it is something that I'd be happy to do if there was genuine interest.

I've pasted my memo below and attached it as a PDF. I appreciate you giving it a read – it's something that I've thought a lot about. If you find it's too long then I would recommend reading the final section at least.

Please let me know if anything is unclear or if you have any concerns. Congrats again on your appointment as Secretary.

(b) (6)

In Support of VistA

Summary:

The capital cost of a commercial off-the-shelf (COTS) EMR product, its implementation risk, and long term vendor dependence present significant barriers to a cost-effective and successful implementation of a COTS EMR at the VA.

Instead, an investment in the VistA platform to migrate it as-is to a modern software platform would enable the VA to realize significant benefits. The resulting system would have reduced operating cost, less implementation risk, and enable an increased pace of innovation without the downsides of vendor dependence. Further, this approach could likely be achieved at a fraction of the cost of implementing a COTS EMR platform.

This paper aims to provide a general defense of targeted investment in the VistA system without digging deeply into the specific technology implementation details. The author would be happy to provide such details upon request.

Challenges with Acquisition and Implementation a COTS EMR System

The acquisition of a commercial off-the-shelf EMR product\platform is a bad match for VHA because the development of these systems has been optimized for commercial hospitals and clinics. First and foremost, it's important to recognize that these organizations are businesses (even if they're not-for-profit) and for most facility's leadership operating these businesses takes a priority over innovating healthcare delivery. Consequently, COTS EMR vendors have prioritized investment in areas that are business critical for such sites.

Here are a few of the examples of business critical functionality:

1. Billing and financial procedures (interfacing with Medicare, Insurers, financial planning, etc.)
2. Data Reporting for various regulatory requirements for Medicare
3. Implementation of standards like Meaningful Use

It happens that aside from being business critical many of these areas are very complex to manage and require similarly complex software. This means that a substantial amount of the capital costs for the acquisition of a commercial product is being put towards the vendor's costs of developing feature sets that aren't applicable to the VA. Obviously, the VA would use the full weight of the federal government to aggressively negotiate pricing but this doesn't ensure that the product pricing is in line with the government's needs.

The next hurdle to implementing a COTS product is getting through the customization phase needed to ensure the product works for the VA. For the most part, the VA operates as an integrated healthcare system which the author would argue is one of its greatest strengths. However, most hospitals and clinics today do not operate in such an environment and thus EMR technology hasn't really been optimized for integrated healthcare systems. This differing operating paradigm and the general nature of the implementation of an IT system of this scale will result in substantial requests for customization of the COTS EMR platform.

Some examples of the system customization required would be:

1. Development of a VA administrative package
2. Inclusion of VA integrated mail-in pharmacies, scheduling at CBOCs, a system-wide patient record, etc.
3. System integration of the in-house tools to address areas that are important for the VA: behavioral health tools, TBI, prosthetics, social support.

Given these requirements, there's a high likelihood that the implementation of this platform including the purchasing process and the customization phase will result in a protracted implementation - possibly upwards of 10 years. Along this path there will be many potential pitfalls. For example, the need for many VA staffers to learn an entirely new system could result in a substantial productivity reduction for some time and workforce attrition. There will likely be delays in the implementation schedule, which seem to be inherent in projects of this scale. Assuming the 10 year timeframe there will also be a change in administration. Because of the political environment within which this implementation would take place and its potential price tag, any implementation challenges run the risk of tarnishing the reputation of VHA as a whole and causing great disruptions to VHA.

However, assuming that VHA makes it through the monumental implementation of a new EMR then the likely scenario is that VHA will find itself dependent on a particular vendor. For purposes of discussion we'll say this is Vendor X and that the generally agreed upon cost to migrate from Vendor X's platform would be several billion dollars. The VA will have continually changing needs for the software and customization requests. Vendor X could be inclined to charge rates that come close to the cost of migration but don't hit it. Because the VA cannot competitively bid out these changes it VA will have no recourse but to pay those rates. This vendor dependence could cause a persistent situation where taxpayers are being overcharged despite the government's efforts to thwart such a situation. This is fairly obvious but it warrants a mention.

An Analysis of the Current VistA System

Of course, the argument against a COTS EMR is immaterial if there is no way the current infrastructure would meet the continually changing needs of our veterans. The good news is that the VA has a working EMR today so there is a starting point. Furthermore, the VA actually had a huge advantage when building VistA in that they could make tools that focused on patient care rather than worrying about being in business.

Ultimately, the primary goal of the VA's EMR platform is to enable the VA to do its activities efficiently and effectively at a reasonable support cost. When you're investing in an IT system there are several considerations. Obviously, it is important to ensure its operability for the long run but there are also likely to be near term goals. It's also important to note that sometimes problems are viewed as IT problems when the solution is more easily achievable in another way.

Most healthcare systems have various performance metrics that they are monitoring to measure their organizational effectiveness. Here are a few examples of areas of focus:

- Healthcare outcomes – immunization rates, lower readmissions rates or hospital acquired infection rates

- Patient Experience – easier scheduling of appointments or higher utilization of software tools
- Worker productivity – improved nurse to patient ratios or higher quality documentation
- System efficiency – total patients served at a given cost
- Reduction in support budget for the platform

The question becomes what are reasonable expectations for these metrics at the VA when accounting for budget, patient population, geography, etc.? A reasonable starting point is comparing whether the VA is actually achieving metrics in line with private hospitals or healthcare systems using COTS EMR systems. I would hazard to suggest that, despite the substantial investment in COTS systems by its private counterparts, the VA is likely operating comparably in most areas. If not, then an investigation would surely be in order to determine whether an IT solution or the replacement of the EMR would allow it to demonstratively achieve better outcomes.

Also, EMRs aren't generally viewed as a big productivity improvement tool for staff – that's one reason that the federal government had to create an incentive program to get hospitals to implement them. In fact, the current tools that VA staff use are actually quite efficient. The truly ironic thing is that some very early VA tools – the actual command line interface to VistA for example - is one of the most efficient tools around! I'd very surprised if COTS tools provided substantial productivity increases that were unattainable with an investment in the current VistA infrastructure. To remove any doubt, this is a topic could be easily researched.

Obviously another major concern is the risk of missing a wave of innovation that would result in better care for veterans. The questions that come to mind are: Where will this innovation come from? And, will it exclusively be limited to COTS EMR products?

As one looks into the marketplace it's important to identify the compulsion to innovate. COTS vendors generally have little incentive to actually improve patient care beyond the regulatory requirements that Medicare insists upon. Their primary objectives are to improve the operations, typically financial, of a hospital or clinic because most operate independently rather than as integrated healthcare systems. COTS EMR vendors know the focus of key decision makers and invest in those areas.

On the other hand, much of the research focused on improving patient care delivery is funded by the federal government and academic researchers have many incentives to publish their work. The VA itself is actually quite adept at researching healthcare delivery and many of its physicians hold academic positions as well as VA positions. In many cases, the research that

VA providers participate in results in innovation that could be incorporated in IT platforms but what concerns many is that the pace of IT innovation in the VA is particularly slow.

Can Investment in VistA Deliver a Modern EMR?

The sneaky truth that underlies this entire discussion is that EMR software is actually fairly rudimentary technology. It is essentially comprised of a series of forms for inputting data, screens for guiding workflow, and reports for reviewing how everything is going. This may seem like an oversimplification but it is the result of the highly regulated and standardized process of delivering healthcare. Why then would the VA have trouble innovating and what is the fix?

The author believes that the inability to create a strong vision and various implementation failures is mainly the result of one technology dependency. That is the fact that VistA itself is built on such archaic tools that the current environment is very hard to develop for and costly to maintain. To be clear, when I write VistA in this context, I am specifically referring to the part of the VA's EMR platform that is implemented in the language M or Mumps. I do not mean CPRS or any other tools such as Vistaweb or BCMA or the Shift Handoff Tool.

Because VistA is developed on such highly specialized (read: old and arcane) tools the VA must maintain internal engineering teams to support the product. Most highly-skilled engineers would not learn this development language because it is used in so few places that the investment of time and energy wouldn't be worthwhile. The same goes for the engineers that support the IT systems – they have very little to gain by studying the underlying technology. Consequently, the cost of development and IT support is high and the ability to find highly-skilled workers is very difficult.

The best way forward is to create a contract for an effort to move the core of the VistA platform as-is to a modern software development environment. The idea would be to limit changes to the platform during this migration to ensure a quick implementation and reduce risk and disruption. If done properly, this upgrade could be compatible with many of the VAs current tools and appear nearly seamless to users. The resulting technology would be released as an open-source EMR that could be utilized by the community at-large.

The migration of VistA to a modern technology platform would offer many benefits. The operating cost would be substantially less because the platform could run on newer infrastructure and IT personnel would be easier to train. The software itself would be easier to maintain and develop because of the benefits introduced in these new development platforms. Future development could be outsourced on the platform in a competitive model to ensure reasonable costs as the platform evolved.

The availability of an open source EMR product to the community would also positively impact medicine. For starters, this would continue the VA's legacy of being open source, which has enabled entire countries to implement their healthcare systems by taking advantage of our investment. The same technology could be adopted by hospitals, likely at costs cheaper than COTS EMR systems to fuel development and innovation throughout the healthcare system. While this doesn't necessarily directly affect veterans, it enables the US to be a leader in global healthcare and facilitate care for countries at a disadvantage.

On top of these benefits, the likely cost of upgrading the underlying VistA infrastructure would be an order of magnitude cheaper than the cost of a COTS EMR with far less risk and potential disruption. The total time to complete this upgrade could be realized within one presidential term. This approach should be debated and I'd be happy to layout the defense of this in depth.

Conclusion

The goal of this document is to articulate a more capital efficient approach to technology modernization within the VA. Rather than throw away a working system today, the system itself can be organically upgraded with continual improvements towards a more efficient, effective information system. Ultimately, this paper advocates a lower risk, cheaper implementation option that enables the VA to serve its patients effectively and maintain the VA's stature as a global leader in healthcare.

(b) (6)

(b) (6)

[gmail.com](#)

From: (b) (6)

Sent: Monday, March 20, 2017 10:53 AM

To: 'David shulkin' <Drshulkin@aol.com>

Subject: RE: Congrats and VistA

Awesome! I'll put it together. Will take about a week. I appreciate the opportunity to share this with you.

(b) (6)

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Monday, March 20, 2017 10:52 AM
To: (b) (6) <(b) (6) engineeredcare.com>
Subject: Re: Congrats and VistA

Sure id like to look at it

Sent from my iPhone

On Mar 20, 2017, at 1:19 PM, (b) (6) <(b) (6) engineeredcare.com> wrote:

Hi David –

This email is a bit belated but I wanted to reach out to congratulate you on your appointment to Sec. of the VA. I can only imagine the difference in the day-to-day's from your time at Morristown Medical Center... Also, I'm sure you saw that Chuck Schumer got your pen when Donald Trump signed your nomination. That would be a hell of a keepsake if you could get your hands on it...

Anyway, I'm not sure if you remember from our brief relationship but my expertise was building and designing large scale software systems. I worked at Microsoft on Windows before creating Engineered Care. I've worked to build our software on top of VistA for the past 5 years and I'm probably one of the most knowledgeable external experts on VistA outside of the VA. Having worked with the other EMR vendors I also recognize the value of VistA versus other EMRS, etc.

On March 7th – you said:

"If someone can explain to me why veterans benefit from VA being a good software developer, then maybe I'd change my mind"

I can explain this to you! There are a few good reasons! And the impact of this effort influences healthcare globally today.

Two questions:

1. If I wrote something that was a little more in-depth would you (or someone) read it? I would obviously try to make it brief and to the point.
2. Is there a person on your team that'd be better to discuss this with?

I'm writing you strictly as a citizen. This is something that I feel like many people simply do not understand but believe it or not VistA's actually a remarkable asset. Please let me know if this would be of interest and I'd be more than happy to discuss this with whomever you recommend.

Thanks,

(b) (6)

(b) (6)

+1.206.369 (b) (6)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/25/2017 12:21:37 PM
To: Jennifer Lee [(b) (6)]<[REDACTED]@gmail.com>
Subject: Fwd: Congrats and VistA
Attachments: InSupportOfVistA.pdf; Untitled attachment 07110.htm

Take a look

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]@engineeredcare.com>
Date: March 25, 2017 at 1:56:22 AM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: RE: Congrats and VistA

David –

Here is my argument for why the VA is better off developing its own EMR rather than acquiring a COTS solution. To be clear, I don't specifically argue that the VA employ engineers to develop its software but I do believe that there are far reaching benefits to "owning the code" rather than being dependent on a COTS vendor.

I specifically advocate for the migration of the current core VistA system to a modern software development platform and that the software be released open source to the public. I think that will have a far reaching impact on the healthcare industry and continue to offer foreign governments and healthcare systems an EMR that they can implement just like we do with VistA today. I don't mean to appear quixotic but I truly think this is the right way to go in this case.

Lastly, I don't dig too much into point by point strategy – like move the M code to C# or java, consolidate the sites' data, enable restful web services, etc. I didn't feel like it was appropriate for this level of discussion but it is something that I'd be happy to do if there was genuine interest.

I've pasted my memo below and attached it as a PDF. I appreciate you giving it a read – it's something that I've thought a lot about. If you find it's too long then I would recommend reading the final section at least.

Please let me know if anything is unclear or if you have any concerns. Congrats again on your appointment as Secretary.

Chris

In Support of VistA

Summary:

The capital cost of a commercial off-the-shelf (COTS) EMR product, its implementation risk, and long term vendor dependence present significant barriers to a cost-effective and successful implementation of a COTS EMR at the VA.

Instead, an investment in the VistA platform to migrate it as-is to a modern software platform would enable the VA to realize significant benefits. The resulting system would have reduced operating cost, less implementation risk, and enable an increased pace of innovation without the downsides of vendor dependence. Further, this approach could likely be achieved at a fraction of the cost of implementing a COTS EMR platform.

This paper aims to provide a general defense of targeted investment in the VistA system without digging deeply into the specific technology implementation details. The author would be happy to provide such details upon request.

Challenges with Acquisition and Implementation a COTS EMR System

The acquisition of a commercial off-the-shelf EMR product\platform is a bad match for VHA because the development of these systems has been optimized for commercial hospitals and clinics. First and foremost, it's important to recognize that these organizations are businesses (even if they're not-for-profit) and for most facility's leadership operating these businesses takes a priority over innovating healthcare delivery. Consequently, COTS EMR vendors have prioritized investment in areas that are business critical for such sites.

Here are a few of the examples of business critical functionality:

1. <!--[if !supportLists]--><!--[endif]-->Billing and financial procedures (interfacing with Medicare, Insurers, financial planning, etc.)
2. <!--[if !supportLists]--><!--[endif]-->Data Reporting for various regulatory requirements for Medicare
3. <!--[if !supportLists]--><!--[endif]-->Implementation of standards like Meaningful Use

It happens that aside from being business critical many of these areas are very complex to manage and require similarly complex software. This means that a substantial amount of the capital costs for the acquisition of a commercial product is being put towards the vendor's costs of developing feature sets that aren't applicable to the VA. Obviously, the VA would use the full weight of the federal government to aggressively negotiate pricing but this doesn't ensure that the product pricing is in line with the government's needs.

The next hurdle to implementing a COTS product is getting through the customization phase needed to ensure the product works for the VA. For the most part, the VA operates as an integrated healthcare system which the author would argue is one of its greatest strengths. However, most hospitals and clinics today do not operate in such an environment and thus EMR technology hasn't really been optimized for integrated healthcare systems. This differing operating paradigm and the general nature of the implementation of an IT system of this scale will result in substantial requests for customization of the COTS EMR platform.

Some examples of the system customization required would be:

1. <!--[if !supportLists]--><!--[endif]-->Development of a VA administrative package
2. <!--[if !supportLists]--><!--[endif]-->Inclusion of VA integrated mail-in pharmacies, scheduling at CBOCs, a system-wide patient record, etc.
3. <!--[if !supportLists]--><!--[endif]-->System integration of the in-house tools to address areas that are important for the VA: behavioral health tools, TBI, prosthetics, social support.

Given these requirements, there's a high likelihood that the implementation of this platform including the purchasing process and the customization phase will result in a protracted implementation - possibly upwards of 10 years. Along this path there will be many potential pitfalls. For example, the need for many VA staffers to learn an entirely new system could result in a substantial productivity reduction for some time and workforce attrition. There will likely be delays in the implementation schedule, which seem to be inherent in projects of this scale. Assuming the 10 year timeframe there will also be a change in administration. Because of the political environment within which this implementation would take place and its potential price tag, any implementation challenges run the risk of tarnishing the reputation of VHA as a whole and causing great disruptions to VHA.

However, assuming that VHA makes it through the monumental implementation of a new EMR then the likely scenario is that VHA will find itself dependent on a particular vendor. For purposes of discussion we'll say this is Vendor X and that the generally agreed upon cost to migrate from Vendor X's platform would be several billion dollars. The VA will have continually changing needs for the software and customization requests. Vendor X could be inclined to charge rates that come close to the cost of migration but don't hit it. Because the VA cannot competitively bid out these changes it VA will have no recourse but to pay those rates. This vendor dependence could cause a persistent situation where taxpayers are being overcharged despite the government's efforts to thwart such a situation. This is fairly obvious but it warrants a mention.

An Analysis of the Current VistA System

Of course, the argument against a COTS EMR is immaterial if there is no way the current infrastructure would meet the continually changing needs of our veterans. The good news is that the VA has a working EMR today so there is a starting point. Furthermore, the VA actually had a huge advantage when building VistA in that they could make tools that focused on patient care rather than worrying about being in business.

Ultimately, the primary goal of the VA's EMR platform is to enable the VA to do its activities efficiently and effectively at a reasonable support cost. When you're investing in an IT system there are several considerations. Obviously, it is important to ensure its operability for the long run but there are also likely to be near term goals. It's also important to note that sometimes problems are viewed as IT problems when the solution is more easily achievable in another way.

Most healthcare systems have various performance metrics that they are monitoring to measure their organizational effectiveness. Here are a few examples of areas of focus:

- Healthcare outcomes – immunization rates, lower readmissions rates or hospital acquired infection rates
- Patient Experience – easier scheduling of appointments or higher utilization of software tools
- Worker productivity – improved nurse to patient ratios or higher quality documentation
- System efficiency – total patients served at a given cost
- Reduction in support budget for the platform

The question becomes what are reasonable expectations for these metrics at the VA when accounting for budget, patient population, geography, etc.? A reasonable starting point is comparing whether the VA is actually achieving metrics in line with private hospitals or healthcare systems using COTS EMR systems. I would hazard to suggest that, despite the substantial investment in COTS systems by its private counterparts, the VA is likely operating comparably in most areas. If not, then an investigation would surely be in order to determine whether an IT solution or the replacement of the EMR would allow it to demonstratively achieve better outcomes.

Also, EMRs aren't generally viewed as a big productivity improvement tool for staff – that's one reason that the federal government had to create an incentive program to get hospitals to implement them. In fact, the current tools that VA staff use are actually quite efficient. The truly ironic thing is that some very early VA tools – the actual command line interface to VistA for example - is one of the most efficient tools around! I'd very surprised if COTS tools provided substantial productivity increases that were unattainable with an investment in the current VistA infrastructure. To remove any doubt, this is a topic could be easily researched.

Obviously another major concern is the risk of missing a wave of innovation that would result in better care for veterans. The questions that come to mind are: Where will this innovation come from? And, will it exclusively be limited to COTS EMR products?

As one looks into the marketplace it's important to identify the compulsion to innovate. COTS vendors generally have little incentive to actually improve patient care beyond the regulatory requirements that Medicare insists upon. Their primary objectives are to improve the operations, typically financial, of a hospital or clinic because most operate independently rather than as integrated healthcare systems. COTS EMR vendors know the focus of key decision makers and invest in those areas.

On the other hand, much of the research focused on improving patient care delivery is funded by the federal government and academic researchers have many incentives to publish their work. The VA itself is actually quite adept at researching healthcare delivery and many of its physicians hold academic positions as well as VA positions. In many cases, the research that VA providers participate in results in innovation that could be incorporated in IT platforms but what concerns many is that the pace of IT innovation in the VA is particularly slow.

Can Investment in VistA Deliver a Modern EMR?

The sneaky truth that underlies this entire discussion is that EMR software is actually fairly rudimentary technology. It is essentially comprised of a series of forms for inputting data, screens for guiding workflow, and reports for reviewing how everything is going. This may seem like an oversimplification but it is the result of the highly regulated and standardized process of delivering healthcare. Why then would the VA have trouble innovating and what is the fix?

The author believes that the inability to create a strong vision and various implementation failures is mainly the result of one technology dependency. That is the fact that VistA itself is built on such archaic tools that the current environment is very hard to develop for and costly to maintain. To be clear, when I write VistA in this context, I am specifically referring to the part of the VA's EMR platform that is implemented in the language M or Mumps. I do not mean CPRS or any other tools such as Vistaweb or BCMA or the Shift Handoff Tool.

Because VistA is developed on such highly specialized (read: old and arcane) tools the VA must maintain internal engineering teams to support the product. Most highly-skilled engineers would not learn this development language because it is used in so few places that the investment of time and energy wouldn't be worthwhile. The same goes for the engineers that support the IT systems – they have very little to gain by studying the underlying technology. Consequently, the cost of development and IT support is high and the ability to find highly-skilled workers is very difficult.

The best way forward is to create a contract for an effort to move the core of the VistA platform as-is to a modern software development environment. The idea would be to limit changes to the platform during this migration to ensure a quick implementation and reduce risk and disruption. If done properly, this upgrade could be compatible with many of the VAs current tools and appear nearly seamless to users. The resulting technology would be released as an open-source EMR that could be utilized by the community at-large.

The migration of VistA to a modern technology platform would offer many benefits. The operating cost would be substantially less because the platform could run on newer infrastructure and IT personnel would be easier to train. The software itself would be easier to maintain and develop because of the benefits introduced in these new development platforms. Future development could be outsourced on the platform in a competitive model to ensure reasonable costs as the platform evolved.

The availability of an open source EMR product to the community would also positively impact medicine. For starters, this would continue the VA's legacy of being open source, which has enabled entire countries to implement their healthcare systems by taking advantage of our investment. The same technology could be adopted by hospitals, likely at costs cheaper than COTS EMR systems to fuel development and innovation throughout the healthcare system. While this doesn't necessarily directly affect veterans, it enables the US to be a leader in global healthcare and facilitate care for countries at a disadvantage.

On top of these benefits, the likely cost of upgrading the underlying VistA infrastructure would be an order of magnitude cheaper than the cost of a COTS EMR with far less risk and potential disruption. The total time to complete this upgrade could be realized within one presidential term. This approach should be debated and I'd be happy to layout the defense of this in depth.

Conclusion

The goal of this document is to articulate a more capital efficient approach to technology modernization within the VA. Rather than throw away a working system today, the system itself can be organically upgraded with continual improvements towards a more efficient, effective information system. Ultimately, this paper advocates a lower risk, cheaper implementation option that enables the VA to serve its patients effectively and maintain the VA's stature as a global leader in healthcare.

(b) (6)

gmail.com

From: (b) (6)
Sent: Monday, March 20, 2017 10:53 AM
To: 'David shulkin' <Drshulkin@aol.com>
Subject: RE: Congrats and VistA

Awesome! I'll put it together. Will take about a week. I appreciate the opportunity to share this with you.

(b) (6)

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Monday, March 20, 2017 10:52 AM
To: (b) (6) <(b) (6)@engineeredcare.com>
Subject: Re: Congrats and VistA

Sure id like to look at it

Sent from my iPhone

On Mar 20, 2017, at 1:19 PM, (b) (6) <(b) (6)@engineeredcare.com> wrote:

Hi David –

This email is a bit belated but I wanted to reach out to congratulate you on your appointment to Sec. of the VA. I can only imagine the difference in the day-to-day's from your time at Morristown Medical Center... Also, I'm sure you saw that Chuck Schumer got your pen when Donald Trump signed your nomination. That would be a hell of a keepsake if you could get your hands on it...

Anyway, I'm not sure if you remember from our brief relationship but my expertise was building and designing large scale software systems. I worked at Microsoft on Windows before creating Engineered Care. I've worked to build our software on top of Vista for the past 5 years and I'm probably one of the most knowledgeable external experts on Vista outside of the VA. Having worked with the other EMR vendors I also recognize the value of Vista versus other EMRS, etc.

On March 7th – you said:

"If someone can explain to me why veterans benefit from VA being a good software developer, then maybe I'd change my mind"

I can explain this to you! There are a few good reasons! And the impact of this effort influences healthcare globally today.

Two questions:

1. <!--[if !supportLists]--><!--[endif]-->If I wrote something that was a little more in-depth would you (or someone) read it? I would obviously try to make it brief and to the point.
2. <!--[if !supportLists]--><!--[endif]-->Is there a person on your team that'd be better to discuss this with?

I'm writing you strictly as a citizen. This is something that I feel like many people simply do not understand but believe it or not Vista's actually a remarkable asset. Please let me know if this would be of interest and I'd be more than happy to discuss this with whomever you recommend.

Thanks,

(b) (6)

(b) (6)

+1 206,369 (b) (6)

In Support of VistA

Summary:

The capital cost of a commercial off-the-shelf (COTS) EMR product, its implementation risk, and long term vendor dependence present significant barriers to a cost-effective and successful implementation of a COTS EMR at the VA.

Instead, an investment in the VistA platform to migrate it as-is to a modern software platform would enable the VA to realize significant benefits. The resulting system would have reduced operating cost, less implementation risk, and enable an increased pace of innovation without the downsides of vendor dependence. Further, this approach could likely be achieved at a fraction of the cost of implementing a COTS EMR platform.

This paper aims to provide a general defense of targeted investment in the VistA system without digging deeply into the specific technology implementation details. The author would be happy to provide such details upon request.

Challenges with Acquisition and Implementation a COTS EMR System

The acquisition of a commercial off-the-shelf EMR product/platform is a bad match for VHA because the development of these systems has been optimized for commercial hospitals and clinics. First and foremost, it's important to recognize that these organizations are businesses (even if they're not-for-profit) and for most facility's leadership operating these businesses takes a priority over innovating healthcare delivery. Consequently, COTS EMR vendors have prioritized investment in areas that are business critical for such sites.

Here are a few of the examples of business critical functionality:

1. Billing and financial procedures (interfacing with Medicare, Insurers, financial planning, etc.)
2. Data Reporting for various regulatory requirements for Medicare
3. Implementation of standards like Meaningful Use

It happens that aside from being business critical many of these areas are very complex to manage and require similarly complex software. This means that a substantial amount of the capital costs for the acquisition of a commercial product is being put towards the vendor's costs of developing feature sets that aren't applicable to the VA. Obviously, the VA would use the full weight of the federal government to aggressively negotiate pricing but this doesn't ensure that the product pricing is in line with the government's needs.

The next hurdle to implementing a COTS product is getting through the customization phase needed to ensure the product works for the VA. For the most part, the VA operates as an integrated healthcare system which the author would argue is one of its greatest strengths. However, most hospitals and clinics today do not operate in such an environment and thus EMR technology hasn't really been optimized for integrated healthcare systems. This differing operating paradigm and the general nature of the implementation of an IT system of this scale will result in substantial requests for customization of the COTS EMR platform.

Some examples of the system customization required would be:

1. Development of a VA administrative package
2. Inclusion of VA integrated mail-in pharmacies, scheduling at CBOCs, a system-wide patient record, etc.
3. System integration of the in-house tools to address areas that are important for the VA: behavioral health tools, TBI, prosthetics, social support.

Given these requirements, there's a high likelihood that the implementation of this platform including the purchasing process and the customization phase will result in a protracted implementation - possibly upwards of 10 years. Along this path there will be many potential pitfalls. For example, the need for many VA staffers to learn an entirely new system could result in a substantial productivity reduction for some time and workforce attrition. There will likely be delays in the implementation schedule, which seem to be inherent in projects of this scale. Assuming the 10 year timeframe there will also be a change in administration. Because of the political environment within which this implementation would take place and its potential price tag, any implementation challenges run the risk of tarnishing the reputation of VHA as a whole and causing great disruptions to VHA.

However, assuming that VHA makes it through the monumental implementation of a new EMR then the likely scenario is that VHA will find itself dependent on a particular vendor. For purposes of discussion we'll say this is Vendor X and that the generally agreed upon cost to migrate from Vendor X's platform would be several billion dollars. The VA will have continually changing needs for the software and customization requests. Vendor X could be inclined to charge rates that come close to the cost of migration but don't hit it. Because the VA cannot competitively bid out these changes it VA will have no recourse but to pay those rates. This vendor dependence could cause a persistent situation where taxpayers are being overcharged despite the government's efforts to thwart such a situation. This is fairly obvious but it warrants a mention.

An Analysis of the Current VistA System

Of course, the argument against a COTS EMR is immaterial if there is no way the current infrastructure would meet the continually changing needs of our veterans. The good news is that the VA has a working EMR today so there is a starting point. Furthermore, the VA actually had a huge advantage when building VistA in that they could make tools that focused on patient care rather than worrying about being in business.

Ultimately, the primary goal of the VA's EMR platform is to enable the VA to do its activities efficiently and effectively at a reasonable support cost. When you're investing in an IT system there are several considerations. Obviously, it is important to ensure its operability for the long run but there are also likely to be near term goals. It's also important to note that sometimes problems are viewed as IT problems when the solution is more easily achievable in another way.

Most healthcare systems have various performance metrics that they are monitoring to measure their organizational effectiveness. Here are a few examples of areas of focus:

- Healthcare outcomes – immunization rates, lower readmissions rates or hospital acquired infection rates
- Patient Experience – easier scheduling of appointments or higher utilization of software tools
- Worker productivity – improved nurse to patient ratios or higher quality documentation
- System efficiency – total patients served at a given cost
- Reduction in support budget for the platform

The question becomes what are reasonable expectations for these metrics at the VA when accounting for budget, patient population, geography, etc.? A reasonable starting point is comparing whether the VA is actually achieving metrics in line with private hospitals or healthcare systems using COTS EMR systems. I would hazard to suggest that, despite the substantial investment in COTS systems by its private counterparts, the VA is likely operating comparably in most areas. If not, then an investigation would surely be in order to determine whether an IT solution or the replacement of the EMR would allow it to demonstratively achieve better outcomes.

Also, EMRs aren't generally viewed as a big productivity improvement tool for staff – that's one reason that the federal government had to create an incentive program to get hospitals to implement them. In fact, the current tools that VA staff use are actually quite efficient. The truly ironic thing is that some very early VA tools – the actual command line interface to VistA for example - is one of the most efficient tools around! I'd very surprised if COTS tools provided substantial productivity increases that were unattainable with an investment in the current VistA infrastructure. To remove any doubt, this is a topic could be easily researched.

Obviously another major concern is the risk of missing a wave of innovation that would result in better care for veterans. The questions that come to mind are: Where will this innovation come from? And, will it exclusively be limited to COTS EMR products?

As one looks into the marketplace it's important to identify the compulsion to innovate. COTS vendors generally have little incentive to actually improve patient care beyond the regulatory requirements that Medicare insists upon. Their primary objectives are to improve the operations, typically financial, of a hospital or clinic because most operate independently rather than as integrated healthcare systems. COTS EMR vendors know the focus of key decision makers and invest in those areas.

On the other hand, much of the research focused on improving patient care delivery is funded by the federal government and academic researchers have many incentives to publish their work. The VA itself is actually quite adept at researching healthcare delivery and many of its physicians hold academic positions as well as VA positions. In many cases, the research that VA providers participate in results in innovation that could be incorporated in IT platforms but what concerns many is that the pace of IT innovation in the VA is particularly slow.

Can Investment in VistA Deliver a Modern EMR?

The sneaky truth that underlies this entire discussion is that EMR software is actually fairly rudimentary technology. It is essentially comprised of a series of forms for inputting data, screens for guiding workflow, and reports for reviewing how everything is going. This may seem like an oversimplification but it is the result of the highly regulated and standardized process of delivering healthcare. Why then would the VA have trouble innovating and what is the fix?

The author believes that the inability to create a strong vision and various implementation failures is mainly the result of one technology dependency. That is the fact that VistA itself is built on such archaic tools that the current environment is very hard to develop for and costly to maintain. To be clear, when I write VistA in this context, I am specifically referring to the part of the VA's EMR platform that is implemented in the language M or Mumps. I do not mean CPRS or any other tools such as Vistaweb or BCMA or the Shift Handoff Tool.

Because VistA is developed on such highly specialized (read: old and arcane) tools the VA must maintain internal engineering teams to support the product. Most highly-skilled engineers would not learn this development language because it is used in so few places that the investment of time and energy wouldn't be worthwhile. The same goes for the engineers that support the IT systems – they have very little to gain by studying the underlying technology. Consequently, the cost of development and IT support is high and the ability to find highly-skilled workers is very difficult.

The best way forward is to create a contract for an effort to move the core of the VistA platform as-is to a modern software development environment. The idea would be to limit changes to the platform during this migration to ensure a quick implementation and reduce risk and disruption. If done properly, this upgrade could be compatible with many of the VA's current tools and appear nearly seamless to users. The resulting technology would be released as an open-source EMR that could be utilized by the community at-large.

The migration of VistA to a modern technology platform would offer many benefits. The operating cost would be substantially less because the platform could run on newer infrastructure and IT personnel would be easier to train. The software itself would be easier to maintain and develop because of the benefits introduced in these new development platforms. Future development could be outsourced on the platform in a competitive model to ensure reasonable costs as the platform evolved.

The availability of an open source EMR product to the community would also positively impact medicine. For starters, this would continue the VA's legacy of being open source, which has enabled entire countries to implement their healthcare systems by taking advantage of our investment. The same technology could be adopted by hospitals, likely at costs cheaper than COTS EMR systems to fuel development and innovation throughout the healthcare system. While this doesn't necessarily directly affect veterans, it enables the US to be a leader in global healthcare and facilitate care for countries at a disadvantage.

On top of these benefits, the likely cost of upgrading the underlying VistA infrastructure would be an order of magnitude cheaper than the cost of a COTS EMR with far less risk and potential disruption. The total time to complete this upgrade could be realized within one presidential term. This approach should be debated and I'd be happy to layout the defense of this in depth.

Conclusion

The goal of this document is to articulate a more capital efficient approach to technology modernization within the VA. Rather than throw away a working system today, the system itself can be organically upgraded with continual improvements towards a more efficient, effective information system. Ultimately, this paper advocates a lower risk, cheaper implementation option that enables the VA to serve its patients effectively and maintain the VA's stature as a global leader in healthcare.

(b) (6)

[\[REDACTED\]@gmail.com](#)

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/22/2017 9:10:36 AM
To: David Shulkin [drshulkin@aol.com]
Subject: April 7th

Looks like that is the date for our retreat from my discussion with vivieca - if so, I will just make it work

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/23/2017 10:50:07 AM
To: David Shulkin [drshulkin@aol.com]
Subject: A lot to catch up on

Hopefully we will be able to get some time today- phone or person. Also, met with [(b) (6)] and he is on board in case we wanted to connect with Bruce

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/25/2017 1:58:23 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: On Monday

I agree

Monday night works
Sent from my iPhone

On Mar 25, 2017, at 9:27 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

We never have time to simply brainstorm- can we do it Monday evening like we used to on HC, ACO and other things. The two of us can do magic together if we have time- lets just stay in the office after work and whiteboard out our priorities and then what we envision the new VA to look like. I want us to spend a few hours on this together and then we bring others into it- otherwise we are simply reacting and responding to everyone inside and outside of the VA. This is our opportunity to leave a footprint larger than anything- for both the VA and the country. And the timing is now- otherwise we will not realize our full potential for impact. If you agree, I will find a conference room for us with a white board, flip charts etc- and spend as much of time as needed. I will work on researching stuff this weekend and you do the same. Let me know if you agree

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/25/2017 1:27:31 PM
To: David Shulkin [drshulkin@aol.com]
Subject: On Monday

We never have time to simply brainstorm- can we do it Monday evening like we used to on HC, ACO and other things. The two of us can do magic together if we have time- lets just stay in the office after work and whiteboard out our priorities and then what we envision the new VA to look like. I want us to spend a few hours on this together and then we bring others into it- otherwise we are simply reacting and responding to everyone inside and outside of the VA. This is our opportunity to leave a footprint larger than anything- for both the VA and the country. And the timing is now- otherwise we will not realize our full potential for impact. If you agree, I will find a conference room for us with a white board, flip charts etc- and spend as much of time as needed. I will work on researching stuff this weekend and you do the same. Let me know if you agree

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/27/2017 2:44:07 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Edits to the website

This is good

Sent from my iPad

On Mar 26, 2017, at 7:13 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Just to clarify some of the comments you had on it

- We are trying to add a 4th tab on the main page that states just the "Overall VA Care"- so that it is not confusing with the "My VA care tab"
- Additional services- will try to add the additional services including telehealth, urgent care, ED etc for this release, but if not, will at least have a pop up that states that these additional services are available in case the Veteran needs to be seen sooner in a location especially with the new patient visit time is longer

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/26/2017 11:24:12 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Edits to the website

Ok

Sent from my iPhone

On Mar 26, 2017, at 7:13 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Just to clarify some of the comments you had on it

- We are trying to add a 4th tab on the main page that states just the "Overall VA Care"- so that it is not confusing with the "My VA care tab"
- Additional services- will try to add the additional services including telehealth, urgent care, ED etc for this release, but if not, will at least have a pop up that states that these additional services are available in case the Veteran needs to be seen sooner in a location especially with the new patient visit time is longer

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/10/2017 2:51:33 PM
To: Ike Perlmutter [REDACTED] frenchangel59.com]
Subject: Fwd: (No Subject)

Ike- what we need is Direct Hiring authority- unfortunately as you see below this requires congressional Approval and not an executive order. We will seek this with Congress.

I spoke to Camilo- he sounds good- im working on a spot

Ill get you the 4-5 EOs soon

David

-----Original Message-----

From: Flanz, Meghan Serwin
Sent: Wednesday, May 10, 2017 10:26 AM Eastern Standard Time
To: DJS
Cc: Wright, Vivieca (Simpson)
Subject: RE: (No Subject)

That would require legislation.

Meghan Flanz
Interim General Counsel

-----Original Message-----

From:
Subject:

Meghan- could the president issue an EO to give us direct hire authority to speed up hiring for all VA employees. Or must this be legislative?

Sent with Good (www.good.com)

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/24/2017 8:59:40 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: I know

I absolutely know- I am always #1 in your work life! Enjoy the evening- would've liked to be there, but I know I will have even a better time at home!!

Sent from my iPhone

> On Mar 24, 2017, at 4:52 PM, David shulkin <Drshulkin@aol.com> wrote:

>
> You were first on my list to invite
>
> Sent from my iPhone
>

>> On Mar 24, 2017, at 4:38 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>>
>> That I am a workhorse with none of the R&R perks with you, but at least send me a picture from tonight- didn't realize it was such a big deal!!
>>

>> Sent from my iPhone
>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/24/2017 8:52:34 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: I know

You were first on my list to invite

Sent from my iPhone

> On Mar 24, 2017, at 4:38 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> That I am a workhorse with none of the R&R perks with you, but at least send me a picture from tonight-
didn't realize it was such a big deal!!

>

> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/24/2017 8:38:13 PM
To: David Shulkin [drshulkin@aol.com]
Subject: I know

That I am a workhorse with none of the R&R perks with you, but at least send me a picture from tonight- didn't realize it was such a big deal!!

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 7:01:40 PM
To: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Subject: Re:

We met with former Secretary Thompson on a fraud and abuse system- we tried to patch you in but could not reach you

I was impressed and think a free pilot is warranted to see how much they find

The ceo is [(b) (6)] 804601 [(b) (6)]

The company is www.4chealthsolutions.com

We can set up time for you or you could reach out on your own

David

Sent from my iPhone

On Mar 21, 2017, at 1:11 PM, Marc Sherman <[(b) (6)]<[REDACTED]@gmail.com>> wrote:

Absolutely. I would never have thought not to. I talked to [(b) (6)] and he reiterated that Senator Isakson recently had surgery. He is expected back to DC in the next week or two for a vote, then heading right back to Georgia. I am told that I will definitely have the opportunity for a face to face when he gets to DC and [(b) (6)] will set that up.

On Tue, Mar 21, 2017 at 1:04 PM, David shulkin <Drshulkin@aol.com> wrote:

Sent from my iPhone

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 21, 2017 at 12:57:34 PM EDT
To: [(b) (6)] [(b) (6)]<[\[REDACTED\]@bardgroup.com](mailto:[REDACTED]@bardgroup.com)>

[(b) (6)] let me know after you speak with Senator issakson

Thanks

David

Sent from my iPhone

Message

From: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/21/2017 5:11:21 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Absolutely. I would never have thought not to. I talked to [(b) (6)] and he reiterated that Senator Isakson recently had surgery. He is expected back to DC in the next week or two for a vote, then heading right back to Georgia. I am told that I will definitely have the opportunity for a face to face when he gets to DC and [(b) (6)] will set that up.

On Tue, Mar 21, 2017 at 1:04 PM, David shulkin <Drshulkin@aol.com> wrote:

Sent from my iPhone

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 21, 2017 at 12:57:34 PM EDT
To: [(b) (6)] <[(b) (6)]<[\[REDACTED\]@bardgroup.com](mailto:[REDACTED]@bardgroup.com)>

[(b) (6)] let me know after you speak with Senator issakson

Thanks

David

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 5:04:05 PM
To: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 21, 2017 at 12:57:34 PM EDT
To: [(b) (6)] <[(b) (6)]@bardgroup.com>

[(b) (6)] let me know after you speak with Senator issakson

Thanks

David

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 9:47:58 PM
To: (b) (6) (b) (6) gmail.com]
BCC: Vivieca Simpson (b) (6) gmail.com]
Subject: Re:

Fantastic- im excited

Sent from my iPhone

On Mar 21, 2017, at 4:39 PM, (b) (6) <(b) (6) gmail.com> wrote:

Secretary Shulkin,

Thank you for your email and for your ongoing support. I just spoke with (b) (6) about a few of the questions I had and let him know I want to accept the offer.

I am eager to get started and truly look forward to working with you.

Sincerely,

(b) (6)

On Tue, Mar 21, 2017 at 4:12 PM, David shulkin <Drshulkin@aol.com> wrote:

(b) (6) - i hope you are considering the offer i really want you on the team!

We will do great things

David Shulkin

Sent from my iPhone

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 3/21/2017 8:16:05 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd:

That's right and I'm glad you sent him the email.

He called me trying to figure out what was going on. He remembers you said DAS, but he was offered something else so he was a little confused. He's anxious to be apart of the team, as of Friday when he called me.

On Mar 21, 2017 4:13 PM, "David shulkin" <Drshulkin@aol.com> wrote:

Is this the right or wrong (b) (6) i sent this to?

Sent from my iPhone

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 21, 2017 at 4:12:33 PM EDT
To: (b) (6) (b) (6) gmail.com>

(b) (6) i hope you ate considering the offer i really want you on the team!

We will do great things

David Shulkin

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 8:13:22 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd:

Is this the right or wrong (b) (6) i sent this to?

Sent from my iPhone

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 21, 2017 at 4:12:33 PM EDT
To: (b) (6) <(b) (6) gmail.com>

(b) (6) i hope you ate considering the offer i really want you on the team!

We will do great things

David Shulkin

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/20/2017 2:14:38 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: J&J meeting

Yes id like to stop by

Thanjs for letting me know about [(b) (6)]

Sent from my iPhone

On Mar 19, 2017, at 9:42 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Bruce will be attending over the phone on Friday from 2-4pm. The rest of the J&J team will be here in person. Do you want to stop by if your schedule permits and say a few things- if so, will let [(b) (6)] know.

I just got of the phone with [(b) (6)] he just lost his father on Friday and has been away. I didnt know if he was going to make it since he may still be observing Shiva. But he said that he would only observe it for 4 days and would return for the Friday meeting, which he is leading for us. In fact he said something so special- paraphrasing "it is like a strike of lightening from heaven, having found a strong purpose and feeling so valued working directly with me". Maybe he was just emotional but either ways, was nice to hear.

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/20/2017 1:42:01 AM
To: David Shulkin [drshulkin@aol.com]
Subject: J&J meeting

Bruce will be attending over the phone on Friday from 2-4pm. The rest of the J&J team will be here in person. Do you want to stop by if your schedule permits and say a few things- if so, will let [(b) (6)] know.

I just got of the phone with [(b) (6)] he just lost his father on Friday and has been away. I didnt know if he was going to make it since he may still be observing Shiva. But he said that he would only observe it for 4 days and would return for the Friday meeting, which he is leading for us. In fact he said something so special- paraphrasing "it is like a strike of lightening from heaven, having found a strong purpose and feeling so valued working directly with me". Maybe he was just emotional but either ways, was nice to hear.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 10:46:12 PM
To: Bruce Moskowitz [(b) (6) mac.com]
Subject: Re: A 40-year 'conspiracy' at the VA

Totally agree

Sent from my iPhone

> On Mar 21, 2017, at 5:53 PM, Bruce Moskowitz <[(b) (6) mac.com> wrote:
>
> We need great PR
> <http://www.politico.com/agenda/story/2017/03/vista-computer-history-va-conspiracy-000367>
>
>
> Sent from my iPhone

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/21/2017 9:53:12 PM
To: drshulkin@aol.com
Subject: A 40-year 'conspiracy' at the VA

We need great PR
<http://www.politico.com/agenda/story/2017/03/vista-computer-history-va-conspiracy-000367>

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/24/2017 8:53:57 PM
To: (b) (6) [(b) (6) gmail.com]
Subject: Re:

I think they are pretty different- one clinical one not

Sent from my iPhone

> On Mar 24, 2017, at 4:21 PM, (b) (6) <(b) (6) gmail.com> wrote:
>
> Every time we discuss suicide prevention with a congressional stakeholder and guns they mention veteran treatment courts. Do you think you can lump vjo under the new suicide office and get them to hire a permanent person.

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 3/24/2017 8:21:22 PM
To: David Shulkin [drshulkin@aol.com]

Every time we discuss suicide prevention with a congressional stakeholder and guns they mention veteran treatment courts. Do you think you can lump vjo under the new suicide office and get them to hire a permanent person.

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 3:00:44 PM
To: IP [REDACTED] frenchangel59.com]
Subject: Re: Watchdog Criticizes Veterans Affairs' Suicide Hotline

Since January 20th - when the President took over this has been fixed - I'll send you the data later but I'm preparing a press release to correct the record

Sent from my iPhone

On Mar 21, 2017, at 10:42 AM, IP [REDACTED] frenchangel59.com> wrote:

Watchdog Criticizes Veterans Affairs' Suicide Hotline

Problems seen earlier haven't been fixed, Office of Inspector General says

<https://www.wsj.com/articles/watchdogs-criticizes-veterans-affairs-suicide-hotline-1490037272>

<image001.png>

By

BEN KESLING

March 20, 2017 3:14 p.m. ET

WASHINGTON—The Department of Veterans Affairs' suicide crisis hotline is understaffed, poorly supervised and sometimes leaves veterans on hold so long that they simply hang up, according to an investigation released Monday.

The VA's internal watchdog, the Office of Inspector General, tracked the performance of the phone hotline and found problems ranging from how wait times are measured to the supervision of contracts with third-party call centers.

Many of the problems already had been identified during [a similar investigation](#) more than a year ago, but were never properly addressed by the department, the report says.

News of the failings marks the first significant problem publicly identified at the VA under President Donald Trump, who made veterans' care a major component of his campaign.

Mr. Trump routinely has blamed his predecessor, Barack Obama, for leaving behind challenges across the government, including in veterans' care. But Mr. Trump also decided to promote an Obama appointee at the VA, Dr. David Shulkin, to head the department.

"They own this on a few different levels," said Phillip Carter, a senior fellow at the Center for a New American Security, a defense think tank in Washington. "Of all the possible leaders they could have picked, Dr. David Shulkin is perhaps the best equipped to know the problems and fix them. But some of the blame lies on him for not fixing them yet."

The Trump administration has presented a supplemental budget request that, among other priorities, seeks more funding for the VA, without specifying whether the money will be spent on the crisis line.

In a statement, the VA said the crisis line is as strong as ever, has answered millions of calls since its inception and dispatched tens of thousands of emergency responders to veterans in need as well as referred hundreds of thousands of veterans to local suicide prevention centers.

"The Department of Veterans Affairs recognizes the importance of the Veterans Crisis Line as a life-saving resource for the nation's veterans who find themselves at risk of suicide," the statement said. "Of all the veterans we serve, we want those in crisis to know that dedicated, expert VA staff, many of whom are veterans themselves, will be there when they are needed."

The suicide-prevention line, first established in 2007, has strained under skyrocketing demand for its services with call volume going up 700% since its inception. A watchdog investigation into the hotline in February 2016 found a wide variety of problems. The VA said it would fix all those problems by September 2016.

According to the investigation released Monday, none of those problems had been adequately addressed.

“It’s unacceptable that the issues with the Veterans Crisis Line have still not been addressed, and I hope Secretary Shulkin will take immediate steps to correct these serious shortcomings,” said Rep. Phil Roe (R., Tenn.), chairman of the House Committee on Veterans Affairs in a statement. “I am extremely frustrated by the OIG’s findings and will continue to conduct oversight.”

The investigation followed multiple complaints about the hotline, including one in which investigators determined a veteran was unable to get help from the hotline and VA supervisors couldn’t identify the problem because of poor quality control.

The crisis line is designed to provide veterans a number to call for help if they are thinking about harming themselves. Calls are supposed to be answered by trained professionals in a matter of seconds and callers aren’t supposed to be put on hold. If VA-run call centers are unable to handle calls, they are automatically routed to backup call centers run by third-party contractors.

Investigators found backup call centers often technically didn’t put callers on hold, but forced them to wait in a queue before connecting them to a staff member. And such wait times typically weren’t reported.

“Staff described that queuing a call before a responder answered was not the same process as placing a call on hold after a responder answered,” the report said. “A veteran could be queued for 30 minutes, for example, and that wait time might not be reflected in hold time data; however, the result of the delay is the same, whether the veteran was in a queue or on hold.”

One backup call center saw 30% of callers hang up in what are known as “abandoned calls” over a five-month period, investigators determined.

Investigators found the VA hadn’t established an overarching directive or handbook to guide the administration of the Veterans Crisis Line. And the hotline had no effective way of tracking the outcome of calls.

The VA officially agreed with the more-than a dozen recommendations made by investigators and pledged to address all issues by the end of this year.

From: IP [REDACTED]frenchangel59.com]
Sent: 3/21/2017 2:42:41 PM
To: David shulkin [drshulkin@aol.com]
Subject: Watchdog Criticizes Veterans Affairs' Suicide Hotline

Watchdog Criticizes Veterans Affairs' Suicide Hotline

Problems seen earlier haven't been fixed, Office of Inspector General says

<https://www.wsj.com/articles/watchdogs-criticizes-veterans-affairs-suicide-hotline-1490037272>



The Office of Inspector General said Monday the Department of Veterans Affairs' suicide hotline hasn't resolved problems with callers' wait times and supervision of contracts. PHOTO: CHARLES DHARAPAK/ASSOCIATED PRESS

By
BEN KESLING

March 20, 2017 3:14 p.m. ET

WASHINGTON—The Department of Veterans Affairs' suicide crisis hotline is understaffed, poorly supervised and sometimes leaves veterans on hold so long that they simply hang up, according to an investigation released Monday.

The VA's internal watchdog, the Office of Inspector General, tracked the performance of the phone hotline and found problems ranging from how wait times are measured to the supervision of contracts with third-party call centers.

Many of the problems already had been identified during [a similar investigation](#) more than a year ago, but were never properly addressed by the department, the report says.

News of the failings marks the first significant problem publicly identified at the VA under President Donald Trump, who made veterans' care a major component of his campaign.

Mr. Trump routinely has blamed his predecessor, Barack Obama, for leaving behind challenges across the government, including in veterans' care. But Mr. Trump also decided to promote an Obama appointee at the VA, Dr. David Shulkin, to head the department.

"They own this on a few different levels," said Phillip Carter, a senior fellow at the Center for a New American Security, a defense think tank in Washington. "Of all the possible leaders they could have picked, Dr. David Shulkin is perhaps the best equipped to know the problems and fix them. But some of the blame lies on him for not fixing them yet."

The Trump administration has presented a supplemental budget request that, among other priorities, seeks more funding for the VA, without specifying whether the money will be spent on the crisis line.

In a statement, the VA said the crisis line is as strong as ever, has answered millions of calls since its inception and dispatched tens of thousands of emergency responders to veterans in need as well as referred hundreds of thousands of veterans to local suicide prevention centers.

"The Department of Veterans Affairs recognizes the importance of the Veterans Crisis Line as a life-saving resource for the nation's veterans who find themselves at risk of suicide," the statement said. "Of all the veterans we serve, we want those in crisis to know that dedicated, expert VA staff, many of whom are veterans themselves, will be there when they are needed."

The suicide-prevention line, first established in 2007, has strained under skyrocketing demand for its services with call volume going up 700% since its inception. A watchdog investigation into the hotline in February 2016 found a wide variety of problems. The VA said it would fix all those problems by September 2016.

According to the investigation released Monday, none of those problems had been adequately addressed.

“It’s unacceptable that the issues with the Veterans Crisis Line have still not been addressed, and I hope Secretary Shulkin will take immediate steps to correct these serious shortcomings,” said Rep. Phil Roe (R., Tenn.), chairman of the House Committee on Veterans Affairs in a statement. “I am extremely frustrated by the OIG’s findings and will continue to conduct oversight.”

The investigation followed multiple complaints about the hotline, including one in which investigators determined a veteran was unable to get help from the hotline and VA supervisors couldn’t identify the problem because of poor quality control.

The crisis line is designed to provide veterans a number to call for help if they are thinking about harming themselves. Calls are supposed to be answered by trained professionals in a matter of seconds and callers aren’t supposed to be put on hold. If VA-run call centers are unable to handle calls, they are automatically routed to backup call centers run by third-party contractors.

Investigators found backup call centers often technically didn’t put callers on hold, but forced them to wait in a queue before connecting them to a staff member. And such wait times typically weren’t reported.

“Staff described that queuing a call before a responder answered was not the same process as placing a call on hold after a responder answered,” the report said. “A veteran could be queued for 30 minutes, for example, and that wait time might not be reflected in hold time data; however, the result of the delay is the same, whether the veteran was in a queue or on hold.”

One backup call center saw 30% of callers hang up in what are known as “abandoned calls” over a five-month period, investigators determined.

Investigators found the VA hadn’t established an overarching directive or handbook to guide the administration of the Veterans Crisis Line. And the hotline had no effective way of tracking the outcome of calls.

The VA officially agreed with the more-than a dozen recommendations made by investigators and pledged to address all issues by the end of this year.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/22/2017 5:02:45 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: REMINDERS FOR SECRETARY DAVID SHULKIN

Pls print

Sent from my iPhone

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 22, 2017 at 1:02:23 PM EDT
To: IP <(b) (6) frenchangel59.com>
Subject: Re: REMINDERS FOR SECRETARY DAVID SHULKIN

It looks like a good list

Would we want to add:

1. Establishing a coordinated fraud and abuse effort
2. Changing our approach to IT systems
3. Reducing paid union time
4. Outsource claims processing
5. Outsource recruitment of positions

Sent from my iPhone

On Mar 22, 2017, at 12:05 PM, IP <(b) (6) frenchangel59.com> wrote:

David,

Please let me know if you would like to add anything else.

Thank you,
Ike

From: Marc Sherman [[mailto:\(b\) \(6\) gmail.com](mailto:(b) (6) gmail.com)]
Sent: Wednesday, March 22, 2017 11:44 AM
To: IP
Subject: Re: FW: REMINDERS FOR SECRETARY DAVID SHULKIN

Jared and (b) (6)

We have accomplished a lot in the VA's start to a productive transformation in the first 60 +/- days of the new Administration. When we look forward at items that

we have previously identified, but not focused on to date, we have developed a short list of possible next set of issues to tackle. I have listed those items below for your information and feedback:

1. Development of a strategic personnel plan in line with "the VA of the future,"
2. Early Retirement program for identified VA staff to match an appropriate personnel plan,
3. Secure approval to retain proceeds from asset dispositions,
4. Evaluate the 700 physical location assets that are currently empty or underutilized,
5. Sell or redeploy those of the 700 assets based on the evaluation
6. Develop a new hire policy in line with the strategic personnel plan
7. Partner with Kaiser Permanente to subcontract all buying to them as a central purchasing arm to gain the cost advantages of their existing purchasing programs and processes,
8. Inventory all VA intellectual property assets and license-out agreements,
9. Develop a technology transfer program with economic hurdles, and
10. Evaluate existing contracts with third parties, their value and economics to determine advantages, disadvantages and smart changes.

Best

Ike

On Tue, Mar 21, 2017 at 1:39 PM, IP <(b) (6) frenchangel59.com> wrote:

Hi Marc,

I discussed the below with David and he approved.

I would like to share with (b) (6) and Jared but would love for you to put this in a better format and description.

Please call me if you have any questions.

Best,

Ike

From: Marisol Garcia [mailto:(b) (6)@frenchangel59.com]
Sent: Tuesday, March 21, 2017 12:41 PM
To: (b) (6) frenchangel59.com
Subject: REMINDERS FOR SECRETARY DAVID SHULKIN

1. Early Retirement for people working for VA
2. Selling the 800 locations that are currently empty
3. Have New Policy for New Hires
4. Give Kaiser to do all the buying in one location – And maybe we will have to give them 1%.
5. Take as soon as possible an inventory on all the IP License the VA have – who has a contract? for how long and how much they are paying.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/22/2017 5:02:23 PM
To: IP (b) (6) frenchangel59.com]
Subject: Re: REMINDERS FOR SECRETARY DAVID SHULKIN

It looks like a good list

Would we want to add:

1. Establishing a coordinated fraud and abuse effort
2. Changing our approach to IT systems
3. Reducing paid union time
4. Outsource claims processing
5. Outsource recruitment of positions

Sent from my iPhone

On Mar 22, 2017, at 12:05 PM, IP (b) (6) frenchangel59.com> wrote:

David,

Please let me know if you would like to add anything else.

Thank you,
Ike

From: Marc Sherman [mailto:(b) (6) mail.com]
Sent: Wednesday, March 22, 2017 11:44 AM
To: IP
Subject: Re: FW: REMINDERS FOR SECRETARY DAVID SHULKIN

Jared and (b) (6)

We have accomplished a lot in the VA's start to a productive transformation in the first 60 +/- days of the new Administration. When we look forward at items that we have previously identified, but not focused on to date, we have developed a short list of possible next set of issues to tackle. I have listed those items below for your information and feedback:

1. Development of a strategic personnel plan in line with "the VA of the future,"
2. Early Retirement program for identified VA staff to match an appropriate personnel plan,
3. Secure approval to retain proceeds from asset dispositions,
4. Evaluate the 700 physical location assets that are currently empty or underutilized,
5. Sell or redeploy those of the 700 assets based on the evaluation
6. Develop a new hire policy in line with the strategic personnel plan
7. Partner with Kaiser Permanente to subcontract all buying to them as a central purchasing arm to gain the cost advantages of their existing purchasing programs and processes,

8. Inventory all VA intellectual property assets and license-out agreements,
9. Develop a technology transfer program with economic hurdles, and
10. Evaluate existing contracts with third parties, their value and economics to determine advantages, disadvantages and smart changes.

Best

Ike

On Tue, Mar 21, 2017 at 1:39 PM, IP <(b) (6) frenchangel59.com> wrote:

Hi Marc,

I discussed the below with David and he approved.

I would like to share with (b) (6) and Jared but would love for you to put this in a better format and description.

Please call me if you have any questions.

Best,

Ike

From: Marisol Garcia [mailto:(b) (6) @frenchangel59.com]
Sent: Tuesday, March 21, 2017 12:41 PM
To: (b) (6) frenchangel59.com
Subject: REMINDERS FOR SECRETARY DAVID SHULKIN

1. Early Retirement for people working for VA
2. Selling the 800 locations that are currently empty
3. Have New Policy for New Hires

4. Give Kaiser to do all the buying in one location –
And maybe we will have to give them 1%.

5. Take as soon as possible an inventory on all the IP
License the VA have – who has a contract? for how
long and how much they are paying.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/22/2017 4:31:17 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: REMINDERS FOR SECRETARY DAVID SHULKIN

Add fraud and abuse
iT systems
Union time
Outsource recruitment claims

Sent from my iPhone

Begin forwarded message:

From: "IP" <(b) (6) frenchangel59.com>
Date: March 22, 2017 at 12:05:59 PM EDT
To: "David shulkin" <drshulkin@aol.com>
Subject: FW: FW: REMINDERS FOR SECRETARY DAVID SHULKIN

David,

Please let me know if you would like to add anything else.

Thank you,
Ike

From: Marc Sherman [mailto:(b) (6) gmail.com]
Sent: Wednesday, March 22, 2017 11:44 AM
To: IP
Subject: Re: FW: REMINDERS FOR SECRETARY DAVID SHULKIN

Jared and (b) (6)

We have accomplished a lot in the VA's start to a productive transformation in the first 60 +/- days of the new Administration. When we look forward at items that we have previously identified, but not focused on to date, we have developed a short list of possible next set of issues to tackle. I have listed those items below for your information and feedback:

1. Development of a strategic personnel plan in line with "the VA of the future,"
2. Early Retirement program for identified VA staff to match an appropriate personnel plan,
3. Secure approval to retain proceeds from asset dispositions,
4. Evaluate the 700 physical location assets that are currently empty or underutilized,
5. Sell or redeploy those of the 700 assets based on the evaluation
6. Develop a new hire policy in line with the strategic personnel plan
7. Partner with Kaiser Permanente to subcontract all buying to them as a central purchasing arm to gain the cost advantages of their existing purchasing programs and processes,
8. Inventory all VA intellectual property assets and license-out agreements,
9. Develop a technology transfer program with economic hurdles, and

10. Evaluate existing contracts with third parties, their value and economics to determine advantages, disadvantages and smart changes.

Best

Ike

On Tue, Mar 21, 2017 at 1:39 PM, IP <(b) (6) frenchangel59.com> wrote:

Hi Marc,

I discussed the below with David and he approved.

I would like to share with (b) (6) and Jared but would love for you to put this in a better format and description.

Please call me if you have any questions.

Best,

Ike

From: Marisol Garcia [mailto:(b) (6) @frenchangel59.com]
Sent: Tuesday, March 21, 2017 12:41 PM
To: (b) (6) frenchangel59.com
Subject: REMINDERS FOR SECRETARY DAVID SHULKIN

1. Early Retirement for people working for VA
2. Selling the 800 locations that are currently empty
3. Have New Policy for New Hires

4. Give Kaiser to do all the buying in one location –
And maybe we will have to give them 1%.

5. Take as soon as possible an inventory on all the IP
License the VA have – who has a contract? for how
long and how much they are paying.

Message

From: IP [REDACTED] frenchangel59.com]
Sent: 3/22/2017 4:05:59 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: FW: REMINDERS FOR SECRETARY DAVID SHULKIN

David,

Please let me know if you would like to add anything else.

Thank you,
Ike

From: Marc Sherman [mailto:[REDACTED]@gmail.com]
Sent: Wednesday, March 22, 2017 11:44 AM
To: IP
Subject: Re: FW: REMINDERS FOR SECRETARY DAVID SHULKIN

Jared and [REDACTED]

We have accomplished a lot in the VA's start to a productive transformation in the first 60 +/- days of the new Administration. When we look forward at items that we have previously identified, but not focused on to date, we have developed a short list of possible next set of issues to tackle. I have listed those items below for your information and feedback:

1. Development of a strategic personnel plan in line with "the VA of the future,"
2. Early Retirement program for identified VA staff to match an appropriate personnel plan,
3. Secure approval to retain proceeds from asset dispositions,
4. Evaluate the 700 physical location assets that are currently empty or underutilized,
5. Sell or redeploy those of the 700 assets based on the evaluation
6. Develop a new hire policy in line with the strategic personnel plan
7. Partner with Kaiser Permanente to subcontract all buying to them as a central purchasing arm to gain the cost advantages of their existing purchasing programs and processes,
8. Inventory all VA intellectual property assets and license-out agreements,
9. Develop a technology transfer program with economic hurdles, and
10. Evaluate existing contracts with third parties, their value and economics to determine advantages, disadvantages and smart changes.

Best

Ike

On Tue, Mar 21, 2017 at 1:39 PM, IP <[REDACTED]@frenchangel59.com> wrote:

Hi Marc,

I discussed the below with David and he approved.

I would like to share with (b) (6) and Jared but would love for you to put this in a better format and description.

Please call me if you have any questions.

Best,

Ike

From: Marisol Garcia [mailto:(b) (6)@frenchangel59.com]
Sent: Tuesday, March 21, 2017 12:41 PM
To: (b) (6)@frenchangel59.com
Subject: REMINDERS FOR SECRETARY DAVID SHULKIN

1. Early Retirement for people working for VA
2. Selling the 800 locations that are currently empty
3. Have New Policy for New Hires
4. Give Kaiser to do all the buying in one location – And maybe we will have to give them 1%.
5. Take as soon as possible an inventory on all the IP License the VA have – who has a contract? for how long and how much they are paying.

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 4/21/2017 12:48:19 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

K

From: David shulkin <Drshulkin@aol.com>
Sent: Thursday, April 20, 2017 2:36 PM
To: Poonam Alaigh
Subject: Fwd: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

I need to talk to you about this

Sent from my iPhone

Begin forwarded message:

From: '(b) (6)' <[REDACTED]@va.gov>
Date: April 20, 2017 at 8:45:16 AM EDT
To: 'David shulkin' <Drshulkin@aol.com>
Subject: FW: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

See below

From: (b) (6) [mailto:[REDACTED]@AcademyHealth.org]
Sent: Thursday, April 20, 2017 8:42 AM
To: (b) (6) [REDACTED] [mailto:[REDACTED]@vmainc.com]
Cc: (b) (6) [REDACTED]
Subject: RE: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

Good morning (b) (6)

I am happy to chat by phone if you would prefer but I am confirming Dr. Shulkin will have 15 minutes. We are not able to change the session times on the program but it is noted in our run of shows and the AV company is aware that Dr. Shulkin will have 15 minutes.

My direct line is below if you would like to talk.

Best,

(b) (6)

Conferences Associate

ACADEMYHEALTH

1666 K Street, Suite 1100 | Washington, D.C. 20006

PHONE: 202.292. (b) (6)

academyhealth.org

Follow us: [Facebook](#) | [Twitter](#) | [LinkedIn](#) | [YouTube](#)



April 27-28, 2017
Washington Hilton, Washington, D.C.

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Thursday, April 20, 2017 7:33 AM
To: (b) (6)@vmainc.com' <(b) (6)@vmainc.com>; (b) (6) <(b) (6)@AcademyHealth.org>
Cc: (b) (6) <(b) (6)@va.gov>
Subject: FW: [EXTERNAL] Final Speaker Reminder - Health Datapalooza
Importance: High

Please confirm the email from last week – that says Dr. Shulkin will have 15 minutes. 10 minutes is not enough time for someone at his level/

Sent with Good (www.good.com)

-----Original Message-----

From: (b) (6) [(b) (6)@vmainc.com]
Sent: Wednesday, April 19, 2017 11:45 PM Eastern Standard Time
To: Shulkin, David J., MD; (b) (6)
Subject: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

***Health Datapalooza
Washington Hilton
Washington, DC
April 27 – 28, 2017***

To: David Shulkin, MD

U.S. Department of Veterans Affairs

April 19, 2017

Dear Dr. Shulkin,

Thank you for agreeing to participate as part of the faculty of the Health Datapalooza. The Conference is just over a week away and we want your presentation and time at the Conference to be as productive as possible. This letter contains important detailed information that will help to make your session and the conference a success.

- **Your Presentation Title:**

VA Modernization

- **Your Presentation Date/Time:**

Friday, April 28, 2017 from 1:05 pm-1:15 pm

* NOTE: Since your initial confirmation to participate, some session times have slightly changed. The time listed above reflects the correct time. Please be sure to adjust your calendar, if necessary.

- **Audio/Visual Requests:** The session room will be provided with a Laptop Computer, LCD Projector, Screen, Podium Microphone and Lavalier Microphones for panels. We will have the conference laptop preloaded with your presentation. If you have a special request for additional equipment, please let me know. Please meet at the Tech Station 30 minutes prior to your session so we may get your lavalier microphones on and ready to go.

- **Your Speaking Room:** International Ballroom

- **You have not returned the following forms:** Bio

The speaker waiver can be completed electronically here, <https://www.smartwaiver.com/v/hd2017/>. After completing the waiver, you will also be prompted to include your 100 word bio. We ask all speakers to execute this form so that we can broadcast the Conference live over the Internet to online attendees.

- **CME Disclosure completed: No**

Health Datapalooza has contracted to provide CME credit for attending the Conference. The CME process requires that **all speakers** complete the online financial disclosure form in order for their session to be eligible for CME credit. Simply go to <http://disclosure.amedcoedu.com/events/1624> to fulfill the requirement. More information can be found on the Continuing Education Information page.

- **Presentations have been submitted: No**

If you have not already done so, please submit a copy of your presentation electronically to me directly, so we can preload it on the conference laptop. If you plan to bring your presentation or changes to the presentation with you, they **MUST** be on a flash drive.

- The Speaker Registration desk will be located in the foyer outside of Columbia Ballroom. Please make sure you arrive at least 30 minutes prior to your session to allow us to update you on any changes in the program.
- As an added benefit, complimentary access to the archived content is being made available to the speakers. The archived content will be available approximately 10 days after the Conference adjourns. To access the content, please visit www.Healthdatapaloozaportal.com/. You will receive a separate email with portal login instructions. The most up to date agenda may be found here as well www.healthdatapalooza.org.

If you have any questions, feel free to contact me directly at 206-244-(b) (6) until April 21st after which time I will be travelling or onsite and can be reached on my cell phone at 312-343-(b) (6). Thank you for your contribution and I look forward to seeing you at the Conference!

Regards,

(b) (6)

(b) (6) CMP

Faculty Manager

The Health Datapalooza

Attn: (b) (6) CMP

T: 206-244-(b) (6) / F: 206-244-(b) (6) / Email: (b) (6) [vmainc.com](mailto:(b) (6)@vmainc.com)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/20/2017 6:36:36 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Fwd: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

I need to talk to you about this

Sent from my iPhone

Begin forwarded message:

From: "(b) (6)" <[(b) (6)]@va.gov>
Date: April 20, 2017 at 8:45:16 AM EDT
To: 'David shulkin' <Drshulkin@aol.com>
Subject: FW: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

See below

From: [(b) (6)] [mailto:[(b) (6)]@AcademyHealth.org]
Sent: Thursday, April 20, 2017 8:42 AM
To: [(b) (6)] [(b) (6)]@vmainc.com'
Cc: [(b) (6)]
Subject: RE: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

Good morning [(b) (6)]

I am happy to chat by phone if you would prefer but I am confirming Dr. Shulkin will have 15 minutes. We are not able to change the session times on the program but it is noted in our run of shows and the AV company is aware that Dr. Shulkin will have 15 minutes.

My direct line is below if you would like to talk.

Best,

[(b) (6)]

Conferences Associate

ACADEMYHEALTH
1666 K Street, Suite 1100 | Washington, D.C. 20006
PHONE: 202.292. [(b) (6)]
academyhealth.org
Follow us: [Facebook](#) | [Twitter](#) | [LinkedIn](#) | [YouTube](#)



April 27-28, 2017
Washington Hilton, Washington, D.C.

From: [(b) (6)] [mailto:[(b) (6)]@va.gov]
Sent: Thursday, April 20, 2017 7:33 AM
To: [(b) (6)]@vmainc.com' <[(b) (6)]@vmainc.com>; [(b) (6)] <[(b) (6)]@AcademyHealth.org>
Cc: [(b) (6)] <[(b) (6)]@va.gov>

Subject: FW: [EXTERNAL] Final Speaker Reminder - Health Datapalooza
Importance: High

Please confirm the email from last week – that says Dr. Shulkin will have 15 minutes. 10 minutes is not enough time for someone at his level/

Sent with Good (www.good.com)

-----Original Message-----

From: (b) (6) [REDACTED] ([vmainc.com](mailto:(b) (6)@vmainc.com))
Sent: Wednesday, April 19, 2017 11:45 PM Eastern Standard Time
To: Shulkin, David J., MD; (b) (6) [REDACTED]
Subject: [EXTERNAL] Final Speaker Reminder - Health Datapalooza

***Health Datapalooza
Washington Hilton
Washington, DC
April 27 – 28, 2017***

To: David Shulkin, MD
U.S. Department of Veterans Affairs

April 19, 2017

Dear Dr. Shulkin,

Thank you for agreeing to participate as part of the faculty of the Health Datapalooza. The Conference is just over a week away and we want your presentation and time at the Conference to be as productive as possible. This letter contains important detailed information that will help to make your session and the conference a success.

- **Your Presentation Title:**
VA Modernization
- **Your Presentation Date/Time:**
Friday, April 28, 2017 from 1:05 pm-1:15 pm

* **NOTE:** Since your initial confirmation to participate, some session times have slightly changed. The time listed above reflects the correct time. Please be sure to adjust your calendar, if necessary.
- **Audio/Visual Requests:** The session room will be provided with a Laptop Computer, LCD Projector, Screen, Podium Microphone and Lavalier Microphones for panels. We will have the conference laptop preloaded with your presentation. If you have a special request for additional equipment, please let me know. Please meet at the Tech Station 30 minutes prior to your session so we may get your lavalier microphones on and ready to go.
- **Your Speaking Room:** International Ballroom
- **You have not returned the following forms:** Bio
The speaker waiver can be completed electronically here, <https://www.smartwaiver.com/v/hd2017/>. After completing the waiver, you will also be prompted to include your 100 word bio. We ask all speakers to execute this form so that we can broadcast the Conference live over the Internet to online attendees.
- **CME Disclosure completed:** No

Health Datapalooza has contracted to provide CME credit for attending the Conference. The CME process requires that **all speakers** complete the online financial disclosure form in order for their session to be eligible for CME credit. Simply go to <http://disclosure.amedcoedu.com/events/1624> to fulfill the requirement. More information can be found on the Continuing Education Information page.

- **Presentations have been submitted:** No
If you have not already done so, please submit a copy of your presentation electronically to me directly, so we can preload it on the conference laptop. If you plan to bring your presentation or changes to the presentation with you, they **MUST** be on a flash drive.
- The Speaker Registration desk will be located in the foyer outside of Columbia Ballroom. Please make sure you arrive at least 30 minutes prior to your session to allow us to update you on any changes in the program.
- As an added benefit, complimentary access to the archived content is being made available to the speakers. The archived content will be available approximately 10 days after the Conference adjourns. To access the content, please visit www.Healthdatapaloozaportal.com/. You will receive a separate email with portal login instructions. The most up to date agenda may be found here as well www.healthdatapalooza.org.

If you have any questions, feel free to contact me directly at 206-244-(b) (6) until April 21st after which time I will be travelling or onsite and can be reached on my cell phone at 312-343-(b) (6). Thank you for your contribution and I look forward to seeing you at the Conference!

Regards,

(b) (6)

(b) (6) CMP
Faculty Manager

The Health Datapalooza

Attn: (b) (6) CMP

T: 206-244-(b) (6) / F: 206-244-(b) (6) / Email: (b) (6) [vmainc.com](mailto:(b) (6)@vmainc.com)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/31/2017 3:52:49 PM
To: Jennifer Lee [(b) (6)]<[REDACTED]@gmail.com>
Subject: Re: sorry

Ok thanks

Sent from my iPhone

> On Mar 31, 2017, at 10:46 AM, Jennifer Lee <[(b) (6)]@gmail.com> wrote:

>

> Sorry again about this morning. I really thought I was helping move the EO forward. that's all I wanted to do.

>

> I talked to [(b) (6)] just now. I told her that this morning's meeting and DEA's resistance was emblematic of the issues we have been having with DEA and exactly why you felt strongly we need an EO. We have been waiting for 8 years and still no action.

>

> She said that these issues we were working through would need to be resolved anyway or else DOJ would kill or severely weaken the EO in the vetting process - she said this is what happened with the opioid EO she worked on this week. Not sure if she is being disingenuous or not...

>

> she wants to have a follow-up meeting in 2 weeks. I told her I need to discuss this with you and that we would work through the investigative "asks" that DEA raised but that those are completely separate issues.

>

>

>

>

Message

From: Jennifer Lee [(b) (6)]@gmail.com]
Sent: 3/31/2017 2:46:59 PM
To: David Shulkin [drshulkin@aol.com]
Subject: sorry

Sorry again about this morning. I really thought I was helping move the EO forward. that's all I wanted to do.

I talked to [(b) (6)] just now. I told her that this morning's meeting and DEA's resistance was emblematic of the issues we have been having with DEA and exactly why you felt strongly we need an EO. We have been waiting for 8 years and still no action.

She said that these issues we were working through would need to be resolved anyway or else DOJ would kill or severely weaken the EO in the vetting process - she said this is what happened with the opioid EO she worked on this week. Not sure if she is being disingenuous or not...

she wants to have a follow-up meeting in 2 weeks. I told her I need to discuss this with you and that we would work through the investigative "asks" that DEA raised but that those are completely separate issues.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 10:29:34 PM
To: Thomas Bowman [(b) (6)] yahoo.com]

Great meeting by all accounts this weekend. Mission accomplished. You'll learn there is a method to my madness and sometimes it seems crazy- but if it get us to the goal then its worth it.

Marc Sherman will call you on monday as Potus wants him to call The Chairman as a courtesy

David

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 2:47:00 PM
To: Ike Perlmutter <(b) (6) frenchangel59.com>
Subject: Fwd: Items for Executive Order

Sent from my iPhone

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 22, 2017 at 10:54:24 PM EDT
To: Ike Perlmutter <(b) (6) frenchangel59.com>
Cc: Laurie Perlmutter <(b) (6) gmail.com>, Marc Sherman <(b) (6) gmail.com>, Bruce Moskowitz <(b) (6) mac.com>
Subject: Fwd: Items for Executive Order

Below are 14 more executive orders i have been working on to streamline the Department - some may not seem important but they require a lot of administrative time to comply with.

I've not shared these yet but i wanted you to see them- we can share these with the larger group if you would like.

In addition I'm working on a way to simplify our reporting of wait times for veterans and I'm ready to share the working model. Once we publicly report on wait times this will be a game changer and put the spotlight on the low performers. I can share this with the group within the week.

David

1) Executive Order: Remove the requirement to report High Dollar Overpayments

On November 2, 2009, Executive Order 13520 (as amended) was issued requiring Agencies to report High Dollar Overpayments and corrective actions quarterly to the Office of Inspector General and the Council for Inspector Generals on Integrity and Efficiency. High Dollar Overpayments are defined as payments of \$25,000 to an individual and \$100,000 to an entity. Since 2009, VA has been creating this high dollar overpayment report. In addition, VA has established statistical sampling procedures in its programs at high-risk of improper payments that stratify samples to ensure payments at risk (which can include high dollar in some programs) are included in our annual projection of improper payments. Further, the high threshold (\$25,000) for individuals make many of our payments in mandatory programs not subject to meeting the Executive Order thresholds; so stratification in sampling can be used to target payments at high risk even if they don't meet the high dollar threshold. As such, the quarterly review and identification of overpayments does not provide additional insight into

our programs but is a labor intensive effort (roughly 1500 man hours annually). Applying these resources to identification of improper payments by targeting payments truly at-risk (regardless of dollar value) and corrective actions to address systemic root causes in accordance with the Improper Payments Elimination and Recovery Improvement Act of 2012 would yield greater benefits to the Department.

2) Executive Order: Remove the OMB Circular requirement identifying additional payments as improper beyond the statutory definition

The definition of improper payments from Improper Payments Information Act of 2002 was expanded by OMB Circular A-123, Appendix C to include insufficient or lack of documentation. This has resulted in supplementary assessments in the Office of Inspector General (OIG) review of compliance with the Improper Payments Elimination and Recovery Act of 2010. OIG reviews have identified findings related to unreliable improper payment estimates due to insufficient or lack of documentation to support payments at the time the payment was reviewed for IPERIA purposes. However, supporting documentation at the time payment was made suggest it was proper. This has led to the inflation of improper payment estimates as well as additional time and resources needed to verify the accuracy of payments at time of review. Findings related to such result in VA reporting increased improper payments and lead to confusion as there is no evidence or supporting documentation available that would allow for the Government to recoup these “improper payments”. These improper payments do not represent a loss to the Government. Focusing efforts on identifying those improper payments that result in a true loss to the Government would yield greater benefits as the Department would be able to track a return on investment related to improper payments recaptured.

IPIA definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory contractual, administrative, or other legally applicable requirements; and includes any payment made to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for credit for applicable discounts.

OMB Circular Definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount under, statutory, contractual, administrative, or other legally applicable requirements. Incorrect amounts are overpayments or underpayments that are made to eligible recipients (including inappropriate denials of payment or service, any payment that does not account for credit for applicable discounts, payments that are for an incorrect amount, and duplicate payments). An improper payment also includes any payment that was made to an ineligible recipient or for an ineligible good or service, or payments for goods or services not received (except for such payments

authorized by law). In addition, when an agency's review is unable to discern whether a payment was proper as a result of insufficient or lack of documentation, this payment must also be considered an improper payments.

3) Executive Order: Eliminate Hardcopy Earnings and Leave Statements

This order would direct federal agencies that provide employees with an electronic version of biweekly payroll earnings and leave statements to discontinue printing and mailing these documents to individual employees, thereby avoiding the associated costs with this duplicative process. Self-service payroll applications are widely in use in federal agencies and allow employees to view and print earnings and leave statements on demand. Eliminating the administrative cost to print and mail these statements could potentially save VA around \$400K per year.

4) Executive Order: Eliminate Requirement for Quarterly Conference Reporting

This order would allow VA to remove the requirement for the Secretary to submit quarterly reports on conferences to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives per 38 U.S.C. §517. This proposal will align VA's conference reporting requirements with those of the other Federal agencies and reduce reporting burden.

5) Executive Order: Clarify the Secretary's (SECVA) authority on interest and administrative costs charged to delinquent debt

This order would provide flexibility for SECVA to decide whether or not to charge interest and administrative costs on delinquent debts. VA is currently non-compliant with the Debt Collection Improvement Act of 1996 and 38 USC 5315 because it has not been consistent in the application of the laws in a number of VBA programs. This noncompliance has been a source of multiple audit findings by both the Office of Inspector General (OIG) and Government Accountability Office (GAO) since 1986. This order would provide relief to those VA programs who cannot charge interests and admin costs due to their system limitations.

6) Executive Order: Extend Repayment Period of Veteran Debt

Veteran Administration policy requires expedient collection of Veteran Benefit Debts which was prompted by 31 CFR 901.1 that requires aggressive collection action on Federal debt. This Executive Order extends the repayment period to equal to the delayed processing time that exacerbated/increased Veteran Benefit Debts; e.g. if VA took five years to process the claim the Veteran should be

allowed a five year repayment period. This order will allow more times for the Veterans to pay their debts back.

7) Modify Office of Management and Budget (OMB) Circular A-11 – Appendix B – Capital Lease Scoring

The proposed executive order would modify the scoring rules in Appendix B to allow for exceptions:

1) The capital/operating scoring criteria for assets that have private sector use, such as office buildings, medical buildings, and warehouses where the agency is leasing space from the private sector, to be treated as operating leases in all cases. The exception would allow for the budget authority to be required only for annual lease payments for these types of leases.

2) For space acquired via long-term lease-back on Federal property, such as under an enhanced use lease (EUL), to be considered an operating lease provided that the leased asset has a clear private sector use, such as office buildings, medical buildings, and warehouses. The exception would allow for the budget authority to be required for annual lease payments for these types of lease-back scenarios.

8) Historic Preservation

The proposed executive order would direct the Advisory Council on Historic Preservation (ACHP), as an executive branch agency, to work on divestiture and reuse plans, strategies, and methods for the large volume of un-needed, but Federally owned, historic properties at VA and other agencies. The ACHP would focus on methods to divest or otherwise shift responsibility for historic assets no longer needed by VA (or any other Federal Agency) in an effort to save taxpayer dollars and reduce unneeded real estate footprint.

9) Direct the Department of Justice to Issue Guidance on Indemnification in Utility Services Contracts

On-site electrical generation projects must be electrically interconnected to a servicing utility's electrical grid. This usually requires signing a contract with the utility. Utilities contracts often have standard language relating to indemnification that the Government typically cannot sign, but that the utility is unwilling to modify, even for a Government client. This impasse can lead to lengthy delays, delaying both operation of the project, and to delay claims by the contractor holding the underlying project contract, both of which cost the Government money. The Government Accountability Office (GAO) has issued opinions with language carving out a very narrow exception to the general rule

that the Government cannot indemnify within a contract, but the application of that rule is not clear. This executive action would direct the Department of Justice to issue an official opinion or a memoranda clarifying where, when, and how the exception applies.

<!--[if !supportLists]-->10) <!--[endif]-->**Issue an Executive Order to Remove OMB Circular A-11 Non-IT Business Case Submission Requirement**

An Executive Order is needed to remove the OMB requirement to submit a non-IT business case for each major construction and major lease project included in VA's annual budget request. This is a task that has been contracted out for several years, requiring many hours billed by contractors and additional hours spent by VA employees reviewing the documents. The non-IT business case does not add value when preparing budgetary documents in support of VA's major construction projects. Removing this requirement would save VA approximately \$22,000 per non-IT business case. On average 20 non-IT business cases are prepared each year.

<!--[if !supportLists]-->11) <!--[endif]-->**Executive Order Rescinding Agency Compliance Requirements of the Digital Accountability and Transparency Act of 2014 ("Data Act" P.L. 113-101, May 9, 2014)**

This Data Act established expansive reporting requirements for all Federal Agencies and set compliance no later than 3 years after its passage. This unfunded mandate is extremely burdensome and is of little or no real value to anyone. Compliance is directly contributing to overwhelming investments in scarce government resources and hindering Federal Agencies in accomplishing their missions. For many agencies, existing financial systems are not able to readily comply in providing reporting requirements. The stated intent of the Act was to "simplify the reporting for entities receiving Federal funds", but the Act's requirements ensure these entities will encounter ever more complicated reporting requirements. Section 4(c)(B)(i) established a mechanism for the Department of Defense to request an extension from the Director of The Office of Management and Budget when compliance with the Data Act interfered with the auditability of financial statements. No such provision was provided other federal agencies.

<!--[if !supportLists]-->12) <!--[endif]-->**Executive Order on General Transfer Authority for Department of Veterans Affairs (VA)**

This executive order would propose legislative language to Congress requesting transfer authority for up to 2 percent from any Discretionary appropriation of the value of the providing appropriation to any other discretionary appropriation. This authority would not cancel existing transfer authorities currently in place while allowing the Secretary to realign funding to prioritized needs for improved delivery of services to Veterans.

Potential items to support VBA?

<!--[if !supportLists]-->13) <!--[endif]-->Executive Order on a National Claims Processing Center

This executive order would establish a National Claims Processing Center (NCPC) within the Veterans Benefits Administration (VBA). Currently, VBA utilizes 56 regional offices (ROs) and the Appeals Management Center (AMC) to process Veteran claims, which is inefficient. The NCPC would replace the decentralized claims processing model across the ROs with a single national claims processing center. This would assist in the replacement of ROs through attrition with smaller store-front offices, where Veterans could speak with a VA representative. This would save VA a substantial amount in rent costs to GSA, and allow for greater productivity and quality control of claims processing.

<!--[if !supportLists]-->14) <!--[endif]-->Executive Order on Temporary Assignment of Disability Claims Ratings

This executive order would require that VA assign a temporary rating to a disability claim within 60 days of receipt following a cursory review of the evidence. Once the claim has been fully adjudicated, the temporary rating will be adjusted and made retroactive as appropriate. Temporary ratings would not be eligible for appeal until the claim is adjudicated and receives a final disability rating.

Rescind Executive Order 13522 Which Created Labor-Management Forums to Improve Delivery of Government Services

The Executive Order 13522 created labor management forums to improve delivery of government services. The objective of this goal was to provide federal employees and their union representatives an opportunity to deliver ideas and information about the realities of delivering government services in a non-adversarial forum. This places a burden on the executive branch in developing relationships with labor and permissive bargaining. Additionally, there is potential for confusion among managers who infer that by going to the National Council of Federal Labor/Management Relations they do not have to bargain, which is not the case.

Issue an Executive Order to Remove OMB Circular A-76 Study Requirement

An Executive Order is needed to remove the OMB requirement to conduct an A-76 study in order to outsource. A-76 studies typically require many years to complete and do not enable timely business decisions to reduce costs and/or improve services. Separate legislative relief is also needed to outsource.

Telehealth EO that is being reviewed by DOJ

Executive Order: Ensuring our veterans get the care they need wherever and whenever they need it.

This order would direct VA to utilize telehealth and address many of the challenges associated with providing telehealth services across state lines. Specifically it would help ensure the delivery of comprehensive telehealth services irrespective of a veteran's location, it requires the Attorney General to establish a Special Registration Class to allow VA telehealth providers engaged in the practice of telemedicine to prescribe controlled substances in full compliance with the Controlled Substances Act. Additionally the Department of Justice (DOJ) will be directed to provide, legal representation requested by a VA-employed provider, or other appropriate response, to a disciplinary or legal action initiated by a State or State licensing board against the provider for furnishing telehealth services within the scope of their employment and when authorized by VA.

Message

From: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/23/2017 12:41:36 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Items for Executive Order

That would be great. Should we plan to get together sometime next week?

Marc Sherman
(202) 758-[(b) (6)]

On Mar 23, 2017 7:14 AM, "David shulkin" <Drshulkin@aol.com> wrote:

Marc- ive got some new info on fraud and abuse so hopefully we can catch up over the next few days

Sent from my iPhone

On Mar 22, 2017, at 11:23 PM, Marc Sherman <[(b) (6)]@gmail.com> wrote:

Thanks. I plan to review the executive orders tomorrow and look forward to the wait time info. Also let's plan to talk early next week about the fraud and abuse issue. I free up after Friday night.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 22, 2017 10:54 PM, "David shulkin" <Drshulkin@aol.com> wrote:

Below are 14 more executive orders i have been working on to streamline the Department - some may not seem important but they require a lot of administrative time to comply with.

Ive not shared these yet but i wanted you to see them- we can share these with the larger group if you would like.

In addition I'm working on a way to simplify our reporting of wait times for veterans and Im ready to share the working model. Once we publicly report on wait times this will be a game changer and put the spotlight on the low performers. I can share this with the group within the week.

David

1) Executive Order: Remove the requirement to report High Dollar Overpayments

On November 2, 2009, Executive Order 13520 (as amended) was issued requiring Agencies to report High Dollar Overpayments and corrective actions quarterly to the Office of Inspector General and the Council for Inspector Generals on Integrity and Efficiency. High Dollar Overpayments are defined as payments of \$25,000 to an individual and \$100,000 to an entity. Since 2009, VA has been creating this high dollar overpayment report. In addition, VA has established statistical sampling procedures in its programs at high-risk of

improper payments that stratify samples to ensure payments at risk (which can include high dollar in some programs) are included in our annual projection of improper payments. Further, the high threshold (\$25,000) for individuals make many of our payments in mandatory programs not subject to meeting the Executive Order thresholds; so stratification in sampling can be used to target payments at high risk even if they don't meet the high dollar threshold. As such, the quarterly review and identification of overpayments does not provide additional insight into our programs but is a labor intensive effort (roughly 1500 man hours annually). Applying these resources to identification of improper payments by targeting payments truly at-risk (regardless of dollar value) and corrective actions to address systemic root causes in accordance with the Improper Payments Elimination and Recovery Improvement Act of 2012 would yield greater benefits to the Department.

2) Executive Order: Remove the OMB Circular requirement identifying additional payments as improper beyond the statutory definition

The definition of improper payments from Improper Payments Information Act of 2002 was expanded by OMB Circular A-123, Appendix C to include insufficient or lack of documentation. This has resulted in supplementary assessments in the Office of Inspector General (OIG) review of compliance with the Improper Payments Elimination and Recovery Act of 2010. OIG reviews have identified findings related to unreliable improper payment estimates due to insufficient or lack of documentation to support payments at the time the payment was reviewed for IPERIA purposes. However, supporting documentation at the time payment was made suggest it was proper. This has led to the inflation of improper payment estimates as well as additional time and resources needed to verify the accuracy of payments at time of review. Findings related to such result in VA reporting increased improper payments and lead to confusion as there is no evidence or supporting documentation available that would allow for the Government to recoup these "improper payments". These improper payments do not represent a loss to the Government. Focusing efforts on identifying those improper payments that result in a true loss to the Government would yield greater benefits as the Department would be able to track a return on investment related to improper payments recaptured.

IPIA definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory contractual, administrative, or other legally applicable requirements; and includes any payment made to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for credit for applicable discounts.

OMB Circular Definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount under, statutory, contractual, administrative, or other legally applicable requirements. Incorrect amounts are overpayments or underpayments that are made to eligible recipients (including inappropriate denials of payment or service, any payment that does not account for credit for applicable discounts, payments that are for an incorrect amount, and duplicate payments). An improper payment also includes any payment that was made to an ineligible recipient or for an ineligible good or service, or payments for goods or services not received (except for such payments authorized by law). In addition, when an agency's review is unable to discern whether a payment was proper as a result of insufficient or lack of documentation, this payment must also be considered an improper payment.

3) Executive Order: Eliminate Hardcopy Earnings and Leave Statements

This order would direct federal agencies that provide employees with an electronic version of biweekly payroll earnings and leave statements to discontinue printing and mailing these documents to individual employees, thereby avoiding the associated costs with this duplicative process. Self-service payroll applications are widely in use in federal agencies and allow employees to view and print earnings and leave statements on demand. Eliminating the administrative cost to print and mail these statements could potentially save VA around \$400K per year.

4) Executive Order: Eliminate Requirement for Quarterly Conference Reporting

This order would allow VA to remove the requirement for the Secretary to submit quarterly reports on conferences to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives per 38 U.S.C. §517. This proposal will align VA's conference reporting requirements with those of the other Federal agencies and reduce reporting burden.

5) Executive Order: Clarify the Secretary's (SECVA) authority on interest and administrative costs charged to delinquent debt

This order would provide flexibility for SECVA to decide whether or not to charge interest and administrative costs on delinquent debts. VA is currently non-compliant with the Debt Collection Improvement Act of 1996 and 38 USC 5315 because it has not been consistent in the application of the laws in a number of VBA programs. This noncompliance has been a source of multiple audit findings by both the Office of Inspector General (OIG) and Government Accountability Office (GAO) since 1986. This order would provide relief to

those VA programs who cannot charge interests and admin costs due to their system limitations.

6) Executive Order: Extend Repayment Period of Veteran Debt

Veteran Administration policy requires expedient collection of Veteran Benefit Debts which was prompted by 31 CFR 901.1 that requires aggressive collection action on Federal debt. This Executive Order extends the repayment period to equal to the delayed processing time that exacerbated/increased Veteran Benefit Debts; e.g. if VA took five years to process the claim the Veteran should be allowed a five year repayment period. This order will allow more times for the Veterans to pay their debts back.

7) Modify Office of Management and Budget (OMB) Circular A-11 – Appendix B – Capital Lease Scoring

The proposed executive order would modify the scoring rules in Appendix B to allow for exceptions:

- 1)** The capital/operating scoring criteria for assets that have private sector use, such as office buildings, medical buildings, and warehouses where the agency is leasing space from the private sector, to be treated as operating leases in all cases. The exception would allow for the budget authority to be required only for annual lease payments for these types of leases.
- 2)** For space acquired via long-term lease-back on Federal property, such as under an enhanced use lease (EUL), to be considered an operating lease provided that the leased asset has a clear private sector use, such as office buildings, medical buildings, and warehouses. The exception would allow for the budget authority to be required for annual lease payments for these types of lease-back scenarios.

8) Historic Preservation

The proposed executive order would direct the Advisory Council on Historic Preservation (ACHP), as an executive branch agency, to work on divestiture and reuse plans, strategies, and methods for the large volume of un-needed, but Federally owned, historic properties at VA and other agencies. The ACHP would focus on methods to divest or otherwise shift responsibility for historic assets no longer needed by VA (or any other Federal Agency) in an effort to save taxpayer dollars and reduce unneeded real estate footprint.

9) Direct the Department of Justice to Issue Guidance on Indemnification in Utility Services Contracts

On-site electrical generation projects must be electrically interconnected to a servicing utility's electrical grid. This usually requires signing a contract with the utility. Utilities contracts often have standard language relating to indemnification that the Government typically cannot sign, but that the utility is unwilling to modify, even for a Government client. This impasse can lead to lengthy delays, delaying both operation of the project, and to delay claims by the contractor holding the underlying project contract, both of which cost the Government money. The Government Accountability Office (GAO) has issued opinions with language (b) (6) out a very narrow exception to the general rule that the Government cannot indemnify within a contract, but the application of that rule is not clear. This executive action would direct the Department of Justice to issue an official opinion or a memoranda clarifying where, when, and how the exception applies.

10) Issue an Executive Order to Remove OMB Circular A-11 Non-IT Business Case Submission Requirement

An Executive Order is needed to remove the OMB requirement to submit a non-IT business case for each major construction and major lease project included in VA's annual budget request. This is a task that has been contracted out for several years, requiring many hours billed by contractors and additional hours spent by VA employees reviewing the documents. The non-IT business case does not add value when preparing budgetary documents in support of VA's major construction projects. Removing this requirement would save VA approximately \$22,000 per non-IT business case. On average 20 non-IT business cases are prepared each year.

11) Executive Order Rescinding Agency Compliance Requirements of the Digital Accountability and Transparency Act of 2014 ("Data Act" P.L. 113-101, May 9, 2014)

This Data Act established expansive reporting requirements for all Federal Agencies and set compliance no later than 3 years after its passage. This unfunded mandate is extremely burdensome and is of little or no real value to anyone. Compliance is directly contributing to overwhelming investments in scarce government resources and hindering Federal Agencies in accomplishing their missions. For many agencies, existing financial systems are not able to readily comply in providing reporting requirements. The stated intent of the Act was to "simplify the reporting for entities receiving Federal funds", but the Act's requirements ensure these entities will encounter ever more complicated reporting requirements. Section 4(c)(B)(i) established a mechanism for the Department of Defense to request an extension from the Director of The Office of Management and Budget when compliance with the Data Act interfered with the auditability of financial statements. No such provision was provided other federal agencies.

12) Executive Order on General Transfer Authority for Department of Veterans Affairs (VA)

This executive order would propose legislative language to Congress requesting transfer authority for up to 2 percent from any Discretionary appropriation of the value of the providing appropriation to any other discretionary appropriation. This authority would not cancel existing transfer authorities currently in place while allowing the Secretary to realign funding to prioritized needs for improved delivery of services to Veterans.

Potential items to support VBA?

13) Executive Order on a National Claims Processing Center

This executive order would establish a National Claims Processing Center (NCPC) within the Veterans Benefits Administration (VBA). Currently, VBA utilizes 56 regional offices (ROs) and the Appeals Management Center (AMC) to process Veteran claims, which is inefficient. The NCPC would replace the decentralized claims processing model across the ROs with a single national claims processing center. This would assist in the replacement of ROs through attrition with smaller store-front offices, where Veterans could speak with a VA representative. This would save VA a substantial amount in rent costs to GSA, and allow for greater productivity and quality control of claims processing.

14) Executive Order on Temporary Assignment of Disability Claims Ratings

This executive order would require that VA assign a temporary rating to a disability claim within 60 days of receipt following a cursory review of the evidence. Once the claim has been fully adjudicated, the temporary rating will be adjusted and made retroactive as appropriate. Temporary ratings would not be eligible for appeal until the claim is adjudicated and receives a final disability rating.

Rescind Executive Order 13522 Which Created Labor-Management Forums to Improve Delivery of Government Services

The Executive Order 13522 created labor management forums to improve delivery of government services. The objective of this goal was to provide federal employees and their union representatives an opportunity to deliver ideas and information about the realities of delivering government services in a non-adversarial forum. This places a burden on the executive branch in developing relationships with labor and permissive bargaining. Additionally, there is potential for confusion among managers who infer that by going to the National Council of Federal Labor/Management Relations they do not have to bargain, which is not the case.

Issue an Executive Order to Remove OMB Circular A-76 Study Requirement

An Executive Order is needed to remove the OMB requirement to conduct an A-76 study in order to outsource. A-76 studies typically require many years to complete and do not enable timely business decisions to reduce costs and/or improve services. Separate legislative relief is also needed to outsource.

Telehealth EO that is being reviewed by DOJ

Executive Order: Ensuring our veterans get the care they need wherever and whenever they need it.

This order would direct VA to utilize telehealth and address many of the challenges associated with providing telehealth services across state lines. Specifically it would help ensure the delivery of comprehensive telehealth services irrespective of a veteran's location, it requires the Attorney General to establish a Special Registration Class to allow VA telehealth providers engaged in the practice of telemedicine to prescribe controlled substances in full compliance with the Controlled Substances Act. Additionally the Department of Justice (DOJ) will be directed to provide, legal representation requested by a VA-employed provider, or other appropriate response, to a disciplinary or legal action initiated by a State or State licensing board against the provider for furnishing telehealth services within the scope of their employment and when authorized by VA.

Message

From: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/23/2017 3:23:16 AM
To: David shulkin [Drshulkin@aol.com]
CC: L Perl [(b) (6)]<[REDACTED]@gmail.com>; Bruce Moskowitz [(b) (6)]<[REDACTED]@mac.com>; Ike Perlmutter [(b) (6)]<frenchangel59.com>
Subject: Re: Fwd: Items for Executive Order

Thanks. I plan to review the executive orders tomorrow and look forward to the wait time info. Also let's plan to talk early next week about the fraud and abuse issue. I free up after Friday night.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 22, 2017 10:54 PM, "David shulkin" <Drshulkin@aol.com> wrote:

Below are 14 more executive orders i have been working on to streamline the Department - some may not seem important but they require a lot of administrative time to comply with.

I've not shared these yet but i wanted you to see them- we can share these with the larger group if you would like.

In addition I'm working on a way to simplify our reporting of wait times for veterans and I'm ready to share the working model. Once we publicly report on wait times this will be a game changer and put the spotlight on the low performers. I can share this with the group within the week.

David

1) Executive Order: Remove the requirement to report High Dollar Overpayments

On November 2, 2009, Executive Order 13520 (as amended) was issued requiring Agencies to report High Dollar Overpayments and corrective actions quarterly to the Office of Inspector General and the Council for Inspector Generals on Integrity and Efficiency. High Dollar Overpayments are defined as payments of \$25,000 to an individual and \$100,000 to an entity. Since 2009, VA has been creating this high dollar overpayment report. In addition, VA has established statistical sampling procedures in its programs at high-risk of improper payments that stratify samples to ensure payments at risk (which can include high dollar in some programs) are included in our annual projection of improper payments. Further, the high threshold (\$25,000) for individuals make many of our payments in mandatory programs not subject to meeting the Executive Order thresholds; so stratification in sampling can be used to target payments at high risk even if they don't meet the high dollar threshold. As such, the quarterly review and identification of overpayments does not provide additional insight into our programs but is a labor intensive effort (roughly 1500 man hours annually). Applying these resources to identification of improper payments by targeting payments truly at-risk (regardless of dollar value) and corrective actions to address systemic root causes in accordance with the Improper Payments Elimination and Recovery Improvement Act of 2012 would yield greater benefits to the Department.

2) Executive Order: Remove the OMB Circular requirement identifying additional payments as improper beyond the statutory definition

The definition of improper payments from Improper Payments Information Act of 2002 was expanded by OMB Circular A-123, Appendix C to include insufficient or lack of documentation. This has resulted in supplementary assessments in the Office of Inspector General (OIG) review of compliance with the Improper Payments Elimination and Recovery Act of 2010. OIG reviews have identified findings related to unreliable improper payment estimates due to insufficient or lack of documentation to support payments at the time the payment was reviewed for IPERIA purposes. However, supporting documentation at the time payment was made suggest it was proper. This has led to the inflation of improper payment estimates as well as additional time and resources needed to verify the accuracy of payments at time of review. Findings related to such result in VA reporting increased improper payments and lead to confusion as there is no evidence or supporting documentation available that would allow for the Government to recoup these “improper payments”. These improper payments do not represent a loss to the Government. Focusing efforts on identifying those improper payments that result in a true loss to the Government would yield greater benefits as the Department would be able to track a return on investment related to improper payments recaptured.

IPIA definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory contractual, administrative, or other legally applicable requirements; and includes any payment made to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for credit for applicable discounts.

OMB Circular Definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount under, statutory, contractual, administrative, or other legally applicable requirements. Incorrect amounts are overpayments or underpayments that are made to eligible recipients (including inappropriate denials of payment or service, any payment that does not account for credit for applicable discounts, payments that are for an incorrect amount, and duplicate payments). An improper payment also includes any payment that was made to an ineligible recipient or for an ineligible good or service, or payments for goods or services not received (except for such payments authorized by law). In addition, when an agency’s review is unable to discern whether a payment was proper as a result of insufficient or lack of documentation, this payment must also be considered an improper payments.

3) Executive Order: Eliminate Hardcopy Earnings and Leave Statements

This order would direct federal agencies that provide employees with an electronic version of biweekly payroll earnings and leave statements to discontinue printing and mailing these documents to individual employees, thereby avoiding the associated costs with this duplicative process. Self-service payroll applications are widely in use in federal agencies and allow employees to view and print earnings and leave statements on demand. Eliminating the

administrative cost to print and mail these statements could potentially save VA around \$400K per year.

4) Executive Order: Eliminate Requirement for Quarterly Conference Reporting

This order would allow VA to remove the requirement for the Secretary to submit quarterly reports on conferences to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives per 38 U.S.C. §517. This proposal will align VA's conference reporting requirements with those of the other Federal agencies and reduce reporting burden.

5) Executive Order: Clarify the Secretary's (SECVA) authority on interest and administrative costs charged to delinquent debt

This order would provide flexibility for SECVA to decide whether or not to charge interest and administrative costs on delinquent debts. VA is currently non-compliant with the Debt Collection Improvement Act of 1996 and 38 USC 5315 because it has not been consistent in the application of the laws in a number of VBA programs. This noncompliance has been a source of multiple audit findings by both the Office of Inspector General (OIG) and Government Accountability Office (GAO) since 1986. This order would provide relief to those VA programs who cannot charge interests and admin costs due to their system limitations.

6) Executive Order: Extend Repayment Period of Veteran Debt

Veteran Administration policy requires expedient collection of Veteran Benefit Debts which was prompted by 31 CFR 901.1 that requires aggressive collection action on Federal debt. This Executive Order extends the repayment period to equal to the delayed processing time that exacerbated/increased Veteran Benefit Debts; e.g. if VA took five years to process the claim the Veteran should be allowed a five year repayment period. This order will allow more times for the Veterans to pay their debts back.

7) Modify Office of Management and Budget (OMB) Circular A-11 – Appendix B – Capital Lease Scoring

The proposed executive order would modify the scoring rules in Appendix B to allow for exceptions:

- 1) The capital/operating scoring criteria for assets that have private sector use, such as office buildings, medical buildings, and warehouses where the agency is leasing space from the private sector, to be treated as operating leases in all cases. The exception would allow for the budget authority to be required only for annual lease payments for these types of leases.

2) For space acquired via long-term lease-back on Federal property, such as under an enhanced use lease (EUL), to be considered an operating lease provided that the leased asset has a clear private sector use, such as office buildings, medical buildings, and warehouses. The exception would allow for the budget authority to be required for annual lease payments for these types of lease-back scenarios.

8) Historic Preservation

The proposed executive order would direct the Advisory Council on Historic Preservation (ACHP), as an executive branch agency, to work on divestiture and reuse plans, strategies, and methods for the large volume of un-needed, but Federally owned, historic properties at VA and other agencies. The ACHP would focus on methods to divest or otherwise shift responsibility for historic assets no longer needed by VA (or any other Federal Agency) in an effort to save taxpayer dollars and reduce unneeded real estate footprint.

9) Direct the Department of Justice to Issue Guidance on Indemnification in Utility Services Contracts

On-site electrical generation projects must be electrically interconnected to a servicing utility's electrical grid. This usually requires signing a contract with the utility. Utilities contracts often have standard language relating to indemnification that the Government typically cannot sign, but that the utility is unwilling to modify, even for a Government client. This impasse can lead to lengthy delays, delaying both operation of the project, and to delay claims by the contractor holding the underlying project contract, both of which cost the Government money. The Government Accountability Office (GAO) has issued opinions with language carving out a very narrow exception to the general rule that the Government cannot indemnify within a contract, but the application of that rule is not clear. This executive action would direct the Department of Justice to issue an official opinion or a memoranda clarifying where, when, and how the exception applies.

10) Issue an Executive Order to Remove OMB Circular A-11 Non-IT Business Case Submission Requirement

An Executive Order is needed to remove the OMB requirement to submit a non-IT business case for each major construction and major lease project included in VA's annual budget request. This is a task that has been contracted out for several years, requiring many hours billed by contractors and additional hours spent by VA employees reviewing the documents. The non-IT business case does not add value when preparing budgetary documents in support of VA's major construction projects. Removing this requirement would save VA approximately \$22,000 per non-IT business case. On average 20 non-IT business cases are prepared each year.

11) Executive Order Rescinding Agency Compliance Requirements of the Digital Accountability and Transparency Act of 2014 ("Data Act" P.L. 113-101, May 9, 2014)

This Data Act established expansive reporting requirements for all Federal Agencies and set compliance no later than 3 years after its passage. This unfunded mandate is extremely burdensome and is of little or no real value to anyone. Compliance is directly contributing to overwhelming investments in scarce government resources and hindering Federal Agencies in accomplishing their missions. For many agencies, existing financial systems are not able to readily comply in providing reporting requirements. The stated intent of the Act was to “simplify the reporting for entities receiving Federal funds”, but the Act’s requirements ensure these entities will encounter ever more complicated reporting requirements. Section 4(c)(B)(i) established a mechanism for the Department of Defense to request an extension from the Director of The Office of Management and Budget when compliance with the Data Act interfered with the auditability of financial statements. No such provision was provided other federal agencies.

12) Executive Order on General Transfer Authority for Department of Veterans Affairs (VA)

This executive order would propose legislative language to Congress requesting transfer authority for up to 2 percent from any Discretionary appropriation of the value of the providing appropriation to any other discretionary appropriation. This authority would not cancel existing transfer authorities currently in place while allowing the Secretary to realign funding to prioritized needs for improved delivery of services to Veterans.

Potential items to support VBA?

13) Executive Order on a National Claims Processing Center

This executive order would establish a National Claims Processing Center (NCPC) within the Veterans Benefits Administration (VBA). Currently, VBA utilizes 56 regional offices (ROs) and the Appeals Management Center (AMC) to process Veteran claims, which is inefficient. The NCPC would replace the decentralized claims processing model across the ROs with a single national claims processing center. This would assist in the replacement of ROs through attrition with smaller store-front offices, where Veterans could speak with a VA representative. This would save VA a substantial amount in rent costs to GSA, and allow for greater productivity and quality control of claims processing.

14) Executive Order on Temporary Assignment of Disability Claims Ratings

This executive order would require that VA assign a temporary rating to a disability claim within 60 days of receipt following a cursory review of the evidence. Once the claim has been fully adjudicated, the temporary rating will be adjusted and made retroactive as appropriate. Temporary ratings would not be eligible for appeal until the claim is adjudicated and receives a final disability rating.

Rescind Executive Order 13522 Which Created Labor-Management Forums to Improve Delivery of Government Services

The Executive Order 13522 created labor management forums to improve delivery of government services. The objective of this goal was to provide federal employees and their union representatives an opportunity to deliver ideas and information about the realities of delivering government services in a non-adversarial forum. This places a burden on the executive branch in developing relationships with labor and permissive bargaining. Additionally, there is potential for confusion among managers who infer that by going to the National Council of Federal Labor/Management Relations they do not have to bargain, which is not the case.

Issue an Executive Order to Remove OMB Circular A-76 Study Requirement

An Executive Order is needed to remove the OMB requirement to conduct an A-76 study in order to outsource. A-76 studies typically require many years to complete and do not enable timely business decisions to reduce costs and/or improve services. Separate legislative relief is also needed to outsource.

Telehealth EO that is being reviewed by DOJ

Executive Order: Ensuring our veterans get the care they need wherever and whenever they need it.

This order would direct VA to utilize telehealth and address many of the challenges associated with providing telehealth services across state lines. Specifically it would help ensure the delivery of comprehensive telehealth services irrespective of a veteran's location, it requires the Attorney General to establish a Special Registration Class to allow VA telehealth providers engaged in the practice of telemedicine to prescribe controlled substances in full compliance with the Controlled Substances Act. Additionally the Department of Justice (DOJ) will be directed to provide, legal representation requested by a VA-employed provider, or other appropriate response, to a disciplinary or legal action initiated by a State or State licensing board against the provider for furnishing telehealth services within the scope of their employment and when authorized by VA.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 2:55:20 AM
To: (b) (6); (b) (6) [gmail.com]
Subject: Fwd: Items for Executive Order

I want to bring these to Reed's meeting

Sent from my iPhone

Begin forwarded message:

From: DJS <vacodjs1@va.gov>
Date: March 22, 2017 at 6:47:43 PM EDT
To: 'Shulkin ' <drshulkin@aol.com>
Subject: FW: Items for Executive Order

Sent with Good (www.good.com)

-----Original Message-----

From: Murray, Edward
Sent: Wednesday, March 22, 2017 05:53 PM Eastern Standard Time
To: Wright, Vivieca (Simpson); SecVA Morning Report
Cc: (b) (6); (b) (6)
Subject: RE: Items for Executive Order

Vivieca,

We have added 14 items for your consideration. Some of these proposals likely require statutory relief. Please me know if you have any questions.

Regards, Ed

1) Executive Order: Remove the requirement to report High Dollar Overpayments

On November 2, 2009, Executive Order 13520 (as amended) was issued requiring Agencies to report High Dollar Overpayments and corrective actions quarterly to the Office of Inspector General and the Council for Inspector Generals on Integrity and Efficiency. High Dollar Overpayments are defined as payments of \$25,000 to an individual and \$100,000 to an entity. Since 2009, VA has been creating this high dollar overpayment report. In addition, VA has established statistical sampling procedures in its programs at high-risk of improper payments that stratify samples to ensure payments at risk (which can include high dollar in some programs) are included in our annual projection of improper payments. Further, the high threshold (\$25,000) for individuals make many of our payments in mandatory programs not subject to meeting the Executive Order thresholds; so stratification in sampling can be used to target

payments at high risk even if they don't meet the high dollar threshold. As such, the quarterly review and identification of overpayments does not provide additional insight into our programs but is a labor intensive effort (roughly 1500 man hours annually). Applying these resources to identification of improper payments by targeting payments truly at-risk (regardless of dollar value) and corrective actions to address systemic root causes in accordance with the Improper Payments Elimination and Recovery Improvement Act of 2012 would yield greater benefits to the Department.

2) Executive Order: Remove the OMB Circular requirement identifying additional payments as improper beyond the statutory definition

The definition of improper payments from Improper Payments Information Act of 2002 was expanded by OMB Circular A-123, Appendix C to include insufficient or lack of documentation. This has resulted in supplementary assessments in the Office of Inspector General (OIG) review of compliance with the Improper Payments Elimination and Recovery Act of 2010. OIG reviews have identified findings related to unreliable improper payment estimates due to insufficient or lack of documentation to support payments at the time the payment was reviewed for IPERIA purposes. However, supporting documentation at the time payment was made suggest it was proper. This has led to the inflation of improper payment estimates as well as additional time and resources needed to verify the accuracy of payments at time of review. Findings related to such result in VA reporting increased improper payments and lead to confusion as there is no evidence or supporting documentation available that would allow for the Government to recoup these "improper payments". These improper payments do not represent a loss to the Government. Focusing efforts on identifying those improper payments that result in a true loss to the Government would yield greater benefits as the Department would be able to track a return on investment related to improper payments recaptured.

IPIA definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory contractual, administrative, or other legally applicable requirements; and includes any payment made to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for credit for applicable discounts.

OMB Circular Definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount under, statutory, contractual, administrative, or other legally applicable requirements. Incorrect amounts are overpayments or underpayments that are made to eligible recipients (including inappropriate denials of payment or service, any payment that does not account for credit for applicable discounts, payments that are for an incorrect amount, and duplicate payments). An improper payment also includes any payment that was made to an ineligible recipient or for an ineligible good or service, or payments for goods or services not received (except for such payments authorized by law). In addition, when an agency's review is unable to discern whether a payment was proper as a result of insufficient or lack of documentation, this payment must also be considered an improper payments.

3) Executive Order: Eliminate Hardcopy Earnings and Leave Statements

This order would direct federal agencies that provide employees with an electronic version of biweekly payroll earnings and leave statements to discontinue printing and mailing these documents to individual employees, thereby avoiding the associated costs with this duplicative process. Self-service payroll applications are widely in use in federal agencies and allow employees to view and print earnings and leave statements on demand. Eliminating the administrative cost to print and mail these statements could potentially save VA around \$400K per year.

4) Executive Order: Eliminate Requirement for Quarterly Conference Reporting

This order would allow VA to remove the requirement for the Secretary to submit quarterly reports on conferences to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives per 38 U.S.C. §517. This proposal will align VA's conference reporting requirements with those of the other Federal agencies and reduce reporting burden.

5) Executive Order: Clarify the Secretary's (SECVA) authority on interest and administrative costs charged to delinquent debt

This order would provide flexibility for SECVA to decide whether or not to charge interest and administrative costs on delinquent debts. VA is currently non-compliant with the Debt Collection Improvement Act of 1996 and 38 USC 5315 because it has not been consistent in the application of the laws in a number of VBA programs. This noncompliance has been a source of multiple audit findings by both the Office of Inspector General (OIG) and Government Accountability Office (GAO) since 1986. This order would provide relief to those VA programs who cannot charge interests and admin costs due to their system limitations.

6) Executive Order: Extend Repayment Period of Veteran Debt

Veteran Administration policy requires expedient collection of Veteran Benefit Debts which was prompted by 31 CFR 901.1 that requires aggressive collection action on Federal debt. This Executive Order extends the repayment period to equal to the delayed processing time that exacerbated/increased Veteran Benefit Debts; e.g. if VA took five years to process the claim the Veteran should be allowed a five year repayment period. This order will allow more times for the Veterans to pay their debts back.

7) Modify Office of Management and Budget (OMB) Circular A-11 – Appendix B – Capital Lease Scoring

The proposed executive order would modify the scoring rules in Appendix B to allow for exceptions:

1. <!--[if !supportLists]--> <!--[endif]-->The capital/operating scoring criteria for assets that have private sector use, such as office buildings, medical buildings, and warehouses where the agency is leasing space from the private sector, to be treated as operating leases in all cases. The exception would allow for the budget authority to be required only for annual lease payments for these types of leases.
2. <!--[if !supportLists]--> <!--[endif]-->For space acquired via long-term lease-back on Federal property, such as under an enhanced use lease (EUL), to be considered an operating lease provided that the leased asset has a clear private sector use, such as office buildings, medical buildings, and warehouses. The exception would allow for the budget authority to be required for annual lease payments for these types of lease-back scenarios.

1. <!--[if !supportLists]--> <!--[endif]-->**Historic Preservation**

The proposed executive order would direct the Advisory Council on Historic Preservation (ACHP), as an executive branch agency, to work on divestiture and reuse plans, strategies, and methods for the large volume of un-needed, but Federally owned, historic properties at VA and other agencies. The ACHP would focus on methods to divest or otherwise shift responsibility for historic assets no longer needed by VA (or any other Federal Agency) in an effort to save taxpayer dollars and reduce unneeded real estate footprint.

2. <!--[if !supportLists]--> <!--[endif]-->**Direct the Department of Justice to Issue Guidance on Indemnification in Utility Services Contracts**

On-site electrical generation projects must be electrically interconnected to a servicing utility's electrical grid. This usually requires signing a contract with the utility. Utilities contracts often have standard language relating to indemnification that the Government typically cannot sign, but that the utility is unwilling to modify, even for a Government client. This impasse can lead to lengthy delays, delaying both operation of the project, and to delay claims by the contractor holding the underlying project contract, both of which cost the Government money. The Government Accountability Office (GAO) has issued opinions with language carving out a very narrow exception to the general rule that the Government cannot indemnify within a contract, but the application of that rule is not clear. This executive action would direct the Department of Justice to issue an official opinion or a memoranda clarifying where, when, and how the exception applies.

3. <!--[if !supportLists]--> <!--[endif]-->**Issue an Executive Order to Remove OMB Circular A-11 Non-IT Business Case Submission Requirement**

An Executive Order is needed to remove the OMB requirement to submit a non-IT business case for each major construction and major lease project included in VA's annual budget request. This is a task that has been contracted out for several years, requiring many hours billed by contractors and additional hours spent by VA employees reviewing the documents. The non-IT business case does not add value when preparing budgetary documents in support of VA's

major construction projects. Removing this requirement would save VA approximately \$22,000 per non-IT business case. On average 20 non-IT business cases are prepared each year.

4. <!--[if !supportLists]--> <!--[endif]-->**Executive Order Rescinding Agency Compliance Requirements of the Digital Accountability and Transparency Act of 2014 (“Data Act” P.L. 113-101, May 9, 2014)**

This Data Act established expansive reporting requirements for all Federal Agencies and set compliance no later than 3 years after its passage. This unfunded mandate is extremely burdensome and is of little or no real value to anyone. Compliance is directly contributing to overwhelming investments in scarce government resources and hindering Federal Agencies in accomplishing their missions. For many agencies, existing financial systems are not able to readily comply in providing reporting requirements. The stated intent of the Act was to “simplify the reporting for entities receiving Federal funds”, but the Act’s requirements ensure these entities will encounter ever more complicated reporting requirements. Section 4(c)(B)(i) established a mechanism for the Department of Defense to request an extension from the Director of The Office of Management and Budget when compliance with the Data Act interfered with the auditability of financial statements. No such provision was provided other federal agencies.

5. <!--[if !supportLists]--> <!--[endif]-->**Executive Order on General Transfer Authority for Department of Veterans Affairs (VA)**

This executive order would propose legislative language to Congress requesting transfer authority for up to 2 percent from any Discretionary appropriation of the value of the providing appropriation to any other discretionary appropriation. This authority would not cancel existing transfer authorities currently in place while allowing the Secretary to realign funding to prioritized needs for improved delivery of services to Veterans.

Potential items to support VBA?

6. <!--[if !supportLists]--> <!--[endif]-->**Executive Order on a National Claims Processing Center**

This executive order would establish a National Claims Processing Center (NCPC) within the Veterans Benefits Administration (VBA). Currently, VBA utilizes 56 regional offices (ROs) and the Appeals Management Center (AMC) to process Veteran claims, which is inefficient. The NCPC would replace the decentralized claims processing model across the ROs with a single national claims processing center. This would assist in the replacement of ROs through attrition with smaller store-front offices, where Veterans could speak with a VA representative. This would save VA a substantial amount in rent costs to GSA, and allow for greater productivity and quality control of claims processing.

7. <!--[if !supportLists]--> <!--[endif]--> **Executive Order on Temporary Assignment of Disability Claims Ratings**

This executive order would require that VA assign a temporary rating to a disability claim within 60 days of receipt following a cursory review of the evidence. Once the claim has been fully adjudicated, the temporary rating will be adjusted and made retroactive as appropriate. Temporary ratings would not be eligible for appeal until the claim is adjudicated and receives a final disability rating.

From: Wright, Vivieca (Simpson)
Sent: Tuesday, March 21, 2017 12:38 PM
To: SecVA Morning Report
Cc: (b) (6) (b) (6)
Subject: Items for Executive Order

Several weeks back, the Secretary asked up to look within our organizations and identify items that we may want to consideration for an EO. Listed below are a few items from VHA. Please add your items to this list by Wednesday, March 22.

Rescind Executive Order 13522 Which Created Labor-Management Forums to Improve Delivery of Government Services

The Executive Order 13522 created labor management forums to improve delivery of government services. The objective of this goal was to provide federal employees and their union representatives an opportunity to deliver ideas and information about the realities of delivering government services in a non-adversarial forum. This places a burden on the executive branch in developing relationships with labor and permissive bargaining. Additionally, there is potential for confusion among managers who infer that by going to the National Council of Federal Labor/Management Relations they do not have to bargain, which is not the case.

Issue an Executive Order to Remove OMB Circular A-76 Study Requirement

An Executive Order is needed to remove the OMB requirement to conduct an A-76 study in order to outsource. A-76 studies typically require many years to complete and do not enable timely business decisions to reduce costs and/or improve services. Separate legislative relief is also needed to outsource.

Telehealth EO that is being reviewed by DOJ

Executive Order: Ensuring our veterans get the care they need wherever and whenever they need it.

This order would direct VA to utilize telehealth and address many of the challenges associated with providing telehealth services across state lines. Specifically it would help ensure the delivery of comprehensive telehealth services irrespective of a veteran's location, it requires the Attorney General to establish a Special Registration Class to allow VA telehealth providers engaged in the practice of telemedicine to prescribe controlled substances in full compliance with the Controlled Substances Act. Additionally the Department of Justice (DOJ) will be directed to provide, legal representation requested by a VA-employed provider, or other appropriate response, to a disciplinary or legal action initiated by a State or State licensing board against the provider for furnishing telehealth services within the scope of their employment and when authorized by VA.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 2:54:24 AM
To: Ike Perlmutter [(b) (6) frenchangel59.com]
CC: Laurie Perlmutter [(b) (6) gmail.com]; Marc Sherman [(b) (6) gmail.com]; Bruce Moskowitz [(b) (6) mac.com]
Subject: Fwd: Items for Executive Order

Below are 14 more executive orders i have been working on to streamline the Department - some may not seem important but they require a lot of administrative time to comply with.

I've not shared these yet but i wanted you to see them- we can share these with the larger group if you would like.

In addition I'm working on a way to simplify our reporting of wait times for veterans and I'm ready to share the working model. Once we publicly report on wait times this will be a game changer and put the spotlight on the low performers. I can share this with the group within the week.

David

1) Executive Order: Remove the requirement to report High Dollar Overpayments

On November 2, 2009, Executive Order 13520 (as amended) was issued requiring Agencies to report High Dollar Overpayments and corrective actions quarterly to the Office of Inspector General and the Council for Inspector Generals on Integrity and Efficiency. High Dollar Overpayments are defined as payments of \$25,000 to an individual and \$100,000 to an entity. Since 2009, VA has been creating this high dollar overpayment report. In addition, VA has established statistical sampling procedures in its programs at high-risk of improper payments that stratify samples to ensure payments at risk (which can include high dollar in some programs) are included in our annual projection of improper payments. Further, the high threshold (\$25,000) for individuals make many of our payments in mandatory programs not subject to meeting the Executive Order thresholds; so stratification in sampling can be used to target payments at high risk even if they don't meet the high dollar threshold. As such, the quarterly review and identification of overpayments does not provide additional insight into our programs but is a labor intensive effort (roughly 1500 man hours annually). Applying these resources to identification of improper payments by targeting payments truly at-risk (regardless of dollar value) and corrective actions to address systemic root causes in accordance with the Improper Payments Elimination and Recovery Improvement Act of 2012 would yield greater benefits to the Department.

2) Executive Order: Remove the OMB Circular requirement identifying additional payments as improper beyond the statutory definition

The definition of improper payments from Improper Payments Information Act of 2002 was expanded by OMB Circular A-123, Appendix C to include insufficient or lack of documentation. This has resulted in supplementary assessments in the Office of Inspector

General (OIG) review of compliance with the Improper Payments Elimination and Recovery Act of 2010. OIG reviews have identified findings related to unreliable improper payment estimates due to insufficient or lack of documentation to support payments at the time the payment was reviewed for IPERIA purposes. However, supporting documentation at the time payment was made suggest it was proper. This has led to the inflation of improper payment estimates as well as additional time and resources needed to verify the accuracy of payments at time of review. Findings related to such result in VA reporting increased improper payments and lead to confusion as there is no evidence or supporting documentation available that would allow for the Government to recoup these “improper payments”. These improper payments do not represent a loss to the Government. Focusing efforts on identifying those improper payments that result in a true loss to the Government would yield greater benefits as the Department would be able to track a return on investment related to improper payments recaptured.

IPIA definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory contractual, administrative, or other legally applicable requirements; and includes any payment made to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for credit for applicable discounts.

OMB Circular Definition: Improper payment means any payment that should not have been made or that was made in an incorrect amount under, statutory, contractual, administrative, or other legally applicable requirements. Incorrect amounts are overpayments or underpayments that are made to eligible recipients (including inappropriate denials of payment or service, any payment that does not account for credit for applicable discounts, payments that are for an incorrect amount, and duplicate payments). An improper payment also includes any payment that was made to an ineligible recipient or for an ineligible good or service, or payments for goods or services not received (except for such payments authorized by law). In addition, when an agency’s review is unable to discern whether a payment was proper as a result of insufficient or lack of documentation, this payment must also be considered an improper payments.

3) Executive Order: Eliminate Hardcopy Earnings and Leave Statements

This order would direct federal agencies that provide employees with an electronic version of biweekly payroll earnings and leave statements to discontinue printing and mailing these documents to individual employees, thereby avoiding the associated costs with this duplicative process. Self-service payroll applications are widely in use in federal agencies and allow employees to view and print earnings and leave statements on demand. Eliminating the administrative cost to print and mail these statements could potentially save VA around \$400K per year.

4) Executive Order: Eliminate Requirement for Quarterly Conference Reporting

This order would allow VA to remove the requirement for the Secretary to submit quarterly reports on conferences to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives per 38 U.S.C. §517. This proposal will align VA's conference reporting requirements with those of the other Federal agencies and reduce reporting burden.

5) Executive Order: Clarify the Secretary's (SECVA) authority on interest and administrative costs charged to delinquent debt

This order would provide flexibility for SECVA to decide whether or not to charge interest and administrative costs on delinquent debts. VA is currently non-compliant with the Debt Collection Improvement Act of 1996 and 38 USC 5315 because it has not been consistent in the application of the laws in a number of VBA programs. This noncompliance has been a source of multiple audit findings by both the Office of Inspector General (OIG) and Government Accountability Office (GAO) since 1986. This order would provide relief to those VA programs who cannot charge interests and admin costs due to their system limitations.

6) Executive Order: Extend Repayment Period of Veteran Debt

Veteran Administration policy requires expedient collection of Veteran Benefit Debts which was prompted by 31 CFR 901.1 that requires aggressive collection action on Federal debt. This Executive Order extends the repayment period to equal to the delayed processing time that exacerbated/increased Veteran Benefit Debts; e.g. if VA took five years to process the claim the Veteran should be allowed a five year repayment period. This order will allow more times for the Veterans to pay their debts back.

7) Modify Office of Management and Budget (OMB) Circular A-11 – Appendix B – Capital Lease Scoring

The proposed executive order would modify the scoring rules in Appendix B to allow for exceptions:

<!--[if !supportLists]-->1) <!--[endif]-->The capital/operating scoring criteria for assets that have private sector use, such as office buildings, medical buildings, and warehouses where the agency is leasing space from the private sector, to be treated as operating leases in all cases. The exception would allow for the budget authority to be required only for annual lease payments for these types of leases.

<!--[if !supportLists]-->2) <!--[endif]-->For space acquired via long-term lease-back on Federal property, such as under an enhanced use lease (EUL), to be considered an operating lease provided that the leased asset has a clear private sector use, such as office buildings, medical buildings, and warehouses. The exception would allow for the budget authority to be required for annual lease payments for these types of lease-back scenarios.

<!--[if !supportLists]-->8) <!--[endif]-->**Historic Preservation**

The proposed executive order would direct the Advisory Council on Historic Preservation (ACHP), as an executive branch agency, to work on divestiture and reuse plans, strategies, and methods for the large volume of un-needed, but Federally owned, historic properties at VA and other agencies. The ACHP would focus on methods to divest or otherwise shift responsibility for historic assets no longer needed by VA (or any other Federal Agency) in an effort to save taxpayer dollars and reduce unneeded real estate footprint.

<!--[if !supportLists]-->9) <!--[endif]-->**Direct the Department of Justice to Issue Guidance on Indemnification in Utility Services Contracts**

On-site electrical generation projects must be electrically interconnected to a servicing utility's electrical grid. This usually requires signing a contract with the utility. Utilities contracts often have standard language relating to indemnification that the Government typically cannot sign, but that the utility is unwilling to modify, even for a Government client. This impasse can lead to lengthy delays, delaying both operation of the project, and to delay claims by the contractor holding the underlying project contract, both of which cost the Government money. The Government Accountability Office (GAO) has issued opinions with language carving out a very narrow exception to the general rule that the Government cannot indemnify within a contract, but the application of that rule is not clear. This executive action would direct the Department of Justice to issue an official opinion or a memoranda clarifying where, when, and how the exception applies.

<!--[if !supportLists]-->10) <!--[endif]-->**Issue an Executive Order to Remove OMB Circular A-11 Non-IT Business Case Submission Requirement**

An Executive Order is needed to remove the OMB requirement to submit a non-IT business case for each major construction and major lease project included in VA's annual budget request. This is a task that has been contracted out for several years, requiring many hours billed by contractors and additional hours spent by VA employees reviewing the documents. The non-IT business case does not add value when preparing budgetary documents in support of VA's major construction projects. Removing this requirement would save VA approximately \$22,000 per non-IT business case. On average 20 non-IT business cases are prepared each year.

<!--[if !supportLists]-->11) <!--[endif]-->**Executive Order Rescinding Agency Compliance Requirements of the Digital Accountability and Transparency Act of 2014 ("Data Act" P.L. 113-101, May 9, 2014)**

This Data Act established expansive reporting requirements for all Federal Agencies and set compliance no later than 3 years after its passage. This unfunded mandate is extremely burdensome and is of little or no real value to anyone. Compliance is directly contributing to overwhelming investments in scarce government resources and hindering Federal Agencies in accomplishing their missions. For many agencies, existing financial systems are not able to

readily comply in providing reporting requirements. The stated intent of the Act was to “simplify the reporting for entities receiving Federal funds”, but the Act’s requirements ensure these entities will encounter ever more complicated reporting requirements. Section 4(c)(B)(i) established a mechanism for the Department of Defense to request an extension from the Director of The Office of Management and Budget when compliance with the Data Act interfered with the auditability of financial statements. No such provision was provided other federal agencies.

<!--[if !supportLists]-->12) <!--[endif]-->**Executive Order on General Transfer Authority for Department of Veterans Affairs (VA)**

This executive order would propose legislative language to Congress requesting transfer authority for up to 2 percent from any Discretionary appropriation of the value of the providing appropriation to any other discretionary appropriation. This authority would not cancel existing transfer authorities currently in place while allowing the Secretary to realign funding to prioritized needs for improved delivery of services to Veterans.

Potential items to support VBA?

<!--[if !supportLists]-->13) <!--[endif]-->**Executive Order on a National Claims Processing Center**

This executive order would establish a National Claims Processing Center (NCPC) within the Veterans Benefits Administration (VBA). Currently, VBA utilizes 56 regional offices (ROs) and the Appeals Management Center (AMC) to process Veteran claims, which is inefficient. The NCPC would replace the decentralized claims processing model across the ROs with a single national claims processing center. This would assist in the replacement of ROs through attrition with smaller store-front offices, where Veterans could speak with a VA representative. This would save VA a substantial amount in rent costs to GSA, and allow for greater productivity and quality control of claims processing.

<!--[if !supportLists]-->14) <!--[endif]-->**Executive Order on Temporary Assignment of Disability Claims Ratings**

This executive order would require that VA assign a temporary rating to a disability claim within 60 days of receipt following a cursory review of the evidence. Once the claim has been fully adjudicated, the temporary rating will be adjusted and made retroactive as appropriate. Temporary ratings would not be eligible for appeal until the claim is adjudicated and receives a final disability rating.

Rescind Executive Order 13522 Which Created Labor-Management Forums to Improve Delivery of Government Services

The Executive Order 13522 created labor management forums to improve delivery of government services. The objective of this goal was to provide federal employees and their union representatives an opportunity to deliver ideas and information about the realities of delivering government services in a non-adversarial forum. This places a burden on the executive branch in developing relationships with labor and permissive bargaining. Additionally, there is potential for confusion among managers who infer that by going to the National Council of Federal Labor/Management Relations they do not have to bargain, which is not the case.

Issue an Executive Order to Remove OMB Circular A-76 Study Requirement

An Executive Order is needed to remove the OMB requirement to conduct an A-76 study in order to outsource. A-76 studies typically require many years to complete and do not enable timely business decisions to reduce costs and/or improve services. Separate legislative relief is also needed to outsource.

Telehealth EO that is being reviewed by DOJ

Executive Order: Ensuring our veterans get the care they need wherever and whenever they need it.

This order would direct VA to utilize telehealth and address many of the challenges associated with providing telehealth services across state lines. Specifically it would help ensure the delivery of comprehensive telehealth services irrespective of a veteran's location, it requires the Attorney General to establish a Special Registration Class to allow VA telehealth providers engaged in the practice of telemedicine to prescribe controlled substances in full compliance with the Controlled Substances Act. Additionally the Department of Justice (DOJ) will be directed to provide, legal representation requested by a VA-employed provider, or other appropriate response, to a disciplinary or legal action initiated by a State or State licensing board against the provider for furnishing telehealth services within the scope of their employment and when authorized by VA.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 11:30:15 PM
To: (b) (6) yahoo.com
Attachments: IMG_0136.JPG; Untitled attachment 07335.txt

Hope you can come



You are cordially invited
TO A SPECIAL COCKTAIL AND BUFFET RECEPTION HONORING

The Honorable David J. Shulkin
UNITED STATES SECRETARY OF VETERANS AFFAIRS

MARCH 24, 2017
6:00 O'CLOCK IN THE EVENING

AT THE RESIDENCE OF

(b) (6)
[REDACTED] and Family
(b) (6) NW WASHINGTON DC (b) (6)

TO RSVP, PLEASE EMAIL (b) (6) @HOTMAIL.COM



Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 6:34:41 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Maybe

Absolutely- will always be there for you

Sent from my iPhone

On Mar 19, 2017, at 1:49 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

Its probably just that I am enjoying so much being at home with [(b) (6)] that I can think straight- but I am realizing now that you have always been there for me. I guess the fact that I am now in an absolutely consuming role that you had and see how you always made time for me no matter how swamped you were tells volumes- in actions, though not in words.

With that said, let me know if there is time for us to meet up over dinner this coming week. I am there the entire week from Monday to Friday. Its fine if we dont though too, we will catch up on the phone during the week

Thanks and take care

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/19/2017 5:49:37 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Maybe

Its probably just that I am enjoying so much being at home with (b) (6) that I can think straight- but I am realizing now that you have always been there for me. I guess the fact that I am now in an absolutely consuming role that you had and see how you always made time for me no matter how swamped you were tells volumes- in actions, though not in words.

With that said, let me know if there is time for us to meet up over dinner this coming week. I am there the entire week from Monday to Friday. Its fine if we dont though too, we will catch up on the phone during the week

Thanks and take care

Message

From: IP [REDACTED] frenchangel59.com]
Sent: 3/23/2017 2:24:04 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: VA - Next Steps

FYI

From: [REDACTED] EOP/WHO [mailto:[REDACTED]@who.eop.gov]
Sent: Thursday, March 23, 2017 10:05 AM
To: IP; Kushner, Jared C. EOP/WHO
Cc: [REDACTED] EOP/WHO; lper[REDACTED]@gmail.com
Subject: RE: VA - Next Steps

Thank you Ike. I am meeting with Sec Shulkin later today and can discuss all the below. I also can update on the Apple conversations. I saw you just called, please call me at your convenience:

202 881 [REDACTED]

From: IP [mailto:[REDACTED]@frenchangel59.com]
Sent: Wednesday, March 22, 2017 4:29 PM
To: Kushner, Jared C. EOP/WHO <[REDACTED]@who.eop.gov>; [REDACTED] EOP/WHO <[REDACTED]@who.eop.gov>
Cc: [REDACTED] EOP/WHO <[REDACTED]@who.eop.gov>; lper[REDACTED]@gmail.com
Subject: VA - Next Steps

Jared and [REDACTED]

We have accomplished a lot in the VA's start to a productive transformation in the first 60 days of the new Administration. When we look forward at items that we have previously identified, but not focused on to date, we have developed a short list of possible next set of issues to tackle. We have listed those items below for your information and feedback:

1. Development of a strategic personnel plan in line with "the VA of the future,"
2. Early Retirement program for identified VA staff to match an appropriate personnel plan,
3. Secure approval to retain proceeds from asset dispositions,
4. Evaluate the 700 physical location assets that are currently empty or underutilized,
5. Sell or redeploy those of the 700 assets based on the evaluation
6. Develop a new hire policy in line with the strategic personnel plan
7. Partner with Kaiser Permanente to subcontract all buying to them as a central purchasing arm to gain the cost advantages of their existing purchasing programs and processes,
8. Inventory all VA intellectual property assets and license-out agreements,
9. Develop a technology transfer program with economic hurdles and we will have a robust research and development program.
10. Evaluate existing contracts with third parties, their value and economics to determine advantages, disadvantages and smart changes.
11. We are focused on fraud and abuse along with over utilization going forward.

12. We will have a plan to increase medical residencies that are tied to treating Veterans
13. Changing our approach to IT systems
14. Reducing paid union time
15. Outsource claims processing
16. Outsource recruitment of positions

All our Best,

Laurie and Ike

Message

From: IP [b] (6) frenchangel59.com]
Sent: 3/22/2017 8:43:39 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: VA - Next Steps

From: IP [mailto:[b] (6) frenchangel59.com]
Sent: Wednesday, March 22, 2017 4:29 PM
To: [b] (6) who.eop.gov; [b] (6) who.eop.gov
Cc: [b] (6) EOP/WHO; lper [b] (6) @gmail.com
Subject: VA - Next Steps

Jared and [b] (6)

We have accomplished a lot in the VA's start to a productive transformation in the first 60 days of the new Administration. When we look forward at items that we have previously identified, but not focused on to date, we have developed a short list of possible next set of issues to tackle. We have listed those items below for your information and feedback:

1. Development of a strategic personnel plan in line with "the VA of the future,"
2. Early Retirement program for identified VA staff to match an appropriate personnel plan,
3. Secure approval to retain proceeds from asset dispositions,
4. Evaluate the 700 physical location assets that are currently empty or underutilized,
5. Sell or redeploy those of the 700 assets based on the evaluation
6. Develop a new hire policy in line with the strategic personnel plan
7. Partner with Kaiser Permanente to subcontract all buying to them as a central purchasing arm to gain the cost advantages of their existing purchasing programs and processes,
8. Inventory all VA intellectual property assets and license-out agreements,
9. Develop a technology transfer program with economic hurdles and we will have a robust research and development program.
10. Evaluate existing contracts with third parties, their value and economics to determine advantages, disadvantages and smart changes.
11. We are focused on fraud and abuse along with over utilization going forward.
12. We will have a plan to increase medical residencies that are tied to treating Veterans
13. Changing our approach to IT systems
14. Reducing paid union time
15. Outsource claims processing
16. Outsource recruitment of positions

All our Best,

Laurie and Ike

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/22/2017 11:08:28 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Marc Sherman

Yes i connected with him yesterday

Sent from my iPhone

> On Mar 22, 2017, at 5:17 AM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> On Saturday they were talking about how much Marc knows about fraud and abuse- we should get him with this as you are rolling out the initiative- perhaps talk to him about it and engage him during the process

>

> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com
Sent: 3/22/2017 9:17:50 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Marc Sherman

On Saturday they were talking about how much Marc knows about fraud and abuse- we should get him with this as you are rolling out the initiative- perhaps talk to him about it and engage him during the process

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 1:27:12 AM
To: IP [REDACTED] frenchangel59.com]
Subject: Re: [REDACTED]
Attachments: IMG_4445.MOV.mov; Untitled attachment 07405.htm

Ok thanks

See below from tonights rally if the movie works

Sent from my iPhone

On Mar 20, 2017, at 9:14 PM, IP <(b) (6) frenchangel59.com> wrote:

FYI

From: (b) (6) [JSGUS] [mailto:(b) (6) ts.jnj.com] **On Behalf Of** (b) (6) [JSGUS]
Sent: Monday, March 20, 2017 4:41 PM
To: (b) (6) frenchangel59.com; (b) (6) frenchangel59.com
Subject: (b) (6)

Hello Ike,

I am sending this note on behalf of (b) (6)

He wanted to update you with regards to the project. It is moving along and on Friday, March 24 at 2 pm he will be meeting with Dr. Shulkin and Dr. Alaiigh to review the project.

After that meeting he will reach out to you with the outcome of that review.

Thanks

(b) (6)
Assistant to
(b) (6)
Tel: 908-927-(b) (6)
Email: (b) (6) ts.jnj.com

Message

From: IP [b] (6) frenchangel59.com]
Sent: 3/21/2017 1:14:47 AM
To: David shulkin [drshulkin@aol.com]
Subject: FW: [b] (6)

FYI

From: [b] (6) [JSGUS] [mailto:[b] (6) ts.jnj.com] **On Behalf Of** [b] (6) [JSGUS]
Sent: Monday, March 20, 2017 4:41 PM
To: [b] (6) @frenchangel59.com; [b] (6) frenchangel59.com
Subject: [b] (6)

Hello Ike,

I am sending this note on behalf of [b] (6)

He wanted to update you with regards to the project. It is moving along and on Friday, March 24 at 2 pm he will be meeting with Dr. Shulkin and Dr. Alaigh to review the project.

After that meeting he will reach out to you with the outcome of that review.

Thanks

[b] (6)
Assistant to
[b] (6)
Tel: 908-927-[b] (6)
Email: [b] (6) ts.jnj.com

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 10:32:01 PM
To: L Perl <(b) (6)@gmail.com>
Subject: Re: From Laurie P

Laurie-Thanks so much- i really appreciate you taking the time to meet with Poonam and Tom - but i know you know how important having the right team is

David

Sent from my iPhone

> On Mar 19, 2017, at 5:01 PM, L Perl <(b) (6)@gmail.com> wrote:
>
> David,
>
> I know Ike is calling you now but I wanted to weigh in as well.
>
> Thought Fox segment was terrific---- you came across as the consummate
> professional that you are--- sincere and eloquent.
>
> Well done!!! Best....L

Message

From: L Perl [(b) (6)]
Sent: 3/19/2017 9:01:59 PM
To: David shulkin [drshulkin@aol.com]
Subject: From Laurie P

David,

I know Ike is calling you now but I wanted to weigh in as well.

Thought Fox segment was terrific---- you came across as the consummate professional that you are--- sincere and eloquent.

Well done!!! Best....L

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 10:45:24 PM
To: (b) (6) (b) (6)@hotmail.com]
Subject: Fwd: First night

Sent from my iPhone

Begin forwarded message:

From: Jared Kushner <(b) (6) (b) (6)>
Date: March 21, 2017 at 6:06:47 PM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: Re: First night

(b) (5)

On 3/20/17, 10:05 PM, "David shulkin" <Drshulkin@aol.com> wrote:

Jared- i (b) (5)

David Shulkin

Sent from my iPhone

Message

From: Jared Kushner [(b) (6) (b) (6)]
Sent: 3/21/2017 10:06:47 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: First night

(b) (5)

On 3/20/17, 10:05 PM, "David shulkin" <Drshulkin@aol.com> wrote:

Jared- i (b) (5)

If so is

David shulkin

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 2:05:38 AM
To: Jared Kushner (b) (6) (b) (6)
Subject: First night

Jared- (b) (5) [REDACTED] If so is it

David shulkin

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/5/2017 12:03:26 AM
To: Ike Perlmutter [(b) (6)]frenchangel59.com]
Subject: : TPs on accountability, choice and appeals
Attachments: POTUS TPs.docx

Ike this is what we need Senator McConnells support with legislatively

David
>
> Attached
>

Accountability

- We need the Senate to take up accountability legislation. If VA is ever going to change, the Secretary needs to have the authority to remove bad actors in a timely manner.
- VA also needs as part of this legislation direct hiring authority for medical center directors and network directors. The time it takes to get these important leaders in place is leaving too many vacancies in the department.
- The Secretary must also have the tools to recruit, retain, and relocate the talent he needs to run VA. These tools were capped in previous legislation and need to be restored.

Appeals Modernization

- The disability claims appeals process is old and broken and is a disservice to Veterans.
- VA has worked with the Veterans Service Organizations on comprehensive legislation that would improve and streamline the appeals system.
- This legislation would speed up the disposition of appeals for Veterans. It would eliminate useless churn and most importantly, reduce Veterans' frustrations with the system.
- This needs to be passed as soon as possible as it will require eighteen months from enactment of the law to full implementation.

Consolidation of Community Care/ Choice 2.0

- Thank you for the Senate's passage of S. 544, which removed the expiration date of the Veterans Choice Program. I want you to how appreciative I am for the work done by Senators Isakson, Tester, McCain and Moran in getting this bill passed. This allows the Department and Congress to work together on legislation for VA's future Community Care Program.
- This new legislation would streamline and simplify VA's multiple non-VA community care programs, including the Veterans Choice Program.
- The legislation would standardize eligibility criteria for Veterans and ensure Veterans have the access to care they have earned, whether the care is in VA or in the community.
- This legislation needs to be passed this fiscal year as VA will need a year from enactment to develop and implement new regulations.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/20/2017 11:22:56 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Fwd: White House installs political aides at Cabinet agencies to be Trump's eyes and ears

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]>
Date: March 19, 2017 at 8:06:06 PM EDT
To: drshulkin@aol.com
Subject: White House installs political aides at Cabinet agencies to be Trump's eyes and ears

White House installs political aides at Cabinet agencies to be Trump's eyes and ears

https://www.washingtonpost.com/powerpost/white-house-installs-political-aides-at-cabinet-agencies-to-be-trumps-eyes-and-ears/2017/03/19/68419f0e-08da-11e7-93dc-00f9bdd74ed1_story.html?hpid=hp_hp-top-table-main_minders-705pm%3Ahomepage%2Fstory&utm_term=.89da0c9248d3

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/7/2017 10:27:28 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Re:

Ok i'll go to the retreat and not to LA

Sent from my iPhone

On Apr 7, 2017, at 5:25 PM, (b) (6) <(b) (6) gmail.com> wrote:

Yes, take a look at your calendar on May 1st. That's the agenda pasted into the calendar invite. You also have a hearing on May 3rd. Retreat is the minority side.

No change in date

On Fri, Apr 7, 2017 at 5:19 PM David shulkin <Drshulkin@aol.com> wrote:
Did we find out anything about the hvac retreat agenda for may 1?

Sent from my iPhone

--

Sent from Gmail Mobile

Message

From: (b) (6) [(b) (6)] gmail.com]
Sent: 4/7/2017 9:25:23 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Yes, take a look at your calendar on May 1st. That's the agenda pasted into the calendar invite. You also have a hearing on May 3rd. Retreat is the minority side.

No change in date

On Fri, Apr 7, 2017 at 5:19 PM David shulkin <Drshulkin@aol.com> wrote:
Did we find out anything about the hvac retreat agenda for may 1?

Sent from my iPhone

--
Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/7/2017 9:16:24 PM
To: (b) (6) [(b) (6) gmail.com]

Did we find out anything about the hvac retreat agenda for may 1?

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/19/2017 11:49:52 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Last PM

I guess she too thinks she has direct access to you and that's all she needs to do her job- no biggie

Sent from my iPhone

> On Mar 19, 2017, at 7:47 PM, David shulkin <Drshulkin@aol.com> wrote:

>

> Yes

>

> Sent from my iPhone

>

>> On Mar 19, 2017, at 7:43 PM, Poonam Alaigh <[REDACTED]@hotmail.com> wrote:

>>

>> Are you talking about rachel- I still have not met her yet- shouldn't stop anything though but just wanted to let you know

>>

>> Sent from my iPhone

>>

>>> On Mar 19, 2017, at 7:07 PM, David shulkin <Drshulkin@aol.com> wrote:

>>>

>>> Yes we will set this up

>>>

>>> Do you prefer she email you to connect or call you?

>>>

>>> Sent from my iPhone

>>>

>>>> On Mar 19, 2017, at 6:40 PM, Bruce Moskowitz <[REDACTED]@mac.com> wrote:

>>>>

>>>> I will need to connect to your research head also

>>>>

>>>> Sent from my iPad

>>>> Bruce Moskowitz M.D.

>>>>

>>>>> On Mar 19, 2017, at 6:32 PM, David shulkin <Drshulkin@aol.com> wrote:

>>>>>

>>>>> Ill send some times for a call

>>>>>

>>>>> Sent from my iPhone

>>>>>

>>>>>> On Mar 19, 2017, at 5:48 PM, Bruce Moskowitz <[REDACTED]@mac.com> wrote:

>>>>>>

>>>>>> Very productive dinner. The Vice President was also present for dinner but not the working meeting.

>>>>>> Will take some time to discuss what was brought up after the formal meeting. We should schedule a conference call to discuss the items the president mentioned during dinner. The First Lady also weighed in on issues of concern to her which will need to be addressed. I sat next to her and ike had the Vice President

>>>>>>

>>>>>> Sent from my iPhone

>>>>>>

>>>>>

>>>>>

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 11:47:26 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Last PM

Yes

Sent from my iPhone

> On Mar 19, 2017, at 7:43 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:
>
> Are you talking about Rachel- I still have not met her yet- shouldn't stop anything though but just
wanted to let you know
>
> Sent from my iPhone
>
>> On Mar 19, 2017, at 7:07 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Yes we will set this up
>>
>> Do you prefer she email you to connect or call you?
>>
>> Sent from my iPhone
>>
>>> On Mar 19, 2017, at 6:40 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:
>>>
>>> I will need to connect to your research head also
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>>
>>>> On Mar 19, 2017, at 6:32 PM, David shulkin <Drshulkin@aol.com> wrote:
>>>>
>>>> Ill send some times for a call
>>>>
>>>> Sent from my iPhone
>>>>
>>>>> On Mar 19, 2017, at 5:48 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:
>>>>>
>>>>> Very productive dinner. The Vice President was also present for dinner but not the working meeting.
>>>>> Will take some time to discuss what was brought up after the formal meeting. We should schedule a
conference call to discuss the items the president mentioned during dinner. The First Lady also weighed
in on issues of concern to her which will need to be addressed. I sat next to her and ike had the Vice
President
>>>>>
>>>>> Sent from my iPhone
>>>>>
>>>>

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/19/2017 11:43:30 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Last PM

Are you talking about Rachel- I still have not met her yet- shouldn't stop anything though but just wanted to let you know

Sent from my iPhone

> On Mar 19, 2017, at 7:07 PM, David shulkin <Drshulkin@aol.com> wrote:

>

> Yes we will set this up

>

> Do you prefer she email you to connect or call you?

>

> Sent from my iPhone

>

>> On Mar 19, 2017, at 6:40 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:

>>

>> I will need to connect to your research head also

>>

>> Sent from my iPad

>> Bruce Moskowitz M.D.

>>

>>> On Mar 19, 2017, at 6:32 PM, David shulkin <Drshulkin@aol.com> wrote:

>>>

>>> Ill send some times for a call

>>>

>>> Sent from my iPhone

>>>

>>>> On Mar 19, 2017, at 5:48 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:

>>>> Very productive dinner. The Vice President was also present for dinner but not the working meeting. >>>> Will take some time to discuss what was brought up after the formal meeting. We should schedule a conference call to discuss the items the president mentioned during dinner. The First Lady also weighed in on issues of concern to her which will need to be addressed. I sat next to her and ike had the Vice President

>>>>

>>>> Sent from my iPhone

>>>

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 11:06:56 PM
To: Bruce Moskowitz [(b) (6)] mac.com]
CC: Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Re: Last PM

Yes we will set this up

Do you prefer she email you to connect or call you?

Sent from my iPhone

> On Mar 19, 2017, at 6:40 PM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>

> I will need to connect to your research head also

>

> Sent from my iPad

> Bruce Moskowitz M.D.

>

>> On Mar 19, 2017, at 6:32 PM, David shulkin <Drshulkin@aol.com> wrote:

>>

>> Ill send some times for a call

>>

>> Sent from my iPhone

>>

>>> On Mar 19, 2017, at 5:48 PM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>>>

>>> Very productive dinner. The Vice President was also present for dinner but not the working meeting.

>>> Will take some time to discuss what was brought up after the formal meeting. We should schedule a conference call to discuss the items the president mentioned during dinner. The First Lady also weighed in on issues of concern to her which will need to be addressed. I sat next to her and ike had the Vice President

>>>

>>> Sent from my iPhone

>>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/19/2017 10:40:06 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Re: Last PM

I will need to connect to your research head also

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 19, 2017, at 6:32 PM, David shulkin <Drshulkin@aol.com> wrote:

>
> I'll send some times for a call
>
> Sent from my iPhone
>

>> On Mar 19, 2017, at 5:48 PM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>>
>> Very productive dinner. The Vice President was also present for dinner but not the working meeting.
>> Will take some time to discuss what was brought up after the formal meeting. We should schedule a conference call to discuss the items the president mentioned during dinner. The First Lady also weighed in on issues of concern to her which will need to be addressed. I sat next to her and ike had the Vice President
>>
>> Sent from my iPhone
>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 10:32:46 PM
To: Bruce Moskowitz [(b) (6) mac.com]
CC: Poonam Alaigh [(b) (6) hotmail.com]
Subject: Re: Last PM

I'll send some times for a call

Sent from my iPhone

> On Mar 19, 2017, at 5:48 PM, Bruce Moskowitz <[(b) (6) mac.com> wrote:
>
> Very productive dinner. The Vice President was also present for dinner but not the working meeting.
> Will take some time to discuss what was brought up after the formal meeting. We should schedule a
conference call to discuss the items the president mentioned during dinner. The First Lady also weighed
in on issues of concern to her which will need to be addressed. I sat next to her and ike had the Vice
President
>
> Sent from my iPhone

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/19/2017 9:48:24 PM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Last PM

Very productive dinner. The Vice President was also present for dinner but not the working meeting. Will take some time to discuss what was brought up after the formal meeting. We should schedule a conference call to discuss the items the president mentioned during dinner. The First Lady also weighed in on issues of concern to her which will need to be addressed. I sat next to her and ike had the Vice President

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/20/2017 1:08:16 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: We will talk more

It was good

Sent from my iPhone

On Mar 19, 2017, at 9:00 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

But they folks I met with yesterday wanted to make sure we were valuing them and we did not feel like they were interfering- so I had to re-emphasize it in the thank you note about their role and how much we value them- I hope I was not overboard though

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/20/2017 1:00:02 AM
To: David Shulkin [drshulkin@aol.com]
Subject: We will talk more

But they folks I met with yesterday wanted to make sure we were valuing them and we did not feel like they were interfering- so I had to re-emphasize it in the thank you note about their role and how much we value them- I hope I was not overboard though

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/18/2017 12:25:26 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Re:

So how do you recommend approaching her?

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, March 17, 2017 1:09 PM
To: Poonam Alaigh
Subject: Fwd: Re:

Remember Laurie is a full member of the advisory group

Sent from my iPhone

Begin forwarded message:

From: L Perl <[(b) (6)]@gmail.com>
Date: March 17, 2017 at 12:35:46 PM EDT
To: David shulkin <Drshulkin@aol.com>
Cc:
Subject: Re:

Looking forward to meeting her. Will report back to you

Laurie

Sent from my iPhone

On Mar 17, 2017, at 12:02 PM, David shulkin <Drshulkin@aol.com> wrote:

Phone number for Poonam 908319[(b) (6)] for 9 am

David

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/17/2017 5:09:07 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Fwd: Re:

Remember Laurie is a full member of the advisory group

Sent from my iPhone

Begin forwarded message:

From: L Perl <[(b) (6)]@gmail.com>
Date: March 17, 2017 at 12:35:46 PM EDT
To: David shulkin <Drshulkin@aol.com>
Cc:
Subject: Re:

Looking forward to meeting her. Will report back to you

Laurie

Sent from my iPhone

On Mar 17, 2017, at 12:02 PM, David shulkin <Drshulkin@aol.com> wrote:

Phone number for Poonam 908319[(b) (6)] for 9 am

David

Sent from my iPhone

Message

From: L Perl [(b) (6)]<[REDACTED]@gmail.com>
Sent: 3/17/2017 4:35:46 PM
To: David shulkin [Drshulkin@aol.com]
CC: [(b) (6)]<frenchangel59.com>
Subject: Re:

Looking forward to meeting with them. Will report back to you

Sent from my iPhone

> On Mar 17, 2017, at 12:02 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Phone number for Poonam 908319[(b) (6)] for 9 am
>
> And phone number for Tom Bowman 703338[(b) (6)] for 1030 am
>
> Thanks for meeting with them both
>
> David
>
> Sent from my iPhone

Message

From: thomas bowman [(b) (6)] yahoo.com]
Sent: 3/16/2017 4:30:13 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Tom Bowman

[(b) (6)]@isakson.senate.gov

This is his personal Senate email...he would welcome your message....

Sent from Yahoo Mail on Android

On Thu, Mar 16, 2017 at 11:53 AM, David shulkin
<Drshulkin@aol.com> wrote:

Tom- does the chairman have an email address he uses? I wanted to let him know i was thinking of him

Sent from my iPhone

On Mar 16, 2017, at 11:26 AM, thomas bowman <[(b) (6)] yahoo.com> wrote:

Sir: Absolutely!!! Thank you for your support....

Sent from Yahoo Mail on Android

On Thu, Mar 16, 2017 at 10:19 AM, David shulkin
<Drshulkin@aol.com> wrote:

Tom- stay tuned we are waiting to hear back about Florida

Sent from my iPhone

Begin forwarded message:

Date: March 16, 2017 at 10:04:19 AM EDT
To: "David shulkin" <Drshulkin@aol.com>
Subject: RE: Tom Bowman

We would love to see him. Later on we will let you know the schedule.

-----Original Message-----

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Thursday, March 16, 2017 7:19 AM

By chance my preferred candidate for Deputy, Tom Bowman, will be down in Florida for the weekend. If you wanted to meet him this weekend let me know and i can ask him to stop by at any time.

David

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 3:53:56 PM
To: (b) (6) yahoo.com
Subject: Re: Tom Bowman

Tom- does the chairman have an email address he uses? I wanted to let him know i was thinking of him

Sent from my iPhone

On Mar 16, 2017, at 11:26 AM, thomas bowman <(b) (6) yahoo.com> wrote:

Sir: Absolutely!!! Thank you for your support....

[Sent from Yahoo Mail on Android](#)

On Thu, Mar 16, 2017 at 10:19 AM, David shulkin
<Drshulkin@aol.com> wrote:

Tom- stay tuned we are waiting to hear back about Florida

Sent from my iPhone

Begin forwarded message:

Date: March 16, 2017 at 10:04:19 AM EDT
To: "David shulkin" <Drshulkin@aol.com>
Subject: RE: Tom Bowman

We would love to see him. Later on we will let you know the schedule.

-----Original Message-----

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Thursday, March 16, 2017 7:19 AM

By chance my preferred candidate for Deputy, Tom Bowman, will be down in Florida for the weekend. If you wanted to meet him this weekend let me know and i can ask him to stop by at any time.

David

Sent from my iPhone

Message

From: thomas bowman [(b) (6)] yahoo.com]
Sent: 3/16/2017 3:26:27 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: Tom Bowman

Sir: Absolutely!!! Thank you for your support....

[Sent from Yahoo Mail on Android](#)

On Thu, Mar 16, 2017 at 10:19 AM, David shulkin
<Drshulkin@aol.com> wrote:

Tom- stay tuned we are waiting to hear back about Florida

Sent from my iPhone

Begin forwarded message:

Date: March 16, 2017 at 10:04:19 AM EDT
To: "David shulkin" <Drshulkin@aol.com>
Subject: RE: Tom Bowman

We would love to see him. Later on we will let you know the schedule.

-----Original Message-----

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Thursday, March 16, 2017 7:19 AM

By chance my preferred candidate for Deputy, Tom Bowman, will be down in Florida for the weekend. If you wanted to meet him this weekend let me know and i can ask him to stop by at any time.

David

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 2:19:15 PM
To: Thomas Bowman [(b) (6)] yahoo.com]
Subject: Fwd: Tom Bowman

Tom- stay tuned we are waiting to hear back about Florida

Sent from my iPhone

Begin forwarded message:

Date: March 16, 2017 at 10:04:19 AM EDT
To: "David shulkin" <Drshulkin@aol.com>
Subject: RE: Tom Bowman

We would love to see him. Later on we will let you know the schedule.

-----Original Message-----

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Thursday, March 16, 2017 7:19 AM

By chance my preferred candidate for Deputy, Tom Bowman, will be down in Florida for the weekend. If you wanted to meet him this weekend let me know and i can ask him to stop by at any time.

David

Sent from my iPhone

Message

From: Vivieca Simpson [(b) (6)]<[REDACTED]@gmail.com>
Sent: 4/3/2017 1:08:08 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Thank you!

On Mar 30, 2017 09:01, "David shulkin" <Drshulkin@aol.com> wrote:

Happy birthday 🎁😊🎁😊

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/30/2017 2:01:10 PM
To: Vivieca Simpson [(b) (6) gmail.com]

Happy birthday 🎁😊😊😊

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 9:17:12 PM
To: Va David [vacodjs1@va.gov]
Subject: Fwd: [EXTERNAL] Fwd: plesae print and put the small version on a card
Attachments: rabbinicalcards.docx; Untitled attachment 07579.htm; rabbinncial.docx; Untitled attachment 07582.htm

Sent from my iPhone

Begin forwarded message:

From: "(b) (6)" <(b) (6)@va.gov>
Date: March 16, 2017 at 12:32:49 PM EDT
To: 'David shulkin' <Drshulkin@aol.com>
Subject: FW: [EXTERNAL] Fwd: plesae print and put the small version on a card

Attachment two – longer version

From: "(b) (6)" [mailto:(b) (6)@gmail.com]
Sent: Sunday, March 12, 2017 3:33 PM
To: "(b) (6)"
Subject: [EXTERNAL] Fwd: plesae print and put the small version on a card
Importance: High

----- Forwarded message -----

From: David Shulkin <drshulkin@aol.com>
Date: Sun, Mar 12, 2017 at 3:13 PM
Subject: plesae print and put the small version on a card
To: <(b) (6)@gmail.com>

--

Sent from Gmail Mobile

I am both honored and grateful to be here tonight and I thank all of you for joining us.

I would like to thank:

the Rabbinical College of America

Veterans here with us tonight

Those that serve their communities- the Ambassador, clergy, and those who work in healthcare

Special thank you to Atlantic Health and friends from NJ

Particularly my family

Often get asked- what is the most meaningful part of my job as Cabinet Secretary?

Its getting to spend time with our men and women that have served.

Inspired by those with physical injuries and invisible wounds of war

Demonstrate a way of living that I both appreciate and value

So I wanted to share what I have learned from my time with these extraordinary people.

First, they are clear on their values and purpose. Living with purpose is more rewarding than meandering around.

Second, they choose a cause they believe in- If you are doing something you don't believe in – it will show and you wont be very effective

And third these men and women don't take no for answer- they lead through principles and not rule and they ignore the naysayers.

I believe the bottom line is that when you look for the right time in your life to give back or to volunteer to help another person- I will tell you don't delay- that time is now.

Than you again and I am so appreciative of your being here tonight to share this honor with me.

I am both honored and grateful to be here tonight and I thank all of you for joining us. I would like to thank the Rabbinical College of America for the work they do in strengthening communities and making the world a better place. In addition I wanted to recognize several important groups. First, are those of you who are veterans. With less than 1% of the US population now serving to protect our freedoms its more important than ever that we recognize their service and their sacrifice. Second is to thank all you who serve in other ways, whether its those that work in the community like our clergy, the Ambassador who serves his country, or so many of you who work in healthcare and serve to improve the lives of others. I want to say a special thank you to my colleagues at Atlantic Health and so many other friends from NJ who are here tonight with us. And last I wanted to particularly thank my family- my wife and son who are here with me tonight.

I often get asked what is the most meaningful part of my job as a Cabinet Secretary? And for me that answer is easy. Its getting to spend time with our men and women that are either actively serving or who have served. I am particularly inspired when I spend time with those that have returned from service who now face even greater challenges at home - many with physical injuries like lost limbs, spinal cord injuries or traumatic brain injury and others with the invisible wounds of war like PTS. For me this time with them is always inspiring because they readily demonstrate a philosophy that I have come to both appreciate and value.

And so I wanted to share what I have learned from my time with these extraordinary people.

First, they are clear on their values and purpose. Living with purpose is more rewarding than meandering around.

Second, they choose a cause they believe in- If you are doing something you don't believe in – it will show and you wont be very effective

And third these men and women don't take no for answer- they lead through principles and not rule and they ignore the naysayers.

I believe the bottom line is that when you look for the right time in your life to give back or to volunteer to help another person- I will tell you don't delay- that time is now.

Than you again and I am so appreciative of your being here tonight to share this honor with me.

Message

From: (b) (6) (b) (6) va.gov]
Sent: 3/16/2017 4:32:49 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: FW: [EXTERNAL] Fwd: plesae print and put the small version on a card
Attachments: rabbinicalcards.docx; rabbinncial.docx

Importance: High

Attachment two – longer version

From: (b) (6) [mailto:(b) (6) gmail.com]
Sent: Sunday, March 12, 2017 3:33 PM
To: (b) (6)
Subject: [EXTERNAL] Fwd: plesae print and put the small version on a card
Importance: High

----- Forwarded message -----

From: David Shulkin <drshulkin@aol.com>
Date: Sun, Mar 12, 2017 at 3:13 PM
Subject: plesae print and put the small version on a card
To: <(b) (6) gmail.com>

--
Sent from Gmail Mobile

I am both honored and grateful to be here tonight and I thank all of you for joining us.

I would like to thank:

the Rabbinical College of America

Veterans here with us tonight

Those that serve their communities- the Ambassador, clergy, and those who work in healthcare

Special thank you to Atlantic Health and friends from NJ

Particularly my family

Often get asked- what is the most meaningful part of my job as Cabinet Secretary?

Its getting to spend time with our men and women that have served.

Inspired by those with physical injuries and invisible wounds of war

Demonstrate a way of living that I both appreciate and value

So I wanted to share what I have learned from my time with these extraordinary people.

First, they are clear on their values and purpose. Living with purpose is more rewarding than meandering around.

Second, they choose a cause they believe in- If you are doing something you don't believe in – it will show and you wont be very effective

And third these men and women don't take no for answer- they lead through principles and not rule and they ignore the naysayers.

I believe the bottom line is that when you look for the right time in your life to give back or to volunteer to help another person- I will tell you don't delay- that time is now.

Than you again and I am so appreciative of your being here tonight to share this honor with me.

I am both honored and grateful to be here tonight and I thank all of you for joining us. I would like to thank the Rabbinical College of America for the work they do in strengthening communities and making the world a better place. In addition I wanted to recognize several important groups. First, are those of you who are veterans. With less than 1% of the US population now serving to protect our freedoms its more important than ever that we recognize their service and their sacrifice. Second is to thank all you who serve in other ways, whether its those that work in the community like our clergy, the Ambassador who serves his country, or so many of you who work in healthcare and serve to improve the lives of others. I want to say a special thank you to my colleagues at Atlantic Health and so many other friends from NJ who are here tonight with us. And last I wanted to particularly thank my family- my wife and son who are here with me tonight.

I often get asked what is the most meaningful part of my job as a Cabinet Secretary? And for me that answer is easy. Its getting to spend time with our men and women that are either actively serving or who have served. I am particularly inspired when I spend time with those that have returned from service who now face even greater challenges at home - many with physical injuries like lost limbs, spinal cord injuries or traumatic brain injury and others with the invisible wounds of war like PTS. For me this time with them is always inspiring because they readily demonstrate a philosophy that I have come to both appreciate and value.

And so I wanted to share what I have learned from my time with these extraordinary people.

First, they are clear on their values and purpose. Living with purpose is more rewarding than meandering around.

Second, they choose a cause they believe in- If you are doing something you don't believe in – it will show and you wont be very effective

And third these men and women don't take no for answer- they lead through principles and not rule and they ignore the naysayers.

I believe the bottom line is that when you look for the right time in your life to give back or to volunteer to help another person- I will tell you don't delay- that time is now.

Than you again and I am so appreciative of your being here tonight to share this honor with me.

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/12/2017 7:13:02 PM
To: (b) (6) gmail.com
Subject: plesae print and put the small version on a card
Attachments: rabbinicalcards.docx; rabbinncial.docx

I am both honored and grateful to be here tonight and I thank all of you for joining us.

I would like to thank:

the Rabbinical College of America

Veterans here with us tonight

Those that serve their communities- the Ambassador, clergy, and those who work in healthcare

Special thank you to Atlantic Health and friends from NJ

Particularly my family

Often get asked- what is the most meaningful part of my job as Cabinet Secretary?

Its getting to spend time with our men and women that have served.

Inspired by those with physical injuries and invisible wounds of war

Demonstrate a way of living that I both appreciate and value

So I wanted to share what I have learned from my time with these extraordinary people.

First, they are clear on their values and purpose. Living with purpose is more rewarding than meandering around.

Second, they choose a cause they believe in- If you are doing something you don't believe in – it will show and you wont be very effective

And third these men and women don't take no for answer- they lead through principles and not rule and they ignore the naysayers.

I believe the bottom line is that when you look for the right time in your life to give back or to volunteer to help another person- I will tell you don't delay- that time is now.

Than you again and I am so appreciative of your being here tonight to share this honor with me.

I am both honored and grateful to be here tonight and I thank all of you for joining us. I would like to thank the Rabbinical College of America for the work they do in strengthening communities and making the world a better place. In addition I wanted to recognize several important groups. First, are those of you who are veterans. With less than 1% of the US population now serving to protect our freedoms its more important than ever that we recognize their service and their sacrifice. Second is to thank all you who serve in other ways, whether its those that work in the community like our clergy, the Ambassador who serves his country, or so many of you who work in healthcare and serve to improve the lives of others. I want to say a special thank you to my colleagues at Atlantic Health and so many other friends from NJ who are here tonight with us. And last I wanted to particularly thank my family- my wife and son who are here with me tonight.

I often get asked what is the most meaningful part of my job as a Cabinet Secretary? And for me that answer is easy. Its getting to spend time with our men and women that are either actively serving or who have served. I am particularly inspired when I spend time with those that have returned from service who now face even greater challenges at home - many with physical injuries like lost limbs, spinal cord injuries or traumatic brain injury and others with the invisible wounds of war like PTS. For me this time with them is always inspiring because they readily demonstrate a philosophy that I have come to both appreciate and value.

And so I wanted to share what I have learned from my time with these extraordinary people.

First, they are clear on their values and purpose. Living with purpose is more rewarding than meandering around.

Second, they choose a cause they believe in- If you are doing something you don't believe in – it will show and you wont be very effective

And third these men and women don't take no for answer- they lead through principles and not rule and they ignore the naysayers.

I believe the bottom line is that when you look for the right time in your life to give back or to volunteer to help another person- I will tell you don't delay- that time is now.

Than you again and I am so appreciative of your being here tonight to share this honor with me.

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/22/2017 9:15:39 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Follow up from our Saturday meeting

Sent from my iPhone

Begin forwarded message:

From: Marc Sherman <[(b) (6)]@gmail.com>
Date: March 21, 2017 at 11:10:46 PM EDT
To: Poonam Alaigh <[(b) (6)]@hotmail.com>
Subject: Re: Follow up from our Saturday meeting

Poonam

Thanks, and thanks for your wonderful note the other day. I am sorry my response is so delayed. I look forward to solving some big problems together. I also sent Tom a message today to remind him to send you the pictures he took at Mar a Lago.

See you soon.

Marc Sherman
(202) 758-[(b) (6)]

On Mar 21, 2017 9:20 PM, "Poonam Alaigh" <[(b) (6)]@hotmail.com> wrote:

As a follow up to our meeting on Saturday, please see attached Department of Veterans Affairs organizational chart and the link below to David's confirmation hearing. Take care and hope everyone is having a great week.

<https://www.c-span.org/video/?422806-1/veterans-affairs-secretary-nominee-david-shulkin-testifies-confirmation-hearing>



Veterans Affairs Secretary Confirmation Hearing

www.c-span.org

David Shulkin testifies before the Senate Veterans' Affairs Committee on his nomination to be Veterans Affairs secretary in the Trump administration.

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/22/2017 1:20:47 AM
To: Bruce Moskowitz [(b) (6)]@mac.com]; Laurie Perlmutter [(b) (6)]@gmail.com]; Ike Perlmutter [(b) (6)]@frenchangel59.com]; Marc Sherman [(b) (6)]@gmail.com]
CC: David Shulkin [drshulkin@aol.com]
Subject: Follow up from our Saturday meeting
Attachments: Department of VA Org Chart FOM Version 4.0.docx

As a follow up to our meeting on Saturday, please see attached Department of Veterans Affairs organizational chart and the link below to David's confirmation hearing. Take care and hope everyone is having a great week.

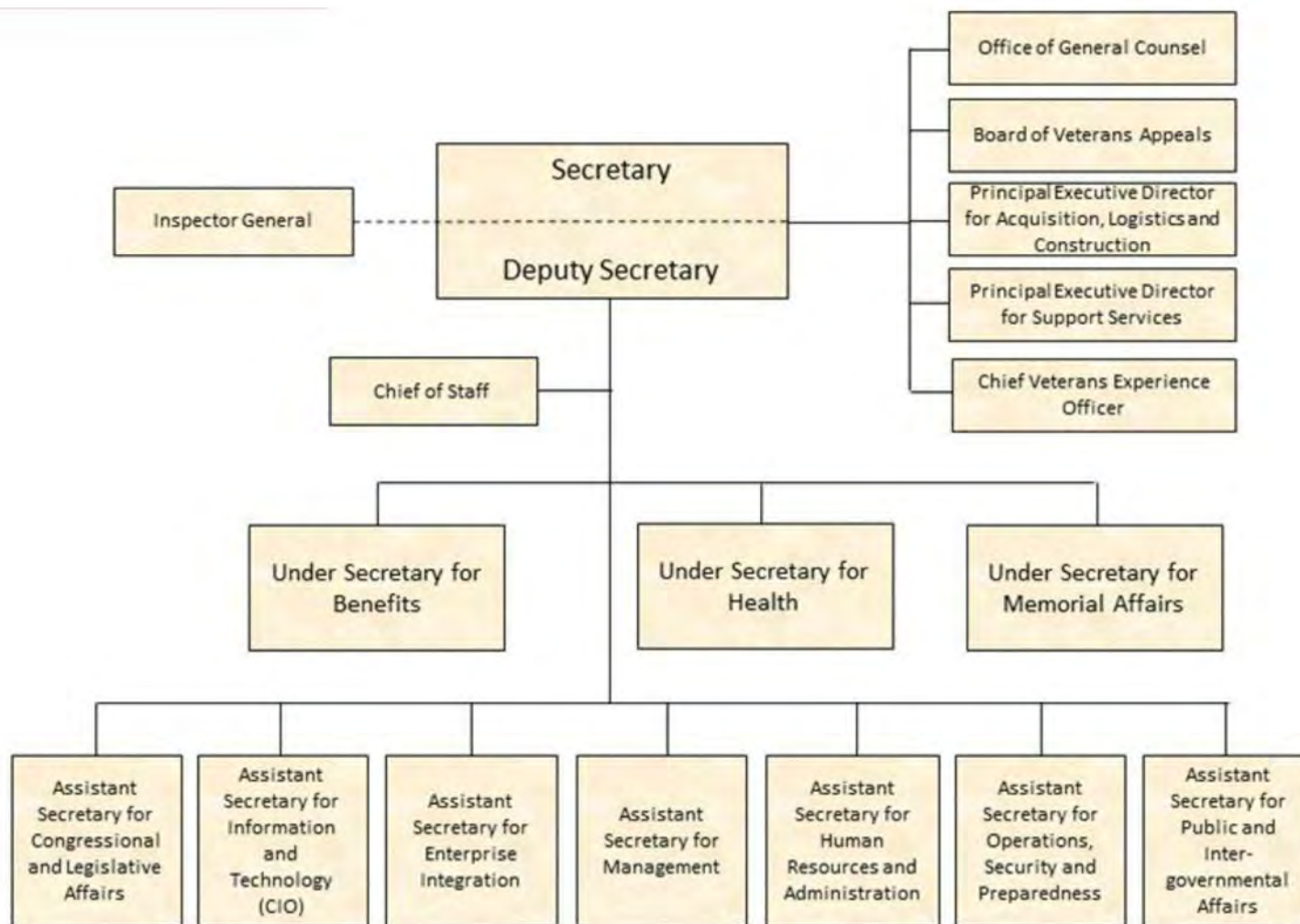
<https://www.c-span.org/video/?422806-1/veterans-affairs-secretary-nominee-david-shulkin-testifies-confirmation-hearing>



Veterans Affairs Secretary Confirmation Hearing

www.c-span.org

David Shulkin testifies before the Senate Veterans' Affairs Committee on his nomination to be Veterans Affairs secretary in the Trump administration.



Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/16/2017 2:54:51 AM
To: Bruce Moskowitz [(b) (6) mac.com]
Subject: Re: VA

This is terrific Bruce

Sent from my iPad

> On Mar 15, 2017, at 7:35 PM, Bruce Moskowitz <[(b) (6) mac.com> wrote:

>

> Each sports team is going to donate one day to have therapists and orthopedists from their local va along with a veteran group to provide an educational experience on how they care for acute and chronic injury and show the equipment they use. This will be a full day seminar donated to orthopedic veteran care.

>

> Sent from my iPhone

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/15/2017 11:35:59 PM
To: drshulkin@aol.com
Subject: VA

Each sports team is going to donate one day to have therapists and orthopedists from their local va along with a veteran group to provide an educational experience on how they care for acute and chronic injury and show the equipment they use. This will be a full day seminar donated to orthopedic veteran care.

Sent from my iPhone

Message

From: Marisol Garcia [(b) (6)] [frenchangel59.com]
Sent: 3/17/2017 9:08:05 PM
To: [(b) (6)] [hotmail.com]
CC: David shulkin [Drshulkin@aol.com]
Subject: REVISED -- Saturday, March 18, 2017 - 9:00 AM

Hi Dr. Alaigh:

I hope you arrived safely in Palm Beach.

The below is confirmed.

Saturday, March 18, 2017

9:00 AM Meeting

Dr. Poonam Aligh
Laurie and Ike Perlmutter
Dr. Bruce Moskowitz
Marc Sherman

You will need to have driver cross over on the Southern Bridge--- and can only bear right at the roundabout---
make first left into a parking lot for security checks....

You must have a driver license or passport for ID or you will not be permitted to enter club...

You should leave your hotel with plenty of time since going through security may cause some delays.

Please feel free to email or call me if you need me.

Thank you,

Marisol
212-576-[(b) (6)] (Office)

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/23/2017 3:18:57 PM
To: [(b) (6)] [(b) (6)] va.gov]
CC: David Shulkin [drshulkin@aol.com]; [(b) (6)] [(b) (6)] va.gov]
Subject: Re: [EXTERNAL] Sports Teams

[(b) (6)] will let them know your group is calling and give you contact information. Use my name and if a glitch call me.

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 23, 2017, at 11:10 AM, [(b) (6)] <[(b) (6)] va.gov> wrote:

Thanks Bruce. This is great news!

The next best step(s) might be for us to speak with contacts at these organizations. It would be great if you could e-Intro [(b) (6)] and myself to the appropriate contacts.

As an aside, we could actually tie this initiative to our VA Brain Trust event in Boston in May with some sort of an announcement... even if it only involves one or two teams by then. Would be good press, would serve to involve the teams at the VA Brain Trust event, and would act as a forcing mechanism to get things moving.

Thoughts?

Thanks Bruce,

[(b) (6)]
805 551 [(b) (6)]

From: Bruce Moskowitz [mailto:[(b) (6)] mac.com]
Sent: Thursday, March 23, 2017 7:07 AM
To: [(b) (6)]
Cc: [(b) (6)] David Shulkin
Subject: Re: [EXTERNAL] Sports Teams

We met with the President who is very interested in promoting this initiative. He likes the one day session at the sports team headquarters. I suggested starting with NY Mets [(b) (6)] [(b) (6)] Minnesota Vikings, Atlanta Braves, New England Patriots and Miami Dolphins. I have been in contact with all but Bob Kraft. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 17, 2017, at 10:41 AM, [(b) (6)] <[(b) (6)] va.gov> wrote:

Good morning Bruce!

[(b) (6)] and I took some time to sketch out what a potential partnership between the VA and Major League Sports may look like based on our discussion earlier this week. By no

means is the attached a full proposal, but we wanted to get you at least a high level outline to review before the weekend.

As an aside, in my initial discussions with colleagues from VA's Office of Rehabilitation Services, I think this project has a lot of potential to bring local providers together to share best practices. Between sports teams and the VA, I think there's an opportunity to have a rich discussion about the management of pain, both in the acute and chronic phases (particularly given the expertise of each group). Additionally, I think there are some really innovative ways we could involve stakeholder groups (local Veterans, athletes, medical schools) in the pilot as well.

To start, we began with three pilot locations (New York City, Tampa, and Milwaukee). These three sites were based off of some work we had explored previously with GE and the NFL. However, by no means are we limited to these three sites; I think there would be a lot of excitement about this project across the board so more than happy to explore feasibility at other locations as well.

Please review and let us know what you think. Always more than happy to jump onto a quick call to answer any questions you may have. Matt's cell is (b) (6) I can be reached at 412.779.8 (b) (6)

Again, thanks so much for supporting these efforts!

(b) (6)

(b) (6) MS
Director of Operations | Strategic Partnerships
(o) 202.461. (b) (6) | (m) 412.779. (b) (6)

-----Original Message-----

From: (b) (6)
Sent: Wednesday, March 15, 2017 9:37 PM
To: Bruce Moskowitz
Cc: Shulkin, David J., MD; (b) (6)
Subject: RE: [EXTERNAL] Sports Teams

Dear Bruce: Thanks again for taking the time to talk with us yesterday about some of the projects you have underway with the VA, and everything else we discussed! Very happy to be connected with you, and please let us know how the Strategic Partnerships team can support any of your efforts.

We are emphatically on the same page with the sports team approach. We really need to keep it simple initially. Then pivot and iterate accordingly. Definitely agree with you on starting with a smaller pilot program for phase 1. We'll get something to you by tomorrow on this in preparation for your meeting on Saturday.

Thanks again for your support, Bruce. Look forward to collaborating with you further on this idea.

Sincerely,

(b) (6)
805 551 (b) (6)

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]

Sent: Wednesday, March 15, 2017 10:49 AM

To: (b) (6)

Cc: (b) (6)

Subject: [EXTERNAL] Sports Teams

What I think we should consider is a pilot project using 3 teams from each major sport and include small and large cities with a VA. The focus would be on maintaining wellness to prevent injuries and non medication strategies for acute and chronic injuries. A one day training session and allow a veteran group to also participate.

Sent from my iPad

Bruce Moskowitz M.D.

<Sports partnership for Rehab - 3.17.17.docx>

Message

From: (b) (6) (b) (6) va.gov]
Sent: 3/23/2017 3:10:23 PM
To: Bruce Moskowitz (b) (6) mac.com]
CC: David Shulkin [drshulkin@aol.com]; (b) (6) (b) (6) va.gov]
Subject: RE: [EXTERNAL] Sports Teams

Thanks Bruce. This is great news!

The next best step(s) might be for us to speak with contacts at these organizations. It would be great if you could e-Intro (b) (6) and myself to the appropriate contacts.

As an aside, we could actually tie this initiative to our VA Brain Trust event in Boston in May with some sort of an announcement... even if it only involves one or two teams by then. Would be good press, would serve to involve the teams at the VA Brain Trust event, and would act as a forcing mechanism to get things moving.

Thoughts?

Thanks Bruce,

(b) (6)
805 551 (b) (6)

From: Bruce Moskowitz [mailto:(b) (6) mac.com]
Sent: Thursday, March 23, 2017 7:07 AM
To: (b) (6)
Cc: (b) (6) David Shulkin
Subject: Re: [EXTERNAL] Sports Teams

We met with the President who is very interested in promoting this initiative. He likes the one day session at the sports team headquarters. I suggested starting with NY Mets (b) (6) Minnesota Vikings, Atlanta Braves, New England Patriots and Miami Dolphins. I have been in contact with all but Bob Kraft. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 17, 2017, at 10:41 AM, (b) (6) <(b) (6) va.gov> wrote:

Good morning Bruce!

(b) (6) and I took some time to sketch out what a potential partnership between the VA and Major League Sports may look like based on our discussion earlier this week. By no means is the attached a full proposal, but we wanted to get you at least a high level outline to review before the weekend.

As an aside, in my initial discussions with colleagues from VA's Office of Rehabilitation Services, I think this project has a lot of potential to bring local providers together to share best practices. Between sports teams and the VA, I think there's an opportunity to have a rich discussion about the management of pain, both in the acute and chronic phases (particularly given the expertise of each group). Additionally, I think there are some really innovative ways we could involve stakeholder groups (local Veterans, athletes, medical schools) in the pilot as well.

To start, we began with three pilot locations (New York City, Tampa, and Milwaukee). These three sites were based off of some work we had explored previously with GE and the NFL. However, by no means are we limited to these three sites; I think there would be a lot of excitement about this project across the board so more than happy to explore feasibility at other locations as well.

Please review and let us know what you think. Always more than happy to jump onto a quick call to answer any questions you may have. Matt's cell is (b) (6) I can be reached at 412.779.8 (b) (6)

Again, thanks so much for supporting these efforts!

(b) (6)

(b) (6) MS
Director of Operations | Strategic Partnerships
(o) 202.461 (b) (6) | (m) 412.779 (b) (6)

-----Original Message-----

From: (b) (6)
Sent: Wednesday, March 15, 2017 9:37 PM
To: Bruce Moskowitz
Cc: Shulkin, David J., MD; (b) (6)
Subject: RE: [EXTERNAL] Sports Teams

Dear Bruce: Thanks again for taking the time to talk with us yesterday about some of the projects you have underway with the VA, and everything else we discussed! Very happy to be connected with you, and please let us know how the Strategic Partnerships team can support any of your efforts.

We are emphatically on the same page with the sports team approach. We really need to keep it simple initially. Then pivot and iterate accordingly. Definitely agree with you on starting with a smaller pilot program for phase 1. We'll get something to you by tomorrow on this in preparation for your meeting on Saturday.

Thanks again for your support, Bruce. Look forward to collaborating with you further on this idea.

Sincerely,

(b) (6)

805 551 (b) (6)

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
Sent: Wednesday, March 15, 2017 10:49 AM
To: (b) (6)
Cc: (b) (6)
Subject: [EXTERNAL] Sports Teams

What I think we should consider is a pilot project using 3 teams from each major sport and include small and large cities with a VA. The focus would be on maintaining wellness to prevent injuries and non medication strategies for acute and chronic injuries. A one day training session and allow a veteran group to also participate.

Sent from my iPad
Bruce Moskowitz M.D.

<Sports partnership for Rehab - 3.17.17.docx>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/23/2017 11:16:34 AM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(b) (6)] frenchangel59.com]; Laurie Perlmutter [(b) (6)] gmail.com]
Subject: Re: [EXTERNAL] Sports Teams

Fantastic choice to include

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 23, 2017, at 7:13 AM, David shulkin <Drshulkin@aol.com> wrote:

Jared and i are meeting with the owner of the texas rangers [(b) (6)] next week (at jared's request)- i met him last year as he is a big donor to veteran causes

Sent from my iPhone

On Mar 23, 2017, at 7:07 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

We met with the President who is very interested in promoting this initiative. He likes the one day session at the sports team headquarters. I suggested starting with NY Mets [(b) (6)] [(b) (6)] Minnesota Vikings, Atlanta Braves, New England Patriots and Miami Dolphins. I have been in contact with all but Bob Kraft. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 17, 2017, at 10:41 AM, [(b) (6)] <[(b) (6)] va.gov> wrote:

Good morning Bruce!

[(b) (6)] and I took some time to sketch out what a potential partnership between the VA and Major League Sports may look like based on our discussion earlier this week. By no means is the attached a full proposal, but we wanted to get you at least a high level outline to review before the weekend.

As an aside, in my initial discussions with colleagues from VA's Office of Rehabilitation Services, I think this project has a lot of potential to bring local providers together to share best practices. Between sports teams and the VA, I think there's an opportunity to have a rich discussion about the management of pain, both in the acute and chronic phases (particularly given the expertise of each group). Additionally, I think there are some really innovative ways we could involve stakeholder groups (local Veterans, athletes, medical schools) in the pilot as well.

To start, we began with three pilot locations (New York City, Tampa, and Milwaukee). These three sites were based off of some work we had

explored previously with GE and the NFL. However, by no means are we limited to these three sites; I think there would be a lot of excitement about this project across the board so more than happy to explore feasibility at other locations as well.

Please review and let us know what you think. Always more than happy to jump onto a quick call to answer any questions you may have. Matt's cell is 805.551.(b) (6); I can be reached at 412.779.8(b) (6)

Again, thanks so much for supporting these efforts!

(b) (6)

(b) (6) MS
Director of Operations | Strategic Partnerships
(o) 202.461.(b) (6) | (m) 412.779.(b) (6)

-----Original Message-----

From: (b) (6)
Sent: Wednesday, March 15, 2017 9:37 PM
To: Bruce Moskowitz
Cc: Shulkin, David J., MD; (b) (6)
Subject: RE: [EXTERNAL] Sports Teams

Dear Bruce: Thanks again for taking the time to talk with us yesterday about some of the projects you have underway with the VA, and everything else we discussed! Very happy to be connected with you, and please let us know how the Strategic Partnerships team can support any of your efforts.

We are emphatically on the same page with the sports team approach. We really need to keep it simple initially. Then pivot and iterate accordingly. Definitely agree with you on starting with a smaller pilot program for phase 1. We'll get something to you by tomorrow on this in preparation for your meeting on Saturday.

Thanks again for your support, Bruce. Look forward to collaborating with you further on this idea.

Sincerely,

(b) (6)

805 551 (b) (6)

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]

Sent: Wednesday, March 15, 2017 10:49 AM

To: (b) (6)

Cc: (b) (6)

Subject: [EXTERNAL] Sports Teams

What I think we should consider is a pilot project using 3 teams from each major sport and include small and large cities with a VA. The focus would be on maintaining wellness to prevent injuries and non medication strategies for acute and chronic injuries. A one day training session and allow a veteran group to also participate.

Sent from my iPad

Bruce Moskowitz M.D.

<Sports partnership for Rehab - 3.17.17.docx>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/23/2017 11:13:41 AM
To: Bruce Moskowitz (b) (6) mac.com]
CC: Ike Perlmutter (b) (6) frenchangel59.com]; Laurie Perlmutter (b) (6) gmail.com]
Subject: Re: [EXTERNAL] Sports Teams

Jared and i are meeting with the owner of the texas rangers (b) (6) next week (at jared's request)- i met him last year as he is a big donor to veteran causes

Sent from my iPhone

On Mar 23, 2017, at 7:07 AM, Bruce Moskowitz <(b) (6) mac.com> wrote:

We met with the President who is very interested in promoting this initiative. He likes the one day session at the sports team headquarters. I suggested starting with NY Mets (b) (6) Minnesota Vikings, Atlanta Braves, New England Patriots and Miami Dolphins. I have been in contact with all but Bob Kraft. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 17, 2017, at 10:41 AM, (b) (6) <(b) (6) va.gov> wrote:

Good morning Bruce!

(b) (6) and I took some time to sketch out what a potential partnership between the VA and Major League Sports may look like based on our discussion earlier this week. By no means is the attached a full proposal, but we wanted to get you at least a high level outline to review before the weekend.

As an aside, in my initial discussions with colleagues from VA's Office of Rehabilitation Services, I think this project has a lot of potential to bring local providers together to share best practices. Between sports teams and the VA, I think there's an opportunity to have a rich discussion about the management of pain, both in the acute and chronic phases (particularly given the expertise of each group). Additionally, I think there are some really innovative ways we could involve stakeholder groups (local Veterans, athletes, medical schools) in the pilot as well.

To start, we began with three pilot locations (New York City, Tampa, and Milwaukee). These three sites were based off of some work we had explored previously with GE and the NFL. However, by no means are we limited to these three sites; I think there would be a lot of excitement about this project across the board so more than happy to explore feasibility at other locations as well.

Please review and let us know what you think. Always more than happy to jump onto a quick call to answer any questions you may have. Matt's cell is 805.551 (b) (6) I can be reached at 412.779.8 (b) (6)

Again, thanks so much for supporting these efforts!

(b) (6)

(b) (6) MS
Director of Operations | Strategic Partnerships
(o) 202.461.(b) (6) | (m) 412.779.(b) (6)

-----Original Message-----

From: (b) (6)
Sent: Wednesday, March 15, 2017 9:37 PM
To: Bruce Moskowitz
Cc: Shulkin, David J., MD; (b) (6)
Subject: RE: [EXTERNAL] Sports Teams

Dear Bruce: Thanks again for taking the time to talk with us yesterday about some of the projects you have underway with the VA, and everything else we discussed! Very happy to be connected with you, and please let us know how the Strategic Partnerships team can support any of your efforts.

We are emphatically on the same page with the sports team approach. We really need to keep it simple initially. Then pivot and iterate accordingly. Definitely agree with you on starting with a smaller pilot program for phase 1. We'll get something to you by tomorrow on this in preparation for your meeting on Saturday.

Thanks again for your support, Bruce. Look forward to collaborating with you further on this idea.

Sincerely,

(b) (6)
805 551.(b) (6)

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
Sent: Wednesday, March 15, 2017 10:49 AM
To: (b) (6)
Cc: (b) (6)
Subject: [EXTERNAL] Sports Teams

What I think we should consider is a pilot project using 3 teams from each major sport and include small and large cities with a VA. The focus would be on maintaining wellness to prevent injuries and non medication strategies for acute and chronic injuries. A one day training session and allow a veteran group to also participate.

Sent from my iPad
Bruce Moskowitz M.D.

<Sports partnership for Rehab - 3.17.17.docx>

Message

From: Bruce Moskowitz [(b) (6)] [redacted]@mac.com]
Sent: 3/23/2017 11:07:00 AM
To: [(b) (6)] [(b) (6)] [redacted]@va.gov]
CC: [(b) (6)] [(b) (6)] [redacted]@va.gov; David Shulkin [drshulkin@aol.com]
Subject: Re: [EXTERNAL] Sports Teams

We met with the President who is very interested in promoting this initiative. He likes the one day session at the sports team headquarters. I suggested starting with NY Mets [(b) (6)] [(b) (6)] Minnesota Vikings, Atlanta Braves, New England Patriots and Miami Dolphins. I have been in contact with all but Bob Kraft. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 17, 2017, at 10:41 AM, [(b) (6)] <[(b) (6)] [redacted]@va.gov> wrote:

Good morning Bruce!

[(b) (6)] and I took some time to sketch out what a potential partnership between the VA and Major League Sports may look like based on our discussion earlier this week. By no means is the attached a full proposal, but we wanted to get you at least a high level outline to review before the weekend.

As an aside, in my initial discussions with colleagues from VA's Office of Rehabilitation Services, I think this project has a lot of potential to bring local providers together to share best practices. Between sports teams and the VA, I think there's an opportunity to have a rich discussion about the management of pain, both in the acute and chronic phases (particularly given the expertise of each group). Additionally, I think there are some really innovative ways we could involve stakeholder groups (local Veterans, athletes, medical schools) in the pilot as well.

To start, we began with three pilot locations (New York City, Tampa, and Milwaukee). These three sites were based off of some work we had explored previously with GE and the NFL. However, by no means are we limited to these three sites; I think there would be a lot of excitement about this project across the board so more than happy to explore feasibility at other locations as well.

Please review and let us know what you think. Always more than happy to jump onto a quick call to answer any questions you may have. Matt's cell is 805.551.[(b) (6)]; I can be reached at 412.779.8[(b) (6)]

Again, thanks so much for supporting these efforts!

[(b) (6)]

[(b) (6)] MS
Director of Operations | Strategic Partnerships
(o) 202.461.[(b) (6)] | (m) 412.779.[(b) (6)]

-----Original Message-----

From: [(b) (6)]
Sent: Wednesday, March 15, 2017 9:37 PM

To: Bruce Moskowitz
Cc: Shulkin, David J., MD; (b) (6)
Subject: RE: [EXTERNAL] Sports Teams

Dear Bruce: Thanks again for taking the time to talk with us yesterday about some of the projects you have underway with the VA, and everything else we discussed! Very happy to be connected with you, and please let us know how the Strategic Partnerships team can support any of your efforts.

We are emphatically on the same page with the sports team approach. We really need to keep it simple initially. Then pivot and iterate accordingly. Definitely agree with you on starting with a smaller pilot program for phase 1. We'll get something to you by tomorrow on this in preparation for your meeting on Saturday.

Thanks again for your support, Bruce. Look forward to collaborating with you further on this idea.

Sincerely,

(b) (6)
805 551 (b) (6)

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
Sent: Wednesday, March 15, 2017 10:49 AM
To: (b) (6)
Cc: (b) (6)
Subject: [EXTERNAL] Sports Teams

What I think we should consider is a pilot project using 3 teams from each major sport and include small and large cites with a VA. The focus would be on maintaining wellness to prevent injuries and non medication strategies for acute and chronic injuries. A one day training session and allow a veteran group to also participate.

Sent from my iPad
Bruce Moskowitz M.D.

<Sports partnership for Rehab - 3.17.17.docx>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/20/2017 5:54:39 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: (b) (6) Update

I am not aware of a followup meeting with (b) (6)

Sent from my iPhone

On Mar 20, 2017, at 12:23 PM, Darin Selnick <(b) (6) @gmail.com> wrote:

We had a good follow up meeting last Thursday with (b) (6) and her team and the VHA staff with a few key projects identified that VHA is excited about. (b) (6) is now trimming them down to be presented back to the VHA staff so that they can be presented to you and the larger WH group. (b) (6) said she had a meeting coming up with you where she would get your input. Did that happen? If so, what did you think.

MITRE Update - I received a call from MITRE and they are following up from your discussion with them. Baligh and I will be having a meeting with them on Thursday. Do you have some guidance for our meeting with them?

Thanks

Darin

On Wed, Mar 15, 2017 at 3:36 PM, David shulkin <Drshulkin@aol.com> wrote:

Terrific

Thanks

Sent from my iPhone

> On Mar 15, 2017, at 5:59 PM, Darin Selnick <(b) (6) @gmail.com> wrote:

>

> We had our first meeting with (b) (6) and her team with the VHA staff last Monday to scope out the effort for eHMP. It went very well and we came up with a number of ideas. We are having a follow up meeting on Thursday to finish the initial scoping of the effort. We will then be ready to set up the next meeting which will include Apple and the 5 Centers to drill down on the technical specs. (b) (6) seemed pleased with the meeting and the ideas.

>

> Darin

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/20/2017 5:53:41 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: (b) (6) Update

I spoke to baligh yesterday about Mittre- i told him you had thought they may be helpful with choice 2.0. Lets see what you thibk they can do to help

Sent from my iPhone

On Mar 20, 2017, at 12:23 PM, Darin Selnick <(b) (6) @gmail.com> wrote:

We had a good follow up meeting last Thursday with (b) (6) and her team and the VHA staff with a few key projects identified that VHA is excited about. (b) (6) is now trimming them down to be presented back to the VHA staff so that they can be presented to you and the larger WH group. (b) (6) said she had a meeting coming up with you where she would get your input. Did that happen? If so, what did you think.

MITRE Update - I received a call from MITRE and they are following up from your discussion with them. Baligh and I will be having a meeting with them on Thursday. Do you have some guidance for our meeting with them?

Thanks

Darin

On Wed, Mar 15, 2017 at 3:36 PM, David shulkin <Drshulkin@aol.com> wrote:
Terrific

Thanks

Sent from my iPhone

> On Mar 15, 2017, at 5:59 PM, Darin Selnick <(b) (6) @gmail.com> wrote:

>

> We had our first meeting with (b) (6) and her team with the VHA staff last Monday to scope out the effort for eHMP. It went very well and we came up with a number of ideas. We are having a follow up meeting on Thursday to finish the initial scoping of the effort. We will then be ready to set up the next meeting which will include Apple and the 5 Centers to drill down on the technical specs. (b) (6) seemed pleased with the meeting and the ideas.

>

> Darin

Message

From: Darin Selnick [(b) (6)]@gmail.com]
Sent: 3/20/2017 4:23:26 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: (b) (6) Update

We had a good follow up meeting last Thursday with (b) (6) and her team and the VHA staff with a few key projects identified that VHA is excited about. (b) (6) is now trimming them down to be presented back to the VHA staff so that they can be presented to you and the larger WH group. (b) (6) said she had a meeting coming up with you where she would get your input. Did that happen? If so, what did you think.

MITRE Update - I received a call from MITRE and they are following up from your discussion with them. Baligh and I will be having a meeting with them on Thursday. Do you have some guidance for our meeting with them?

Thanks

Darin

On Wed, Mar 15, 2017 at 3:36 PM, David shulkin <Drshulkin@aol.com> wrote:
Terrific

Thanks

Sent from my iPhone

> On Mar 15, 2017, at 5:59 PM, Darin Selnick <(b) (6)@gmail.com> wrote:

>

> We had our first meeting with (b) (6) and her team with the VHA staff last Monday to scope out the effort for eHMP. It went very well and we came up with a number of ideas. We are having a follow up meeting on Thursday to finish the initial scoping of the effort. We will then be ready to set up the next meeting which will include Apple and the 5 Centers to drill down on the technical specs. (b) (6) seemed pleased with the meeting and the ideas.

>

> Darin

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 10:36:21 PM
To: Darin Selnick [(b) (6)]@gmail.com]
Subject: Re: [(b) (6)] Update

Terrific

Thanks

Sent from my iPhone

> On Mar 15, 2017, at 5:59 PM, Darin Selnick <[(b) (6)]@gmail.com> wrote:
>
> We had our first meeting with [(b) (6)] and her team with the VHA staff last Monday to scope out the effort for eHMP. It went very well and we came up with a number of ideas. We are having a follow up meeting on Thursday to finish the initial scoping of the effort. We will then be ready to set up the next meeting which will include Apple and the 5 Centers to drill down on the technical specs. [(b) (6)] seemed pleased with the meeting and the ideas.
>
> Darin

Message

From: Darin Selnick [(b) (6)]@gmail.com]
Sent: 3/15/2017 9:59:28 PM
To: David shulkin [Drshulkin@aol.com]
Subject: [(b) (6)] Update

We had our first meeting with [(b) (6)] and her team with the VHA staff last Monday to scope out the effort for eHMP. It went very well and we came up with a number of ideas. We are having a follow up meeting on Thursday to finish the initial scoping of the effort. We will then be ready to set up the next meeting which will include Apple and the 5 Centers to drill down on the technical specs. [(b) (6)] seemed pleased with the meeting and the ideas.

Darin

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 4:55:08 PM
To: IP (b) (6) frenchangel59.com]
Subject: Re: NY Times - A Lifeline for Troubled Veterans

Great

Sent from my iPhone

On Mar 15, 2017, at 12:49 PM, IP (b) (6) frenchangel59.com> wrote:

David,

(b) (6) is one of the top executives at The Walt Disney Company and will be able to help us a lot with the VA in the future.

(b) (6) dad is a veteran.

Thanks,
Ike

From: (b) (6) [mailto:(b) (6)@disney.com]
Sent: Wednesday, March 15, 2017 11:49 AM
To: IP
Subject: Re: NY Times - A Lifeline for Troubled Veterans

This is fantastic Ike. I really like everything David Shulkin is saying and doing. Thanks for forwarding.

(b) (6)

From: Ike (b) (6)@marvel.com>
Date: Wednesday, March 15, 2017 at 7:39 AM
To: (b) (6) (b) (6)@disney.com>
Subject: NY Times - A Lifeline for Troubled Veterans

As promised...

"“Our goal is simple: to save lives,” David Shulkin, the secretary of veterans affairs, said on Tuesday as he announced the change in policy during testimony before the House Veterans Affairs Committee.”

<https://www.nytimes.com/2017/03/11/opinion/sunday/a-lifeline-for-troubled-veterans.html?smprod=nytcore-ipad&smid=nytcore-ipad-share>

A Lifeline for Troubled Veterans

By THE EDITORIAL BOARD MARCH 11, 2017



Credit Caroline Gamon

After the United States withdrew troops from Iraq in 2011, thousands of combat troops were expelled from the force with less than honorable discharges as the military came under pressure to downsize quickly. This left a large number of veterans — including many kicked out for minor infractions — without access to health care and other benefits that are granted to service members who leave the armed forces with honorable discharges.

After being cut off from care and benefits, many turned to drugs and painkillers, often to relieve physical pain and mental distress that resulted from combat. Some wound up homeless. Others killed themselves.

Last week, the Department of Veterans Affairs took an important, belated step to protect tens of thousands of former service members who risked their lives in war zones. Starting this summer, the agency decided, it will provide emergency mental health care to some veterans who received less than honorable discharges.

“Our goal is simple: to save lives,” David Shulkin, the secretary of veterans affairs, said on Tuesday as he announced the change in policy during testimony before the House Veterans Affairs Committee. “Veterans who are in crisis should receive help immediately.”

There are roughly 500,000 veterans with less than honorable discharges, including more than 100,000 who left the service during the wars in Iraq and Afghanistan. The government does not know what percentage of these veterans have acute mental

health problems, but it became apparent after the Iraq drawdown that many were struggling.

“What they did was something very unprecedented,” Representative Mike Coffman, a Colorado Republican who served in the Army and the Marine Corps, said in an interview on Friday. “Here are people who have come back from war and are having difficulty. And you strip all support from them and throw them out of the military.”

Since 2009, the military has discharged at least 22,000 combat veterans who had mental health problems or traumatic brain injuries for alleged misconduct, [according to Mr. Coffman’s](#) office. The misconduct ranges from serious felonies to minor administrative violations.

Mr. Coffman has spent years trying to convince other lawmakers and the Department of Veterans Affairs that the government needs to do a lot more to prevent veteran suicides and homelessness. Some efforts have been successful, but the crisis remains acute. Last year, [20 veterans](#) per day on average committed suicide, according to the V.A. Tens of thousands of veterans sleep on the streets on any given night.

[The new policy](#) will allow veterans with less than honorable discharges who can attribute their struggles to service-related health problems, including traumatic brain injuries and post-traumatic stress, to seek care at a V.A. emergency room or by calling the [Veterans Crisis Line](#). Those who were expelled with dishonorable discharges will remain ineligible for these services.

Dr. Shulkin, who served as under secretary of veterans affairs under President Barack Obama, has been considering this change in policy for roughly a year, and he credited Mr. Coffman for pushing him to take action.

Mr. Coffman introduced a bill last month that would make the policy permanent. [The legislation](#) would also require the government to commission an independent study to determine whether veterans who receive care are less likely to commit suicide. Having a clearer understanding of this population is a needed step. But there’s still a long way to go to help wounded men and women who went to war.

Follow The New York Times Opinion section on [Facebook](#) and [Twitter](#) (@NYTopinion), and sign up for the [Opinion Today](#) newsletter.

A version of this editorial appears in print on March 12, 2017, on Page SR8 of the New York edition with the headline: A Lifeline for Troubled Veterans. [Today's Paper](#)[Subscribe](#)

Nothing contained in this e-mail shall (a) be considered a legally binding agreement, amendment or modification of any agreement with Marvel, each of which requires a fully executed agreement to be received by Marvel or (b) be deemed approval of any product, packaging, advertising or promotion material, which may only come from Marvel's Legal Department.

THINK GREEN - SAVE PAPER - THINK BEFORE YOU PRINT!

Message

From: IP [REDACTED] frenchangel59.com]
Sent: 3/15/2017 4:49:20 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: NY Times - A Lifeline for Troubled Veterans

David,

[REDACTED] is one of the top executives at The Walt Disney Company and will be able to help us a lot with the VA in the future.

[REDACTED] dad is a veteran.

Thanks,
Ike

From: [REDACTED] [mailto:[REDACTED]@disney.com]
Sent: Wednesday, March 15, 2017 11:49 AM
To: IP
Subject: Re: NY Times - A Lifeline for Troubled Veterans

This is fantastic Ike. I really like everything David Shulkin is saying and doing. Thanks for forwarding.

[REDACTED]

From: Ike <[REDACTED]@marvel.com>
Date: Wednesday, March 15, 2017 at 7:39 AM
To: [REDACTED] <[REDACTED]@disney.com>
Subject: NY Times - A Lifeline for Troubled Veterans

As promised...

"“Our goal is simple: to save lives,” David Shulkin, the secretary of veterans affairs, said on Tuesday as he announced the change in policy during testimony before the House Veterans Affairs Committee.”

<https://www.nytimes.com/2017/03/11/opinion/sunday/a-lifeline-for-troubled-veterans.html?smprod=nytcore-ipad&smid=nytcore-ipad-share>

A Lifeline for Troubled Veterans

By THE EDITORIAL BOARD MARCH 11, 2017



Credit Caroline Gamon

After the United States withdrew troops from Iraq in 2011, thousands of combat troops were expelled from the force with less than honorable discharges as the military came under pressure to downsize quickly. This left a large number of veterans — including many kicked out for minor infractions — without access to health care and other benefits that are granted to service members who leave the armed forces with honorable discharges.

After being cut off from care and benefits, many turned to drugs and painkillers, often to relieve physical pain and mental distress that resulted from combat. Some wound up homeless. Others killed themselves.

Last week, the Department of Veterans Affairs took an important, belated step to protect tens of thousands of former service members who risked their lives in war zones. Starting this summer, the agency decided, it will provide emergency mental health care to some veterans who received less than honorable discharges.

“Our goal is simple: to save lives,” David Shulkin, the secretary of veterans affairs, said on Tuesday as he announced the change in policy during testimony before the House Veterans Affairs Committee. “Veterans who are in crisis should receive help immediately.”

There are roughly 500,000 veterans with less than honorable discharges, including more than 100,000 who left the service during the wars in Iraq and Afghanistan. The government does not know what percentage of these veterans have acute mental health problems, but it became apparent after the Iraq drawdown that many were struggling.

“What they did was something very unprecedented,” Representative Mike Coffman, a Colorado Republican who served in the Army and the Marine Corps, said in an interview on Friday. “Here are people who have come back from war and are having difficulty. And you strip all support from them and throw them out of the military.”

Since 2009, the military has discharged at least 22,000 combat veterans who had mental health problems or traumatic brain injuries for alleged misconduct, [according to Mr. Coffman’s office](#). The misconduct ranges from serious felonies to minor administrative violations.

Mr. Coffman has spent years trying to convince other lawmakers and the Department of Veterans Affairs that the government needs to do a lot more to prevent veteran suicides and homelessness. Some efforts have been successful, but the crisis remains acute. Last year, [20 veterans](#) per day on average committed suicide, according to the V.A. Tens of thousands of veterans sleep on the streets on any given night.

[The new policy](#) will allow veterans with less than honorable discharges who can attribute their struggles to service-related health problems, including traumatic brain injuries and post-traumatic stress, to seek care at a V.A. emergency room or by calling the [Veterans Crisis Line](#). Those who were expelled with dishonorable discharges will remain ineligible for these services.

Dr. Shulkin, who served as under secretary of veterans affairs under President Barack Obama, has been considering this change in policy for roughly a year, and he credited Mr. Coffman for pushing him to take action.

Mr. Coffman introduced a bill last month that would make the policy permanent. [The legislation](#) would also require the government to commission an independent study to determine whether veterans who receive care are less likely to commit suicide. Having a clearer understanding of this population is a needed step. But there’s still a long way to go to help wounded men and women who went to war.

Follow The New York Times Opinion section on [Facebook](#) and [Twitter \(@NYTopinion\)](#), and sign up for the [Opinion Today newsletter](#).

A version of this editorial appears in print on March 12, 2017, on Page SR8 of the New York edition with the headline: A Lifeline for Troubled Veterans. [Today's Paper](#)[Subscribe](#)

Nothing contained in this e-mail shall (a) be considered a legally binding agreement, amendment or modification of any agreement with Marvel, each of which requires a fully executed agreement to be received by Marvel or (b) be deemed approval of any product, packaging, advertising or promotion material, which may only come from Marvel's Legal Department.

THINK GREEN - SAVE PAPER - THINK BEFORE YOU PRINT

Message

From: IP (b) (6) frenchangel59.com]
Sent: 3/13/2017 11:45:42 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: NY Times - A Lifeline for Troubled Veterans

FYI

From: Marc Sherman [mailto:(b) (6) gmail.com]
Sent: Monday, March 13, 2017 5:16 PM
To: (b) (6) M.D.
Cc: (b) (6) Bruce Moskowitz; (b) (6) ccf.org; laurie perle; (b) (6) (b) (6) IP; (b) (6) (b) (6) kp.org; (b) (6) M. D.
Subject: Re: NY Times - A Lifeline for Troubled Veterans

I am not sure how many of you were able to watch Tuesday's Congressional hearing, but David was masterful and sold the strategy without any push back.

Marc

Marc Sherman
(202) 758-(b) (6)

On Mar 13, 2017 3:24 PM, "(b) (6) M.D." <(b) (6) mayo.edu> wrote:
Thank you, Ike. Like you, I believe in David. (b) (6)

(b) (6) M.D.
President and CEO
Mayo Clinic Administration
Mayo Building, East 11
Phone: 507-266-(b) (6)
Fax: 507-293-(b) (6)

On Mar 13, 2017, at 11:48 AM, IP <(b) (6) frenchangel59.com> wrote:

The article talks about the Congressional hearing this week...

"“Our goal is simple: to save lives,” David Shulkin, the secretary of veterans affairs, said on Tuesday as he announced the change in policy during testimony before the House Veterans Affairs Committee.”

<https://www.nytimes.com/2017/03/11/opinion/sunday/a-lifeline-for-troubled-veterans.html?smprod=nytcore-ipad&smid=nytcore-ipad-share>

Veterans with less than honorable discharges will soon be eligible for emergency mental health care.

A Lifeline for Troubled Veterans

By [THE EDITORIAL BOARD](#) MARCH 11, 2017



Credit Caroline Gamon

After the United States withdrew troops from Iraq in 2011, thousands of combat troops were expelled from the force with less than honorable discharges as the military came under pressure to downsize quickly. This left a large number of veterans — including many kicked out for minor infractions — without access to health care and other benefits that are granted to service members who leave the armed forces with honorable discharges.

After being cut off from care and benefits, many turned to drugs and painkillers, often to relieve physical pain and mental distress that resulted from combat. Some wound up homeless. Others killed themselves.

Last week, the Department of Veterans Affairs took an important, belated step to protect tens of thousands of former service members who risked their lives in war zones. Starting this summer, the agency decided, it will provide emergency mental health care to some veterans who received less than honorable discharges.

“Our goal is simple: to save lives,” David Shulkin, the secretary of veterans affairs, said on Tuesday as he announced the change in policy during testimony before the House Veterans Affairs Committee. “Veterans who are in crisis should receive help immediately.”

There are roughly 500,000 veterans with less than honorable discharges, including more than 100,000 who left the service during the wars in Iraq and Afghanistan. The government does not know what percentage of these veterans have acute mental health problems, but it became apparent after the Iraq drawdown that many were struggling.

“What they did was something very unprecedented,” Representative Mike Coffman, a Colorado Republican who served in the Army and the Marine Corps, said in an interview on Friday. “Here are people who have come back from war and are having difficulty. And you strip all support from them and throw them out of the military.”

Since 2009, the military has discharged at least 22,000 combat veterans who had mental health problems or traumatic brain injuries for alleged misconduct, [according to Mr. Coffman’s](#) office. The misconduct ranges from serious felonies to minor administrative violations.

Mr. Coffman has spent years trying to convince other lawmakers and the Department of Veterans Affairs that the government needs to do a lot more to prevent veteran suicides and homelessness. Some efforts have been successful, but the crisis remains acute. Last year, [20 veterans](#) per day on average committed suicide, according to the V.A. Tens of thousands of veterans sleep on the streets on any given night.

[The new policy](#) will allow veterans with less than honorable discharges who can attribute their struggles to service-related health problems, including traumatic brain injuries and post-traumatic stress, to seek care at a V.A. emergency room or by calling the [Veterans Crisis Line](#). Those who were expelled with dishonorable discharges will remain ineligible for these services.

Dr. Shulkin, who served as under secretary of veterans affairs under President Barack Obama, has been considering this change in policy for roughly a year, and he credited Mr. Coffman for pushing him to take action.

Mr. Coffman introduced a bill last month that would make the policy permanent. [The legislation](#) would also require the government to commission an independent study to determine whether veterans who receive care are less likely to commit suicide. Having a clearer understanding of this population is a needed step. But there’s still a long way to go to help wounded men and women who went to war.

Follow The New York Times Opinion section on [Facebook](#) and [Twitter](#) (@NYTopinion), and sign up for the [Opinion Today](#) newsletter.

A version of this editorial appears in print on March 12, 2017, on Page SR8 of the New York edition with the headline: A Lifeline for Troubled Veterans. [Today's Paper](#)[Subscribe](#)

Message

From: IP (b) (6) frenchangel59.com]
Sent: 3/13/2017 11:45:17 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: NY Times - A Lifeline for Troubled Veterans

FYI

From: (b) (6) M.D. [mailto:(b) (6) mayo.edu]
Sent: Monday, March 13, 2017 3:25 PM
To: IP
Cc: Bruce Moskowitz; Marc Sherman; (b) (6) laurie perle; (b) (6) ccf.org; (b) (6) (b) (6)
(b) (6) M. D.; (b) (6) kp.org
Subject: Re: NY Times - A Lifeline for Troubled Veterans

Thank you, Ike. Like you, I believe in David. (b) (6)

(b) (6) M.D.
President and CEO
Mayo Clinic Administration
Mayo Building, East 11
Phone: 507-266-(b) (6)
Fax: 507-293-(b) (6)

On Mar 13, 2017, at 11:48 AM, IP <(b) (6) frenchangel59.com> wrote:

The article talks about the Congressional hearing this week...

"“Our goal is simple: to save lives,” David Shulkin, the secretary of veterans affairs, said on Tuesday as he announced the change in policy during testimony before the House Veterans Affairs Committee.”

<https://www.nytimes.com/2017/03/11/opinion/sunday/a-lifeline-for-troubled-veterans.html?smprod=nytcore-ipad&smid=nytcore-ipad-share>

Veterans with less than honorable discharges will soon be eligible for emergency mental health care.

A Lifeline for Troubled Veterans

By THE EDITORIAL BOARD MARCH 11, 2017



Credit Caroline Gamon

After the United States withdrew troops from Iraq in 2011, thousands of combat troops were expelled from the force with less than honorable discharges as the military came under pressure to downsize quickly. This left a large number of veterans — including many kicked out for minor infractions — without access to health care and other benefits that are granted to service members who leave the armed forces with honorable discharges.

After being cut off from care and benefits, many turned to drugs and painkillers, often to relieve physical pain and mental distress that resulted from combat. Some wound up homeless. Others killed themselves.

Last week, the Department of Veterans Affairs took an important, belated step to protect tens of thousands of former service members who risked their lives in war zones. Starting this summer, the agency decided, it will provide emergency mental health care to some veterans who received less than honorable discharges.

“Our goal is simple: to save lives,” David Shulkin, the secretary of veterans affairs, said on Tuesday as he announced the change in policy during testimony before the House Veterans Affairs Committee. “Veterans who are in crisis should receive help immediately.”

There are roughly 500,000 veterans with less than honorable discharges, including more than 100,000 who left the service during the wars in Iraq and Afghanistan. The government does not know what percentage of these veterans have acute mental

health problems, but it became apparent after the Iraq drawdown that many were struggling.

“What they did was something very unprecedented,” Representative Mike Coffman, a Colorado Republican who served in the Army and the Marine Corps, said in an interview on Friday. “Here are people who have come back from war and are having difficulty. And you strip all support from them and throw them out of the military.”

Since 2009, the military has discharged at least 22,000 combat veterans who had mental health problems or traumatic brain injuries for alleged misconduct, [according to Mr. Coffman’s](#) office. The misconduct ranges from serious felonies to minor administrative violations.

Mr. Coffman has spent years trying to convince other lawmakers and the Department of Veterans Affairs that the government needs to do a lot more to prevent veteran suicides and homelessness. Some efforts have been successful, but the crisis remains acute. Last year, [20 veterans](#) per day on average committed suicide, according to the V.A. Tens of thousands of veterans sleep on the streets on any given night.

[The new policy](#) will allow veterans with less than honorable discharges who can attribute their struggles to service-related health problems, including traumatic brain injuries and post-traumatic stress, to seek care at a V.A. emergency room or by calling the [Veterans Crisis Line](#). Those who were expelled with dishonorable discharges will remain ineligible for these services.

Dr. Shulkin, who served as under secretary of veterans affairs under President Barack Obama, has been considering this change in policy for roughly a year, and he credited Mr. Coffman for pushing him to take action.

Mr. Coffman introduced a bill last month that would make the policy permanent. [The legislation](#) would also require the government to commission an independent study to determine whether veterans who receive care are less likely to commit suicide. Having a clearer understanding of this population is a needed step. But there’s still a long way to go to help wounded men and women who went to war.

Follow The New York Times Opinion section on [Facebook](#) and [Twitter](#) (@NYTopinion), and sign up for the [Opinion Today](#) newsletter.

A version of this editorial appears in print on March 12, 2017, on Page SR8 of the New York edition with the headline: A Lifeline for Troubled Veterans. [Today's Paper](#)[Subscribe](#)

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/18/2017 12:19:30 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fw: POLITICO Speaking Invitation for Dep. Under Secretary Lee
Attachments: POLITICO Speaking Invitation for Secretary David Shulkin.docx

I am getting more and more leary of Jennifer- she is well connected obviously, is on the speaking circuit and now shows up on the Politico agenda on a panel with Garry Augustine, Ken Kizer and Rep Roe. You are speaking there too. Anyway, the sooner she is out of here, the better- she can easily go around me and cause big trouble, which I am sure she is contemplating and strategizing as we speak. She hasnt spoken to me, contacted me or as I said earlier, asked for vacation time or told me that she was traveling out of the country with contingency plans. I think Ash purposefully sent this note to me to stir the pot, but there are some real and concerning issues here.

From: Alaigh, Poonam, M.D. <Poonam.Alaigh@va.gov>
Sent: Friday, March 17, 2017 7:45 PM
To: 'Poonam Alaigh'
Subject: FW: POLITICO Speaking Invitation for Dep. Under Secretary Lee

Sent with Good (www.good.com)

-----Original Message-----

From: Zenooz, Ashwini
Sent: Friday, March 17, 2017 03:11 PM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Cc: [(b) (6)] Pape, Lisa M.
Subject: POLITICO Speaking Invitation for Dep. Under Secretary Lee

Dr. Alaigh,

For your awareness - Dr. Lee was asked by POLITICO to participate in a panel discussing innovations in health care, EHR and Vista. This event is occurring **Tuesday, March 21 at 8:00am** at the Newseum in Washington, DC. She is on a panel with Rep. Roe, Dr. Ken Kizer and Garry Augustine. Her role is conversational and the event will be broadcast live on POLITICO.com. Dr. Shulkin is also giving the keynote at this event (reference attached Speaking Invitation document for Dr. Shulkin).

We are requesting that Dr. Lee be excused from NLC in the morning so that she can participate in this event.

For your reference select event details are below. Thank you for your consideration. Please let me know if you have questions or want more information.

Thank you,

Ash

Event details:

- **Program format:** The panel discussion will be moderated by POLITICO's Health Care editor Joanne Kenen and eHealth editor Arthur Allen and be entirely conversational – no speeches, slides, or presentations are necessary. Speakers on the panel will be drawn from a compilation of policymakers, industry executives, and innovative thought-leaders.
- **Attendees and media:** Politico expects approximately 75 senior-level influencers to attend this *Outside, In* program. Like all POLITICO events, this will be on the record, open to the press, and streamed live on POLITICO.com.
- **Time and location:** They plan to host the event as a breakfast conversation on the morning of **Tuesday, March 21st** at the Newseum in downtown Washington, D.C. They can be flexible on a specific time to accommodate your schedule .

From: Jessica Andrews [<mailto:jandrews@politico.com>]

Sent: Monday, March 06, 2017 12:36 PM

To: Smallwood, Lillie M

Cc: Ethan Stackpole; Kelsey Wessels

Subject: [EXTERNAL] POLITICO Speaking Invitation for Dep. Under Secretary Lee

Dear Lillie,

On March 21st, POLITICO is bringing together leading voices in health care, technology, and policy for the continuation of our *Outside, In* live event series to discuss the Veterans' Administration and innovation in the health care sector. On behalf of our editorial team, we invite Deputy Under Secretary Lee to be a part of our upcoming event in Washington D.C.

Questions we aim to explore through this event include: What are the lessons we should learn from the VA's experience with electronic health records, telemedicine, and remote monitoring? What does the VA's experience tell us about the proper way for the government to encourage innovation within its ranks? What impact would partial or total privatization of the VA have on areas where the VA has demonstrated superior technology, such as interoperability and coordination of health care? What are the necessary budget requirements for the VA to continue to be on the cutting edge of health IT?

As Deputy Under Secretary for Health Policy and Services at the Department of Veterans Affairs, our editorial team believes she would bring a crucial perspective to this conversation, and we would be delighted to have her join our program.

Our formal invitation is attached and additional details of the program are outlined below:

- Program format: The panel discussion will be moderated by POLITICO's Health Care editor Joanne Kenen and eHealth editor Arthur Allen and be entirely conversational – no speeches, slides, or presentations are necessary. Speakers on the panel will be drawn from a compilation of policymakers, industry executives, and innovative thought-leaders.
- Attendees and media: We expect about 75 senior-level influencers to attend this *Outside, In* program. Like all POLITICO events, this will be on the record, open to the press, and streamed live on POLITICO.com.
- Time and location: We plan to host the event as a breakfast conversation on the morning of **Tuesday, March 21st** at the Newseum in downtown Washington, D.C. We can be flexible on a specific time to accommodate her schedule .

We hope Deputy Under Secretary Lee will consider joining us for what promises to be an engaging and important conversation. Please feel free to let me know if you have any questions and we look forward to hearing from you.

Best,
Jessica

Jessica Andrews | Manager, Speaker Outreach and Relations, POLITICO Live | **POLITICO**

1000 Wilson Blvd., 8th Floor, Arlington, VA 22209

W: 703.647.7988, C: 480.688.4742

POLITICO Speaking Invitation for Secretary David Shulkin

DATE:

- Tuesday, March 21, 2017

ARRIVAL:

- 9:15am
- In the green room Sec. Shulkin will be mic'd (with a wireless lav) and given light powder for the cameras.

LOCATION:

- Newseum- 555 Pennsylvania Ave NW, Washington, DC 20001

FORMAT:

Before Dr. Shulkin's arrival there will be two panels of discussion. After these conclude Dr. Shulkin will have a 30-45 minute dialogue with Arthur Allen, POLITICO eHealth editor, and Joanne Kenan, POLITICO Health Care editor

8:20am-9:00am

1st Panel Moderated by Joanne Kenan and Arthur Allen
Veterans Affairs experts discussing EHR and VistA

- Rep Phil Roe
- VA's Jennifer Lee
- ex-VHA head and UC Davis Professor Ken Kizer

9:00am-9:30am

2nd Panel Moderated by Dan Diamond
E-Health experts discussing Health Technology

- NavHealth President Aneesh Chopra
- Averele Health's Josh Seidman

9:25am-10/10:15am

Conversational Discussion with Arthur Allen

Questions that may be brought up:

“Some VistA Questions we're curious about:

- When VA will decide what to do about VistA (We hear July 1)?
- What the current position is in terms of going to a COTS?
- How a decision about going to a COTS will affect current IT work at VA?
- Will current scheduling software pilots be dropped?
- Will DHP work be dropped?
- How can VistA's history of innovation on IT be preserved while moving to a COTS?

Of course, VistA is only a portion of what Dr. Shulkin is concerned with. We welcome him to talk about other initiatives and foci of his work at VA in the remainder of his talk.”

After the conversation Dr. Shulkin can take a couple of questions from the audience or twitter, moderated by Arthur

ATTENDEES:

- We expect about 75 senior-level influencers to attend this Outside, In program.
- Like all POLITICO events, this will be on the record, open to the press, and streamed live on POLITICO.com.

POC:

Jessica Andrews | Manager, Speaker Outreach and Relations, POLITICO Live | POLITICO

W: 703.647.7988, C: 480.688.4742

OTHER:

- **Timing:** Doors officially open to guests at 8:00 a.m. with the introduction beginning at about 8:10 a.m., followed by two panels and then the Secretary's keynote conversation beginning at approximately 9:25 a.m. I've provided a run of show below for reference.
- **Press:** As a reminder, the event will be on-the-record, open to the press, and streamed live on POLITICO.com.
- **Q&A:** Audience questions will be fielded via tweets to the hashtag #OutsideIn and then filtered through a iPad on stage with the moderators or taken from the audience directly at the moderators' discretion.
- **Staging:** Secretary Shulkin and Arthur and Joanne will be seated in front of a co-branded backdrop and given mugs with water during the conversation. The stage will be lit for television.
- **Online:** POLITICO will live stream the event at www.POLITICO.com/live and use #OutsideIn for Twitter promotion.
-

TIME	PROGRAMMING	
8:00 am	Doors Open to Registered Guests	
8:10 am	POLITICO Welcome Remarks – Joanne Kenen, Executive Editor for Health Care	
8:15 am	Philips Welcome Remarks – Joe Robinson, Senior Vice President, Health Systems Solutions, Philips North America	
8:20 am	Panel 1	• <i>Garry J. Augustine, Executive Director, Washington, DC Headquarters, Disabled American Veterans</i> • <i>Kenneth W. Kizer, M.D., MPH, Distinguished Professor and Director, Institute for Population Health Improvement, UC Davis Health</i> • <i>Jennifer Lee, Deputy Under Secretary for Health Policy and Services, Department of Veterans Affairs</i> • <i>Rep. Phil Roe (R-TN)</i> <i>Moderated by Joanne Kenen, Executive Editor for Health Care and Arthur Allen, eHealth editor</i>
8:55 am	Forum Panel	• <i>Aneesh Chopra, President, NavHealth</i> • <i>Josh Seidman, Senior Vice President, Avalere Health</i> <i>Moderated by Dan Diamond, Author, POLITICO Pulse</i>
9:25 am	Keynote	• <i>David J. Shulkin, M.D., Secretary, Department of Veterans Affairs</i> <i>Moderated by Joanne Kenen, Executive Editor for Health Care and Arthur Allen, eHealth editor</i>
10:00 am	Event Wraps	

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 9:47:20 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: Keynote Speaker Invitation - National Clinician Scholars Program (NCSP) Annual Meeting
Attachments: Dr. David Shulkin_NCSP Keynote Speaker Invitation_03.21.17.pdf; Untitled attachment 07727.htm

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) mail.med.upenn.edu>
Date: March 21, 2017 at 5:06:03 PM EDT
To: <DrShulkin@aol.com>
Cc: (b) (6) <(b) (6) @wharton.upenn.edu>
Subject: Keynote Speaker Invitation - National Clinician Scholars Program (NCSP) Annual Meeting

March 21, 2017

David J. Shulkin, MD
Secretary of Veterans Affairs
US Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Dr. Shulkin,

On behalf of the National Clinician Scholars Program (NCSP), I am pleased to invite you to be our honorary keynote speaker for the inaugural NCSP annual meeting. The conference will be held at the **Omni New Haven Hotel at Yale in New Haven, Connecticut, November 14-16, 2017.**

The NCSP emerged from the Robert Wood Johnson Foundation Clinical Scholars (RWJF CS) program and proudly builds on that legacy. In partnership with the Department of Veterans Affairs, the program provides interprofessional training to physicians and nurses in clinical, community, and health policy research, with a focus on supporting the development of change agents who will devote their careers to leading improvements in health and healthcare.

I invite you to address the Scholars and participating RWJF CS Alumni with a reflection on your rich career path and your continued efforts to advance health equity as a physician leader. Scholars identified you as a national leader they would like to hear as a keynote speaker. We have reserved the keynote dinner address on Wednesday, November 15, from 7:30 pm to 8:15 pm, for your talk. Please let me know if this date will work for you. Your presentation would be 25 minutes in length with an additional 20 minutes for a moderated Q&A.

In appreciation for your speaking commitment, we will cover your travel expenses (hotel, air/train, lodging, conference meals, and ground) per NCSP guidelines. If your schedule permits, we encourage you to stay for the entire meeting, furthering the opportunity for interaction between you and our Scholars. Please let me know by **April 4, 2017**, if you are able to join us. I can be reached at (215) 746-(b) (6) or (b) (6) [mail.med.upenn.edu](mailto:(b) (6)@mail.med.upenn.edu). I look forward to hearing from you.

Sincerely,

(b) (6) EdD
Central Administrative Director

(b) (6) EdD
Central Administrative Director
National Clinician Scholars Program
1312C Blockley Hall
423 Guardian Drive
Philadelphia, PA 19104
Phone: (215) 746-(b) (6)
Email: (b) (6) [mail.med.upenn.edu](mailto:(b) (6)@mail.med.upenn.edu)



March 21, 2017

David J. Shulkin, MD
Secretary of Veterans Affairs
US Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Dr. Shulkin,

On behalf of the National Clinician Scholars Program (NCSP), I am pleased to invite you to be our honorary keynote speaker for the inaugural NCSP annual meeting. The conference will be held at the **Omni New Haven Hotel at Yale in New Haven, Connecticut, November 14-16, 2017.**

The NCSP emerged from the Robert Wood Johnson Foundation Clinical Scholars (RWJF CS) program and proudly builds on that legacy. In partnership with the Department of Veterans Affairs, the program provides interprofessional training to physicians and nurses in clinical, community, and health policy research, with a focus on supporting the development of change agents who will devote their careers to leading improvements in health and healthcare.

I invite you to address the Scholars and participating RWJF CS Alumni with a reflection on your rich career path and your continued efforts to advance health equity as a physician leader. Scholars identified you as a national leader they would like to hear as a keynote speaker. We have reserved the keynote dinner address on Wednesday, November 15, from 7:30 pm to 8:15 pm, for your talk. Please let me know if this date will work for you. Your presentation would be 25 minutes in length with an additional 20 minutes for a moderated Q&A.

In appreciation for your speaking commitment, we will cover your travel expenses (hotel, air/train, lodging, conference meals, and ground) per NCSP guidelines. If your schedule permits, we encourage you to stay for the entire meeting, furthering the opportunity for interaction between you and our Scholars. Please let me know by **April 4, 2017**, if you are able to join us. I can be reached at (215) 746-(b) (6) or (b) (6) mail.med.upenn.edu. I look forward to hearing from you.

Sincerely,

(b) (6)

Central Administrative Director

Message

From: IP [REDACTED] frenchangel59.com]
Sent: 3/16/2017 10:56:05 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: VA

FYI

From: [REDACTED] [mailto:[REDACTED] hopeunseen.com]
Sent: Thursday, March 16, 2017 10:53 AM
To: IP; Bruce Moskowitz; [REDACTED]@yahoo.com
Subject: VA

This is exactly how Veterans feel. Congressman Mast said it perfectly. I'm happy that someone in our government addressed the real issue at hand, unions!

<http://video.foxnews.com/v/5361569800001/?#sp=show-clips>

Sent from my iPhone

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 3/16/2017 9:12:11 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Updated Wharton Healthcare Management Presentation
Attachments: 2017 03 17 -5 Wharton Healthcare Management.pptx

Almost there, I need to find the moonshine photo from your other slides.



VA | U.S. Department
of Veterans Affairs

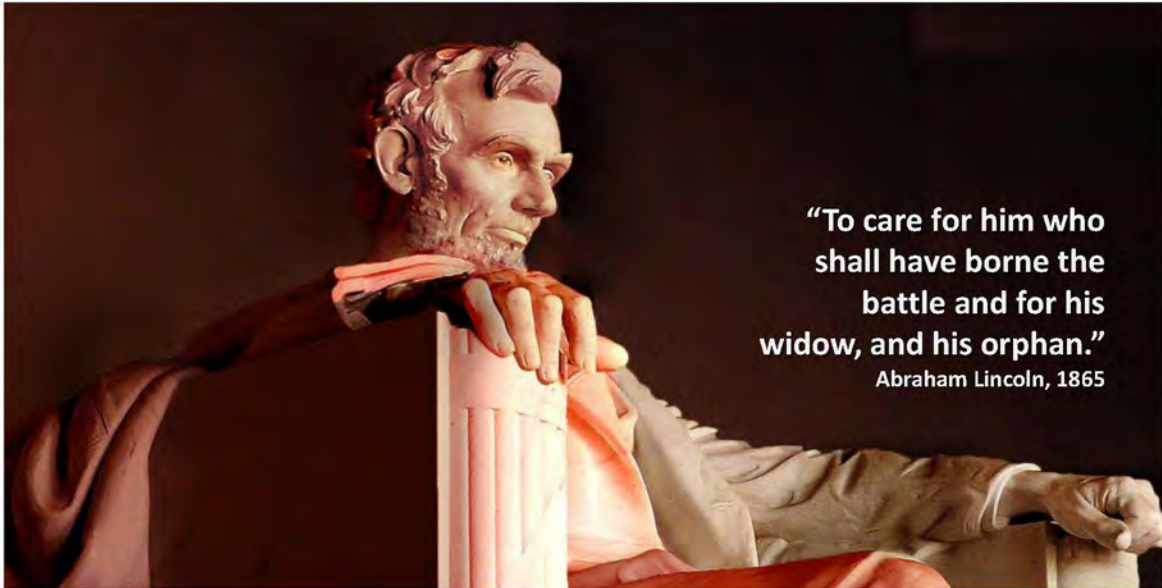
Lessons from Service . . . and Life

David J. Shulkin, M.D.
9th Secretary of Veterans Affairs
March 17, 2017



Never Skip Breakfast Or Lunch





**"To care for him who
shall have borne the
battle and for his
widow, and his orphan."
Abraham Lincoln, 1865**

Living with purpose is more rewarding than meandering around



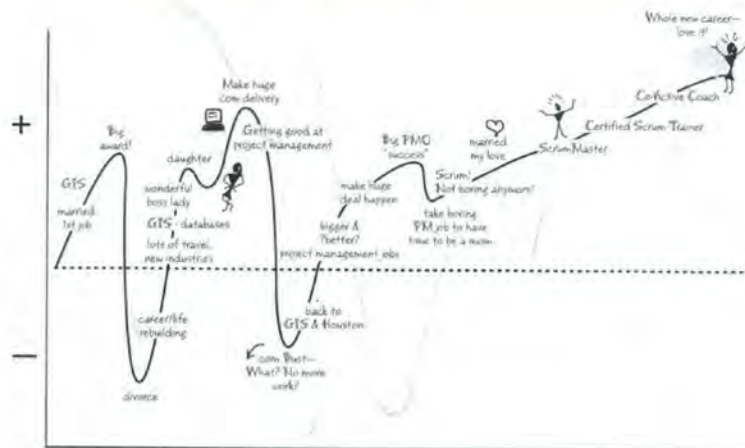
5

VA  U.S. Department
of Veterans Affairs



6

Share Your Journey

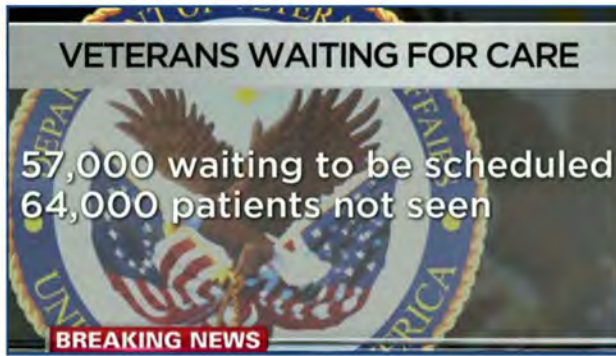


Pay Attention to Culture – Final Salute Honors Holocaust Survivor & Veteran



8

Ask the Right Questions: 600,000 Veterans Waiting for Care



Focus on What's Important



10

Set Big Goals

If you have a need for primary or mental health care right away, you can have it addressed the same day during regular business hours.

myVAaccess
Care When You Need It

The tools you want for the care you need!

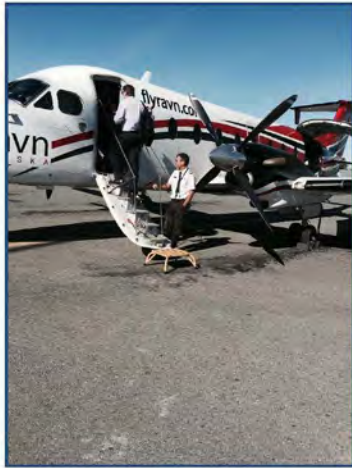
- See a member of your PACT
- Get answers through secure messaging
- Pharmacy access and refills online or by phone
- Tele-health video conferencing
- Call your PACT or Mental Health Team with questions or for information

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.





Get Out of the Office



13

VA  U.S. Department
of Veterans Affairs

Learning Medicine on the Ski Slopes

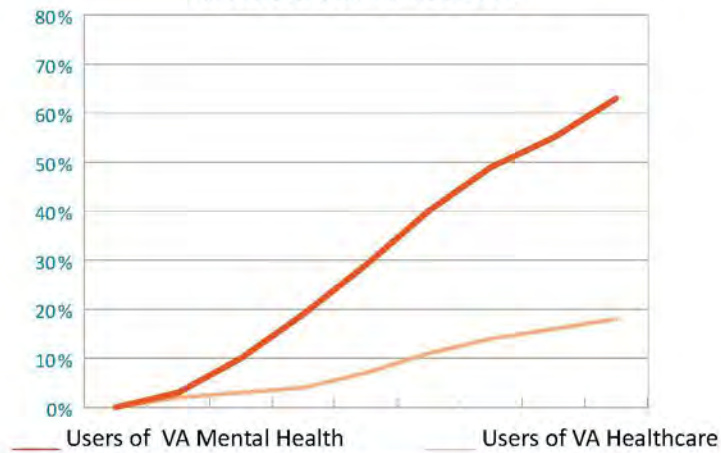


VA's Definition of Health

	Private Sector	Veterans Health Administration
Peer Support		X
Crisis Lines		X
Transportation		X
Caregivers		X
Homelessness Services		X
Medication Support		X
Behavioral Health Integration		X
Aligned Incentives		X
Lifelong Relationships		X
Single EMR Platform		X
Works with Most Leading Medical Centers		X
Vocational Support		X

Mental Health Services

Percent Growth Since 2005



Run towards the gunfire



Be Present



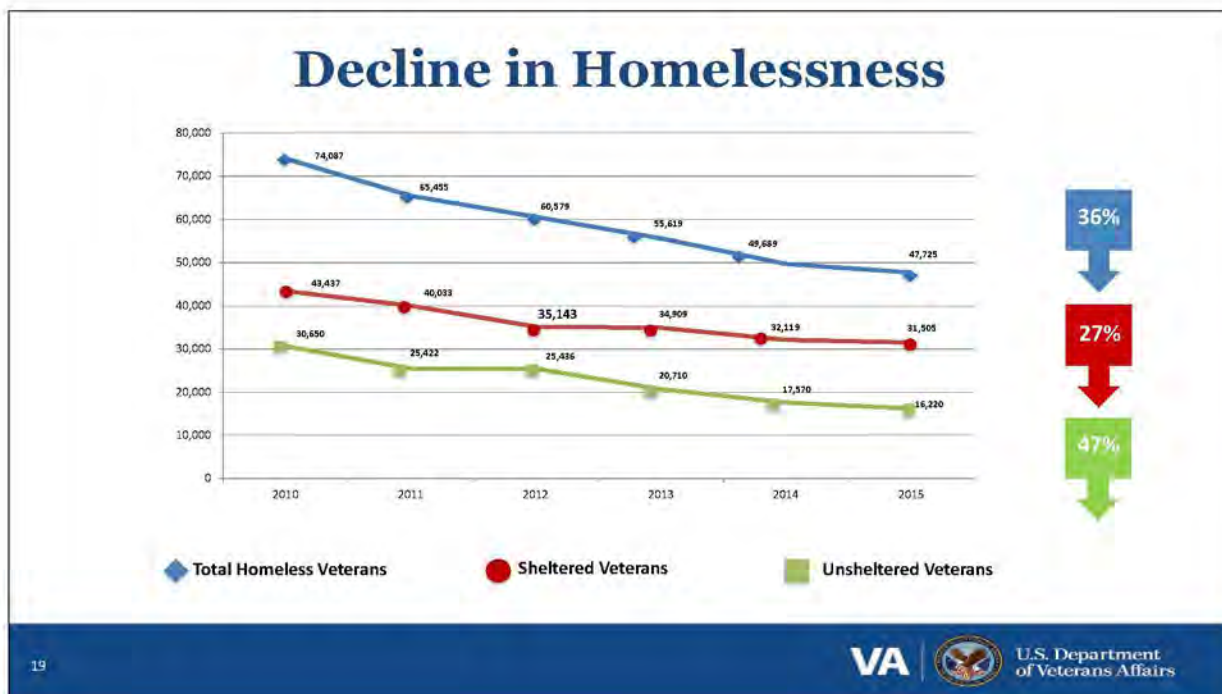


Chart redone to make it easier to read.

Focus on the Workforce



The diagram is an inverted triangle divided into five horizontal sections. From top to bottom, the sections are: 'Veterans and their Families', 'Employees', 'Senior Executives', 'Assistant & Under Secretaries', and 'Deputy Secretary & Secretary'. The 'myVA' logo is positioned to the left of the bottom two sections. The entire diagram is enclosed in a blue border with the title 'MyVA Organizational Hierarchy' at the top.



The screenshot shows a man in a white lab coat smiling in a clinical setting. To his right is a sidebar with the 'VA Careers' header. Below the header is a paragraph describing VA's role in the healthcare system. Further down are social media links for Facebook, Twitter, and LinkedIn, followed by a 'VA Career' button.

20



U.S. Department
of Veterans Affairs





Rid Organizations of Bad Actors (Detailing not Firing)

"Dealing with employee issues
can be difficult,
but *not dealing with them*
can be worse."

- Paul Foster, CEO and Founder, The Business Therapist

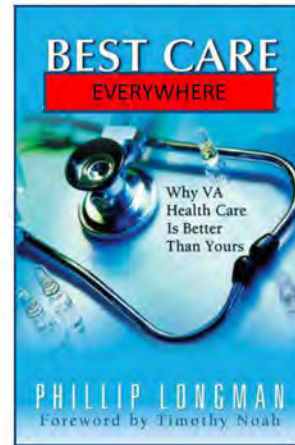
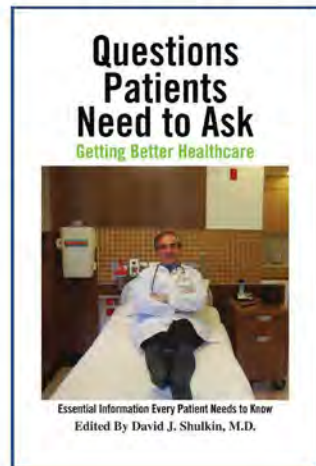


Little Stuff Matters

*Thank
You*



Get Everyone's Ideas



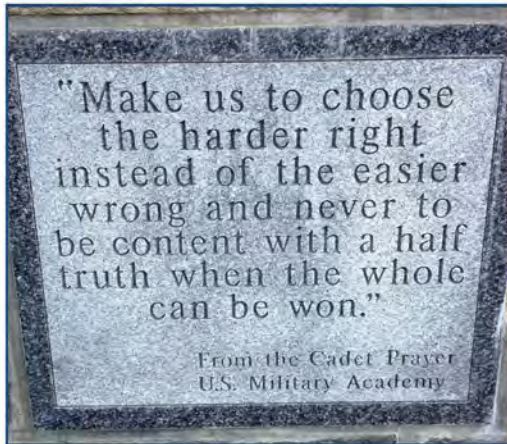
Invest in Others and Develop Them



Principle Versus Rules Based Organizations



Choose the Hard Right over the Easier Wrong



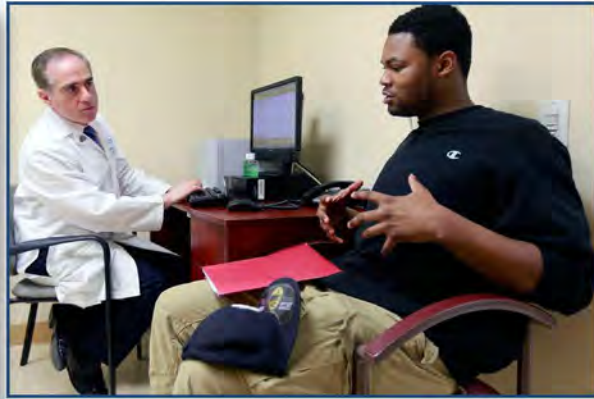
Leading by Example: McDonald Gives out Cellphone



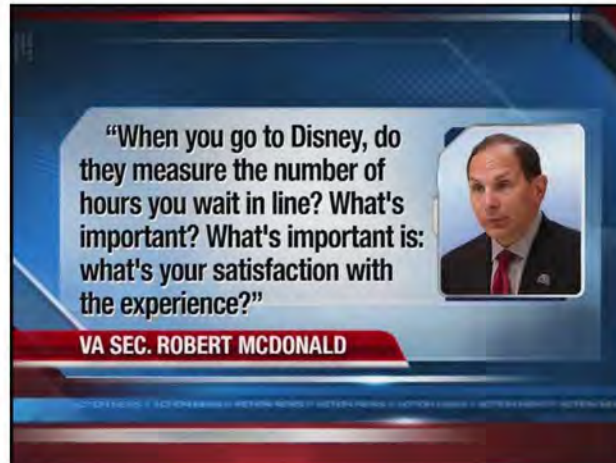
28

VA  U.S. Department
of Veterans Affairs

Walking the Talk – Practicing in NY and Oregon



As a Leader Words Make a Difference (Disney)





31

Leaders Propose Solutions and Not Criticisms



PROPOSE
THE SOLUTION

Getting People to Be Part of the Solution

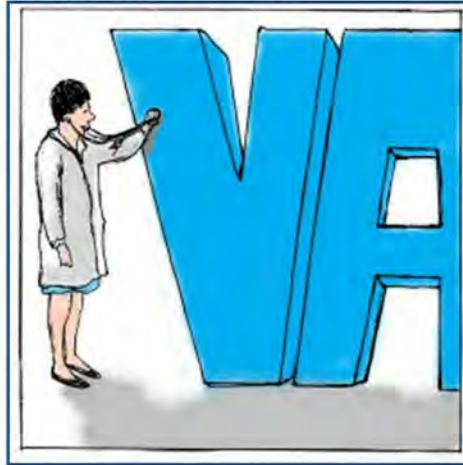


REACH-VET Program Will Enhance Veterans Care



- Uses data to identify Veterans at high risk for suicide.
- Notifies VA providers of the risk assessment.

Making Tough Decisions



35

VA



U.S. Department
of Veterans Affairs

It Takes An Act of Congress



APRNS – 300k Comments



Challenge the Status Quo



Innovations from VA



First Liver Transplant



CT Scanner



Artificial Kidney



7 Lasker Awards



3 Nobel Prizes



Nicotine Patches



Cardiac Pacemaker



Center for Compassionate Innovation @VA

To enhance Veterans health and well-being by offering safe and ethical therapies after traditional treatments have not been successful



Don't Take No for an Answer



Decline in Opioid Use Since 2012

Opioid use:	↓	31% to 471,340 Veterans on opioid
Long-term opioid use:	↓	36% to 281,029 Veterans on LOT
Benzo co-prescribing:	↓	% to 53,485 Veterans
High dose (>100 mg MEDD*):	↓	44% to 33,149 Veterans
Annual drug screening:	↑	From 37% to 86%

*MEDD = Morphine Equivalent Daily Dosage



Effective Organizations Breakdown Silos





VA

U.S. Department
of Veterans Affairs

10 Priorities for Sec VA

Accountability Legislation
Extend the Choice Deadline Past August
Choice 2.0 Legislation
Infrastructure Improvements & Consolidations
Enhance Foundational Services in VA
VA/DOD/Federal Coordination
EMR Interoperability and Modernization
Breakthrough in Suicide Prevention
Appeals Modernization
Accelerating VBA Performance on Claims

45

You might want to just read the list and then go on.

Partnering to Serve Veterans

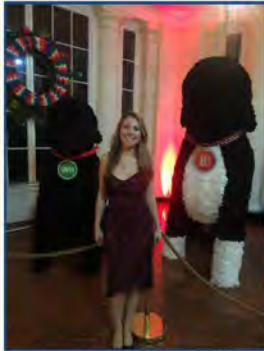


Strategic Partnerships

Veterans Day Parade

<https://www.youtube.com/watch?v=38pl8hc9aso&feature=youtu.be>

Promote Work-Life Balance and Family Time



Have Fun



We Won't Be Satisfied Until



Beth Israel

Beth Israel Medical Group

**Will your doctor
see you at 3 am?**

Ours will.

Open 24 hours a day. Every day.

**Beth Israel Medical Group
23rd Street and 7th Avenue**

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/17/2017 11:12:18 AM
To: Bruce Moskowitz <(b) (6)@mac.com>
Subject: Re: Wharton School and Mack Center

I had been in touch with (b) (6) about meeting but now i have to be at the WH today and won't get to Wharton till the late afternoon. Dean (b) (6) is away today and says he wants to cone see me in DC- ill reconnect with (b) (6) for another time

Sent from my iPhone

On Mar 17, 2017, at 5:59 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

If you have time to meet with the Wharton MBA (b) (6) in Philadelphia or Washington and think that the Mack Center at Wharton that fosters this relationship of using a Veterans background to develop a new business makes sense I will ask (b) (6) to donate some resources.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 10, 2017 at 6:58:06 AM EST
To: Bruce Moskowitz <(b) (6)@mac.com>
Cc: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: NeuroFlow CEO Background and Research Update

This looks very interesting. It appears early but i think talking to the Penn people about what they are seeing makes sense

David

Sent from my iPhone

On Mar 10, 2017, at 6:47 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

This research was done at (b) (6) center at Wharton and the U of PENN. My foundation donated for the PENN Medicine Part. We need to determine if it has any relevance to the VA and if so I will discuss directly with (b) (6)

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: (b) (6) <(b) (6)@neuroflowsolution.com>
Date: March 4, 2017 at 2:13:58 PM EST
To: "Bruce Moskowitz M.D." <(b) (6)@mac.com>
Subject: NeuroFlow CEO Background and Research Update

Dr. Moskowitz,

A summary per your request, including my background and a research update:

NeuroFlow is a digital health company changing the way we see brain health. Co-founded by a (b) (6) a Wharton MBA, West Point graduate and Army Combat Veteran, and (b) (6) a Penn bio-engineering PhD, NeuroFlow uses bio-metric data in real time to analyze mental stimulation data in order to optimize mental health assessments and performance metrics.

(b) (6) NeuroFlow's CEO, is a graduate of the United States Military Academy at West Point, NY, and served for 5 years as a Field Artillery Army officer, deploying overseas to combat in Iraq. He co-founded the Veteran literacy non-profit, Things We Read, and is now an MBA candidate at The Wharton School of the University of Pennsylvania, graduating this May, and will lead NeuroFlow full-time (see attached for full resume).

NeuroFlow, so far, as engaged in preliminary data gathering and a human clinical study approved by University of Pennsylvania's Institutional Review Board (IRB). The study is not expected to be completed until the early summer, but early results show a clear correlation between EEG signals (primarily power of Alpha-waves), heart rate variability and galvanic skin responses.

Additionally, the software we have developed is now a fully functional prototype that can in-take bio-metric data through blue-tooth enabled devices, process and store that data, showing it in a user friendly manner.

Thank you in advance,

(b) (6)

—

Respectfully,

(b) (6)

Co-Founder/CEO

NeuroFlow Solution, Inc. is a private company and its information is not to be disclosed to the public.

(b) (6) @neuroflowsolution.com

(c) 347.881 (b) (6)

<Executive Summary_NeuroFlow.pdf>

<(b) (6) Resume.pdf>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/17/2017 9:59:31 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Wharton School and Mack Center

If you have time to meet with the Wharton MBA [(b) (6)] in Philadelphia or Washington and think that the Mack Center at Wharton that fosters this relationship of using a Veterans background to develop a new business makes sense I will ask [(b) (6)] to donate some resources.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: March 10, 2017 at 6:58:06 AM EST
To: Bruce Moskowitz <[(b) (6)] mac.com>
Cc: Poonam Alaigh <[(b) (6)] hotmail.com>
Subject: Re: NeuroFlow CEO Background and Research Update

This looks very interesting. It appears early but i think talking to the Penn people about what they are seeing makes sense

David

Sent from my iPhone

On Mar 10, 2017, at 6:47 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

This research was done at [(b) (6)] center at Wharton and the U of PENN. My foundation donated for the PENN Medicine Part. We need to determine if it has any relevance to the VA and if so I will discuss directly with [(b) (6)]

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]@neuroflowsolution.com>
Date: March 4, 2017 at 2:13:58 PM EST
To: "Bruce Moskowitz M.D." <[(b) (6)] mac.com>
Subject: NeuroFlow CEO Background and Research Update

Dr. Moskowitz,

A summary per your request, including my background and a research update:

NeuroFlow is a digital health company changing the way we see brain health. Co-founded by a [(b) (6)] a Wharton

MBA, West Point graduate and Army Combat Veteran, and (b) (6) a Penn bio-engineering PhD, NeuroFlow uses bio-metric data in real time to analyze mental stimulation data in order to optimize mental health assessments and performance metrics.

(b) (6) NeuroFlow's CEO, is a graduate of the United States Military Academy at West Point, NY, and served for 5 years as a Field Artillery Army officer, deploying overseas to combat in Iraq. He co-founded the Veteran literacy non-profit, Things We Read, and is now an MBA candidate at The Wharton School of the University of Pennsylvania, graduating this May, and will lead NeuroFlow full-time (see attached for full resume).

NeuroFlow, so far, as engaged in preliminary data gathering and a human clinical study approved by University of Pennsylvania's Institutional Review Board (IRB). The study is not expected to be completed until the early summer, but early results show a clear correlation between EEG signals (primarily power of Alpha-waves), heart rate variability and galvanic skin responses.

Additionally, the software we have developed is now a fully functional prototype that can in-take bio-metric data through blue-tooth enabled devices, process and store that data, showing it in a user friendly manner.

Thank you in advance,

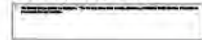
(b) (6)

--

Respectfully,

(b) (6)

Co-Founder/CEO



(b) (6) @neuroflowsolution.com

(c) (b) (6)

<Executive Summary_NeuroFlow.pdf>

<(b) (6) Resume.pdf>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/5/2017 2:06:08 AM
To: Bruce Moskowitz <(b) (6) mac.com>
Subject: Re: VA important to read DOD CHOICE FOR EMR

He is probably right but dod reports so far so good

Sent from my iPhone

On Apr 4, 2017, at 6:05 PM, Bruce Moskowitz <(b) (6) mac.com> wrote:

This is from Ross Koppel a professor U of Penn who studies health IT

One more thing. What's the chance of Cerner/Leidos/Accenture actually succeeding in this huge, global EHR military/VA integration project? I and many informed observers put the chances of success at slim to none. *Ross Koppel's* quote below accurately reflects my opinion (see: [Cerner is part of team that wins huge contract to revamp military's health records](#)):

Some analysts were skeptical that any of the bidders was up to the task. In the end, the Pentagon had a choice among three finalists who offered fairly mediocre systems for the price, said Ross Koppel, a professor of sociology at the University of Pennsylvania who studies health information technology. "All the systems are stunningly clunky, the interfaces are state of the art 15 years ago, the usability is far inferior to every other system of the modern era, and the lack of interoperability makes a hash of the data," Koppel said.

So, here's what's I think is going to happen? A year or two from now, Cerner/Leidos/Accenture will announce a *huge victory* in installing and integrating the Cerner EHR in a large Army hospital and a few free-standing clinics. Then, total "radio silence" for five or six years. Then a DOD spokesperson will announce that the military is unhappy with the EHR contractors who have not lived up to the terms of the contract in addition to being responsible for cost overruns with the cost swelling to, say, \$15 billion with little to show for it. This latter news will not receive much media coverage.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 4/4/2017 10:05:03 PM
To: drshulkin@aol.com
CC: IP [(b) (6)] frenchangel59.com]; mbs[(b) (6)] @gmail.com
Subject: VA important to read DOD CHOICE FOR EMR

This is from Ross Koppel a professor U of Penn who studies health IT

One more thing. What's the chance of Cerner/Leidos/Accenture actually succeeding in this huge, global EHR military/VA integration project? I and many informed observers put the chances of success at slim to none. *Ross Koppel's* quote below accurately reflects my opinion (see: [Cerner is part of team that wins huge contract to revamp military's health records](#)):

Some analysts were skeptical that any of the bidders was up to the task. In the end, the Pentagon had a choice among three finalists who offered fairly mediocre systems for the price, said Ross Koppel, a professor of sociology at the University of Pennsylvania who studies health information technology. "All the systems are stunningly clunky, the interfaces are state of the art 15 years ago, the usability is far inferior to every other system of the modern era, and the lack of interoperability makes a hash of the data," Koppel said.

So, here's what's I think is going to happen? A year or two from now, Cerner/Leidos/Accenture will announce a *huge victory* in installing and integrating the Cerner EHR in a large Army hospital and a few free-standing clinics. Then, total "radio silence" for five or six years. Then a DOD spokesperson will announce that the military is unhappy with the EHR contractors who have not lived up to the terms of the contract in addition to being responsible for cost overruns with the cost swelling to, say, \$15 billion with little to show for it. This latter news will not receive much media coverage.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 11:14:50 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Where are you today

I am going at 11 am today

Sent from my iPhone

> On Mar 16, 2017, at 6:18 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

>

> Before heading to the evening event - I want to see if I can hitch a ride with you from Newark NJ Penn station and head to the event with you

>

> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/16/2017 10:18:04 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Where are you today

Before heading to the evening event - I want to see if I can hitch a ride with you from Newark NJ Penn station and head to the event with you

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 9:53:29 PM
To: IP [REDACTED] frenchangel59.com]
Subject: Re: Agenda

Ike- This is excellent- very well done and on target

Thanks

David

Sent from my iPhone

On Mar 16, 2017, at 5:33 PM, IP <[REDACTED] frenchangel59.com> wrote:

David,

Please read the attached Agenda and let me know if you think we should add or change anything.

I will share this agenda with the President and Jared Kushner.

Please let me know as soon as possible.

Thank you,
Ike

<President Trump Agenda 031817 (3).pdf>

Message

From: IP [REDACTED]frenchangel59.com]
Sent: 3/16/2017 9:33:36 PM
To: David shulkin [drshulkin@aol.com]
Subject: Agenda
Attachments: President Trump Agenda 031817 (3).pdf

David,

Please read the attached Agenda and let me know if you think we should add or change anything.

I will share this agenda with the President and Jared Kushner.

Please let me know as soon as possible.

Thank you,
Ike

AGENDA

SATURDAY, MARCH 18, 2017

Attendees:

President Trump

(b) (5)

I. STRATEGIC PLAN ACCOMPLISHMENTS TO DATE *[THE FIRST 57 DAYS]*

1.

2.

3.

4.

5.

6.

7.

II. ITEMS FOR DISCUSSION AND ADDITIONAL ACTION

1.

2.

3.

4.

5.

6.

III. FUTURE STRATEGIC PLAN ITEMS

1.

2.

3.

4.

5.

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 5/13/2017 1:01:16 PM
To: (b) (6)@hotmail.com
Subject: Re: Washington VA

(b) (6) cannot do anything

You need to get human resources and legal and tell them you want a solution- they need to find a way to give you options

-----Original Message-----

From: Poonam Alaigh <(b) (6)@hotmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sat, May 13, 2017 8:56 am
Subject: Re: Washington VA

No sarcasm- need a solution - troubling me. Spoke to (b) (6) but not getting much confidence in her problem solving ability

Sent from my iPhone

On May 13, 2017, at 7:44 AM, David shulkin <Drshulkin@aol.com> wrote:

No

Sent from my iPhone

On May 12, 2017, at 10:58 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Are you serious

Sent from my iPhone

On May 12, 2017, at 7:35 PM, David shulkin <Drshulkin@aol.com> wrote:

Patient safety

Sent from my iPhone

On May 12, 2017, at 7:31 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Robin???

Sent from my iPhone

On May 12, 2017, at 6:50 PM, David shulkin <Drshulkin@aol.com> wrote:

Id give this one to Robin

Sent from my iPhone

On May 12, 2017, at 6:48 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

I think its a
collaboration- I have
a call set up with all
of these folks with
(b) (6) in the next 2
weeks

From: David shulkin
<Drshulkin@aol.com>
Sent: Friday, May 12,
2017 6:43 PM
To: Poonam Alaigh
Subject: Fwd:
Washington VA

Not sure what we
would
announce? Are you?

Sent from my iPhone

Begin forwarded
message:

From:
Bruce
Mosko
witz
(b) (6)
[REDACTED]
[REDACTED]
[\[REDACTED\]@mac.
com](mailto:[REDACTED]@mac.com)>
Date:
May
12,
2017
at
6:31:1
3 PM
EDT
To:
David
shulkin
<[Drshulkin@a
ol.com](mailto:Drshulkin@aol.com)>
>

Cc:

Poona

m

Alaigh

<(b) (6)>

h

[mail.co](#)

m>, IP

(b) (6)

[fr](#)

[enchan](#)

[gel59.c](#)

[om>](#), L

Perl

<(b) (6)>

(b) (6) [@g](#)

[mail.co](#)

[m>](#),

[mbshe](#)

(b) (6)

[@gmai](#)

[l.com](#)

Subjec

t: Re:

Washi

ngton

VA

Also

we

now

have

the

head

of

Wome

n's

Health

at

mayo

Harvar

d and

Hopkin

s

They

will

allow

you to

annou

nce
their
Assista
nce in
wome
n's
health

Sent
from
my
iPhone

On
May
12,
2017,
at 6:26
PM,
David
shulkin
<Drshulkin@aol.com>

wrote:

A
g
r
e
e
-
t
h
i
s
i
s
s
g
o
i
n
g
t
o
b
e
g

o
o
d

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
M
a
y
1
2
,
2
0
1
7
,
a
t
5
:
4
6
P
M
,
B
r
u
c
e

M
o
s
k
o
w
i
t
z
<

(b) (6)

@
m
a
c
:
c
o
m
>
w
r
o
t
e
:

T
h
i
s
i
s
v

e
r
y
i
m
p
o
r
t
a
n
t
i
n
f
o
r
m
a
t
i
o
n
a
n
d

W
e
w
i
l
l
p
l
a
n
a
c
c
l
l
w
i
t
h
y
o
u

d
i
r
e
c
t
l
y
.
T
h
a
n
k
y
o
u

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
M
a
y
1
2
,
2
0
1
7
,

a
t
5
:
3
5
P
M

(b) (6)

(b) (6)

@
i
h
m
i
e
d
u
>
w
r
o
t
e
:

D
r
.
M
o
s
k
o
w
i
t
z
&
D
r
.
A
l
a
i
g
h
,

T
h
a
n
k
y
o
u
f
o
r
t
h
e
i
n
v
i
t
e
t
o
t
h
e
m
e

t
i
n
g
o
n
M
a
y
1
5
t
h
b
u
t
u
n
f
o
r
t
u
n
a
t
e
l
y
l
w
i
l
l
b
e
o
n
a
n
a
i
r
p
l
a
n
e
a
t
t
h
a

t
t
i
m
e
a
n
d
w
i
l
l
n
o
t
b
e
a
b
l
e
t
o
a
t
t
e
n
d
.

T
w
o
o
t
h
e
r
m
e
m
b
e
r
s
o
f
t
h
e
J
o

h
n
s
H
o
p
k
i
n
s
t
e
a
m
w
i
l
l
b
e
p
a
r
t
i
c
i
p
a
t
i
n
g
a
n
d
w
i
l
l
b
e
a
b
l
e
t
o
c
o
n
t
r

i
b
u
t
e
t
o
t
h
e
e
f
f
o
r
t
.
A
s
l
m
e
n
t
i
o
n
e
d
i
n
m
y
p
r
e
v
i
o
u
s
n
o
t
e
,
b
e
f
o
r
e
j

o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
w
o
r
k
e
d
p
W
C
a
n
d
h
a
d
a
n
o
p
p
o
r
t
u
n
i
t
y
l
e
d
a
n
i

n
i
t
i
a
t
i
v
e
t
o
c
o
n
d
u
c
t
a
n
i
n
-
d
e
p
t
h
r
e
v
i
e
w
o
f
N
o
r
t
h
e
r
n
I
n
d
i
a
n
a
V
A

(N I H C S - V I S N 1 1) a n d w o r k w i t h t h e V I S N s u p p l y c h a i n l e a d e r s h i p

· I had a chance to review my notes and thought that I would share

o
m
e
o
f
t
h
o
s
e
i
n
s
i
g
h
t
s
t
h
a
t
m
a
y
h
e
l
p
i
n
y
o
u
r
e
f
f
o
r
t
a
s
y
o
u
s
e
e
k
i
m
p

r
o
v
e
m
e
n
t
s
...
t
h
e
a
s
s
e
s
s
m
e
n
t
i
s
f
r
o
m
2
0
1
1
/
1
2
b
u
t
I
b
e
l
i
e
v
e
a
n
u
m
b
e

r
o
f
t
h
e
s
e
i
n
s
i
g
h
t
s
m
a
y
s
t
i
l
l
b
e
v
a
l
i
d
.
T
h
e
a
s
s
e
s
s
m
e
n
t
w
a
s
a
n
i
n
-

d
e
p
t
h
r
e
v
i
e
w
b
u
t
I
h
a
v
e
a
t
t
a
c
h
e
d
a
h
i
g
h
-
l
e
v
e
l
o
v
e
r
v
i
e
w
o
f
t
h
e
V
A

s
t
a
t
u
s
a
t
t
h
e
t
i
m
e
a
g
a
i
n
s
t
t
h
e
s
e
l
e
a
d
i
n
g
s
u
p
p
l
y
c
h
a
i
n
p
r
a
c
t
i
c
e

s
.
A
t
N
I
H
C
S
,
~
\$
1
0
2
M
i
n
n
o
n
-
l
a
b
o
r
s
p
e
n
d
w
a
s
r
e
v
i
e
w
e
d
w
i
t
h
a
c
c
o
n
s

e
r
v
a
t
i
v
e
~
\$
8
M
i
n
o
p
p
o
r
t
u
n
i
t
y
c
o
s
t
i
m
p
r
o
v
e
m
e
n
t
s
i
d
e
n
t
i
f
i
e
d
.

S
a
v
i
n
g
s
w
e
r
e
s
p
l
i
t
e
q
u
a
l
l
y
b
e
t
w
e
e
n
s
u
p
p
l
i
e
s
a
n
d
s
e
r
v
i
c
e
s
.

I
n

S
u
p
p
l
i
e
s
o
p
p
o
r
t
u
n
i
t
i
e
s
w
h
e
r
e
f
o
c
u
s
e
d
o
n
(
c
o
n
t
r
a
c
t
s
w
r
i
t
t
e
n
t

h
a
t
d
i
d
n
o
t
c
o
n
s
t
r
a
i
n
e
x
t
r
a
n
e
o
u
s
c
o
s
t
,
n
o
n
-
u
s
e
o
f
p
r
i
m
e
v
e
n
d
o
r

s
,
m
u
l
t
i
p
l
e
p
r
o
d
u
c
t
s
c
o
n
t
r
a
c
t
e
d
i
n
c
a
t
e
g
o
r
i
e
s
,
p
-
c
a
r
d
u
s
e
f
o
r

c
l
i
n
i
c
a
l
p
r
o
d
u
c
t
s
,
e
x
t
e
r
n
a
l
s
i
t
e
o
r
d
e
r
i
n
g
(
i
.
e
.
p
u
n
c
h
-
o
u
t
,
s

)

.

K
e
y
S
e
r
v
i
c
e
o
p
p
o
r
t
u
n
i
t
i
e
s
f
o
c
u
s
e
d
o
n
t
h
e
r
a
t
i
o
n
a
l
i
z
a
t
i
o
n

o
f
i
n
s
o
u
r
c
e
/
o
u
t
s
o
u
r
c
e
o
p
p
o
r
t
u
n
i
t
i
e
s
,
l
a
c
k
o
f
c
a
t
e
g
o
r
y
l
e
v
e
r

a
g
e
a
n
d
e
x
p
e
r
t
i
s
e
t
o
a
s
s
u
r
e
p
r
o
p
e
r
l
o
c
a
l
c
o
n
t
r
a
c
t
t
e
r
m
s
a
n
d
p
r
i

c
i
n
g
,
a
l
i
g
n
m
e
n
t
o
f
c
a
p
i
t
a
l
p
u
r
c
h
a
s
e
s
a
n
d
o
n
g
o
i
n
g
s
e
r
v
i
c
e
r
e
q
u

i
r
e
m
e
n
t
s
)

Leading Process	Observations
Plan	Capital budgeting process does not take into account human and supply resources and costs. Processes are mixed within the facilities.
Source & Procure	Overall procurement strategy is set by pricing compliance was relatively high. Opportunities exist to standardize clinical supplies based on product volume aggregation and consolidation.
Move	Supplies are handled multiple times between facilities.
Pay	A minimal relationship exists between clinical and supply chain errors. P-Card approval policies allow for purchase without prior approval, leading to more than \$1.6M in unapproved purchases. Payments are made at the obligation level.
Structure & Staffing	Supply chain is not the single point of contact for clinical and multiple prime vendor website services. Local level support for contracting and logistics is limited.
Tools & Processes	Spend data is not readily available nor consistent across facilities. Reporting for supply spend is limited to a single point of view.
Organizational Alignment	Supply chain is generally viewed as a support function rather than a cost control with costs not well understood. Cross functional coordination of service delivery is limited, using different practices. Lack of transparency in supply chain efficient deliveries.

I am happy to have a view of the following process.

n
w
i
t
h
y
o
u
a
n
d
w
o
u
l
d
a
l
s
o
l
i
k
e
t
o
e
x
t
e
n
d
a
n
i
n
v
i
t
a
t
i
o
n
t
o
e
a
c
h
o
f
y

o
u
o
r
y
o
u
r
s
t
a
f
f
t
o
a
t
t
e
n
d
o
u
r
N
o
b
i
l
a
n
t
G
O
P
w
o
r
k
i
n
g
g
r
o
u
p
s
e
s
s
i
o

n
.
l
n
a
d
d
i
t
i
o
n
t
o
m
y
J
o
h
n
s
H
o
p
k
i
n
s
S
u
p
p
l
y
C
h
a
i
n
a
n
d
P
r
o
c
u
r
e
m
e
n

t
r
e
s
p
o
n
s
i
b
i
l
i
t
i
e
s
,
l
a
m
a
l
s
o
r
e
s
p
o
n
s
i
b
l
e
f
o
r
N
o
b
i
l
a
n
t
,
J
o
h
n
s

H
o
p
k
i
n
s
o
w
n
e
d
H
e
a
l
t
h
c
a
r
e
G
r
o
u
p
p
u
r
c
h
a
s
i
n
g
O
r
g
a
n
i
z
a
t
i
o
n
s
.
W

e
h
a
v
e
t
e
n
h
o
s
p
i
t
a
l
s
t
h
a
t
p
a
r
t
i
c
i
p
a
t
e
w
i
t
h
i
n
t
h
e
B
a
l
t
i
m
o
r
e
/
W
a

s
h
i
n
g
t
o
n
a
r
e
a
.
T
h
i
s
g
r
o
u
p
o
f
H
o
s
p
i
t
a
l
s
h
a
s
c
o
m
e
t
o
g
e
t
h
e
r
w
i
t
h
t

h
e
g
o
a
l
o
f
a
c
h
i
e
v
i
n
g
9
0
%
p
l
u
s
i
n
a
l
i
g
n
m
e
n
t
o
f
o
u
r
N
o
n
L
a
b
o
r
s
p
e
n
d

It is a patient centered care approach to identifying products and

d
s
e
r
v
i
c
e
s
t
h
a
t
c
a
n
a
d
v
a
n
c
e
c
l
i
n
i
c
a
l
o
u
t
c
o
m
e
s
a
t
t
h
e
l
o
w
e
s
t
c
o
s

t
.
p
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
a
t
t
e
n
d
a
s
t
h
e
r
e
m
a
y
b
e
a
d
d
i
t
i
o
n
a
l
l
e
a
r
n
i
n

g
s
y
o
u
c
a
n
i
n
c
o
r
p
o
r
a
t
e
i
n
t
o
y
o
u
r
p
r
o
c
e
s
s
e
s
s
o
r
w
e
m
a
y
i
d
e
n
t
i
f
y
o
p

p
o
r
t
u
n
i
t
i
e
s
w
h
e
r
e
o
u
r
N
o
b
i
l
a
n
t
c
o
l
l
a
b
o
r
a
t
i
v
e
c
a
n
b
e
o
f
a
s
s
i
s
t

a
n
c
e
t
o
t
h
e
W
a
s
h
i
n
g
t
o
n
V
A
.

I
h
o
p
e
t
h
i
s
h
e
l
p
s
,
J
H
H
S
a
n
d
m
y
t
e
a

m
s
t
a
n
d
r
e
a
d
y
t
o
s
u
p
p
o
r
t
t
h
e
V
A
a
n
d
o
u
r
v
e
t
e
r
a
n
s
.

R
e
g
a
r
d
s
,

(b) (6)

C
h
i
e
f
p
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
&
E
x
e
c
u
t
i
v
e

v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d
S
u
i
t
e
5
5
0
0
B
a
l
t
i
m
o
r
e
M
D
2
1
2
1
1
-
2
2
2
6
T
e
l
:
4
4
0

3
8
4

(b) (6)

a

x

:

4

4

3

:

9

9

7

(b) (6)

m

a

:

(b) (6)

i

h

m

i

:

e

d

u

F

r

o

m

:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
[
m
a
i
l
t
o
:]

(b) (6)

@
m
a
c
:
c
o
m
]
S
e
n
t
:

F
r
i
d
a
y
,
A
p
r
i
l
2
8
,
2
0
1
7
6
:
3
0
A
M
T
o
:
P
o
o
n
a
m
A
l
a
i
g
h
<

(b) (6)

h
o
t
m

(b) (6)

(b) (6)

(b) (6)

@
i
h
m
i
:
e
d
u
>
S
u
b
j
e
c
t
:
R
e
:
W
a
s
h
i
n
g
t
o
n
V
A

A
b
s
o
l
u
t
e
l
y

t
h
a
n
k
y
o
u

S
e
n
t
f
r
o
m
m
y
i
P
a
d
B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2

8
,
2
0
1
7
,
a
t
5
:
5
6
A
M
,
P
o
o
n
a
m
A
l
a
i
g
h

(b) (6)

@
h
o
t
m
a
i
l
:
c
o
m
>

w
r
o
t
e
:

T
h
a
n
k
s
-
t
h
i
s
w
o
u
l
d
i
n
d
e
e
d
b
e
e
x
t
r
e
m
e
l
y
v
a
l
u
a
b
l
e
.

B
r
u
c
e
,
a
f
t
e
r
y
o
u
r
c
a
l
l
d
o
y
o
u
t
h
i
n
k
o
u
r
i
n
t
e
r
n
a
l
t
e
a
m
c
a
n
c
o

n
n
e
c
t
w
i
t
h

(b) (6)

a
s
n
e
x
t
s
t
e
p
s
.

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n

A
p
r
2
8
,
2
0
1
7
,
a
t
5
:
4
8
A
M
r
B
r
u
c
e
M
o
s
k
o
w
i
t
z
<

(b) (6)

(b) (6)

@
m
a
c
c
o
m
>
w
r
o
t
e
:

T
h
a
n
k
y
o
u
I
w
i
l
l
c
a
l
l
y
o
u

S
e
n
t
f
r
o
m
m
y

i
P
a
d
B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2
8

,
2
0
1
7

,
a
t
2
:
5
9
A
M

(b) (6)

(b) (6)

(b) (6)

@
i
h
m
i
:
e
d
u
>
w
r
o
t
e
:

D
r
.
M
o
s
k
o
w
i
t
z
&
D
r

.
A
l
a
i
g
h
,

I
w
o
u
l
d
b
e
m
y
p
l
e
a
s
s
u
r
e
t
o
g
i
v
e
y
o
u
a
c
a
l
l
t
o
d
i
s
c
u
s
s
J
H

H
S
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
.

B
y
w
a
y
o
f
b
a
c
k
g
r
o
u
n
d
b
e
f
o

r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
l
e
d
p
r
i
c
e
W
a
t
e
r
h
o
u
s
e
C
o
o
p
e
r
s
(
P
W
C
)
H

e
a
l
t
h
c
a
r
e
p
r
o
v
i
d
e
r
S
u
p
p
l
y
C
h
a
i
n
p
r
a
c
t
i
c
e
a
n
d
h
a
d
t
h
e
o
p
p
o
r
t
u
n

i
t
y
t
o
w
o
r
k
w
i
t
h
V
A
,
s
V
I
S
N
s
u
p
p
l
y
c
h
a
i
n
t
e
a
m
a
s
w
e
l
l
a
s
c
o
n
d
u
c
t
a
n

i
n
-
d
e
p
t
h
s
u
p
p
l
y
c
h
a
i
n
r
e
v
i
e
w
o
f
t
h
e
V
A
,
s
N
o
r
t
h
e
r
n
I
n
d
i
a
n
a
H
e
a
l

t
h
S
y
s
t
e
m
.
(
N
I
H
C
S
)
.
T
h
o
s
e
i
n
s
i
g
h
t
s
c
o
u
p
l
e
d
w
i
t
h
J
H
H
S
,
s
p
a
t
i
e

n
t
c
e
n
t
e
r
e
d
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
s
h
o
u
l
d
p
r
o
v
i
d
e
t
h
e
b
a
c
k
d
r
o
p
t

o
i
d
e
n
t
i
f
y
o
p
p
o
r
t
u
n
i
t
i
e
s
t
o
b
e
n
e
f
i
t
t
h
e
V
A
.

R
e
g
a
r
d
s
,

(b) (6)

(b) (6)

C
h
i
e
f
P
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
&
E
x
e
c
u
t
i
v
e
D

i
r
e
c
t
o
r
N
o
b
i
l
i
t
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d
S
u
i
t
e
5
5
0
0
B
a
i
t
l
m
o
r
e
i
M
D
2
1
2
1
1
-
2
2
2
6
T
e
l
:
4
4
0
-
3
8

4

(b) (6)

a

x

4

4

3

9

9

7

(b) (6)

m

a

i

(b) (6)

@

i

h

m

i

:

e

d

u

F

r

o

m

:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
l
m
a
i
l
t
o
:

(b) (6)

m
a
c
:
c
o
m
] S
e
n
t
:

F
r
i
d
a
y
,
A
p
r
i
l
2
1
,
2
0
1
7
5
:
1
7
P
M
T
o
:

(b) (6)



@
i
h

m
i
:
e
d
u
>
C
c
:
p
o
o
n
a
m
A
l
a
i
g
h
<

(b) (6)

@
h
o
t
m
a
i
i
:
c
o
m
>
;

(b) (6)

(b) (6)

@
i
h
m
i
e
d
u
>
S
u
b
j
e
c
t
:
R
e
:
W
a
s
h
i
n
g
t
o
n
V
A

T
h
a
n
k
y
o
u
i
t

i
s
i
m
p
o
r
t
a
n
t
t
h
a
t
w
e
h
a
v
e
a
n
u
n
d
e
r
s
t
a
n
d
i
n
g
o
f
t
h
e
s
u
p
p
l
y
c
h

a
n
g
e
m
a
n
a
g
e
m
e
n
t
t
h
a
t
i
s
i
n
p
l
a
c
e
a
n
d
c
o
u
l
d
b
e
n
e
f
i
t
t
h
e
V
A

P

l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
c
a
l
l
m
y
c
e
l
l
a
n
y
t
i
m
e
5
6
1
/
3
4
6

(b) (6)



s
e
n

t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2
1
,
2
0
1
7
,
a
t
9
:
5
5
A
M

(b) (6)



(b) (6)

le
e
m
o
c
h
a
:
c
o
m
>
w
r
o
t
e
:

H
i
A
a
r
o
n
a
n
d
P
o
o
n
a
m
,

B
y
w

a
y
o
f
t
h
i
s
e
m
a
i
l
,
m
i
n
t
r
o
d
u
c
i
n
g
y
o
u
t
o

(b) (6)

,
w
h
o

i
s
i
n
c
h
a
r
g
e
o
f
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
m
a
n
a
g
e
m
e
n
t
f
o
r
t
h
e

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
,
w
h
i
c
h
h
a
s
a
n
e
x
t
e
r
n
a
l
a
r
m
a
s
w

e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r

(b) (6)

,
J
H
H
S
,
C
F
O
.

I
,
m
a
l
s
o
i
n
c

I
u
d
i
n
g

(b) (6)

V
P
a
n
d
C
T
O
o
f
J
o
h
n
s
H
o
p
k
i
n
s
,
f
o
r
h
i
s
r
e
f

e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o
u

(b) (6)

C
T
O
,
e
m
o
c

h
a

|
7
8
5
.
2
1
8
.

(b) (6)

e
m
o
c
h
a
M
o
b
i
l
e
H
e
a
l
t
h
I
n
c
.
1
8
1
2
A
s
h
l
a
n
d
A

venue 1st Floor - Suite 100 Baltimore, MD, 21205
visit us at [emo](#)

memorandum

On April 14, 2017, at 9:54 AM, Aaron Moskowitz

w
i
t
z

<

(b) (6)

@

m

a

c

c

c

o

m

>

w

r

o

t

e

:

:

:

:

H

i

(b) (6)

,

|

t

w

a

s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n
p
e
r
s
o
n
y
e
s
t
e
r
d
a
y
.
I
w
a
n
t
e
d
t
o
p
u
t
y
o
u
i

n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i
g
h
,
w
h
o
m
l
a
l
s
o
s
p
o
k
e
w
i
t
h
y
e
s
t
e
r
d
a

y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t
o
l
e
a
r
n
m
o
r
e
a
b
o
u
t
t
h
e
i
n
v
e
n
t
o
r

y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o
p
k
i
n
s
h
a
s
s
e
t
u
p
.
C
o
u
l
d
y
o
u
p

u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l
y
?

S
i
n
c
e
r
e
l
y
,
A
a
r
o

n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i
o
m
e
d
i
c
a
l
R
e
s
e
a
r
c
h
&
E
d
u

c
a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
w
w
w
:
b
r
e
f
n
e
t
:
o
r
g

(
c
)
5
6
1
-
5
1
2
-

(b) (6)

0

1
O
N
.
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k
P
h
i
l
a
d
e
l
p
h
i
a
,
P
A
1
9
1
2
3

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 5/13/2017 12:52:48 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Washington VA

No sarcasm- need a solution - troubling me. Spoke to [(b) (6)] but not getting much confidence in her problem solving ability

Sent from my iPhone

On May 13, 2017, at 7:44 AM, David shulkin <Drshulkin@aol.com> wrote:

No

Sent from my iPhone

On May 12, 2017, at 10:58 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Are you serious

Sent from my iPhone

On May 12, 2017, at 7:35 PM, David shulkin <Drshulkin@aol.com> wrote:

Patient safety

Sent from my iPhone

On May 12, 2017, at 7:31 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Robin???

Sent from my iPhone

On May 12, 2017, at 6:50 PM, David shulkin <Drshulkin@aol.com> wrote:

Id give this one to Robin

Sent from my iPhone

On May 12, 2017, at 6:48 PM,
Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

I think its a
collaboration- I have
a call set up with all
of these folks with

(b) (6) in the next 2
weeks

From: David shulkin
<Drshulkin@aol.com>
Sent: Friday, May 12,
2017 6:43 PM
To: Poonam Alaigh
Subject: Fwd:
Washington VA

Not sure what we
would
announce? Are you?

Sent from my iPhone

Begin forwarded
message:

From:
Bruce
Mosko
witz
(b) (6)
[REDACTED]
[REDACTED]
[\[REDACTED\]@mac.
com](mailto:[REDACTED]@mac.com)>
Date:
May
12,
2017
at
6:31:1
3 PM
EDT
To:
David
shulkin
<[Drshulkin@a
ol.com](mailto:Drshulkin@aol.com)>
>
Cc:
Poona
m

Alaigh

(b) (6)

[h@hotmail.com](#)

m>, IP

<(b) (6)>@fr

[enchan](#)

[gel59.com](#)>, L

Perl

<(b) (6)>

(b) (6)@g
[mail.com](#)

m>,

[mbshe](#)

(b) (6)

[@gmail.com](#)

Subject:

Re:

Washi

ngton

VA

Also

we

now

have

the

head

of

Wome

n's

Health

at

mayo

Harvar

d and

Hopkin

s

They

will

allow

you to

annou

nce

their

Assista

nce in

wome
n's
health

Sent
from
my
iPhone

On
May
12,
2017,
at 6:26
PM,
David
shulkin
<Drshulkin@aol.com>
wrote:

A
g
r
e
e
-
t
h
i
s
i
s
s
g
o
i
n
g
t
o
b
e
g
o
o
d

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
M
a
y
1
2
,
2
0
1
7
,
a
t
5
:
4
6
P
M
,
B
r
u
c
e
M
o
s
k

o
w
i
t
z
<

(b) (6)

@
m
a
c
:
c
o
m
>
w
r
o
t
e
:

T
h
i
s
i
s
s
v
e
r
y
i

m
p
o
r
t
a
n
t
i
n
f
o
r
m
a
t
i
o
n
a
n
d

W
e
w
i
l
l
p
l
a
n
a
c
c
l
l
w
i
t
h
y
o
u
d
i
r
e

c
t
l
y
.
T
h
a
n
k
y
o
u

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
M
a
y
1
2
,
2
0
1
7
,
a
t
5
:

3
5
P
M

(b) (6)

@
i
h
m
i
:
e
d
u
>
w
r
o
t
e
:

D
r
·
M
a

s
k
o
w
i
t
z
&
D
r
·
A
l
a
i
g
h
,

T
h
a
n
k
y
o
u
f
o
r
t
h
e
i
n
v
i
t
e
t
o
t
h
e
m
e
e
t
i
n

g
o
n
M
a
y
1
5
t
h
b
u
t
u
n
f
o
r
t
u
n
a
t
e
l
y
I
w
i
l
l
b
e
o
n
a
n
a
i
r
p
l
a
n
e
a
t
t
h
a
t
t
i

m
e
a
n
d
w
i
l
l
n
o
t
b
e
a
b
l
e
t
o
a
t
t
e
n
d
.

T
w
o
o
t
h
e
r
m
e
m
b
e
r
s
o
f
t
h
e
J
o
h
n
s

H
o
p
k
i
n
s
t
e
a
m
w
i
l
l
b
e
p
a
r
t
i
c
i
p
a
t
i
n
g
a
n
d
w
i
l
l
b
e
a
b
l
e
t
o
c
o
n
t
r
i
b
u

t
e
t
o
t
h
e
e
f
f
o
r
t
.
A
s
I
m
e
n
t
i
o
n
e
d
i
n
m
y
p
r
e
v
i
o
u
s
n
o
t
e
,
b
e
f
o
r
e
j
o
i
n

i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
w
o
r
k
e
d
P
W
C
a
n
d
h
a
d
a
n
o
p
p
o
r
t
u
n
i
t
y
l
e
d
a
n
i
n
i
t

i
a
t
i
v
e
t
o
c
o
n
d
u
c
t
a
n
i
n
-
d
e
p
t
h
r
e
v
i
e
w
o
f
N
o
r
t
h
e
r
n
I
n
d
i
a
n
a
V
A
(
N
I

H
C
S
-
V
I
S
N
1
1
)
a
n
d
w
o
r
k
w
i
t
h
t
h
e
V
I
S
N
s
u
p
p
l
y
c
h
a
i
n
l
e
a
d
e
r
s
h
i
p
.
I
h

a
d
a
c
h
a
n
c
e
t
o
r
e
v
i
e
w
m
y
n
o
t
e
s
a
n
d
t
h
o
u
g
h
t
t
h
a
t
I
w
o
u
l
d
s
h
a
r
e
s
o
m
e

o
f
t
h
o
s
e
i
n
s
i
g
h
t
s
t
h
a
t
m
a
y
h
e
l
p
i
n
y
o
u
r
e
f
f
o
r
t
a
s
y
o
u
s
e
e
k
i
m
p
r
o
v

e
m
e
n
t
s
...
t
h
e
a
s
s
e
s
s
m
e
n
t
i
s
f
r
o
m
2
0
1
1
/
1
2
b
u
t
I
b
e
l
i
e
v
e
a
n
u
m
b
e
r
o
f

t
h
e
s
e
i
n
s
i
g
h
t
s
m
a
y
s
t
i
l
l
b
e
v
a
l
i
d
.
T
h
e
a
s
s
e
s
s
m
e
n
t
w
a
s
a
n
i
n
-
d
e
p

t
h
r
e
v
i
e
w
b
u
t
I
h
a
v
e
a
t
t
a
c
h
e
d
a
h
i
g
h
-
l
e
v
e
l
o
v
e
r
v
i
e
w
o
f
t
h
e
V
A
s
t
a

t
u
s
a
t
t
h
e
t
i
m
e
a
g
a
i
n
s
t
t
h
e
s
e
l
e
a
d
i
n
g
s
u
p
p
l
y
c
h
a
i
n
p
r
a
c
t
i
c
e
s
.

A
t
N
I
H
C
S
,
~
\$
1
0
2
M
i
n
n
o
n
-
l
a
b
o
r
s
p
e
n
d
w
a
s
r
e
v
i
e
w
e
d
w
i
t
h
a
c
o
n
s
e
r
v

a
t
i
v
e
~
\$
8
M
i
n
o
p
p
o
r
t
u
n
i
t
y
c
o
s
t
i
m
p
r
o
v
e
m
e
n
t
s
i
d
e
n
t
i
f
i
e
d
.
S
a
v

i
n
g
s
w
e
r
e
s
p
l
i
t
e
q
u
a
l
l
y
b
e
t
w
e
e
n
s
u
p
p
l
i
e
s
a
n
d
s
e
r
v
i
c
e
s
.

I
n
S
u
p

p
l
i
e
s
o
p
p
o
r
t
u
n
i
t
i
e
s
w
h
e
r
e
f
o
c
u
s
e
d
o
n
(
c
o
n
t
r
a
c
t
s
w
r
i
t
t
e
n
t
h
a
t

d
i
d
n
o
t
c
o
n
s
t
r
a
i
n
e
x
t
r
a
n
e
o
u
s
c
o
s
t
,
n
o
n
-
u
s
e
o
f
p
r
i
m
e
v
e
n
d
o
r
s
,
m

u
l
t
i
p
l
e
p
r
o
d
u
c
t
s
c
o
n
t
r
a
c
t
e
d
i
n
c
a
t
e
g
o
r
i
e
s
,
p
-
c
a
r
d
u
s
e
f
o
r
c
l
i

n
i
c
a
l
p
r
o
d
u
c
t
s
,
e
x
t
e
r
n
a
l
s
i
t
e
o
r
d
e
r
i
n
g
(
i
.
e
.
p
u
n
c
h
-
o
u
t
,
s
)
.

K
e
y
S
e
r
v
i
c
e
o
p
p
o
r
t
u
n
i
t
i
e
s
f
o
c
u
s
e
d
o
n
t
h
e
r
a
t
i
o
n
a
l
i
z
a
t
i
o
n
o
f
i

n
s
o
u
r
c
e
/
o
u
t
s
o
u
r
c
e
o
p
p
o
r
t
u
n
i
t
i
e
s
,
l
a
c
k
o
f
c
a
t
e
g
o
r
y
l
e
v
e
r
a
g
e

a
n
d
e
x
p
e
r
t
i
s
e
t
o
a
s
s
u
r
e
p
r
o
p
e
r
l
o
c
a
l
c
o
n
t
r
a
c
t
t
e
r
m
s
a
n
d
p
r
i
c
i
n

g
,
a
l
i
g
n
m
e
n
t
o
f
c
a
p
i
t
a
l
p
u
r
c
h
a
s
e
s
a
n
d
o
n
g
o
i
n
g
s
e
r
v
i
c
e
r
e
q
u
i
r
e

m
e
n
t
s
)

Leading Process	Assessment
Plan	Capital budgeting process does not take into account human and supply resources and costs. Processes are mixed within the facilities.
Source & Procure	Overall procurement strategy is set by pricing compliance was relatively high. Opportunities exist to standardize clinical supplies based on product volume aggregation and consolidation.
Move	Supplies are handled multiple times between facilities.
Pay	A minimal relationship exists between clinical and supply chain errors. P-Card approval policies allow for purchase without prior approval, leading to more than \$1.6M in unapproved purchases. Payments are made at the obligation level.
Structure & Staffing	Supply chain is not the single point of contact for clinical and multiple prime vendor website services. Local level support for contracting and logistics is limited.
Tools & Processes	Spend data is not readily available nor consistent across facilities. Reporting for supply spend is limited to manual data entry.
Organizational Alignment	Supply chain is generally viewed as a support function rather than a cost control with costs not well understood. Cross functional coordination of service delivery is limited. Lack of transparency in pricing and efficient deliveries.

I
a
m
h
a
p
p
y
t
o
h
a
v
e
a
f
o
l
l
o
w
-
u
p
c
o
n
v
e
r
s
a
t

i
o
n
w
i
t
h
y
o
u
a
n
d
w
o
u
l
d
a
l
s
o
l
i
k
e
t
o
e
x
t
e
n
d
a
n
i
n
v
i
t
a
t
i
o
n
t
o
e
a
c
h
o

f
y
o
u
o
r
y
o
u
r
s
t
a
f
f
t
o
a
t
t
e
n
d
o
u
r
N
o
b
i
l
a
n
t
G
O
P
w
o
r
k
i
n
g
g
r
o
u
p
s
e
s
s

ion.
In addition to my Johns Hopkins
Supply Chain and Procurement

e
n
t
r
e
s
p
o
n
s
i
b
i
l
i
t
i
e
s
,
l
a
m
a
l
s
o
r
e
s
p
o
n
s
i
b
l
e
f
o
r
N
o
b
i
l
a
n
t
,
J
o
h

n
s
H
o
p
k
i
n
s
o
w
n
e
d
H
e
a
l
t
h
c
a
r
e
G
r
o
u
p
p
u
r
c
h
a
s
i
n
g
O
r
g
a
n
i
z
a
t
i
o
n
s
.

W
e
h
a
v
e
t
e
n
h
o
s
p
i
t
a
l
s
t
h
a
t
p
a
r
t
i
c
i
p
a
t
e
w
i
t
h
i
n
t
h
e
B
a
l
t
i
m
o
r
e
/

W
a
s
h
i
n
g
t
o
n
a
r
e
a
.
T
h
i
s
g
r
o
u
p
o
f
H
o
s
p
i
t
a
l
s
h
a
s
c
o
m
e
t
o
g
e
t
h
e
r
w
i
t

h
t
h
e
g
o
a
l
o
f
a
c
h
i
e
v
i
n
g
9
0
%
p
l
u
s
i
n
a
l
i
g
n
m
e
n
t
o
f
o
u
r
N
o
n
L
a
b
o
r
s
p
e

nd
.
It
is
a
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
a
p
p
r
o
a
c
h
t
o
i
d
e
n
t
i
f
y
i
n
g
p
r
o
d
u
c
t
s

a
n
d
s
e
r
v
i
c
e
s
t
h
a
t
c
a
n
a
d
v
a
n
c
e
c
l
i
n
i
c
a
l
o
u
t
c
o
m
e
s
a
t
t
h
e
l
o
w
e
s
t
c

o
s
t
.
p
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
a
t
t
e
n
d
a
s
t
h
e
r
e
m
a
y
b
e
a
d
d
i
t
i
o
n
a
l
l
e
a
r
n

i
n
g
s
y
o
u
c
a
n
i
n
c
o
r
p
o
r
a
t
e
i
n
t
o
y
o
u
r
p
r
o
c
e
s
s
e
s
o
r
w
e
m
a
y
i
d
e
n
t
i
f
y

o
p
p
o
r
t
u
n
i
t
i
e
s
w
h
e
r
e
o
u
r
N
o
b
i
l
a
n
t
c
o
l
l
a
b
o
r
a
t
i
v
e
c
a
n
b
e
o
f
a
s
s
i

s
t
a
n
c
e
t
o
t
h
e
W
a
s
h
i
n
g
t
o
n
V
A
.

I
h
o
p
e
t
h
i
s
h
e
l
p
s
,
J
H
H
S
a
n
d
m

y
t
e
a
m
s
t
a
n
d
r
e
a
d
y
t
o
s
u
p
p
o
r
t
t
h
e
V
A
a
n
d
o
u
r
v
e
t
e
r
a
n
s
.

R
e
g
a

r
d
s
,

(b) (6)

C
h
i
e
f
P
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h

S
y
s
t
e
m
&

E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t
e
5
5
0
0

B
a
l
t
i
m
o
r

e
M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4

(b) (6)

F
a
x
:
4
4
3
-
9
9
7

(b) (6)

E
m
a
i
l
:
:

(b) (6)

u
i
h
m
i
:
e
d

u

F
r
o
m
:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
[
[m](#)
[a](#)
[i](#)
[l](#)
[t](#)
[o](#)
:

(b) (6)



(b) (6)

h
m
a
c
:
c
o
m
l
S
e
n
t
:
F
r
i
d
a
y
,
A
p
r
i
l
2
8
,
2
0
1
7
6
:
3
0
A
M
T
o
:

P
o
n
a
m
A
l
a
i
g
h
<

(b) (6)

@
h
o
t
m
a
i
l
:
c
o
m
>
c
c
:

(b) (6)

(b) (6)

@
i
h
m
i
e
d
e
v
.

(b) (6)

@
i
h
m
i
e
d
e
v
S
u
b
j
e
c
t
:
R
e
:

W
a
s
h
i
n
g
t
o
n
V
A

A
b
s
o
l
u
t
e
l
y
t
h
a
n
k
y
o
u

S
e
n
t
f
r
o
m
m
y
i
P
a
d

B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
5
:
5
6
A
M
,
P
o
o
n
a
m
A
l
a
i

g
h
<
(b) (6)

@
h
o
t
m
a
i
l
c
o
m
>
w
r
o
t
e
..

T
h
a
n
k
s
-
t
h
i
s
w
o
u
l
d
i
n
d
e
e
d

b
e
e
x
t
r
e
m
e
l
y
v
a
l
u
a
b
l
e
.
B
r
u
c
e
,
a
f
t
e
r
y
o
u
r
c
a
l
l
d
o
y
o
u
t
h
i
n
k
o
u
r

i
n
t
e
r
n
a
l
t
e
a
m
c
a
n
c
o
n
n
e
c
t
w
i
t
h

(b) (6)

a
s
n
e
x
t
s
t
e
p
s
.

S
e
n
t
f

r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
5
:
4
8
A
M
,
B
r
u
c
e
M
o
s
k
o
w
i
t
z
<

(b) (6)

(b) (6)

@
m
a
c
c
o
m
v
w
r
o
t
e

T
h
a
n
k
y
o
u
I
w
i
l
l
c
a
l
l
y
o
u
S

e
n
t
f
r
o
m
m
y
i
P
a
d

B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
2
:
5

9
A
M

(b) (6)

@
i
h
m
i
e
d
u
>
w
r
o
t
e
.

D
r
.
M
o
s
k
o
w

i
t
z
&
D
r
.
A
l
a
i
g
h
,

I
w
o
u
l
d
b
e
m
y
p
l
e
a
s
u
r
e
t
o
g
i
v
e
y
o
u
a
c
a
l
l
t
o
d

i
s
c
u
s
s
J
H
H
S
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
.

B
y
w
a
y
o
f
b
a
c
k
g
r

o
u
n
d
b
e
f
o
r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
l
e
d
P
r
i
c
e
W
a
t
e
r
h
o
u
s
e
C
o
o
p
e

r
s
(
P
W
C
)
H
e
a
l
t
h
c
a
r
e
p
r
o
v
i
d
e
r
S
u
p
p
l
y
C
h
a
i
n
P
r
a
c
t
i
c
e
a
n
d
h
a
d
t
h
e

o
p
p
o
r
t
u
n
i
t
y
t
o
w
o
r
k
w
i
t
h
V
A
,
s
V
I
S
N
s
u
p
p
l
y
c
h
a
i
n
t
e
a
m
a
s
w
e
l
l
a
s
c

o
n
d
u
c
t
a
n
i
n
-
d
e
p
t
h
s
u
p
p
l
y
c
h
a
i
n
r
e
v
i
e
w
o
f
t
h
e
V
A
,
s
N
o
r
t
h
e
r
n
l
i
n
d

i
a
n
a
H
e
a
l
t
h
S
y
s
t
e
m
.
(
N
I
H
C
S
)
.

T
h
o
s
e
i
n
s
i
g
h
t
s
c
o
u
p
l
e
d
w
i
t
h
J
H
H

S
,
s
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
s
h
o
u
l
d
p
r
o
v
i
d
e
t
h
e
b

a
c
k
d
r
o
p
t
o
i
d
e
n
t
i
f
y
o
p
p
o
r
t
u
n
i
t
i
e
s
t
o
b
e
n
e
f
i
t
t
h
e
V
A
.

R
e
g

a
r
d
s
,

(b) (6)

C
h
i
e
f
P
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l

t
h
S
y
s
t
e
m
&

E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
i
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t
e
5
5
0
0

B
a
l
t
i
m

o
r
e
M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4

(b) (6)

F
a
x
:
4
4
3
-
9
9
7

(b) (6)

E
m
a
i
l
:
:

(b) (6)

a
i
h
m
i
:
e

d
u

F
r
o
m
:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
[
m
a
i
l
t
o
:

(b) (6)

(b) (6)

@
m
a
c
:
c
o
m
|
s
e
n
t
:
F
r
i
d
a
y
,
A
p
r
i
l
2
1
,
2
0
1
7
:
1
7
P

M
T
o
:

(b) (6)

@
i
h
m
i
:
e
d
u
>
c
e
:
p
o
o
n
a
m
A
l
a
i
g
h
<

(b) (6)

(b) (6)

@
h
o
t
m
a
i
l
c
o
m
v
.

(b) (6)

@
i
h
m
i
e
d
i
c
v
s
u
b
j
e
c
t

:
R
e
:
W
a
s
h
i
n
g
t
o
n
V
A

T
h
a
n
k
y
o
u
i
t
i
s
i
m
p
o
r
t
a
n
t
t
h
a
t
w
e
h
a
v
e
a

n
u
n
d
e
r
s
t
a
n
d
i
n
g
o
f
t
h
e
s
u
p
p
l
y
c
h
a
n
g
e
m
a
n
a
g
e
m
e
n
t
t
h
a
t
i
s
i
n
p
l
a

c
e
a
n
d
c
o
u
l
d
b
e
n
e
f
i
t
t
h
e
V
A

P
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
c
a
l
l
m
y
c
e
l
l
a
n
y

t
i
m
e
5
6
1
/
3
4
6

(b) (6)

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2
1
,
2
0
1
7
,
a
t
9

:
5
5
A
M

(b) (6)

@
e
m
o
c
h
a
c
o
m
>
w
r
o
t
e
:

H
i
A
a
r
o
n

a
n
d
P
o
o
n
a
m
,

B
y
w
a
y
o
f
t
h
i
s
e
m
a
i
l
I
,
m
i
n
t
r
o
d
u
c
i
n
g
y
o
u
t
o

(b) (6)

,
w
h
o
i
s
i
n
c
h
a
r
g
e
o
f
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
m
a
n
a

g
e
m
e
n
t
f
o
r
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
,
w
h
i
c
h
h
a
s
a
n
e
x
t
e
r

n
a
l
a
r
m
a
s
w
e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r

(b) (6)

,
J
H
H
S
,
C
F
O
.

I
,

m
a
l
s
o
i
n
c
l
u
d
i
n
g

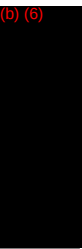
(b) (6)

,
V
P
a
n
d
C
T
O
o
f
J
o
h
n
s
H
o
p
k
i
n
s
,
f
o
r
h

i
s
r
e
f
e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o
u
,

(b) (6)

A large black rectangular redaction box covering several lines of text.

(b) (6)

A large black rectangular redaction box covering several lines of text.

(b) (6)

C
T
O
,
e
m
o
c
h
a

|
7
8
5
.
2
1
8

(b) (6)

e
m
o
c
h
a
M
o
b
i
l
e
H
e
a
l
t
h
l
i
n
c
.

1
8
1
2
A
s
h
l
a
n
d
A
v
e
n
u
e

1
s
t
F
l
o
o
r
-
S
u
i
t
e
1
0
0

B
a
l
t
i
m
o
r
e

,
M
D

,
2
1
2

05
visitation
at
em
oc
h
a
c
o
m

On
April
4,
2017,
at
9

5
4
A
M
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)

@
m
a
c
.
c
o
m
>
w
r
o
t
e
.

H
i

(b) (6)

,

I
t
w
a
s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n
p
e
r
s
o
n
y
e
s
t
e
r
d
a
y
.
I
w

a
n
t
e
d
t
o
p
u
t
y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i
g
h
,
w
h
o
m
I
a
l
s
o
s
p
o
k
e
w

i
t
h
y
e
s
t
e
r
d
a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t
o
l
e
a
r
n
m
o
r
e
a
b
o
u
t
t
h
e

i
n
v
e
n
t
o
r
y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o
p
k
i
n
s
h
a
s
s
e
t
u
p
.
C
o
u
l

d
y
o
u
p
u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l
y
?

S
i
n
c
e
r
e
l
y

,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i
o
m
e
d
i
c
a
l
R
e
s
e
a
r
c
h
&
E

d
u
c
a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
w
w
w
:
b
r
e
f
n
e
t
:
o
r
g

(
c
)
5
6
1
-
5
1
2
-

(b) (6)

1
0
1
0
N
.
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k

P
h
i
l
a
d
e
l
p
h
i
a
,
P
A
1
9
1
2
3

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/13/2017 11:44:26 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Washington VA

No

Sent from my iPhone

On May 12, 2017, at 10:58 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Are you serious

Sent from my iPhone

On May 12, 2017, at 7:35 PM, David shulkin <Drshulkin@aol.com> wrote:

Patient safety

Sent from my iPhone

On May 12, 2017, at 7:31 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Robin???

Sent from my iPhone

On May 12, 2017, at 6:50 PM, David shulkin
<Drshulkin@aol.com> wrote:

Id give this one to Robin

Sent from my iPhone

On May 12, 2017, at 6:48 PM, Poonam Alaigh
<(b) (6)@hotmail.com> wrote:

I think its a collaboration- I have a
call set up with all of these folks with
(b) (6) in the next 2 weeks

From: David shulkin
<Drshulkin@aol.com>
Sent: Friday, May 12, 2017 6:43 PM
To: Poonam Alaigh
Subject: Fwd: Washington VA

Not sure what we would
announce? Are you?

Sent from my iPhone

Begin forwarded message:

From: Bruce
Moskowitz
<(b) (6)
@mac.com>
Date: May 12, 2017
at 6:31:13 PM EDT
To: David shulkin
<Drshulkin@aol.com>
Cc: Poonam Alaigh
<(b) (6)hotmail.co
m>, IP
<(b) (6)frenchangel59.c
om>, L Perl
<(b) (6)gmail.co
m>,
mbs(b) (6)@gmail.c
om
Subject: Re:
Washington VA

Also we now have the
head of Women's
Health at mayo
Harvard and Hopkins
They will allow you to
announce their
Assistance in
women's health

Sent from my iPhone

On May 12, 2017, at
6:26 PM, David
shulkin
<Drshulkin@aol.com>
wrote:

Agree-
this is
going
to be
good

Sent
from
my
iPhone

On
May
12,
2017,
at 5:46
PM,
Bruce
Mosko
witz

(b) (6)

[REDACTED]

[REDACTED]

[@mac.
com](#)>

wrote:

T
h
i
s
i
s
s
v
e
r
y
i
m
p
o
r
t
a
n
t
i
n
f
o
r
m
a
t

i
o
n
a
n
d

W
e
w
i
l
l
p
l
a
n
a
c
a
l
l
w
i
t
h
y
o
u
d
i
r
e
c
t
l
y
.
T
h
a
n
k
y
o
u

S

e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
M
a
y
1
2
,
2
0
1
7
,
a
t
5
:
3
5
P
M

(b) (6)



(b) (6)

@
i
h
m
i
:
e
d
u
>
w
r
o
t
e
:

D
r
.
M
o
s
k
o
w
i
t
z
&
D
r
.
A
l
a
i
g
h
,

T
h
a
n
k
y
o
u
f
o
r
t
h
e
i
n
v
i
t
e
t
o
t
h
e
m
e
e
t
i
n
g
o
n
M
a
y
1
5
t
h
b
u
t
u
n
f
o
r
t

u
n
a
t
e
l
y
l
w
i
l
b
e
o
n
a
n
a
i
r
p
l
a
n
e
a
t
t
h
a
t
t
i
m
e
a
n
d
w
i
l
l
n
o
t
b
e
a
b
l
e
t

o
a
t
t
e
n
d
.
T
w
o
o
t
h
e
r
m
e
m
b
e
r
s
o
f
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
t
e
a
m
w
i
l
b
e
p
a

r
t
i
c
i
p
a
t
i
n
g
a
n
d
w
i
l
l
b
e
a
b
l
e
t
o
c
o
n
t
r
i
b
u
t
e
t
o
t
h
e
e
f
f
o
r
t
. A
s
I
m
e

n
t
i
o
n
e
d
i
n
m
y
p
r
e
v
i
o
u
s
n
o
t
e
,
b
e
f
o
r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
w
o
r

k
e
d
p
W
C
a
n
d
h
a
d
a
n
o
p
p
o
r
t
u
n
i
t
y
l
e
d
a
n
i
n
i
t
i
a
t
i
v
e
t
o
c
o
n
d
u
c
t
a
n
i
n

-
d
e
p
t
h
r
e
v
i
e
w
o
f
N
o
r
t
h
e
r
n
I
n
d
i
a
n
a
V
A
(
N
I
H
C
S
-
V
I
S
N
1
1
1
)
a
n
d
w
o
r
k
w

i
t
h
t
h
e
V
I
S
N
s
u
p
p
l
y
c
h
a
i
n
l
e
a
d
e
r
s
h
i
p
·
I
h
a
d
a
c
h
a
n
c
e
t
o
r
e
v
i
e
w
m
y

n
o
t
e
s
a
n
d
t
h
o
u
g
h
t
t
h
a
t
I
w
o
u
l
d
s
h
a
r
e
s
o
m
e
o
f
t
h
o
s
e
i
n
s
i
g
h
t
s
t
h
a
t

m
a
y
h
e
l
p
i
n
y
o
u
r
e
f
f
o
r
t
a
s
y
o
u
s
e
e
k
i
m
p
r
o
v
e
m
e
n
t
s
...
t
h
e
a
s
s
e
s
s
m
e
n

t
i
s
f
r
o
m
2
0
1
1
/
1
2
b
u
t
I
b
e
l
i
e
v
e
a
n
u
m
b
e
r
o
f
t
h
e
s
e
i
n
s
i
g
h
t
s
m
a
y
s
t
i

I
l
b
e
v
a
l
i
d
.
T
h
e
a
s
s
e
s
s
m
e
n
t
w
a
s
a
n
i
n
-
d
e
p
t
h
r
e
v
i
e
w
b
u
t
I
h
a
v
e
a
t
t

a
c
h
e
d
a
h
i
g
h
-
l
e
v
e
l
o
v
e
r
v
i
e
w
o
f
t
h
e
V
A
s
t
a
t
u
s
a
t
t
h
e
t
i
m
e
a
g
a
i
n
s
t

t
h
e
s
e
l
e
a
d
i
n
g
s
u
p
p
l
y
c
h
a
i
n
p
r
a
c
t
i
c
e
s
.

A
t
N
I
H
C
S
,
~
\$
1
0
2
M
i
n
n
o
n

-
l
a
b
o
r
s
p
e
n
d
w
a
s
r
e
v
i
e
w
e
d
w
i
t
h
a
c
o
n
s
e
r
v
a
t
i
v
e
~
\$
8
M
i
n
o
p
p
o
r
t
u
n

i
t
y
c
o
s
t
i
m
p
r
o
v
e
m
e
n
t
s
i
d
e
n
t
i
f
i
e
d
.

S
a
v
i
n
g
s
w
e
r
e
s
p
l
i
t
e
q
u
a
l
l

y
b
e
t
w
e
e
n
s
u
p
p
l
i
e
s
a
n
d
s
e
r
v
i
c
e
s
.

I
n
S
u
p
p
l
i
e
s
o
p
p
o
r
t
u
n
i
t
i
e
s
w

h
e
r
e
f
o
c
u
s
e
d
o
n
(
c
o
n
t
r
a
c
t
s
w
r
i
t
t
e
n
t
h
a
t
d
i
d
n
o
t
c
o
n
s
t
r
a
i
n
e
x
t
r

a
n
e
o
u
s
c
o
s
t
,
n
o
n
-
u
s
e
o
f
p
r
i
m
e
v
e
n
d
o
r
s
,
m
u
l
t
i
p
l
e
p
r
o
d
u
c
t
s
c
o
n
t

r
a
c
t
e
d
i
n
c
a
t
e
g
o
r
i
e
s
,
p
-
c
a
r
d
u
s
e
f
o
r
c
l
i
n
i
c
a
l
p
r
o
d
u
c
t
s
,
e
x
t
e
r

n
a
l
s
i
t
e
o
r
d
e
r
i
n
g
(
i
.
e
.
p
u
n
c
h
-
o
u
t
,
s
)
.
K
e
y
S
e
r
v
i
c
e
o
p
p
o
r
t
u
n
i

t
i
e
s
f
o
c
u
s
e
d
o
n
t
h
e
r
a
t
i
o
n
a
l
i
z
a
t
i
o
n
o
f
i
n
s
o
u
r
c
e
/
o
u
t
s
o
u
r
c
e
o
p

p
o
r
t
u
n
i
t
i
e
s
,
l
a
c
k
o
f
c
a
t
e
g
o
r
y
l
e
v
e
r
a
g
e
a
n
d
e
x
p
e
r
t
i
s
e
t
o
a
s
s
u
r

e
p
r
o
p
e
r
l
o
c
a
l
c
o
n
t
r
a
c
t
t
e
r
m
s
a
n
d
p
r
i
c
i
n
g
,
a
l
i
g
n
m
e
n
t
o
f
c
a
p
i
t
a

I
p
u
r
c
h
a
s
e
s
a
n
d
o
n
g
o
i
n
g
s
e
r
v
i
c
e
r
e
q
u
i
r
e
m
e
n
t
s
)

	Issues/Findings
Plan	Capital budgeting process does not take a total cost as human and supply resources and construction. Processes are mixed within the facilities resulting in
Source & Procure	Overall procurement strategy is set by VA contracts pricing compliance was relatively high. Opportunities exist to standardize clinical and non-clinical based on product volume aggregation and reduced inventory
Move	Supplies are handled multiple times before delivery
Pay	A minimal relationship exists between front line and back office errors. P-Card approval policies allow for purchases to be made without approval, leading to more than \$1.6M in purchases without approval. Payments are made at the obligation level and not at the invoice level.
Structure & Staffing	Supply chain is not the single point of contact for the VA and multiple prime vendor website service points. Local level support for contracting and capital purchases is limited to a few resources.
Tools & Processes	Spend data is not readily available nor easily obtainable. Reporting for supply spend is limited to total supply chain spend.
Organizational Alignment	Supply chain is generally viewed as a product replacement function. Cost control with costs not well understood by key stakeholders. Cross functional coordination of services need to be improved using different practices. Lack of transportation coordination leading to inefficient deliveries.

I
a
m
h
a
p
p
y
t
o
h
a
v
e
a
f
o
l
l
o
w
-
u
p
c
o
n
v
e
r
s
a
t

i
o
n
w
i
t
h
y
o
u
a
n
d
w
o
u
l
d
a
l
s
o
l
i
k
e
t
o
e
x
t
e
n
d
a
n
i
n
v
i
t
a
t
i
o
n
t
o
e
a
c
h
o

f
y
o
u
o
r
y
o
u
r
s
t
a
f
f
t
o
a
t
t
e
n
d
o
u
r
N
o
b
i
l
a
n
t
G
O
P
w
o
r
k
i
n
g
g
r
o
u
p
s
e
s
s

ion.
In addition to my Johns Hopkins Supply Chain and Procurement

e
n
t
r
e
s
p
o
n
s
i
b
i
l
i
t
i
e
s
,
l
a
m
a
l
s
o
r
e
s
p
o
n
s
i
b
l
e
f
o
r
N
o
b
i
l
a
n
t
,
J
o
h

n
s
H
o
p
k
i
n
s
o
w
n
e
d
H
e
a
l
t
h
c
a
r
e
G
r
o
u
p
p
u
r
c
h
a
s
i
n
g
O
r
g
a
n
i
z
a
t
i
o
n
s
.

W
e
h
a
v
e
t
e
n
h
o
s
p
i
t
a
l
s
t
h
a
t
p
a
r
t
i
c
i
p
a
t
e
w
i
t
h
i
n
t
h
e
B
a
l
t
i
m
o
r
e
/

W
a
s
h
i
n
g
t
o
n
a
r
e
a
.
T
h
i
s
g
r
o
u
p
o
f
H
o
s
p
i
t
a
l
s
h
a
s
c
o
m
e
t
o
g
e
t
h
e
r
w
i
t

h
t
h
e
g
o
a
l
o
f
a
c
h
i
e
v
i
n
g
9
0
%
p
l
u
s
i
n
a
l
i
g
n
m
e
n
t
o
f
o
u
r
N
o
n
L
a
b
o
r
s
p
e

nd
.
It
is
a
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
a
p
p
r
o
a
c
h
t
o
i
d
e
n
t
i
f
y
i
n
g
p
r
o
d
u
c
t
s

a
n
d
s
e
r
v
i
c
e
s
t
h
a
t
c
a
n
a
d
v
a
n
c
e
c
l
i
n
i
c
a
l
o
u
t
c
o
m
e
s
a
t
t
h
e
l
o
w
e
s
t
c

o
s
t
.
p
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
a
t
t
e
n
d
a
s
t
h
e
r
e
m
a
y
b
e
a
d
d
i
t
i
o
n
a
l
l
e
a
r
n

i
n
g
s
y
o
u
c
a
n
i
n
c
o
r
p
o
r
a
t
e
i
n
t
o
y
o
u
r
p
r
o
c
e
s
s
e
s
s
o
r
w
e
m
a
y
i
d
e
n
t
i
f
y

o
p
p
o
r
t
u
n
i
t
i
e
s
w
h
e
r
e
o
u
r
N
o
b
i
l
a
n
t
c
o
l
l
a
b
o
r
a
t
i
v
e
c
a
n
b
e
o
f
a
s
s
i

s
t
a
n
c
e
t
o
t
h
e
W
a
s
h
i
n
g
t
o
n
V
A
.

I
h
o
p
e
t
h
i
s
h
e
l
p
s
,
J
H
H
S
a
n
d
m

y
t
e
a
m
s
t
a
n
d
r
e
a
d
y
t
o
s
u
p
p
o
r
t
t
h
e
V
A
a
n
d
o
u
r
v
e
t
e
r
a
n
s
.

R
e
g
a

r
d
s
,

(b) (6)

h
i
e
p
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h

S
y
s
t
e
m
&

E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t
e
5
5
0
0

B
a
l
t
i
m
o
r

e
M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4

(b) (6)

F
a
x
:
4
4
3
-
9
9
7

(b) (6)

E
m
a
i
l
:
:

(b) (6)

a
i
h
m
i
e
d

u

F
r
o
m
:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
|
m
a
i
l
t
o
:

(b) (6)



(b) (6)

@
m
a
c
:
c
o
m
]
s
e
n
t
:
F
r
i
d
a
y
,
A
p
r
i
l
2
8
,
2
0
1
7
6
:
3
0
A
M
T
o
:

P
o
o
n
a
m
A
l
a
i
g
h

<
(b) (6)

@
h
o
t
m
a
i
l
i
n
f
o
m
a
t
i
o
n

(b) (6)

(b) (6)

@
i
h
m
i
i
e
d
d
c
v
.

(b) (6)

ke
i
h
m
i
i
e
d
d
c
v
s
u
b
j
e
c
t
:
R
e
:

W
a
s
h
i
n
g
t
o
n
V
A

A
b
s
o
l
u
t
e
l
y
t
h
a
n
k
y
o
u

S
e
n
t
f
r
o
m
m
y
i
P
a
d

B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
5
:
5
6
A
M
,
P
o
o
n
a
m
A
l
a
i

g
h
<

(b) (6)

@
h
o
t
m
a
i
l
-
c
o
m
>
w
r
o
t
e
.

T
h
a
n
k
s
-
t
h
i
s
w
o
u
l
d
i
n
d
e
e
d

b
e
e
x
t
r
e
m
e
l
y
v
a
l
u
a
b
l
e
.
B
r
u
c
e
,
a
f
t
e
r
y
o
u
r
c
a
l
l
d
o
y
o
u
t
h
i
n
k
o
u
r

i
n
t
e
r
n
a
l
t
e
a
m
c
a
n
c
o
n
n
e
c
t
w
i
t
h

(b) (6)

a
s
n
e
x
t
s
t
e
p
s
.

S
e
n
t
f

r
o
m
m
y
i
p
h
o
n
e

O
n
A
p
r
2
8

,
2
0
1
7

,
a
t
5

:
4
8
A
M

,
B
r
u
c
e
M

o
s
k
o
w
i
t
z
<

(b) (6)

(b) (6)

@
m
a
c
.
c
o
m
>
W
r
o
t
e
.

T
h
a
n
k
y
o
u
I
w
i
l
l
c
a
l
l
y
o
u
S

e
n
t
f
r
o
m
m
y
i
P
a
d

B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
2
:
5

9
A
M

(b) (6)



@
i
h
m
i
e
d
u
>
w
r
o
t
e
.

D
r
.
M
o
s
k
o
w

i
t
z
&
D
r
. A
l
a
i
g
h
,

I
w
o
u
l
d
b
e
m
y
p
l
e
a
s
u
r
e
t
o
g
i
v
e
y
o
u
a
c
a
l
l
t
o
d

i
s
c
u
s
s
J
H
H
S
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
.

B
y
w
a
y
o
f
b
a
c
k
g
r

o
u
n
d
b
e
f
o
r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
l
e
d
p
r
i
c
e
W
a
t
e
r
h
o
u
s
e
C
o
o
p
e

r
s
(
p
w
c
)
H
e
a
l
t
h
c
a
r
e
p
r
o
v
i
d
e
r
S
u
p
p
l
y
C
h
a
i
n
P
r
a
c
t
i
c
e
a
n
d
h
a
d
t
h
e

o
p
p
o
r
t
u
n
i
t
y
t
o
w
o
r
k
w
i
t
h
V
A
,
s
V
I
S
N
s
u
p
p
l
y
c
h
a
i
n
t
e
a
m
a
s
w
e
l
l
a
s
c

o
n
d
u
c
t
a
n
i
n
-
d
e
p
t
h
s
u
p
p
l
y
c
h
a
i
n
r
e
v
i
e
w
o
f
t
h
e
V
A
,
s
N
o
r
t
h
e
r
n
l
i
n
d

i
a
n
a
H
e
a
l
t
h
S
y
s
t
e
m
.
(
N
I
H
C
S
)
..

T
h
o
s
e
i
n
s
i
g
h
t
s
c
o
u
p
l
e
d
w
i
t
h
J
H
H

S
,
s
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
s
h
o
u
l
d
p
r
o
v
i
d
e
t
h
e
b

a
c
k
d
r
o
p
t
o
i
d
e
n
t
i
f
y
o
p
p
o
r
t
u
n
i
t
i
e
s
t
o
b
e
n
e
f
i
t
t
h
e
V
A
.

R
e
g

a
r
d
s
,

(b) (6)

C
h
i
e
f
P
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l

t
h
S
y
s
t
e
m
&

E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
i
t
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t
e
5
5
0
0

B
a
l
t
i
m

o
r
e
:
M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4
-

(b) (6)

F
a
x
:
4
4
3
.
9
9
7

(b) (6)

E
m
a
i
l

(b) (6)

a
i
h
m
i
:
e

d
u

F
r
o
m
:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
[
m
a
i
l
t
o
:

(b) (6)

(b) (6)

@
m
a
c
:
c
o
m
]
s
e
n
t
:
F
r
i
d
a
y
/
A
p
r
i
l
2
1
/
2
0
1
7
:
1
7
P

M
T
o
.

(b) (6)

@
i
h
m
i
e
e
d
u
>
C
c
:
P
o
o
n
a
m
A
l
a
i
g
h
<

(b) (6)

(b) (6)

(b) (1)

(a)

:
R
e
:
W
a
s
h
i
n
g
t
o
n
V
A

T
h
a
n
k
y
o
u
i
t
i
s
i
m
p
o
r
t
a
n
t
t
h
a
t
w
e
h
a
v
e
a

n
u
n
d
e
r
s
t
a
n
d
i
n
g
o
f
t
h
e
s
u
p
p
l
y
c
h
a
n
g
e
m
a
n
a
g
e
m
e
n
t
t
h
a
t
i
s
i
n
p
l
a

c
e
a
n
d
c
o
u
l
d
b
e
n
e
f
i
t
t
h
e
V
A

P
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
c
a
l
l
m
y
c
e
l
l
a
n
y

t
i
m
e
5
6
1
/
3
4
6

(b) (6)

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2
1
,
2
0
1
7
,
a
t
9

.

.

:
5
5
A
M

(b) (6)



@
e
m
o
c
h
a
c
o
m
>
w
r
o
t
e
:

H
i
A
a
r
o
n

a
n
d
P
o
o
n
a
m
,

B
y
w
a
y
o
f
t
h
i
s
e
m
a
i
l
I
,
m
i
n
t
r
o
d
u
c
i
n
g
y
o
u
t
o

(b) (6)

(b) (6)

w
h
o
i
s
i
n
c
h
a
r
g
e
o
f
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
m
a
n
a

g
e
m
e
n
t
f
o
r
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
,
w
h
i
c
h
h
a
s
a
n
e
x
t
e
r

n
a
l
a
r
m
a
s
w
e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r
.

(b) (6)

J
H
H
S
,
C
F
O
.

I
,

m
a
l
s
o
i
n
c
l
u
d
i
n
g

(b) (6)

V
P
a
n
d
C
T
O
o
f
J
o
h
n
s
H
o
p
k
i
n
s
,
f
o
r
h

i
s
r
e
f
e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o
u
,

(b) (6)

A black rectangular redaction box covering several lines of text.

(b) (6)

A black rectangular redaction box covering several lines of text.

(b) (6)

C
T
O
,
e
m
o
c
h
a

|
7
8
5
.
2
1
8

(b) (6)

e
m
o
c
h
a
M
o
b
i
l
e
H
e
a
l
t
h
l
i
n
c
.

1
8
1
2
A
s
h
l
a
n
d
A
v
e
n
u
e

1
s
t
F
l
o
o
r
-
S
u
i
t
e
1
0
0

B
a
l
t
i
m
o
r
e
,
M
D
,
2
1
2

05
visitation
statement
memo
chronology
memo

On
April
4,
2017,
at
9

:
5
4
A
M
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)



(
m
a
c
c
c
o
m
>
w
r
o
t
e
:

H
i

(b) (6)

I
t
w
a
s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n
p
e
r
s
o
n
y
e
s
t
e
r
d
a
y
.
I
w

a
n
t
e
d
t
o
p
u
t
y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i
g
h
,
w
h
o
m
I
a
l
s
o
s
p
o
k
e
w

i
t
h
y
e
s
t
e
r
d
a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t
o
l
e
a
r
n
m
o
r
e
a
b
o
u
t
t
h
e

i
n
v
e
n
t
o
r
y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o
p
k
i
n
s
h
a
s
s
e
t
u
p
.
C
o
u
l

d
y
o
u
p
u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l
y
?

S
i
n
c
e
r
e
l
y

,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i
o
m
e
d
i
c
a
l
R
e
s
e
a
r
c
h
&
E

d
u
c
a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
W
W
W
:
b
r
e
f
n
e
t
:
o
r
g

(
c
)
5
6
1
-
5
1
2
-

(b) (6)



1
0
1
0
N
.
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k

P
h
i
l
a
d
e
l
p
h
i
a
,
P
A
1
9
1
2
3

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 5/13/2017 2:58:16 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Washington VA

Are you serious

Sent from my iPhone

On May 12, 2017, at 7:35 PM, David shulkin <Drshulkin@aol.com> wrote:

Patient safety

Sent from my iPhone

On May 12, 2017, at 7:31 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Robin???

Sent from my iPhone

On May 12, 2017, at 6:50 PM, David shulkin <Drshulkin@aol.com> wrote:

Id give this one to Robin

Sent from my iPhone

On May 12, 2017, at 6:48 PM, Poonam Alaigh
<[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

I think its a collaboration- I have a call set up with
all of these folks with [(b) (6)] in the next 2 weeks

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, May 12, 2017 6:43 PM
To: Poonam Alaigh
Subject: Fwd: Washington VA

Not sure what we would announce? Are you?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz
<[(b) (6)]<[REDACTED]@mac.com>>

Date: May 12, 2017 at 6:31:13 PM

EDT

To: David shulkin

[<Drshulkin@aol.com>](mailto:Drshulkin@aol.com)

Cc: Poonam Alaigh

[<\(b\) \(6\)@hotmail.com>](mailto:(b) (6)@hotmail.com), IP

[<\(b\) \(6\)frenchangel59.com>](mailto:(b) (6)frenchangel59.com), L Perl

[<\(b\) \(6\)@gmail.com>](mailto:(b) (6)@gmail.com),

[mbs\(b\) \(6\)@gmail.com](mailto:mbs(b) (6)@gmail.com)

Subject: Re: Washington VA

Also we now have the head of
Women's
Health at mayo Harvard and
Hopkins
They will allow you to announce
their
Assistance in women's health

Sent from my iPhone

On May 12, 2017, at 6:26 PM, David
shulkin [<Drshulkin@aol.com>](mailto:Drshulkin@aol.com) wrote:

Agree- this is going to
be good

Sent from my iPhone

On May 12, 2017, at
5:46 PM, Bruce
Moskowitz

[<\(b\) \(6\)@mac.com>](mailto:(b) (6)@mac.com) wrote:

This is
very
import
ant
inform
ation
and
We
will
plan a
call
with
you
directl

y.
Thank
you

Sent
from
my
iPhone

On
May
12,
2017,
at 5:35
PM,

(b) (6)

(b) (6)

(b) (6)

@j
[hmi.ed](mailto:j@hmi.ed)

[u](#)>
wrote:

D
r
.
M
o
s
k
o
w
i
t
z
&
D
r
.
A
l
a
i
g
h
.

T
h
a
n
k
y
o
u
f
o
r
t
h
e
i
n
v
i
t
e
t
o
t
h
e
m
e
e
t
i
n
g
o
n
M
a
y
1
5
t
h
b
u
t
u
n
f
o
r
t
u
n
a

t
e
l
y
l
w
i
l
l
b
e
o
n
a
n
a
i
r
p
l
a
n
e
a
t
t
h
a
t
t
i
m
e
a
n
d
w
i
l
l
n
o
t
b
e
a
b
l
e
t
o
a
t

t
e
n
d
.

T
w
o
o
t
h
e
r
m
e
m
b
e
r
s
o
f
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
t
e
a
m
w
i
l
l
b
e
p
a
r
t
i

c
i
p
a
t
i
n
g
a
n
d
w
i
l
l
b
e
a
b
l
e
t
o
c
o
n
t
r
i
b
u
t
e
t
o
t
h
e
e
f
f
o
r
t
.
A
s
l
m
e
n
t
i

o
n
e
d
i
n
m
y
p
r
e
v
i
o
u
s
n
o
t
e
,
b
e
f
o
r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
w
o
r
k
e
d

P
W
C
a
n
d
h
a
d
a
n
o
p
p
o
r
t
u
n
i
t
y
l
e
d
a
n
i
n
i
t
i
a
t
i
v
e
t
o
c
o
n
d
u
c
t
a
n
i
n
-
d
e

p
t
h
r
e
v
i
e
w
o
f
N
o
r
t
h
e
r
n
I
n
d
i
a
n
a
V
A
(
N
I
H
C
S
-
V
I
S
N
1
1
)
a
n
d
w
o
r
k
w
i
t
h

t
h
e
V
I
S
N
s
u
p
p
l
y
c
h
a
i
n
l
e
a
d
e
r
s
h
i
p
.
I
h
a
d
a
c
h
a
n
c
e
t
o
r
e
v
i
e
w
m
y
n
o
t

e
s
a
n
d
t
h
o
u
g
h
t
t
h
a
t
I
w
o
u
l
d
s
h
a
r
e
s
o
m
e
o
f
t
h
o
s
e
i
n
s
i
g
h
t
s
t
h
a
t
m
a
y

h
e
l
p
i
n
y
o
u
r
e
f
f
o
r
t
a
s
y
o
u
s
e
e
k
i
m
p
r
o
v
e
m
e
n
t
s
...
t
h
e
a
s
s
e
s
s
m
e
n
t
i
s

f
r
o
m
2
0
1
1
/
1
2
b
u
t
I
b
e
l
i
e
v
e
a
n
u
m
b
e
r
o
f
t
h
e
s
e
i
n
s
i
g
h
t
s
m
a
y
s
t
i
l
l
b

e
v
a
l
i
d
.
T
h
e
a
s
s
e
s
s
m
e
n
t
w
a
s
a
n
i
n
-
d
e
p
t
h
r
e
v
i
e
w
b
u
t
I
h
a
v
e
a
t
t
a
c
h

e
d
a
h
i
g
h
-
l
e
v
e
l
o
v
e
r
v
i
e
w
o
f
t
h
e
V
A
s
t
a
t
u
s
a
t
t
h
e
t
i
m
e
a
g
a
i
n
s
t
t
h
e

s
e
l
e
a
d
i
n
g
s
u
p
p
l
y
c
h
a
i
n
p
r
a
c
t
i
c
e
s
.

A
t
N
I
H
C
S
,
~
\$
1
0
2
M
i
n
n
o
n
-
l
a

b
o
r
s
p
e
n
d
w
a
s
r
e
v
i
e
w
e
d
w
i
t
h
a
c
o
n
s
e
r
v
a
t
i
v
e
~
\$
8
M
i
n
o
p
p
o
r
t
u
n
i
t
y

c
o
s
t
i
m
p
r
o
v
e
m
e
n
t
s
i
d
e
n
t
i
f
i
e
d
.

S
a
v
i
n
g
s
w
e
r
e
s
p
l
i
t
e
q
u
a
l
l
y
b
e

t
w
e
e
n
s
u
p
p
l
i
e
s
a
n
d
s
e
r
v
i
c
e
s
.

I
n
S
u
p
p
l
i
e
s
o
p
p
o
r
t
u
n
i
t
i
e
s
w
h
e
r

e
f
o
c
u
s
e
d
o
n
(
c
o
n
t
r
a
c
t
s
w
r
i
t
t
e
n
t
h
a
t
d
i
d
n
o
t
c
o
n
s
t
r
a
i
n
e
x
t
r
a
n
e

o
u
s
c
o
s
t
,
n
o
n
-
u
s
e
o
f
p
r
i
m
e
v
e
n
d
o
r
s
,
m
u
l
t
i
p
l
e
p
r
o
d
u
c
t
s
c
o
n
t
r
a
c

t
e
d
i
n
c
a
t
e
g
o
r
i
e
s
,
p
-
c
a
r
d
u
s
e
f
o
r
c
l
i
n
i
c
a
l
p
r
o
d
u
c
t
s
,
e
x
t
e
r
n
a
l

s
i
t
e
o
r
d
e
r
i
n
g
(
i
.
e
.
p
u
n
c
h
-
o
u
t
,
s
)
.

K
e
y
S
e
r
v
i
c
e
o
p
p
o
r
t
u
n
i
t
i
e

s
f
o
c
u
s
e
d
o
n
t
h
e
r
a
t
i
o
n
a
l
i
z
a
t
i
o
n
o
f
i
n
s
o
u
r
c
e
/
o
u
t
s
o
u
r
c
e
o
p
p
o
r

t
u
n
i
t
i
e
s
,
l
a
c
k
o
f
c
a
t
e
g
o
r
y
l
e
v
e
r
a
g
e
a
n
d
e
x
p
e
r
t
i
s
e
t
o
a
s
s
u
r
e
p
r

o
p
e
r
l
o
c
a
l
c
o
n
t
r
a
c
t
t
e
r
m
s
a
n
d
p
r
i
c
i
n
g
,
a
l
i
g
n
m
e
n
t
o
f
c
a
p
i
t
a
l
p
u

r
c
h
a
s
e
s
a
n
d
o
n
g
o
i
n
g
s
e
r
v
i
c
e
r
e
q
u
i
r
e
m
e
n
t
s
)

Leading Practice	Assessment
Plan	Capital budgeting process does not take a total cost view, which includes human and supply resources and construction. Processes are mixed within the facilities resulting in operational inefficiencies.
Source & Procure	Overall procurement strategy is set by VA contracts and FSS pricing compliance was relatively high. Opportunities exist to standardize clinical and non-clinical products based on product volume aggregation and reduced inventory lines.
Move	Supplies are handled multiple times before delivery to the end user.
Pay	A minimal relationship exists between front line Logistics and Accounts Payable. P-Card approval policies allow for purchases to be made up to \$5,000 without approval, leading to more than \$1.6M in purchases outside of the policy. Payments are made at the obligation level and not consistently matched to invoices.
Structure & Staffing	Supply chain is not the single point of contact for the organization and multiple prime vendor website service points. Local level support for contracting and capital purchases may not be sufficient.
Tools & Processes	Spend data is not readily available nor easily obtained, nor routinely analyzed. Reporting for supply spend is limited to total supply spend purchased.
Organizational Alignment	Supply chain is generally viewed as a product replenishment function rather than a cost control with costs not well understood by key stakeholders. Cross functional coordination of services need to be reviewed, Streamlined using different practices. Lack of transportation coordination between facilities resulting in inefficient deliveries.

I
a
m
h
a
p
p
y
t
o
h
a
v
e
a
f
o
l
l
o
w
-
u
p
c
o
n
v
e
r
s
a
t

i
o
n
w
i
t
h
y
o
u
a
n
d
w
o
u
l
d
a
l
s
o
l
i
k
e
t
o
e
x
t
e
n
d
a
n
i
n
v
i
t
a
t
i
o
n
t
o
e
a
c
h
o

f
y
o
u
o
r
y
o
u
r
s
t
a
f
f
t
o
a
t
t
e
n
d
o
u
r
N
o
b
i
l
a
n
t
G
O
P
w
o
r
k
i
n
g
g
r
o
u
p
s
e
s
s

i
o
n
.

I
n
a
d
d
i
t
i
o
n
t
o
m
y
J
o
h
n
s
H
o
p
k
i
n
s
S
u
p
p
l
y
C
h
a
i
n
a
n
d
P
r
o
c
u
r
e
m

e
n
t
r
e
s
p
o
n
s
i
b
i
l
i
t
i
e
s
,
l
a
m
a
l
s
o
r
e
s
p
o
n
s
i
b
l
e
f
o
r
N
o
b
i
l
a
n
t
,
J
o
h

n
s
H
o
p
k
i
n
s
o
w
n
e
d
H
e
a
l
t
h
c
a
r
e
G
r
o
u
p
p
u
r
c
h
a
s
i
n
g
O
r
g
a
n
i
z
a
t
i
o
n
s
.

W
e
h
a
v
e
t
e
n
h
o
s
p
i
t
a
l
s
t
h
a
t
p
a
r
t
i
c
i
p
a
t
e
w
i
t
h
i
n
t
h
e
B
a
l
t
i
m
o
r
e
/

W
a
s
h
i
n
g
t
o
n
a
r
e
a
.
T
h
i
s
g
r
o
u
p
o
f
H
o
s
p
i
t
a
l
s
h
a
s
c
o
m
e
t
o
g
e
t
h
e
r
w
i
t

h
t
h
e
g
o
a
l
o
f
a
c
h
i
e
v
i
n
g
9
0
%
p
l
u
s
i
n
a
l
i
g
n
m
e
n
t
o
f
o
u
r
N
o
n
L
a
b
o
r
s
p
e

n
d
.
I
t
i
s
a
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
a
p
p
r
o
a
c
h
t
o
i
d
e
n
t
i
f
y
i
n
g
p
r
o
d
u
c
t
s

a
n
d
s
e
r
v
i
c
e
s
t
h
a
t
c
a
n
a
d
v
a
n
c
e
c
l
i
n
i
c
a
l
o
u
t
c
o
m
e
s
a
t
t
h
e
l
o
w
e
s
t
c

o
s
t
.
p
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
a
t
t
e
n
d
a
s
t
h
e
r
e
m
a
y
b
e
a
d
d
i
t
i
o
n
a
l
l
e
a
r
n

i
n
g
s
y
o
u
c
a
n
i
n
c
o
r
p
o
r
a
t
e
i
n
t
o
y
o
u
r
p
r
o
c
e
s
s
e
s
s
o
r
w
e
m
a
y
i
d
e
n
t
i
f
y

o
p
p
o
r
t
u
n
i
t
i
e
s
w
h
e
r
e
o
u
r
N
o
b
i
l
a
n
t
c
o
l
l
a
b
o
r
a
t
i
v
e
c
a
n
b
e
o
f
a
s
s
i

s
t
a
n
c
e
t
o
t
h
e
W
a
s
h
i
n
g
t
o
n
V
A
.

I
h
o
p
e
t
h
i
s
h
e
l
p
s
,
J
H
H
S
a
n
d
m

y
t
e
a
m
s
t
a
n
d
r
e
a
d
y
t
o
s
u
p
p
o
r
t
t
h
e
V
A
a
n
d
o
u
r
v
e
t
e
r
a
n
s
.

R
e
g
a

r
d
s
,

(b) (6)



C
h
i
e
f
P
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h

S
y
s
t
e
m
&

E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t
e
5
5
0
0

B
a
l
t
i
m
o
r

e
:
M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4

(b) (6)

F
a
x
:
4
4
3
.
9
9
7

(b) (6)

E
m
a
i
l
:
(b) (6)

(b) (6)

a
i
h
m
i
l
e
d

u

F
r
o
m
:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
[
m
a
i
i
t
o
:]

(b) (6)

(b) (6)

@
m
a
c
:
c
o
m
] S
e
n
t
:
F
r
i
d
a
y
,
A
p
r
i
l
2
8
,
2
0
1
7
6
:
3
0
A
M
T
o
:

P
o
o
n
a
m
A
l
a
i
g
h

(b) (6)



h
o
t
m
a
i
l
:
c
o
m
v
c
c
:

(b) (6)



(b) (6)

@
i
n
m
i
e
d
i
c
a
l
s
u
b
j
e
c
t
:
R
e
:

(b) (6)

@
i
n
m
i
e
d
i
c
a
l
s
u
b
j
e
c
t
:
R
e
:

W
a
s
h
i
n
g
t
o
n
V
A

A
b
s
o
l
u
t
e
l
y
t
h
a
n
k
y
o
u

S
e
n
t
f
r
o
m
m
y
i
P
a
d

B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
5
:
5
6
A
M
,
P
o
o
n
a
m
A
l
a
i

g
h

<

(b) (6)

@

h

o

t

m

a

i

l

:

c

o

m

>

w

r

o

t

e

.

T

h

a

n

k

s

-

t

h

i

s

w

o

u

l

d

i

n

d

e

e

d

b
e
e
x
t
r
e
m
e
l
y
v
a
l
u
a
b
l
e
. B
r
u
c
e
, a
f
t
e
r
y
o
u
r
c
a
l
l
d
o
y
o
u
t
h
i
n
k
o
u
r

i
n
t
e
r
n
a
l
t
e
a
m
c
a
n
c
o
n
n
e
c
t
w
i
t
h

(b) (6)

a
s
n
e
x
t
s
t
e
p
s
.

S
e
n
t
f

r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
5
:
4
8
A
M
,
B
r
u
c
e
M
o
s
k
o
w
i
t
z
<

(b) (6)

(b) (6)
[REDACTED]
@
m
a
c
c
o
m
>
w
r
o
t
e
:

T
h
a
n
k
y
o
u
I
w
i
l
l
c
a
l
l
y
o
u
S

e
n
t
f
r
o
m
m
y
i
P
a
d

B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
2
:
5

9
A
M

(b) (6)

@
l
h
m
i
e
d
u
>
w
r
o
t
e
:

D
r
.
M
o
s
k
o
w

i
t
z
&
D
r
.
A
l
a
i
g
h
,

I
w
o
u
l
d
b
e
m
y
p
l
e
a
s
u
r
e
t
o
g
i
v
e
y
o
u
a
c
a
l
l
t
o
d

i
s
c
u
s
s
J
H
H
S
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
·

B
y
w
a
y
o
f
b
a
c
k
g
r

o
u
n
d
b
e
f
o
r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
l
e
d
P
r
i
c
e
W
a
t
e
r
h
o
u
s
e
C
o
o
p
e

r
s
(
P
W
C
)
H
e
a
l
t
h
c
a
r
e
p
r
o
v
i
d
e
r
S
u
p
p
l
y
C
h
a
i
n
P
r
a
c
t
i
c
e
a
n
d
h
a
d
t
h
e

o
p
p
o
r
t
u
n
i
t
y
t
o
w
o
r
k
w
i
t
h
V
A
,
s
V
I
S
N
s
u
p
p
l
y
c
h
a
i
n
t
e
a
m
a
s
w
e
l
l
a
s
c

o
n
d
u
c
t
a
n
i
n
-
d
e
p
t
h
s
u
p
p
l
y
c
h
a
i
n
r
e
v
i
e
w
o
f
t
h
e
V
A
,
s
N
o
r
t
h
e
r
n
I
n
d

i
a
n
a
H
e
a
l
t
h
S
y
s
t
e
m
.
(
N
I
H
C
S
)
.
T
h
o
s
e
i
n
s
i
g
h
t
s
c
o
u
p
l
e
d
w
i
t
h
J
H
H

S
,
s
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
s
h
o
u
l
d
p
r
o
v
i
d
e
t
h
e
b

a
c
k
d
r
o
p
t
o
i
d
e
n
t
i
f
y
o
p
p
o
r
t
u
n
i
t
i
e
s
t
o
b
e
n
e
f
i
t
t
h
e
V
A
.

R
e
g

a
r
d
s
,

(b) (6)

C
h
i
e
f
P
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l

t
h
S
y
s
t
e
m
&
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t
e
5
5
0
0

B
a
l
t
i
m

o
r
e
M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4

(b) (6)

F
a
x
:
4
4
3
:
9
9
7

(b) (6)

E
m
a
i
l
:
:

(b) (6)

@
i
h
m
i
:
e

d
u

F
r
o
m
:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
[
m
a
i
i
t
o
:

(b) (6)

(b) (6)

@
m
a
c
:
c
o
m
|
s
e
n
t
:
F
r
i
d
a
y
,
A
p
r
i
l
2
1
,
2
0
1
7
:
1
7
P

M
T
o

(b) (6)

[REDACTED]

@
i
h
m
i
:
e
d
u
>
c
c
:
p
o
o
n
a
m
A
l
a
i
g
h
<

(b) (6)

[REDACTED]

(b) (6)

(b) (5) DPP

(b) (5) DPP, (b) (5) ACP

Subject

:
R
e
:
W
a
s
h
i
n
g
t
o
n
V
A

T
h
a
n
k
y
o
u
i
t
i
s
i
m
p
o
r
t
a
n
t
t
h
a
t
w
e
h
a
v
e
a

n
u
n
d
e
r
s
t
a
n
d
i
n
g
o
f
t
h
e
s
u
p
p
l
y
c
h
a
n
g
e
m
a
n
a
g
e
m
e
n
t
t
h
a
t
i
s
i
n
p
l
a

c
e
a
n
d
c
o
u
l
d
b
e
n
e
f
i
t
t
h
e
V
A

P
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
c
a
l
l
m
y
c
e
l
l
a
n
y

t
i
m
e
5
6
1
/
3
4

(b) (6)

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2
1
,
2
0
1
7
,
a
t
9

5
5
A
M

(b) (6)

@
e
m
o
c
h
a

c
o
m
>
w
r
o
t
e

H
i
A
a
r
o
n

a
n
d
P
o
o
n
a
m
,

B
y
w
a
y
o
f
t
h
i
s
e
m
a
i
l
I
,
m
i
n
t
r
o
d
u
c
i
n
g
y
o
u
t
o

(b) (6)

,
w
h
o
i
s
i
n
c
h
a
r
g
e
o
f
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
m
a
n
a

g
e
m
e
n
t
f
o
r
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
,
w
h
i
c
h
h
a
s
a
n
e
x
t
e
r

n
a
l
a
r
m
a
s
w
e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r

(b) (6)

J
H
H
S
,
C
F
O
.

I
,

m
a
l
s
o
i
n
c
l
u
d
i
n
g

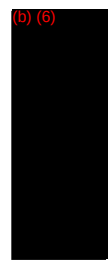
(b) (6)

,
V
P
a
n
d
C
T
O
o
f
J
o
h
n
s
H
o
p
k
i
n
s
,
f
o
r
h

i
s
r
e
f
e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o
u
,

(b) (6)

A large black rectangular redaction box covering several lines of text.

(b) (6)

A large black rectangular redaction box covering several lines of text.

n
c

C
T
O
,
e
m
o
c
h
a

|
7
8
5
.
2
1
8

(b) (6)

e
m
o
c
h
a
M
o
b
i
l
e
H
e
a
l
t
h
l
i
n
c
.

1
8
1
2
A
s
h
l
a
n
d
A
v
e
n
u
e

1
s
t
F
l
o
o
r
-
S
u
i
t
e
1
0
0

B
a
l
t
i
m
o
r
e

,
M
D

,
2
1
2

05
Visit us at [economics](#)

On April 4, 2017, at 9

5
4
A
M
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)



m
a
c
c
o
m
>
w
r
o
t
e

H
i

(b) (6)

I
t
w
a
s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n
p
e
r
s
o
n
y
e
s
t
e
r
d
a
y
.
I
w

a
n
t
e
d
t
o
p
u
t
y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i
g
h
,
w
h
o
m
I
a
l
s
o
s
p
o
k
e
w

i
t
h
y
e
s
t
e
r
d
a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t
o
l
e
a
r
n
m
o
r
e
a
b
o
u
t
t
h
e

i
n
v
e
n
t
o
r
y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o
p
k
i
n
s
h
a
s
s
e
t
u
p
.
C
o
u
l

d
y
o
u
p
u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l
y
?

S
i
n
c
e
r
e
l
y

,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i
o
m
e
d
i
c
a
l
R
e
s
e
a
r
c
h
&
E

d
u
c
a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
w
w
w
:
b
r
e
f
n
e
t
:
o
r
g

(
c
)
5
6
1
-
5
1
2
-

(b) (6)

1
0
1
0
N
.
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k

P
h
i
l
a
d
e
l
p
h
i
a
,
P
A
1
9
1
2
3

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/12/2017 11:34:57 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Washington VA

Patient safety

Sent from my iPhone

On May 12, 2017, at 7:31 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Robin???

Sent from my iPhone

On May 12, 2017, at 6:50 PM, David shulkin <Drshulkin@aol.com> wrote:

Id give this one to Robin

Sent from my iPhone

On May 12, 2017, at 6:48 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

I think its a collaboration- I have a call set up with all of these folks with [(b) (6)] in the next 2 weeks

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, May 12, 2017 6:43 PM
To: Poonam Alaigh
Subject: Fwd: Washington VA

Not sure what we would announce? Are you?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz
<[(b) (6)]<[REDACTED]@mac.com>
Date: May 12, 2017 at 6:31:13 PM EDT
To: David shulkin <Drshulkin@aol.com>
Cc: Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>, IP
<[(b) (6)]<[REDACTED]@frenchangel59.com>, L Perl
<[(b) (6)]<[REDACTED]@gmail.com>, mbs[(b) (6)]<[REDACTED]@gmail.com>
Subject: Re: Washington VA

Also we now have the head of Women's Health at Mayo Harvard and Hopkins. They will allow you to announce their assistance in women's health.

Sent from my iPhone

On May 12, 2017, at 6:26 PM, David Shulkin <Drshulkin@aol.com> wrote:

Agree- this is going to be good

Sent from my iPhone

On May 12, 2017, at 5:46 PM, Bruce Moskowitz

<(b) (6) mac.com> wrote:

This is very important information and we will plan a call with you directly. Thank you

Sent from my iPhone

On May 12, 2017, at 5:35 PM, (b) (6)

(b) (6) <jhmi.edu> wrote:

Dr. Moskowitz & Dr. Alaigh,

Thank you for the invite to the meeting on May 15th but

unfortunately I will be on an airplane at that time and will not be able to attend.

Two other members of the Johns Hopkins team will be participating and will be able to contribute to the effort.

As I mentioned in my previous note, before joining Johns Hopkins I worked PWC and had an opportunity led an initiative to conduct an in-depth

review
of
Northern
Indiana
VA
(NIHCS
- VISN
11) and
work
with
the
VISN
supply
chain
leaders
hip. I
had a
chance
to
review
my
notes
and
thought
that I
would
share
some
of
those
insights
that
may
help in
your
effort
as you
seek
improvements
... the
assessment is
from
2011/1
2 but I
believe
a
number
of
these
insights

may still be valid. The assessment was an in-depth review but I have attached a high-level overview of the VA status at the time against these leading supply chain practices. At NIHCS, ~\$102M in non-labor spend was reviewed with a conservative ~\$8M in opportunity cost improvements identified. Savings were split

equally
between
n
supplie
s and
services
. In
Supplie
s
opport
unities
where
focused
on
(contra
cts
written
that did
not
constrai
n
extrane
ous
cost,
non-
use of
prime
vendors
,
multipl
e
product
s
contrac
ted in
categor
ies, p-
card
use for
clinical
product
s, exter
nal site
orderin
g (i.e.
punch-
out's).
Key
Service
opport
unities
focused
on the

rational
ization
of
insourc
e/outso
urce
opport
unities,
lack of
categor
y
leverag
e and
expertis
e to
assure
proper
local
contrac
t terms
and
pricing,
alignme
nt of
capital
purchas
es and
ongoing
service
require
ments)

Category	Assessment
Plan	Capital budgeting process does not take a total cost view, which includes equ as human and supply resources and construction. Processes are mixed within the facilities resulting in operational inconsistency
Source & Procure	Overall procurement strategy is set by VA contracts and FSS pricing agreeme pricing compliance was relatively high. Opportunities exist to standardize clinical and non-clinical products to fewer based on product volume aggregation and reduced inventory line items and ha
Move	Supplies are handled multiple times before delivery to the end user resulting i
Pay	A minimal relationship exists between front line Logistics and Accounts Paya errors. P-Card approval policies allow for purchases to be made up to \$3K and \$25K approval, leading to more than \$1.6M in purchases outside of the standard Lo Payments are made at the obligation level and not consistently matched at line
Structure & Staffing	Supply chain is not the single point of contact for the organization at the purc and multiple prime vendor website service points. Local level support for contracting and capital purchases may not be specializ resources.
Tools & Processes	Spend data is not readily available nor easily obtained, nor routinely analyzed Reporting for supply spend is limited to total supply spend purchased at the fa
Organizational Alignment	Supply chain is generally viewed as a product replenishment function versus cost control with costs not well understood by key stakeholders. Cross functional coordination of services need to be reviewed, SPD and Logis using different practices. Lack of transportation coordination between SPD, I efficient deliveries.

I am
happy
to have
a
follow-
up
convers
ation
with
you and
would
also like
to
extend
an
invitati
on to
each of
you or
your
staff to
attend
our
Nobilan
t GOP
working
group
session.
In
additio
n to my
Johns
Hopkin
s

Supply Chain and Procurement responsibilities, I am also responsible for Nobilant, Johns Hopkins owned HealthCare Group Purchasing Organizations. We have ten hospitals that participate within the Baltimore/Washington area. This group of Hospitals has come together with the goal of achieving 90% plus in alignment of our Non

Labor
spend.
It is a
patient
centered
approach
to
identifying
products
and
services
that
can
advance
clinical
outcomes at
the
lowest
cost.

Please
feel
free to
attend
as
there
may be
additional
learnings you
can
incorporate
into
your
processes or
we may
identify
opportunities
where
our
Nobilant
collaborative
can be
of

assistan
ce to
the
Washin
gton
VA.

I hope
this
helps, J
HHS
and my
team
stand
ready
to
support
the VA
and our
veteran
s.

Regards
,

(b) (6)
[Redacted Signature]

*Chief
Procure
ment
Officer*

*Johns
Hopkins
Health
System
&*

*Executiv
e
Director
Nobilant*

3910
Keswick
Road

Suite
5500

Baltimore
, MD
21211-
2226

Tel: 440-
384- (b) (6)

Fax:
443.997,
(b) (6)

Email:
(b) (6)
@jhmi.ed
u

From:
Bruce
Mosko
witz
[\[mailto:\(b\) \(6\)
@
mac.co
m\]](mailto:(b) (6)@mac.com)

Sent:
Friday,
April
28,
2017
6:30
AM

To:
Poona
m
Alaigh
(b) (6)
@hot
mail.co

[m](#)>
Cc:
(b) (6)
(b) (6)
(b) (6)
[@jh](#)
[mi.edu](#)
>
(b) (6)
(b) (6)
<(b) (6)
[@jhmi.](#)
[edu](#)>
Subject
: Re:
Washin
gton VA

Absolu
tely
thank
you

Sent
from
my
iPad

Bruce
Mosko
witz
M.D.

On
Apr
28,
2017,
at 5:56
AM,
Poona
m
Alaigh
(b) (6)
[@ho](#)
[tmail.c](#)
[om](#)>
wrote:

T
h
a
n
k
s
-
t
h
i
s
w
o
u
l
d
i
n
d
e
e
d
b
e
e
x
t
r
e
m
e
l
y
v
a
l
u
a
b
l
e
.
B
r
u
c
e
,
a
f
t
e

r
y
o
u
r
c
a
l
l
d
o
y
o
u
t
h
i
n
k
o
u
r
i
n
t
e
r
n
a
l
t
e
a
m
c
a
n
c
o
n
n
e
c
t
w
i
t
h

(b) (6)

(b) (6)

s
n
e
x
t
s
t
e
p
s
.

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
5
:

4
8
A
M
,
B
r
u
c
e
M
o
s
k
o
w
i
t
z
<

(b) (6)

[REDACTED]

m
a
c
:
c
o
m
>
w
r
o
t
e
:

T
h
a
n
k
y
o
u
I
w
i
l
l
c
a
l
l
y
o
u

S
e
n
t
f
r
o
m
m
y
i
P
a
d

B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.

D

O

n

A

p

r

2

8

,

2

0

1

7

,

a

t

2

:

5

9

A

M

(b) (6)

@

i

h

m

i
e
d
u
>
w
r
o
t
e
:

D
r
·
M
o
s
k
o
w
i
t
z
&
D
r
·
A
l
a
i
g
h
,

I
w
o
u
l
d
b
e
m
y
p
l
e

a
s
u
r
e
t
o
g
i
v
e
y
o
u
a
c
a
l
l
t
o
d
i
s
c
u
s
s
J
H
H
S
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n

e
f
f
o
r
t
s
.

B
y
w
a
y
o
f
b
a
c
k
g
r
o
u
n
d
b
e
f
o
r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
l

e
d
p
r
i
c
e
W
a
t
e
r
h
o
u
s
e
C
o
o
p
e
r
s
(
P
W
C
)
H
e
a
l
t
h
c
a
r
e
p
r
o
v
i
d
e
r
S
u
p
p
l
y

C
h
a
i
n
P
r
a
c
t
i
c
e
a
n
d
h
a
d
t
h
e
o
p
p
o
r
t
u
n
i
t
y
t
o
w
o
r
k
w
i
t
h
V
A
,
s
V
I
S
N
s
u

p
p
l
y
c
h
a
i
n
t
e
a
m
a
s
w
e
l
l
a
s
c
o
n
d
u
c
t
a
n
i
n
-
d
e
p
t
h
s
u
p
p
l
y
c
h
a
i
n
r
e
v
i

e
w
o
f
t
h
e
V
A
,
s
N
o
r
t
h
e
r
n
I
n
d
i
a
n
a
H
e
a
l
t
h
S
y
s
t
e
m
.
(
N
I
H
C
S
)
.
T
h
o
s
e

i
n
s
i
g
h
t
s
c
o
u
p
l
e
d
w
i
t
h
J
H
H
S
,
s
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
s
u
p
p
l
y
c
h
a
i
n
e
f

f
o
r
t
s
s
h
o
u
l
d
p
r
o
v
i
d
e
t
h
e
b
a
c
k
d
r
o
p
t
o
i
d
e
n
t
i
f
y
o
p
p
o
r
t
u
n
i
t
i
e
s
t

o
b
e
n
e
f
i
t
t
h
e
V
A
.

R
e
g
a
r
d
s
,

(b) (6)

C
h
i
e
f
P
r
o
c
u

r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
&

E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
a
n
t

3
9

1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t
e
5
5
0
0

B
a
l
t
i
m
o
r
e

M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4
-

(b) (6)

F
a
x
:
4
4
3

9
9
7

(b) (6)

E
m
a
i
l
:

(b) (6)

@
i
h
m
i
e
d
u

F
r
o
m
:

B
r
u
c
e
M
o
s
k
o
w
i
t
z
[
[m](#)
[a](#)
[i](#)
[l](#)
[t](#)
[o](#)

(b) (6)

@
[m](#)
[a](#)
[c](#)
[c](#)
[c](#)
[o](#)
[m](#)
]
S
e
n
t
:
F

r
i
d
a
y
,
A
p
r
i
l
2
1
,
2
0
1
7
:
1
7
P
M
T
o
:

(b) (6)

(b) (6)

@
i
h
m

i
:
e
d
u
>
c
c
:
p
o
o
n
a
m
A
l
a
i
g
h
<

(b) (6)

@
h
o
t
m
a
i
i
:
c
o
m
>

;
(b) (6)

<
(b) (6)

in
the
subject
of
the
Washington
VA

Thank
you
for
your
input

i
s
i
m
p
o
r
t
a
n
t
t
h
a
t
w
e
h
a
v
e
a
n
u
n
d
e
r
s
t
a
n
d
i
n
g
o
f
t
h
e
s
u
p
p
l
y
c
h
a
n
g

e
m
a
n
a
g
e
m
e
n
t
t
h
a
t
i
s
i
n
p
l
a
c
e
a
n
d
c
o
u
l
d
b
e
n
e
f
i
t
t
h
e
V
A

P
l
e
a
s
e
f

e
e
l
f
r
e
e
t
o
c
a
l
l
m
y
c
e
l
l
a
n
y
t
i
m
e
5
6
1
/
3
4
6
6
2
6
9
.

S
e
n
t
f
r
o
m
m
y
i
P

h
o
n
e

O
n
A
p
r
i
l
2
0
1
7
a
t
9
:
5
5
A
M

(b) (6)

(b) (6)

e
m
o

c
h
a
s
c
o
m
>
w
r
o
t
e
:

H
i
A
a
r
o
n
a
n
d
P
o
o
n
a
m

B
y
w
a
y
o
f
t
h
i
s
e
m
a
i

l
I
,
m
i
n
t
r
o
d
u
c
i
n
g
y
o
u
t
o

(b) (5)

,
w
h
o
i
s
i
n
c
h
a
r
g
e
o
f
e
n
t

e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
m
a
n
a
g
e
m
e
n
t
f
o
r
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h

S
y
s
t
e
m
,
w
h
i
c
h
h
a
s
a
n
e
x
t
e
r
n
a
l
a
r
m
a
s
w
e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r

(b) (6)

(b) (6)

J
H
H
S
,
C
F
O
.

I
,
m
a
l
s
o
i
n
c
l
u
d
i
n
g

(b) (6)

V
P
a
n
d

C
T
O
o
f
J
o
h
n
s
H
o
p
k
i
n
s
,
f
o
r
h
i
s
r
e
f
e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o

u

,

(b) (6)

A large black rectangular redaction box covering approximately 10 lines of text.

(b) (6)

A large black rectangular redaction box covering approximately 15 lines of text.

T
O
e
m
o
c
h
a

|
7
8
5
.
2
1
8

(b) (6)

A black rectangular redaction box covering approximately 3 lines of text.

e
m
o

c
h
a
M
o
b
i
l
e
H
e
a
l
t
h
I
n
c
.

1
8
1
2
A
s
h
l
a
n
d
A
v
e
n
u
e

1
s
t
F
l
o
o
r
-
S
u
i
t
e

1
0
0

B
a
l
t
i
m
o
r
e

,
M
D

,
2
1
2
0
5

v
i
s
i
t
u
s
a
t
e
m
o
c
h
a
:
c
o
m

O
n
A
p
r
i
l
4
,
2
0
1
7
,
a
t
9
:
5
4
A
M
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)



(b) (6)

@
m
a
c
c
o
m
>
w
r
o
t
e
:

H
i

(b) (6)

,
I
t
w
a
s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n

p
e
r
s
o
n
y
e
s
t
e
r
d
a
y
.
I
w
a
n
t
e
d
t
o
p
u
t
y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i

g
h
,
w
h
o
m
I
a
l
s
o
s
p
o
k
e
w
i
t
h
y
e
s
t
e
r
d
a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t

o
l
e
a
r
n
m
o
r
e
a
b
o
u
t
t
h
e
i
n
v
e
n
t
o
r
y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o

p
k
i
n
s
h
a
s
s
e
t
u
p
.
C
o
u
l
d
y
o
u
p
u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l

y
?

S
i
n
c
e
r
e
l
y
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i

o
m
e
d
i
c
a
l
R
e
s
e
a
r
c
h
&
E
d
u
c
a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
W
W
W
b
r
e
f
n
e
t
i
o
r
g

(
c
)
5
6
1
-
5
1
2
-

(b) (6)

1
0
1
0
N
.
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k

P
h
i
l
a
d
e
l
p
h
i

a

,

P

A

1

9

1

2

3

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 5/12/2017 11:31:38 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Washington VA

Robin???

Sent from my iPhone

On May 12, 2017, at 6:50 PM, David shulkin <Drshulkin@aol.com> wrote:

Id give this one to Robin

Sent from my iPhone

On May 12, 2017, at 6:48 PM, Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>> wrote:

I think its a collaboration- I have a call set up with all of these folks with [(b) (6)] in the next 2 weeks

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, May 12, 2017 6:43 PM
To: Poonam Alaigh
Subject: Fwd: Washington VA

Not sure what we would announce? Are you?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <[(b) (6)]<[redacted]@mac.com>
Date: May 12, 2017 at 6:31:13 PM EDT
To: David shulkin <Drshulkin@aol.com>
Cc: Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>, IP <[(b) (6)]<[redacted]@frenchangel59.com>, L Perl <[(b) (6)]<[redacted]@gmail.com>, mbs[(b) (6)]<[redacted]@gmail.com>
Subject: Re: Washington VA

Also we now have the head of Women's Health at mayo Harvard and Hopkins
They will allow you to announce their Assistance in women's health

Sent from my iPhone

On May 12, 2017, at 6:26 PM, David shulkin <Drshulkin@aol.com> wrote:

Agree- this is going to be good

Sent from my iPhone

On May 12, 2017, at 5:46 PM, Bruce Moskowitz

<[\(b\) \(6\)@mac.com](mailto:(b) (6)@mac.com)> wrote:

This is very important information
and
We will plan a call with you directly.
Thank you

Sent from my iPhone

On May 12, 2017, at 5:35 PM,

<[\(b\) \(6\)@jhmi.edu](mailto:(b) (6)@jhmi.edu)> wrote:

Dr. Moskowitz & Dr.
Alaigh,

Thank you for the invite
to the meeting on May
15th but unfortunately I
will be on an airplane at
that time and will not
be able to attend. Two
other members of the
Johns Hopkins team will
be participating and will
be able to contribute to
the effort. As I
mentioned in my
previous note, before
joining Johns Hopkins I
worked PWC and had
an opportunity led an
initiative to conduct an
in-depth review of
Northern Indiana VA
(NIHCS - VISN 11) and
work with the VISN
supply chain
leadership. I had a
chance to review my

notes and thought that I would share some of those insights that may help in your effort as you seek improvements... the assessment is from 2011/12 but I believe a number of these insights may still be valid. The assessment was an in-depth review but I have attached a high-level overview of the VA status at the time against these leading supply chain practices . At NIHCS, ~\$102M in non-labor spend was reviewed with a conservative ~\$8M in opportunity cost improvements identified. Savings were split equally between supplies and services. In Supplies opportunities where focused on (contracts written that did not constrain extraneous cost, non-use of prime vendors, multiple products contracted in categories, p-card use for clinical products, external site ordering (i.e. punch-out's). Key Service opportunities focused on the rationalization of insource/outsource opportunities, lack of category leverage and expertise to assure proper local contract terms and pricing, alignment of capital purchases and ongoing service requirements)

Leading Practice	Assessment
Plan	Capital budgeting process does not take a total cost view, which includes equipment expenses as human and supply resources and construction. Processes are mixed within the facilities resulting in operational inconsistency and inefficiencies.
Source & Procure	Overall procurement strategy is set by VA contracts and FSS pricing agreements. When cost pricing compliance was relatively high. Opportunities exist to standardize clinical and non-clinical products to fewer suppliers. Based on product volume aggregation and reduced inventory line items and handling costs.
Move	Supplies are handled multiple times before delivery to the end user resulting in inefficiencies.
Pay	A minimal relationship exists between front line Logistics and Accounts Payable staff, resulting in errors. P-Card approval policies allow for purchases to be made up to \$3K and \$25K per month without approval, leading to more than \$1.6M in purchases outside of the standard Logistics procurement process. Payments are made at the obligation level and not consistently matched at line item level for reconciliation.
Structure & Staffing	Supply chain is not the single point of contact for the organization at the purchasing transaction level and multiple prime vendor website service points. Local level support for contracting and capital purchases may not be specialized or take full advantage of resources.
Tools & Processes	Spend data is not readily available nor easily obtained, nor routinely analyzed. Reporting for supply spend is limited to total supply spend purchased at the facility level.
Organizational Alignment	Supply chain is generally viewed as a product replenishment function versus an integrated cost control with costs not well understood by key stakeholders. Cross functional coordination of services need to be reviewed, SPD and Logistics share staff and using different practices. Lack of transportation coordination between SPD, Logistics, and efficient deliveries.

I am happy to have a follow-up conversation with you and would also like to extend an invitation to each of you or your staff to attend our Nobilant GOP working group session. In addition to my Johns Hopkins Supply Chain and Procurement responsibilities, I am also responsible for Nobilant, Johns Hopkins owned Healthcare Group Purchasing Organizations. We have ten hospitals that participate within the Baltimore/Washington area. This group of Hospitals has come together with the goal of achieving 90% plus in alignment of our Non Labor spend. It is a patient centered approach to identifying products and services that can advance clinical outcomes at the lowest cost. Please feel free to attend as

there may be additional learnings you can incorporate into your processes or we may identify opportunities where our Nobilant collaborative can be of assistance to the Washington VA.

I hope this helps, JHHS and my team stand ready to support the VA and our veterans.

Regards,

(b) (6)

Chief Procurement Officer

Johns Hopkins Health System &

Executive Director Nobilant

3910 Keswick Road

Suite 5500

Baltimore, MD 21211-2226

Tel: 440-384-(b) (6)

Fax: 443.997.0

Email: (b) (6) [jhmi.edu](mailto:(b) (6)@jhmi.edu)

From: Bruce Moskowitz
[mailto:(b) (6)
@mac.com]
Sent: Friday, April 28,
2017 6:30 AM
To: Poonam Alaigh
<(b) (6)hotmail.com
>
Cc: (b) (6)
<(b) (6)jhmi.edu>;
(b) (6)
<(b) (6)jhmi.edu>
Subject: Re:
Washington VA

Absolutely thank you

Sent from my iPad

Bruce Moskowitz
M.D.

On Apr 28, 2017, at
5:56 AM, Poonam
Alaigh
<(b) (6)hotmail.co
m> wrote:

Thanks
- this
would
indeed
be
extrem
ely
valuabl
e. Bru
ce,
after
your
call do
you
think
our
interna
l team
can

connect with
(b) (6)
as next steps.

Sent from my iPhone

On Apr 28, 2017, at 5:48 AM, Bruce Moskowitz

(b) (6)
@mac.com>
wrote:

T
h
a
n
k
y
o
u
I
w
i
l
l
c
a
l
l
y
o
u

S
e
n

t
f
r
o
m
m
y
i
P
a
d

B
r
u
c
e
M
o
s
k
o
w
i
t
z
M
.
D
.

O
n
A
p
r
2
8
,
2
0
1
7
,
a
t
2
:
5
9
A

M

(b) (6)

<

(b) (6)

@

i

h

m

i

e

e

d

u

>

w

r

o

t

e

.

D

r

.

M

o

s

k

o

w

i

t

z
&
D
r
.
A
l
a
i
g
h
,

I
w
o
u
l
d
b
e
m
y
p
l
e
a
s
u
r
e
t
o
g
i
v
e
y
o
u
a
c
a
l
l
t
o
d
i
s

c
u
s
s
J
H
H
S
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
.
B
y
w
a
y
o
f
b
a
c
k
g
r
o
u

n
d
b
e
f
o
r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
l
e
d
P
r
i
c
e
W
a
t
e
r
h
o
u
s
e
C
o
o
p
e
r
s

(
P
W
C
)
H
e
a
l
t
h
c
a
r
e
p
r
o
v
i
d
e
r
S
u
p
p
l
y
C
h
a
i
n
p
r
a
c
t
i
c
e
a
n
d
h
a
d
t
h
e
o
p

p
o
r
t
u
n
i
t
y
t
o
w
o
r
k
w
i
t
h
V
A
,
s
v
l
s
n
s
u
p
p
l
y
c
h
a
i
n
t
e
a
m
a
s
w
e
l
l
a
s
c
o
n

ductant in-depth supply chain review of the VAS, SNORTHENDIA

n
a
H
e
a
l
t
h
S
y
s
t
e
m
.
(
N
I
H
C
S
)
.

T
h
o
s
e
i
n
s
i
g
h
t
s
c
o
u
p
l
e
d
w
i
t
h
J
H
H
S
,

s
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
s
h
o
u
l
d
p
r
o
v
i
d
e
t
h
e
b
a
c

k
d
r
o
p
t
o
i
d
e
n
t
i
f
y
o
p
p
o
r
t
u
n
i
t
i
e
s
t
o
b
e
n
e
f
i
t
t
h
e
V
A
.

R
e
g
a
r

d
s
,

(b) (6)

C
h
i
e
f
P
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S

y
s
t
e
m
&

E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t
e
5
5
0
0

B
a
l
t
i
m
o
r
e

M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4

(b) (6)

F
a
x
:
4
4
3
-
9
9
7

(b) (6)

E
m
a
i
l
:

(b) (6)

a
i
h
m
i
:
e
d

u

F
r
o
m
:
B
r
u
c
e
M
o
s
k
o
w
i
t
z
[
[m](#)
[a](#)
[i](#)
[l](#)
[t](#)
[o](#)
:]

(b) (6)

(b) (6)

@
m
a
c
:
c
o
m
J
S
e
n
t
:
F
r
i
d
a
y
,
A
p
r
i
l
2
1
,
2
0
1
7
5
:
1
7
P
M

T
o
:

(b) (6)

(b) (6)

@
j
h
m
i
:
e
d
u
>
c
c
:
p
o
o
n
a
m
A
l
a
i
g
h
<

(b) (6)

(b) (6)

h
@
h
o
t
m
a
i
i
:
c
o
m
>

(b) (6)

(b) (6)

@
i
h
m
i
:
e
d
e
>
s
u
b
j
e
c
t
:

R
e
:
W
a
s
h
i
n
g
t
o
n
V
A

T
h
a
n
k
y
o
u
i
t
i
s
i
m
p
o
r
t
a
n
t
t
h
a
t
w
e
h
a
v
e
a
n

u
n
d
e
r
s
t
a
n
d
i
n
g
o
f
t
h
e
s
u
p
p
l
y
c
h
a
n
g
e
m
a
n
a
g
e
m
e
n
t
t
h
a
t
i
s
i
n
p
l
a
c

e
a
n
d
c
o
u
l
d
b
e
n
e
f
i
t
t
h
e
V
A

P
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
c
a
l
l
m
y
c
e
l
l
a
n
y
t

i
m
e
5
6
1
/
3
4
6

(b) (6)

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2
1
,
2
0
1
7
,
a
t
9
:

5
5
A
M

(b) (6)

@
e
m
o
c
h
a
c
o
m
>
w
r
o
t
e
:

H
i
A
a
r
o
n
a

n
d
P
o
o
n
a
m
,

B
y
w
a
y
o
f
t
h
i
s
e
m
a
i
l
I
,
m
i
n
t
r
o
d
u
c
i
n
g
y
o
u
t
o

(b) (6)

(b) (6)

w
h
o
i
s
i
n
c
h
a
r
g
e
o
f
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
m
a
n
a
g

e
m
e
n
t
f
o
r
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
,
w
h
i
c
h
h
a
s
a
n
e
x
t
e
r
n

a
l
a
r
m
a
s
w
e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r

(b) (6)

,
J
H
H
S
,
C
F
O
.

I
,
m

a
l
s
o
i
n
c
l
u
d
i
n
g

(b) (6)

V
P
a
n
d
C
T
O
o
f
J
o
h
n
s
H
o
p
k
i
n
s
,
f
o
r
h
i

s
r
e
f
e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o
u
,

(b) (6)

A large black rectangular redaction box covering several lines of text.

(b) (6)

A large black rectangular redaction box covering several lines of text.

C
T
O
,
e
m
o
c
h
a

|
7
8
5
.
2
1
8

(b) (6)

e
m
o
c
h
a
M
o
b
i
l
e
H
e
a
l
t
h
I
n
c
.

1
8
1
2

A
s
h
l
a
n
d
A
v
e
n
u
e

1
s
t
F
l
o
o
r
-
S
u
i
t
e
1
0
0

B
a
l
t
i
m
o
r
e

,
M
D

,
2
1
2
0
5

V
i
s
i
t
u
s
a
t
e
m
o
c
r
a
c
i
o
n
m

O
n
A
p
r
i
l
4
,
2
0
1
7
,
a
t
9
:
5
4

A
M
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)

@
m
a
c
c
c
o
m
>
w
r
o
t
e

H
i

(b) (6)

I
t
w
a
s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n
p
e
r
s
o
n
y
e
s
t
e
r
d
a
y
.
I
w
a
n
t

e
d
t
o
p
u
t
y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i
g
h
,
w
h
o
m
I
a
l
s
o
s
p
o
k
e
w
i
t
h

y
e
s
t
e
r
d
a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t
o
l
e
a
r
n
m
o
r
e
a
b
o
u
t
t
h
e
i
n
v

e
n
t
o
r
y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o
p
k
i
n
s
h
a
s
s
e
t
u
p
.
C
o
u
l
d
y
o

u
p
u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l
y
?

S
i
n
c
e
r
e
l
y
,
A
a

r
o
n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i
o
m
e
d
i
c
a
l
R
e
s
e
a
r
c
h
&
E
d
u
c

a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
w
w
w
:
b
r
e
f
n
e
t
:
o
r
g

(
c
)
5
6
1
-
5
1
2
-

(b) (5)

1
0
1
0

N
.
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k

P
h
i
l
a
d
e
l
p
h
i
a
,
P
A
1
9
1
2
3

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/12/2017 10:50:49 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Washington VA

Id give this one to Robin

Sent from my iPhone

On May 12, 2017, at 6:48 PM, Poonam Alaigh <(b) (6)hotmail.com> wrote:

I think its a collaboration- I have a call set up with all of these folks with (b) (6) in the next 2 weeks

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, May 12, 2017 6:43 PM
To: Poonam Alaigh
Subject: Fwd: Washington VA

Not sure what we would announce? Are you?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <(b) (6)mac.com>
Date: May 12, 2017 at 6:31:13 PM EDT
To: David shulkin <Drshulkin@aol.com>
Cc: Poonam Alaigh <(b) (6)hotmail.com>, IP <(b) (6)frenchangel59.com>, L Perl <(b) (6)gmail.com>, mbs(b) (6)@gmail.com
Subject: Re: Washington VA

Also we now have the head of Women's Health at mayo Harvard and Hopkins They will allow you to announce their Assistance in women's health

Sent from my iPhone

On May 12, 2017, at 6:26 PM, David shulkin <Drshulkin@aol.com> wrote:

Agree- this is going to be good

Sent from my iPhone

On May 12, 2017, at 5:46 PM, Bruce Moskowitz

<(b) (6) mac.com> wrote:

This is very important information and
We will plan a call with you directly. Thank you

Sent from my iPhone

On May 12, 2017, at 5:35 PM, (b) (6)

<(b) (6) ihmi.edu> wrote:

Dr. Moskowitz & Dr. Alaigh,

Thank you for the invite to the meeting on May 15th but unfortunately I will be on an airplane at that time and will not be able to attend. Two other members of the Johns Hopkins team will be participating and will be able to contribute to the effort. As I mentioned in my previous note, before joining Johns Hopkins I worked PWC and had an opportunity led an initiative to conduct an in-depth review of Northern Indiana VA (NIHCS - VISN 11) and work with the VISN supply chain leadership. I had a chance to review my notes and thought that I would share some of those insights that may help in your effort as you seek improvements... the assessment is from 2011/12 but I believe a number of these insights may still be valid. The assessment was an in-depth review but I have attached a high-level overview of the VA status at the time against these leading supply chain practices. At NIHCS, ~\$102M in non-labor spend was reviewed with a conservative ~\$8M in opportunity cost improvements identified. Savings were split equally between supplies and services. In Supplies opportunities where focused on (contracts written that did not constrain extraneous cost, non-use of prime vendors, multiple products contracted in categories, p-card use for clinical products, external site ordering (i.e. punch-out's). Key Service

opportunities focused on the rationalization of insource/outsource opportunities, lack of category leverage and expertise to assure proper local contract terms and pricing, alignment of capital purchases and ongoing service requirements)

Category/Function	Assessment
Plan	Capital budgeting process does not take a total cost view, which includes equipment expense as well as human and supply resources and construction. Processes are mixed within the facilities resulting in operational inconsistency and inefficiency.
Source & Procure	Overall procurement strategy is set by VA contracts and FSS pricing agreements. When contracted vendors pricing compliance was relatively high. Opportunities exist to standardize clinical and non-clinical products to fewer suppliers. Benefits include based on product volume aggregation and reduced inventory line items and handling costs.
Move	Supplies are handled multiple times before delivery to the end user resulting in inefficiencies.
Pay	A minimal relationship exists between front line Logistics and Accounts Payable staff, resulting in pricing errors. P-Card approval policies allow for purchases to be made up to \$3K and \$25K per month with only Department approval, leading to more than \$1.6M in purchases outside of the standard Logistics procurement process. Payments are made at the obligation level and not consistently matched at line item level for invoice payment.
Structure & Staffing	Supply chain is not the single point of contact for the organization at the purchasing transaction level due to multiple prime vendor website service points. Local level support for contracting and capital purchases may not be specialized or take consistent advantage of resources.
Tools & Processes	Spend data is not readily available nor easily obtained, nor routinely analyzed. Reporting for supply spend is limited to total supply spend purchased at the facility level.
Organizational Alignment	Supply chain is generally viewed as a product replenishment function versus an integrated component of cost control with costs not well understood by key stakeholders. Cross functional coordination of services need to be reviewed, SPD and Logistics share storeroom but are using different practices. Lack of transportation coordination between SPD, Logistics, and Engineering results in inefficient deliveries.

I am happy to have a follow-up conversation with you and would also like to extend an invitation to each of you or your staff to attend our Nabilant GOP working group session. In addition to my Johns Hopkins Supply Chain and Procurement responsibilities, I am also responsible for Nabilant, Johns Hopkins owned Healthcare Group Purchasing Organizations. We have ten hospitals that participate within the Baltimore/Washington area. This group of Hospitals has come together with the goal of achieving 90% plus in alignment of our Non Labor spend. It is a patient centered approach to identifying products and services that can advance clinical outcomes at the lowest cost. Please feel free to attend as there may be additional learnings you can incorporate into your processes or we may identify opportunities where our Nabilant collaborative can be of assistance to the Washington VA.

I hope this helps, JHHS and my team stand ready to support the VA and our veterans.

Regards,

(b) (6)

Chief Procurement Officer

Johns Hopkins Health System &

Executive Director Nobilant

3910 Keswick Road

Suite 5500

Baltimore, MD 21211-2226

Tel: 440-384

Fax: 443.997

Email: (b) (6) [ihmi.edu](mailto:(b) (6)@ihmi.edu)

From: Bruce Moskowitz

[[mailto:\(b\) \(6\)@mac.com](mailto:(b) (6)@mac.com)]

Sent: Friday, April 28, 2017 6:30 AM

To: Poonam Alaigh

<(b) (6)@hotmail.com>

Cc: (b) (6)

<(b) (6)@ihmi.edu>; (b) (6)

<(b) (6)@ihmi.edu>

Subject: Re: Washington VA

Absolutely thank you

Sent from my iPad

Bruce Moskowitz M.D.

On Apr 28, 2017, at 5:56 AM,
Poonam Alaigh

<(b) (6) [hotmail.com](#)> wrote:

Thanks- this would indeed be extremely valuable. Bruce, after your call do you think our internal team can connect with (b) (6) as next steps.

Sent from my iPhone

On Apr 28, 2017, at 5:48 AM, Bruce Moskowitz

<(b) (6) [@mac.com](#)> wrote:

Thank
you I
will
call
you

Sent
from
my
iPad

Bruce
Mosko
witz
M.D.

On
Apr
28,
2017,
at 2:59
AM,

(b) (6)

(b) (6)

(b) (6) [5@j
hmi.ed
u](#)>

wrote:

D
r
.
M
o
s
k
o
w
i
t
z
&
D
r
.
A
l
a
i
g
h
,

I
w
o
u
l
d
b
e
m
y
p
l
e
a
s
u
r
e
t
o
g
i
v
e
y
o

u
a
c
a
l
l
t
o
d
i
s
c
u
s
s
J
H
H
S
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
.
B
y
w
a

y
o
f
b
a
c
k
g
r
o
u
n
d
b
e
f
o
r
e
j
o
i
n
i
n
g
J
o
h
n
s
H
o
p
k
i
n
s
l
l
e
d
P
r
i
c
e
W
a
t
e
r
h

o
u
s
e
C
o
o
p
e
r
s
(
P
W
C
)
H
e
a
l
t
h
c
a
r
e
p
r
o
v
i
d
e
r
S
u
p
p
l
y
C
h
a
i
n
P
r
a
c
t
i
c
e

a
n
d
h
a
d
t
h
e
o
p
p
o
r
t
u
n
i
t
y
t
o
w
o
r
k
w
i
t
h
V
A
,
s
V
I
S
N
s
u
p
p
l
y
c
h
a
i
n
t
e
a
m

a
s
w
e
l
l
a
s
c
o
n
d
u
c
t
a
n
i
n
-
d
e
p
t
h
s
u
p
p
l
y
c
h
a
i
n
r
e
v
i
e
w
o
f
t
h
e
V
A
,
s
N
o

r
t
h
e
r
n
l
n
d
i
a
n
a
H
e
a
l
t
h
S
y
s
t
e
m
.
(
N
I
H
C
S
)
.
T
h
o
s
e
i
n
s
i
g
h
t
s
c
o
u
p
l

e
d
w
i
t
h
J
H
H
S
,
s
p
a
t
i
e
n
t
c
e
n
t
e
r
e
d
s
u
p
p
l
y
c
h
a
i
n
e
f
f
o
r
t
s
s
h
o
u
l
d
p
r

o
v
i
d
e
t
h
e
b
a
c
k
d
r
o
p
t
o
i
d
e
n
t
i
f
y
o
p
p
o
r
t
u
n
i
t
i
e
s
t
o
b
e
n
e
f
i
t
t
h
e
V
A

R
e
g
a
r
d
s

(b) (6)



C
h
i
e
f
P
r
o
c
u
r
e
m
e
n
t
O
f
f
i
c
e
r

J
o
h
n

s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
&

E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
N
o
b
i
l
a
n
t

3
9
1
0
K
e
s
w
i
c
k
R
o
a
d

S
u
i
t

e
5
5
0
0

B
a
l
t
i
m
o
r
e
:
M
D
2
1
2
1
1
-
2
2
2
6

T
e
l
:
4
4
0
-
3
8
4

(b) (6)

[REDACTED]

F
a
x
:
4
4
3
-
9
9
7

(b) (6)

[REDACTED]

E
m
a
i
l
:

(b) (6)

[REDACTED]

(b) (6)

a
i
h
m
i
i
e
d
u

F
r
o
m
:
B
r
u
c
e
M
o
s
k
o
w
i
t

z
[
m
a
i
i
t
o
:

(b) (6)

@
m
a
c
:
c
o
m
]
S
e
n
t
:
F
r
i
d
a
y
/
A
p
r
i
l
2
1

,
2
0
1
7
5
:
1
7
P
M
T
o
:

(b) (6)

@
i
n
n
i
s
e
d
e
v
c
c
:
p
o
o
n

a
m
A
l
a
i
g
h
<

(b) (6)

@
h
o
t
m
a
i
l
c
o
m
>
;

(b) (6)

@
h
m
i
e

d
u
>
S
u
b
j
e
c
t
:
R
e
:
W
a
s
h
i
n
g
t
o
n
V
A

T
h
a
n
k
y
o
u
i
t
i
s
i
m
p
o
r
t
a
n
t

h
a
t
w
e
h
a
v
e
a
n
u
n
d
e
r
s
t
a
n
d
i
n
g
o
f
t
h
e
s
u
p
p
l
y
c
h
a
n
g
e
m
a
n
a
g
e
m
e
n
t
t

h
a
t
i
s
i
n
p
l
a
c
e
a
n
d
c
o
u
l
d
b
e
n
e
f
i
t
t
h
e
V
A

P
l
e
a
s
e
f
e
e
l
f
r
e
e
t
o
c
a
l

l
m
y
c
e
l
l
a
n
y
t
i
m
e
5
6
1
/
3
4
6

(b) (6)
[REDACTED]

S
e
n
t
f
r
o
m
m
y
i
P
h
o
n
e

O
n
A
p
r
2

1

,

2

0

1

7

,

a

t

9

:

5

5

A

M

,

(b) (6)

@

e

m

o

c

h

a

.

c

o

m

>

w

r

o

t

e
:

H
i
A
a
r
o
n
a
n
d
P
o
o
n
a
m
,

B
y
w
a
y
o
f
t
h
i
s
e
m
a
i
l
I
,
m
i
n
t
r
o
d
u
c

i
n
g
y
o
u
t
o

(b) (6)

w
h
o
i
s
i
n
c
h
a
r
g
e
o
f
e
n
t
e
r
p
r
i
s
e
s
u
p
p
l

y
c
h
a
i
n
m
a
n
a
g
e
m
e
n
t
f
o
r
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
,
w
h
i
c
h

h
a
s
a
n
e
x
t
e
r
n
a
l
a
r
m
a
s
w
e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r

(b) (6)



,
J
H
H
S
,
C

F
O
.

I
,
m
a
l
s
o
i
n
c
l
u
d
i
n
g

(b) (6)

V
P
a
n
d
C
T
O
o
f
J
o
h
n
s
H
o

p
k
i
n
s
,
f
o
r
h
i
s
r
e
f
e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o
u
,

(b) (6)



(b) (6)

C
T
O
,
e
m
o
c
h
a

|
7
8
5
.
2
1
8
.

(b) (6)

e
m
o
c
h
a
M
o
b
i
l
e
H
e
a
l

t
h
i
n
c
.

1
8
1
2
A
s
h
l
a
n
d
A
v
e
n
u
e

1
s
t
F
l
o
o
r
-
S
u
i
t
e
1
0
0

B
a
l
t
i
m
o
r
e

, M
D
, 2
1
2
0
5
v
i
s
i
t
u
s
a
t
e
m
o
c
c
h
a
.
c
o
m

O
n
A
p
r
i
l
4
,
2

0
1
7
,
a
t
9
:
5
4
A
M
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)



@
m
a
c
:
c
o
m
>
w

r
o
t
e
:
:

H
i

(b) (6)

I
t
w
a
s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n
p
e
r
s
o
n
y
e
s
t
e
r

d
a
y
.
I
w
a
n
t
e
d
t
o
p
u
t
y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i
g
h
,
w
h
o
m
I
a
l
s
o

s
p
o
k
e
w
i
t
h
y
e
s
t
e
r
d
a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t
o
l
e
a
r
n
m
o
r
e
a
b

o
u
t
t
h
e
i
n
v
e
n
t
o
r
y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o
p
k
i
n
s
h
a
s
s
e
t
u

p
.
C
o
u
l
d
y
o
u
p
u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l
y
?

S
i
n

c
e
r
e
l
y
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i
o
m
e
d
i
c
a
l
R
e
s
e

a
r
c
h
&
E
d
u
c
a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
[www](#)
[www](#)
[www](#)
:
[b](#)
[r](#)
[e](#)
[f](#)
[n](#)
[e](#)
[t](#)
:
[o](#)
[r](#)
[g](#)

(
c
)
5
6
1
-
5
1
2
-

(b) (6)

1
0
1
0
N
.
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k

P
h
i
l
a
d
e
l
p
h
i
a
,
P
A
1
9
1
2
3

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 5/12/2017 10:48:44 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Washington VA

I think its a collaboration- I have a call set up with all of these folks with [(b) (6)] in the next 2 weeks

From: David shulkin <Drshulkin@aol.com>
Sent: Friday, May 12, 2017 6:43 PM
To: Poonam Alaigh
Subject: Fwd: Washington VA

Not sure what we would announce? Are you?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <[(b) (6)]@mac.com>
Date: May 12, 2017 at 6:31:13 PM EDT
To: David shulkin <Drshulkin@aol.com>
Cc: Poonam Alaigh <[(b) (6)]@hotmail.com>, IP <[(b) (6)]@frenchangel59.com>, L Perl <[(b) (6)]@gmail.com>, mbs[(b) (6)]@gmail.com
Subject: Re: Washington VA

Also we now have the head of Women's Health at mayo Harvard and Hopkins They will allow you to announce their Assistance in women's health

Sent from my iPhone

On May 12, 2017, at 6:26 PM, David shulkin <Drshulkin@aol.com> wrote:

Agree- this is going to be good

Sent from my iPhone

On May 12, 2017, at 5:46 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:

This is very important information and We will plan a call with you directly. Thank you

Sent from my iPhone

On May 12, 2017, at 5:35 PM, (b) (6)

<(b) (6)@jhmi.edu> wrote:

Dr. Moskowitz & Dr. Alaigh,

Thank you for the invite to the meeting on May 15th but unfortunately I will be on an airplane at that time and will not be able to attend. Two other members of the Johns Hopkins team will be participating and will be able to contribute to the effort. As I mentioned in my previous note, before joining Johns Hopkins I worked PWC and had an opportunity led an initiative to conduct an in-depth review of Northern Indiana VA (NIHCS - VISN 11) and work with the VISN supply chain leadership. I had a chance to review my notes and thought that I would share some of those insights that may help in your effort as you seek improvements... the assessment is from 2011/12 but I believe a number of these insights may still be valid. The assessment was an in-depth review but I have attached a high-level overview of the VA status at the time against these leading supply chain practices. At NIHCS, ~\$102M in non-labor spend was reviewed with a conservative ~\$8M in opportunity cost improvements identified. Savings were split equally between supplies and services. In Supplies opportunities were focused on (contracts written that did not constrain extraneous cost, non-use of prime vendors, multiple products contracted in categories, p-card use for clinical products, external site ordering (i.e. punch-out's). Key Service opportunities focused on the rationalization of insource/outsource opportunities, lack of category leverage and expertise to assure proper local contract terms and pricing, alignment of capital purchases and ongoing service requirements)

Leading Practice	Assessment
Plan	Capital budgeting process does not take a total cost view, which includes equipment expense as well as ancillary costs as human and supply resources and construction. Processes are mixed within the facilities resulting in operational inconsistency and inefficiency.
Source & Procure	Overall procurement strategy is set by VA contracts and FSS pricing agreements. When contracted vendors were utilized, pricing compliance was relatively high. Opportunities exist to standardize clinical and non-clinical products to fewer suppliers. Benefits include reduced costs based on product volume aggregation and reduced inventory line items and handling costs.
Move	Supplies are handled multiple times before delivery to the end user resulting in inefficiencies.
Pay	A minimal relationship exists between front line Logistics and Accounts Payable staff, resulting in pricing discrepancies and errors. P-Card approval policies allow for purchases to be made up to \$3K and \$25K per month with only Department Chief approval, leading to more than \$1.6M in purchases outside of the standard Logistics procurement process and controls. Payments are made at the obligation level and not consistently matched at line item level for invoice payments.
Structure & Staffing	Supply chain is not the single point of contact for the organization at the purchasing transaction level due to P-card use and multiple prime vendor website service points. Local level support for contracting and capital purchases may not be specialized or take consistent advantage of VISN resources.
Tools & Processes	Spend data is not readily available nor easily obtained, nor routinely analyzed. Reporting for supply spend is limited to total supply spend purchased at the facility level.
Organizational Alignment	Supply chain is generally viewed as a product replenishment function versus an integrated component of patient care and cost control with costs not well understood by key stakeholders. Cross functional coordination of services need to be reviewed, SPD and Logistics share storeroom but manage inventory using different practices. Lack of transportation coordination between SPD, Logistics, and Engineering results in less efficient deliveries.

I am happy to have a follow-up conversation with you and would also like to extend an invitation to each of you or your staff to attend our Nabilant GOP working group session. In addition to my Johns Hopkins Supply Chain and Procurement responsibilities, I am also responsible for Nabilant, Johns Hopkins owned Healthcare Group Purchasing Organizations. We have ten hospitals that participate within the Baltimore/Washington area. This group of Hospitals has come together with the goal of achieving 90% plus in alignment of our Non Labor spend. It is a patient centered approach to identifying products and services that can advance clinical outcomes at the lowest cost. Please feel free to attend as there may be additional learnings you can incorporate into your processes or we may identify opportunities where our Nabilant collaborative can be of assistance to the Washington VA.

I hope this helps, JHHS and my team stand ready to support the VA and our veterans.

Regards,

(b) (6)

Chief Procurement Officer

Johns Hopkins Health System &

Executive Director Nabilant

3910 Keswick Road

Suite 5500

Baltimore, MD 21211-2226

Tel: 440-384- (b) (6)

Fax: 443.997. (b) (6)

Email: (b) (6) [jhmi.edu](mailto:(b) (6)@jhmi.edu)

From: Bruce Moskowitz

[mailto:(b) (6)@mac.com]

Sent: Friday, April 28, 2017 6:30 AM

To: Poonam Alaigh <(b) (6)@hotmail.com>

Cc: (b) (6) <(b) (6)@jhmi.edu>; (b) (6) <(b) (6)@jhmi.edu>

Subject: Re: Washington VA

Absolutely thank you

Sent from my iPad

Bruce Moskowitz M.D.

On Apr 28, 2017, at 5:56 AM, Poonam Alaigh

<(b) (6)@hotmail.com> wrote:

Thanks- this would indeed be extremely valuable. Bruce, after your call do you think our internal team can connect with (b) (6) as

next steps.

Sent from my iPhone

On Apr 28, 2017, at 5:48 AM, Bruce Moskowitz

<(b) (6)@mac.com>

wrote:

Thank you I will call
you

Sent from my iPad

Bruce Moskowitz
M.D.

On Apr 28, 2017, at
2:59 AM, (b) (6)

<(b) (6)@jhmi.edu>
> wrote:

Dr.
Mosko
witz &
Dr.
Alaigh,

I would
be my
pleasur
e to
give
you a
call to
discuss
JHHS
enterpr
ise
supply
chain
efforts.
By way
of
backgro
und
before

joining
Johns
Hopkin
s I led
PriceW
aterhou
seCoop
ers
(PWC)
Healthc
are
Provide
r
Supply
Chain
Practice
and
had the
opport
unity to
work
with
VA's
VISN
supply
chain
team as
well as
conduc
t an in-
depth
supply
chain
review
of the
VA's
Norther
n
Indiana
Health
System.
(NIHCS)
. Thos
e
insights
coupled
with
JHHS's
patient
centere
d
supply
chain

efforts
should
provide
the
backdr
op to
identify
opport
unities
to
benefit
the VA.

Regards

,

(b) (6)

*Chief
Procure
ment
Officer*

*Johns
Hopkins
Health
System
&*

*Executiv
e
Director
Nobilant*

3910
Keswick
Road

Suite
5500

Baltimore
, MD
21211-
2226

Tel: 440-
384-1 (b) (6)

Fax:
443.997.

(b) (6)

Email:

(b) (6)

[\[redacted\]@jhmi.edu](mailto:[redacted]@jhmi.edu)

u

From:

Bruce
Mosko
witz

[mailto:

(b) (6)

[\[redacted\]@mac.co](mailto:[redacted]@mac.com)

m]

Sent:

Friday,
April
21,
2017
5:17
PM

To:

(b) (6)

<(b) (6)>

(b) (6)

[\[redacted\]@mi.edu](mailto:[redacted]@jhmi.edu)

>

Cc:

Poona
m

Alaigh

(b) (6)

[\[redacted\]@mail.co](mailto:[redacted]@jhmi.edu)

m>;

(b) (6)

<(b) (6)>

@ihmi.edu>

Subject
: Re:
Washin
gton VA

Thank
you it
is
import
ant that
we
have
an
underst
anding
of the
supply
change
manag
ement
that is
in
place
and
could
benefit
the
VA P
lease
feel
free to
call my
cell
anytim
e
561/34

(b) (6)

Sent
from
my
iPhone

On
Apr
21,
2017,

at 9:55

AM,

(b) (6)

nc@e

[mocha.](mailto:nc@e)

[com](mailto:nc@e)>

wrote:

H

i

A

a

r

o

n

a

n

d

P

o

o

n

a

m

,

B

y

w

a

y

o

f

t

h

i

s

e

m

a

i

l

I

,

m

i
n
t
r
o
d
u
c
i
n
g
y
o
u
t
o

(b) (6)

w
h
o
i
s
i
n
c
h
a
r
g
e
o
f
e
n
t
e
r
p
r

i
s
e
s
u
p
p
l
y
c
h
a
i
n
m
a
n
a
g
e
m
e
n
t
f
o
r
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t

e
m
,
w
h
i
c
h
h
a
s
a
n
e
x
t
e
r
n
a
l
a
r
m
a
s
w
e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r

(b) (6)

n
,
J
H
H
S
,
C
F
O
.

I
,
m
a
l
s
o
i
n
c
l
u
d
i
n
g

(b) (6)

,
V
P
a
n
d
C
T
O
o

f
J
o
h
n
s
H
o
p
k
i
n
s
,
f
o
r
h
i
s
r
e
f
e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o
u
,

(b) (6)

(b) (6)

C
T
O
,
e
m
o
c
h
a

|
7
8
5
.
2
1
8

(b) (6)

e
m
o
c
h
a

M
o
b
i
l
e
H
e
a
l
t
h
I
n
c
.
1
8
1
2
A
s
h
l
a
n
d
A
v
e
n
u
e
1
s
t
F
l
o
o
r
-
S
u
i
t
e
1
0
0

B
a
l
t
i
m
o
r
e
,
M
D
,
2
1
2
0
5

v
i
s
i
t
u
s
a
t
e
m
o
c
h
a
:
c
o
m

O
n
A
p
r
i
l
4
2
0
1
7
a
t
9
5
4
A
M
,
A
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)

@

m
a
c
a
c
o
m
>
w
r
o
t
e
:

H
i

(b) (6)

I
t
w
a
s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n
p
e
r

s
o
n
y
e
s
t
e
r
d
a
y
.
I
w
a
n
t
e
d
t
o
p
u
t
y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i
g
h
,

w
h
o
m
I
a
l
s
o
s
p
o
k
e
w
i
t
h
y
e
s
t
e
r
d
a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t
o
l
e

a
r
n
m
o
r
e
a
b
o
u
t
t
h
e
i
n
v
e
n
t
o
r
y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o
p
k
i

n
s
h
a
s
s
e
t
u
p
.
C
o
u
l
d
y
o
u
p
u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l
y
?

S
i
n
c
e
r
e
l
y
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i
o
m
e

d
i
c
a
l
R
e
s
e
a
r
c
h
&
E
d
u
c
a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
w
w
w
b
r
e
f
n
e
t
i
o
r
g

(
c

)
5
6
1
-
5
1
2
-

(b) (6)

1
0
1
0
N
.
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k

P
h
i
l
a
d
e
l
p
h
i
a
,

P
A
1
9
1
2
3

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/12/2017 10:43:44 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Fwd: Washington VA

Not sure what we would announce? Are you?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <(b) (6)@mac.com>
Date: May 12, 2017 at 6:31:13 PM EDT
To: David shulkin <Drshulkin@aol.com>
Cc: Poonam Alaigh <(b) (6)@hotmail.com>, IP <(b) (6)frenchangel59.com>, L Perl <(b) (6)@gmail.com>, mbs <(b) (6)@gmail.com>
Subject: Re: Washington VA

Also we now have the head of Women's Health at mayo Harvard and Hopkins They will allow you to announce their Assistance in women's health

Sent from my iPhone

On May 12, 2017, at 6:26 PM, David shulkin <Drshulkin@aol.com> wrote:

Agree- this is going to be good

Sent from my iPhone

On May 12, 2017, at 5:46 PM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

This is very important information and We will plan a call with you directly. Thank you

Sent from my iPhone

On May 12, 2017, at 5:35 PM, (b) (6) <(b) (6)@jhmi.edu> wrote:

Dr. Moskowitz & Dr. Alaigh,

Thank you for the invite to the meeting on May 15th but unfortunately I will be on an airplane at that time and will not be able to attend. Two other members of the Johns Hopkins team will be participating and will be able to contribute to the effort. As I mentioned in my previous note, before joining Johns Hopkins I worked

PWC and had an opportunity led an initiative to conduct an in-depth review of Northern Indiana VA (NIHCS - VISN 11) and work with the VISN supply chain leadership. I had a chance to review my notes and thought that I would share some of those insights that may help in your effort as you seek improvements... the assessment is from 2011/12 but I believe a number of these insights may still be valid. The assessment was an in-depth review but I have attached a high-level overview of the VA status at the time against these leading supply chain practices . At NIHCS, ~\$102M in non-labor spend was reviewed with a conservative ~\$8M in opportunity cost improvements identified. Savings were split equally between supplies and services. In Supplies opportunities where focused on (contracts written that did not constrain extraneous cost, non-use of prime vendors, multiple products contracted in categories, p-card use for clinical products, external site ordering (i.e. punch-out's). Key Service opportunities focused on the rationalization of insource/outsource opportunities, lack of category leverage and expertise to assure proper local contract terms and pricing, alignment of capital purchases and ongoing service requirements)

Leading Practice	Assessment
Plan	Capital budgeting process does not take a total cost view, which includes equipment expense as well as ancillary costs such as human and supply resources and construction. Processes are mixed within the facilities resulting in operational inconsistency and inefficiency.
Source & Procure	Overall procurement strategy is set by VA contracts and FSS pricing agreements. When contracted vendors were utilized, pricing compliance was relatively high. Opportunities exist to standardize clinical and non-clinical products to fewer suppliers. Benefits include reduced costs based on product volume aggregation and reduced inventory line items and handling costs.
Move	Supplies are handled multiple times before delivery to the end user resulting in inefficiencies.
Pay	A minimal relationship exists between front line Logistics and Accounts Payable staff, resulting in pricing and discrepancy errors. P-Card approval policies allow for purchases to be made up to \$3K and \$25K per month with only Department Chief approval, leading to more than \$1.6M in purchases outside of the standard Logistics procurement process and control. Payments are made at the obligation level and not consistently matched at line item level for invoice payment.
Structure & Staffing	Supply chain is not the single point of contact for the organization at the purchasing transaction level due to card usage and multiple prime vendor website service points. Local level support for contracting and capital purchases may not be specialized or take consistent advantage of VISN resources.
Tools & Processes	Spend data is not readily available nor easily obtained, nor routinely analyzed. Reporting for supply spend is limited to total supply spend purchased at the facility level.
Organizational Alignment	Supply chain is generally viewed as a product replenishment function versus an integrated component of patient care and cost control with costs not well understood by key stakeholders. Cross functional coordination of services need to be reviewed, SPD and Logistics share storeroom but maintain inventories using different practices. Lack of transportation coordination between SPD, Logistics, and Engineering results in less efficient deliveries.

I am happy to have a follow-up conversation with you and would also like to extend an invitation to each of you or your staff to attend our Nabilant GOP working group session. In addition to my Johns Hopkins Supply Chain and Procurement responsibilities, I am also responsible for Nabilant, Johns Hopkins owned Healthcare Group Purchasing Organizations. We have ten hospitals that participate within the Baltimore/Washington area. This group of Hospitals has come together with the goal of achieving 90% plus in alignment of our Non Labor spend. It is a patient centered approach to identifying products and services that can advance clinical outcomes at the lowest cost. Please feel free to attend as there may be additional learnings you can incorporate into your processes or we may identify opportunities where our Nabilant collaborative can be of assistance to the Washington VA.

I hope this helps, JHHS and my team stand ready to support the VA and our veterans.

Regards,

(b) (6)
Chief Procurement Officer
Johns Hopkins Health System &
Executive Director Nabilant

3910 Keswick Road
Suite 5500
Baltimore, MD 21211-2226
Tel: 440-384-(b) (6)
Fax: 443.997
Email: (b) (6)@jhmi.edu

From: Bruce Moskowitz
[mailto:(b) (6)@mac.com]
Sent: Friday, April 28, 2017 6:30 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Cc: (b) (6) <(b) (6)@jhmi.edu>; (b) (6) <(b) (6)@jhmi.edu>
Subject: Re: Washington VA

Absolutely thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Apr 28, 2017, at 5:56 AM, Poonam Alaigh
<(b) (6)@hotmail.com> wrote:

Thanks- this would indeed be extremely valuable. Bruce, after your call do you think our internal team can connect with (b) (6) as next steps.

Sent from my iPhone

On Apr 28, 2017, at 5:48 AM, Bruce Moskowitz
<(b) (6)@mac.com> wrote:

Thank you I will call you

Sent from my iPad
Bruce Moskowitz
M.D.

On Apr 28, 2017, at 2:59 AM, (b) (6)
<(b) (6)@jhmi.edu> wrote:

Dr.
Mosko
witz &
Dr.
Alaigh,

I would
be my
pleasur
e to
give
you a
call to
discuss
JHHS
enterpr
ise
supply
chain
efforts.
By way
of
backgro
und
before
joining
Johns
Hopkin
s I led
PriceW
aterhou
seCoop
ers
(PWC)
Healthc
are
Provide
r
Supply
Chain
Practice
and
had the
opport
unity to
work
with
VA's
VISN
supply
chain
team as
well as
conduc
t an in-
depth
supply
chain

review
of the
VA's
Northern
Indiana
Health
System.
(NIHCS)
. Those
insights
coupled
with
JHHS's
patient
centered
supply
chain
efforts
should
provide
the
backdrop to
identify
opportunities
to
benefit
the VA.

Regards

,

(b) (6)

Chief
Procurement
Officer
Johns
Hopkins
Health
System
&
Executive
Director
Nobilant

3910
Keswick
Road
Suite
5500

Baltimore
, MD
21211-
2226
Tel: 440-
384 (b) (6)
Fax:
443.997,
(b) (6)
Email:
(b) (6)
[\[redacted\]
@jhmi.ed
u](mailto: [redacted]@jhmi.edu)

From:
Bruce
Mosko
witz
[\[mailto:
\(b\) \(6\)
\[redacted\]
\[redacted\]
mac.co
m\]](mailto: [redacted]@jhmi.edu)
Sent:
Friday,
April
21,
2017
5:17
PM
To:
(b) (6)
(b) (6)
[redacted]
[redacted]
[@jh
mi.edu](mailto: [redacted]@jhmi.edu)
>
Cc:
Poona
m
Alaigh
(b) (6)
[redacted]
[\[redacted\]hot
mail.co
m>;](mailto: [redacted]hotmail.com)
(b) (6)
[redacted]
<(b) (6)
[\[redacted\]
@jhmi.](mailto: [redacted]@jhmi.edu)

[edu](#)>

Subject

: Re:
Washin
gton VA

Thank
you it
is
import
ant that
we
have
an
underst
anding
of the
supply
change
manag
ement
that is
in
place
and
could
benefit
the
VA P
lease
feel
free to
call my
cell
anytim
e

561/34

(b) (6)

Sent
from
my
iPhone

On
Apr
21,
2017,
at 9:55
AM,

(b) (6)

(b) (6)
<(b) (6)>
[REDACTED]@e
[mocha.
com](mailto:[REDACTED]@e.mocha.com)>
wrote:

H
i
A
a
r
o
n
a
n
d
P
o
o
n
a
m
,

B
y
w
a
y
o
f
t
h
i
s
e
m
a
i
l
I
,
m
i
n
t
r
o
d

u
c
i
n
g
y
o
u
t
o

(b) (6)



w
h
o
i
s
i
n
c
h
a
r
g
e
o
f
e
n
t
e
r
p
r
i
s
e
s
u
p

p
l
y
c
h
a
i
n
m
a
n
a
g
e
m
e
n
t
f
o
r
t
h
e
J
o
h
n
s
H
o
p
k
i
n
s
H
e
a
l
t
h
S
y
s
t
e
m
,
w
h
i

c
h
h
a
s
a
n
e
x
t
e
r
n
a
l
a
r
m
a
s
w
e
l
l
,
a
c
c
o
r
d
i
n
g
t
o
M
r
.

(b) (6)

,
J
H
H
S

,
C
F
O
.

I
,
m
a
l
s
o
i
n
c
l
u
d
i
n
g

(b) (6)

,
V
P
a
n
d
C
T
O
o
f
J
o
h
n
s
H
o

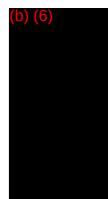
p
k
i
n
s
,
f
o
r
h
i
s
r
e
f
e
r
e
n
c
e
a
s
w
e
l
l
.

T
h
a
n
k
y
o
u

(b) (6)

A large black rectangular redaction box covering several lines of text.

(b) (6)

A large black rectangular redaction box covering several lines of text.

(b) (6)
(b) (6)

C
T
O
,
e
m
o
c
h
a

|
7
8
5
.
2
1
8

(b) (6)

e
m
o
c
h
a
M
o
b
i
l
e
H
e
a
l
t
h
I
n
c
.

1
8
1
2
A
s
h
l
a
n
d
A
v
e
n
u
e
1
s
t
F
l
o
o
r
-
S
u
i
t
e
1
0
0
B
a
l
t
i
m
o
r
e
,
M
D
,
2
1
2
0
5

V
i
s
i
t
u
s
a
t
e
m
o
r
n
a
l
c
o
m

O
n
A
p
r
i
l
4
,
2
0
1
7
,
a
t
9
:
5
4
A
M
,

A
a
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)



@
m
a
c
=
c
o
m
>
w
r
o
t
e

H
i

(b) (6)



(b) (6)

,
I
t
w
a
s
g
r
e
a
t
t
o
m
e
e
t
y
o
u
i
n
p
e
r
s
o
n
y
e
s
t
e
r
d
a
y
.
I
w
a
n
t
e
d
t
o
p
u
t

y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o
n
a
m
A
l
a
i
g
h
,
w
h
o
m
I
a
l
s
o
s
p
o
k
e
w
i
t
h
y
e
s
t
e
r
d

a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u
l
d
l
i
k
e
t
o
l
e
a
r
n
m
o
r
e
a
b
o
u
t
t
h
e
i
n
v
e
n
t
o
r
y
c

o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t
J
o
h
n
s
H
o
p
k
i
n
s
h
a
s
s
e
t
u
p
.
C
o
u
l
d
y
o
u
p
u
t
u
s
i

n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e
d
i
r
e
c
t
l
y
?

S
i
n
c
e
r
e
l
y
,
A
a
r
o
n
M
o
s
k
o
w
i

t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t
o
r
B
i
o
m
e
d
i
c
a
l
R
e
s
e
a
r
c
h
&
E
d
u
c
a
t
i
o
n
F
o
u
n
d

a
t
i
o
n
w
w
w
-
b
r
e
f
n
e
t
-
o
r
g

(
c
)
5
6
1
-
5
1
2
-

(b) (6)

1
0
1
0
N
.
H
a
n
c
o
c
k
S
t
c

/
o
W
e
W
o
r
k
P
h
i
l
a
d
e
l
p
h
i
a
,
P
A
1
9
1
2
3

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 5/12/2017 10:31:13 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6)] hotmail.com]; IP [(b) (6)] frenchangel59.com]; L Perl [(b) (6)] gmail.com]; mbs[(b) (6)] @gmail.com
Subject: Re: Washington VA

Also we now have the head of Women's Health at mayo Harvard and Hopkins
They will allow you to announce their Assistance in women's health

Sent from my iPhone

On May 12, 2017, at 6:26 PM, David shulkin <Drshulkin@aol.com> wrote:

Agree- this is going to be good

Sent from my iPhone

On May 12, 2017, at 5:46 PM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

This is very important information and
We will plan a call with you directly. Thank you

Sent from my iPhone

On May 12, 2017, at 5:35 PM, [(b) (6)] <[(b) (6)] [(b) (6)] @jhmi.edu> wrote:

Dr. Moskowitz & Dr. Alaigh,

Thank you for the invite to the meeting on May 15th but unfortunately I will be on an airplane at that time and will not be able to attend. Two other members of the Johns Hopkins team will be participating and will be able to contribute to the effort. As I mentioned in my previous note, before joining Johns Hopkins I worked PWC and had an opportunity led an initiative to conduct an in-depth review of Northern Indiana VA (NIHCS - VISN 11) and work with the VISN supply chain leadership. I had a chance to review my notes and thought that I would share some of those insights that may help in your effort as you seek improvements... the assessment is from 2011/12 but I believe a number of these insights may still be valid. The assessment was an in-depth review but I have attached a high-level overview of the VA status at the time against these leading supply chain practices. At NIHCS, ~\$102M in non-labor spend was reviewed with a conservative ~\$8M in opportunity cost improvements identified. Savings were split equally between supplies and services. In Supplies opportunities where focused on (contracts written that did not constrain extraneous cost, non-use of prime vendors, multiple products contracted in categories, p-card use for clinical products, external site ordering (i.e. punch-out's). Key Service opportunities focused on the rationalization

of insource/outsource opportunities, lack of category leverage and expertise to assure proper local contract terms and pricing, alignment of capital purchases and ongoing service requirements)

Leading Practice	Assessment
Plan	Capital budgeting process does not take a total cost view, which includes equipment expense as well as ancillary costs such as human and supply resources and construction. Processes are mixed within the facilities resulting in operational inconsistency and inefficiency.
Source & Procure	Overall procurement strategy is set by VA contracts and FSS pricing agreements. When contracted vendors were utilized, pricing compliance was relatively high. Opportunities exist to standardize clinical and non-clinical products to fewer suppliers. Benefits include reduced costs based on product volume aggregation and reduced inventory line items and handling costs.
Move	Supplies are handled multiple times before delivery to the end user resulting in inefficiencies.
Pay	A minimal relationship exists between front line Logistics and Accounts Payable staff, resulting in pricing discrepancy errors. P-Card approval policies allow for purchases to be made up to \$3K and \$25K per month with only Department Chief approval, leading to more than \$1.6M in purchases outside of the standard Logistics procurement process and control. Payments are made at the obligation level and not consistently matched at line item level for invoice payments.
Structure & Staffing	Supply chain is not the single point of contact for the organization at the purchasing transaction level due to P-card usage and multiple prime vendor website service points. Local level support for contracting and capital purchases may not be specialized or take consistent advantage of VISN resources.
Tools & Processes	Spend data is not readily available nor easily obtained, nor routinely analyzed. Reporting for supply spend is limited to total supply spend purchased at the facility level.
Organizational Alignment	Supply chain is generally viewed as a product replenishment function versus an integrated component of patient care and cost control with costs not well understood by key stakeholders. Cross functional coordination of services need to be reviewed, SPD and Logistics share storeroom but manage inventories using different practices. Lack of transportation coordination between SPD, Logistics, and Engineering results in less efficient deliveries.

I am happy to have a follow-up conversation with you and would also like to extend an invitation to each of you or your staff to attend our Nobilant GOP working group session. In addition to my Johns Hopkins Supply Chain and Procurement responsibilities, I am also responsible for Nobilant, Johns Hopkins owned Healthcare Group Purchasing Organizations. We have ten hospitals that participate within the Baltimore/Washington area. This group of Hospitals has come together with the goal of achieving 90% plus in alignment of our Non Labor spend. It is a patient centered approach to identifying products and services that can advance clinical outcomes at the lowest cost. Please feel free to attend as there may be additional learnings you can incorporate into your processes or we may identify opportunities where our Nobilant collaborative can be of assistance to the Washington VA.

I hope this helps, JHHS and my team stand ready to support the VA and our veterans.

Regards,

(b) (6)
*Chief Procurement Officer
 Johns Hopkins Health System &
 Executive Director Nobilant*

3910 Keswick Road
 Suite 5500
 Baltimore, MD 21211-2226
 Tel: 440-384-(b) (6)
 Fax: 443.997.
 Email: (b) (6)@jhu.edu

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
Sent: Friday, April 28, 2017 6:30 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Cc: (b) (6) <(b) (6)@jhmi.edu>; (b) (6) <(b) (6)@jhmi.edu>
Subject: Re: Washington VA

Absolutely thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Apr 28, 2017, at 5:56 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Thanks- this would indeed be extremely valuable. Bruce, after your call do you think our internal team can connect with (b) (6) as next steps.

Sent from my iPhone

On Apr 28, 2017, at 5:48 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

Thank you I will call you

Sent from my iPad
Bruce Moskowitz M.D.

On Apr 28, 2017, at 2:59 AM, (b) (6) <(b) (6)@jhmi.edu> wrote:

Dr. Moskowitz & Dr. Alaigh,

I would be my pleasure to give you a call to discuss JHHS enterprise supply chain efforts. By way of background before joining Johns Hopkins I led PriceWaterhouseCoopers (PWC) Healthcare Provider Supply Chain Practice and had the opportunity to work with VA's VISN supply chain team as well as conduct an in-depth

supply chain review of the VA's Northern Indiana Health System. (NIHCS). Those insights coupled with JHHS's patient centered supply chain efforts should provide the backdrop to identify opportunities to benefit the VA.

Regards,

(b) (6)
Chief Procurement Officer
Johns Hopkins Health
System &
Executive Director Nabilant

3910 Keswick Road
Suite 5500
Baltimore, MD 21211-2226
Tel: 440-384-(b) (6)
Fax: 443.997
Email: (b) (6)@jhmi.edu

From: Bruce Moskowitz
[mailto:(b) (6)
(b) (6)@mac.com]
Sent: Friday, April 21,
2017 5:17 PM
To: (b) (6)
<(b) (6)@jhmi.edu>
Cc: Poonam Alaigh
<(b) (6)@hotmail.com>; (b) (6)
<(b) (6)@jhmi.edu>
Subject: Re:
Washington VA

Thank you it is important that we have an understanding of the supply change management that is in place and could benefit the VA Please feel free to call my cell anytime

561/3466 (b) (6)

Sent from my iPhone

On Apr 21, 2017, at
9:55 AM, (b) (6)

(b) (6)
<(b) (6)@emocha.co
m> wrote:

Hi
Aaron
and
Poona
m,

By
way of
this
email
I'm
introdu
cing
you to

(b) (6)
(b) (6)
who is
in
charge
of
enterpr
ise
supply
chain
manag
ement
for the
Johns
Hopkin
s
Health
System
, which
has an
externa
l arm
as
well,
accordi
ng to
Mr.
(b) (6)

(b) (6)
JHHS'
CFO.

I'm
also
includi
ng
(b) (6)
VP and
CTO
of
Johns
Hopkin
s, for
his
referen
ce as
well.

Thank
you,
(b) (6)
(b) (6)

(b) (6)
CTO,
emocha

| 785.218
(b) (6)
emoc
ha
Mobile
Health
Inc.
1812
Ashla
nd
Avenu
e
1st
Floor -
Suite
100
Baltim
ore,

MD,
21205
visit
us
at emocha.com

O
n
A
p
r
i
l
4
,
2
0
1
7
,
a
t
9
:
5
4
A
M
,
A
a
r
o
n
M
o
s
k
o
w
i
t
z
<

(b) (6)

(b) (6)

to
m
a
c
c
o
m
>
w
r
o
t
e
:

H
i

(b) (6)

,
I
t
w
a
s
g
r
e
a
t
t
o
m
e

e
t
y
o
u
i
n
p
e
r
s
o
n
y
e
s
t
e
r
d
a
y
.
I
w
a
n
t
e
d
t
o
p
u
t
y
o
u
i
n
t
o
u
c
h
w
i
t
h
P
o
o

n
a
m
A
l
a
i
g
h
,
w
h
o
m
I
a
l
s
o
s
p
o
k
e
w
i
t
h
y
e
s
t
e
r
d
a
y
a
f
t
e
r
n
o
o
n
.
W
e
w
o
u

l
d
l
i
k
e
t
o
l
e
a
r
n
m
o
r
e
a
b
o
u
t
t
h
e
i
n
v
e
n
t
o
r
y
c
o
n
t
r
o
l
c
o
m
p
a
n
y
t
h
a
t

J
o
h
n
s
H
o
p
k
i
n
s
h
a
s
s
e
t
u
p
.
C
o
u
l
d
y
o
u
p
u
t
u
s
i
n
t
o
u
c
h
w
i
t
h
s
o
m
e
o
n
e

d
i
r
e
c
t
l
y
?

S
i
n
c
e
r
e
l
y
, A
a
r
o
n
M
o
s
k
o
w
i
t
z
E
x
e
c
u
t
i
v
e
D
i
r
e
c
t

o
r
B
i
o
m
e
d
i
c
a
l
R
e
s
e
a
r
c
h
&
E
d
u
c
a
t
i
o
n
F
o
u
n
d
a
t
i
o
n
W
W
W
b
r
e
f
n
e
t
=

o
r
g

(
c
)
5
6
1
-
5
1
2
-

(b) (6)

I
0
1
0
N
,
H
a
n
c
o
c
k
S
t
c
/
o
W
e
W
o
r
k
P
h
i
l
a
d
e
l
p

h
i
a
,
P
A
1
9
1
2
3

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 5/12/2017 10:26:47 PM
To: Bruce Moskowitz <(b) (6) mac.com>
Subject: Re: Washington VA

Agree- this is going to be good

Sent from my iPhone

On May 12, 2017, at 5:46 PM, Bruce Moskowitz <(b) (6) mac.com> wrote:

This is very important information and
We will plan a call with you directly. Thank you

Sent from my iPhone

On May 12, 2017, at 5:35 PM, (b) (6) <(b) (6) @jhmi.edu> wrote:

Dr. Moskowitz & Dr. Alaigh,

Thank you for the invite to the meeting on May 15th but unfortunately I will be on an airplane at that time and will not be able to attend. Two other members of the Johns Hopkins team will be participating and will be able to contribute to the effort. As I mentioned in my previous note, before joining Johns Hopkins I worked PWC and had an opportunity led an initiative to conduct an in-depth review of Northern Indiana VA (NIHCS - VISN 11) and work with the VISN supply chain leadership. I had a chance to review my notes and thought that I would share some of those insights that may help in your effort as you seek improvements... the assessment is from 2011/12 but I believe a number of these insights may still be valid. The assessment was an in-depth review but I have attached a high-level overview of the VA status at the time against these leading supply chain practices. At NIHCS, ~\$102M in non-labor spend was reviewed with a conservative ~\$8M in opportunity cost improvements identified. Savings were split equally between supplies and services. In Supplies opportunities where focused on (contracts written that did not constrain extraneous cost, non-use of prime vendors, multiple products contracted in categories, p-card use for clinical products, external site ordering (i.e. punch-out's). Key Service opportunities focused on the rationalization of insource/outsource opportunities, lack of category leverage and expertise to assure proper local contract terms and pricing, alignment of capital purchases and ongoing service requirements)

Leading Practice	Assessment	Current
Plan	Capital budgeting process does not take a total cost view, which includes equipment expense as well as ancillary costs such as human and supply resources and construction.	Basic
	Processes are mixed within the facilities resulting in operational inconsistency and inefficiency.	Basic
Source & Procure	Overall procurement strategy is set by VA contracts and FSS pricing agreements. When contracted vendors were utilized, pricing compliance was relatively high.	Progress
	Opportunities exist to standardize clinical and non-clinical products to fewer suppliers. Benefits include reduced costs based on product volume aggregation and reduced inventory line items and handling costs.	Basic
Move	Supplies are handled multiple times before delivery to the end user resulting in inefficiencies.	Basic
Pay	A minimal relationship exists between front line Logistics and Accounts Payable staff, resulting in pricing discrepancy errors.	Basic
	P-Card approval policies allow for purchases to be made up to \$3K and \$25K per month with only Department Chief approval, leading to more than \$1.6M in purchases outside of the standard Logistics procurement process and control.	Basic
	Payments are made at the obligation level and not consistently matched at line item level for invoice payments.	Basic
Structure & Staffing	Supply chain is not the single point of contact for the organization at the purchasing transaction level due to P-card usage and multiple prime vendor website service points.	Basic
	Local level support for contracting and capital purchases may not be specialized or take consistent advantage of VISN resources.	Basic
Tools & Processes	Spend data is not readily available nor easily obtained, nor routinely analyzed.	Basic
	Reporting for supply spend is limited to total supply spend purchased at the facility level.	Basic
Organizational Alignment	Supply chain is generally viewed as a product replenishment function versus an integrated component of patient care and cost control with costs not well understood by key stakeholders.	Basic
	Cross functional coordination of services need to be reviewed, SPD and Logistics share storeroom but manage inventories using different practices. Lack of transportation coordination between SPD, Logistics, and Engineering results in less efficient deliveries.	Basic

I am happy to have a follow-up conversation with you and would also like to extend an invitation to each of you or your staff to attend our Nabilant GOP working group session. In addition to my Johns Hopkins Supply Chain and Procurement responsibilities, I am also responsible for Nabilant, Johns Hopkins owned Healthcare Group Purchasing Organizations. We have ten hospitals that participate within the Baltimore/Washington area. This group of Hospitals has come together with the goal of achieving 90% plus in alignment of our Non Labor spend. It is a patient centered approach to identifying products and services that can advance clinical outcomes at the lowest cost. Please feel free to attend as there may be additional learnings you can incorporate into your processes or we may identify opportunities where our Nabilant collaborative can be of assistance to the Washington VA.

I hope this helps, JHHS and my team stand ready to support the VA and our veterans.

Regards,

(b) (6)
 Chief Procurement Officer
 Johns Hopkins Health System &
 Executive Director Nabilant

3910 Keswick Road
 Suite 5500
 Baltimore, MD 21211-2226
 Tel: 440-384-(b) (6)
 Fax: 443.997.(b) (6)
 Email: (b) (6) [jhmi.edu](mailto:(b) (6)@jhmi.edu)

From: Bruce Moskowitz [[mailto:\(b\) \(6\)@mac.com](mailto:(b) (6)@mac.com)]

Sent: Friday, April 28, 2017 6:30 AM

To: Poonam Alaigh <(b) (6)@hotmail.com>
Cc: (b) (6) <(b) (6)@jhmi.edu>; (b) (6) <(b) (6)@jhmi.edu>
Subject: Re: Washington VA

Absolutely thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Apr 28, 2017, at 5:56 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Thanks- this would indeed be extremely valuable. Bruce, after your call do you think our internal team can connect with (b) (6) as next steps.

Sent from my iPhone

On Apr 28, 2017, at 5:48 AM, Bruce Moskowitz <(b) (6)@mac.com> wrote:

Thank you I will call you

Sent from my iPad
Bruce Moskowitz M.D.

On Apr 28, 2017, at 2:59 AM, (b) (6) <(b) (6)@jhmi.edu> wrote:

Dr. Moskowitz & Dr. Alaigh,

I would be my pleasure to give you a call to discuss JHHS enterprise supply chain efforts. By way of background before joining Johns Hopkins I led PriceWaterhouseCoopers (PWC) Healthcare Provider Supply Chain Practice and had the opportunity to work with VA's VISN supply chain team as well as conduct an in-depth supply chain review of the VA's Northern Indiana Health System. (NIHCS). Those insights coupled with JHHS's patient centered supply chain efforts should provide the backdrop to identify opportunities to benefit the VA.

Regards,

(b) (6)
Chief Procurement Officer
Johns Hopkins Health System &
Executive Director Nabilant

3910 Keswick Road
Suite 5500

Baltimore, MD 21211-2226

Tel: 440-384-(b) (6)

Fax: 443 997 (b) (6)

Email: (b) (6) [ihmi.edu](mailto:(b) (6)@ihmi.edu)

From: Bruce Moskowitz

[mailto:(b) (6)@mac.com]

Sent: Friday, April 21, 2017 5:17 PM

To: (b) (6)

<(b) (6)@ihmi.edu>

Cc: Poonam Alaigh

<(b) (6)@hotmail.com>; (b) (6)

<(b) (6)@ihmi.edu>

Subject: Re: Washington VA

Thank you it is important that we have an understanding of the supply change management that is in place and could benefit the VA Please feel free to call my cell anytime 561/346-(b) (6)

Sent from my iPhone

On Apr 21, 2017, at 9:55 AM,

(b) (6)

<(b) (6)@emocha.com> wrote:

Hi Aaron and
Poonam,

By way of this email
I'm introducing you
to (b) (6) who
is in charge of
enterprise supply
chain management for
the Johns Hopkins
Health System, which
has an external arm as
well, according to Mr.
(b) (6) JHHS'
CFO.

I'm also including
(b) (6) VP
and CTO of Johns

Hopkins, for his
reference as well.

Thank you,

(b) (6)

(b) (6)

CTO, emocha

| 785.218 (b) (6)
emocha Mobile
Health Inc.
1812 Ashland
Avenue
1st Floor - Suite
100
Baltimore, MD,
21205
visit us
at emocha.com

On
Apr
14,
2017,
at 9:54
AM,
Aaron
Mosko
witz

< (b) (6) >
(b) (6)
(b) (6)@
[mac.co
m](mailto:(b) (6)@mac.com)>

wrote:

Hi

(b) (6)

It was
great
to meet
you in
person
yesterd

ay. I
wanted
to put
you in
touch
with
Poona
m
Alaigh,
whom
I also
spoke
with
yesterd
ay
afterno
on. We
would
like to
learn
more
about
the
invento
ry
control
compa
ny that
Johns
Hopkin
s has
set
up. Co
uld
you
put us
in
touch
with
someo
ne
directl
y?

Sincere
ly,
Aaron
Mosko
witz
Execut
ive

Director
Biomedical
Research &
Education
Foundation

www.brefnet.org

(c)561-
512-

(b) (6)

1010
N.
Hancock St
c/o
WeWork
Philadelphia,
PA
19123

Message

From: Marc Sherman [(b) (6)]<[REDACTED]@gmail.com>
Sent: 4/22/2017 8:08:55 PM
To: Bruce Moskowitz [(b) (6)]<[REDACTED]@mac.com>
CC: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>; David Shulkin [drshulkin@aol.com]; L Perl [(b) (6)]<[REDACTED]@gmail.com>; IP [(b) (6)]<[REDACTED]@frenchangel59.com>
Subject: Re: Washington VA

I would like to participate in your meeting with Johns Hopkins on inventory management if that is ok. Those issues need to be considered together with the fraud management program.

Marc

On Sat, Apr 22, 2017 at 12:35 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:

On Friday Aaron put me in touch with Dr. [(b) (6)] who is the Mandell Bellmore Professor of Computer Science at Johns Hopkins University and the Director for the Malone Center for Engineering in Healthcare. His team can do a revolutionary fix for inventory management. We are working on a comprehensive rather than piecemeal solution:

The usual is to have a management system in place that does central purchasing keeping strict control of cost and distribution.

We want to go beyond this and have:

24-7 alert for device recalls that not only goes to central purchasing and automatically checks if the device is still on the shelf and if it was implanted, directly alerting the physician and the patient.

A device registry that barcodes every device and adds it to the patient record. An added feature to tract over utilization of implantable devices or physicians who are receiving stipends from a device manufacturer.

Tract if a particular VA is using more inventory than could be explained by patient volume to prevent pilfering of supplies.

Aside from this we are looking how to tract patients who are being treated in the private sector from having unnecessary testing, surgery or medical treatment.

Sent from my iPad
Bruce Moskowitz M.D.

On Apr 22, 2017, at 11:07 AM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

Bruce, I will wait to hear from you about next steps. I will pull our team here together once we are ready to talk to Hopkins. Thanks a ton, we are extremely busy ensuring that there are no patient safety issues relating to inventory management across the country and have all hands on deck in the facilities that are at risk.

Really appreciate all the support we are getting from you Bruce.

From: Bruce Moskowitz <(b) (6) mac.com>
Sent: Friday, April 21, 2017 5:16 PM
To: (b) (6)
Cc: Poonam Alaigh; (b) (6)
Subject: Re: Washington VA

Thank you it is important that we have an understanding of the supply change management that is in place and could benefit the VA Please feel free to call my cell anytime 561/3466 (b) (6)

Sent from my iPhone

On Apr 21, 2017, at 9:55 AM, (b) (6) <(b) (6) emocha.com> wrote:

Hi Aaron and Poonam,

By way of this email I'm introducing you to (b) (6) who is in charge of enterprise supply chain management for the Johns Hopkins Health System, which has an external arm as well, according to Mr. (b) (6) JHHS' CFO.

I'm also including (b) (6) VP and CTO of Johns Hopkins, for his reference as well.

Thank you,

(b) (6)

(b) (6)
CTO, emocha

| 785.218 (b) (6)
emocha Mobile Health Inc.
1812 Ashland Avenue
1st Floor - Suite 100
Baltimore, MD, 21205
visit us at emocha.com

On Apr 14, 2017, at 9:54 AM, Aaron Moskowitz
<(b) (6) mac.com> wrote:

Hi (b) (6)

It was great to meet you in person yesterday. I wanted to put you in touch with Poonam Alaigh, whom I also spoke with yesterday afternoon. We would like to learn more about the inventory control company that Johns Hopkins has set up. Could you put us in touch with someone directly?

Sincerely,
Aaron Moskowitz
Executive Director
Biomedical Research& Education Foundation
www.brefnet.org
(c)561-512-(b) (6)
1010 N. Hancock St
c/o WeWork
Philadelphia, PA 19123

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/17/2017 3:19:25 AM
To: (b) (6) [(b) (6) gmail.com]
Subject: Re: Review your twitter feed here

Looks great

Sent from my iPhone

On Mar 16, 2017, at 6:21 PM, (b) (6) <(b) (6) gmail.com> wrote:

<https://mobile.twitter.com/secshulkin?lang=en>

Message

From: (b) (6) [(b) (6) gmail.com]
Sent: 3/16/2017 10:21:17 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Review your twitter feed here

<https://mobile.twitter.com/secshulkin?lang=en>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/8/2017 4:09:21 PM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Fwd: Canaduigua VA

Can we see if they really have capital approved for cannedega?

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <[(b) (6)@mac.com]>
Date: June 8, 2017 at 11:45:51 AM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: Re: Canaduigua VA

If you do I can set up a call I believe the request to modernize it at huge cost is proceeding

Sent from my iPhone

On Jun 8, 2017, at 8:36 AM, David shulkin <Drshulkin@aol.com> wrote:

Ok thanks

Sent from my iPhone

On Jun 8, 2017, at 11:19 AM, Bruce Moskowitz
<[(b) (6)@mac.com]> wrote:

The University of Rochester is interested in the public private partnership model. If you want to pursue let me know

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/8/2017 4:08:53 PM
To: Bruce Moskowitz [(b) (6) mac.com]
Subject: Re: Canaduigua VA

Let me get the details first

Sent from my iPhone

> On Jun 8, 2017, at 11:45 AM, Bruce Moskowitz <[(b) (6) mac.com]> wrote:
>
> If you do I can set up a call I believe the request to modernize it at huge cost is proceeding
>
> Sent from my iPhone
>
>> On Jun 8, 2017, at 8:36 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> ok thanks
>>
>> Sent from my iPhone
>>
>>> On Jun 8, 2017, at 11:19 AM, Bruce Moskowitz <[(b) (6) mac.com]> wrote:
>>>
>>> The University of Rochester is interested in the public private partnership model. If you want to pursue let me know
>>>
>>> Sent from my iPhone
>>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 6/8/2017 3:45:51 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Canaduigua VA

If you do I can set up a call I believe the request to modernize it at huge cost is proceeding

Sent from my iPhone

> On Jun 8, 2017, at 8:36 AM, David shulkin <Drshulkin@aol.com> wrote:

>

> Ok thanks

>

> Sent from my iPhone

>

>> On Jun 8, 2017, at 11:19 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>>

>> The University of Rochester is interested in the public private partnership model. If you want to pursue let me know

>>

>> Sent from my iPhone

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/8/2017 3:36:08 PM
To: Bruce Moskowitz <(b) (6) mac.com>
Subject: Re: Canaduigua VA

Ok thanks

Sent from my iPhone

> On Jun 8, 2017, at 11:19 AM, Bruce Moskowitz <(b) (6) mac.com> wrote:
>
> The University of Rochester is interested in the public private partnership model. If you want to pursue let me know
>
> Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/6/2017 3:18:02 AM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: [EXTERNAL] Congratulations from Hampshire

Lets discuss

Sent from my iPhone

Begin forwarded message:

From: DJS <vacodjs1@va.gov>
Date: April 5, 2017 at 11:07:36 PM EDT
To: 'Shulkin ' <drshulkin@aol.com>
Subject: FW: [EXTERNAL] Congratulations from Hampshire

Sent with Good (www.good.com)

-----Original Message-----

From: (b) (6) (b) (6) [hampshire.edu](mailto:(b) (6)@hampshire.edu)
Sent: Wednesday, April 05, 2017 10:53 PM Eastern Standard Time
To: DJS
Subject: Re: [EXTERNAL] Congratulations from Hampshire

Hi David, I was referred to you by (b) (6) because Hampshire College would like to recognize your appointment to Secretary, and I've been asked to write a feature story for the College. I'm wondering if you'd be willing to participate and to answer questions by email?

I've been in touch with (b) (6) and (b) (6) and they both shared memories of your excellent student work, including your designing your own premed program. I also took the time to read sections of your thesis in the library's Div III archive, and enjoyed and learned from it.

If you're willing, I've included some questions below for you to consider, of course only if you have the time and interest. I'd also be willing to talk by phone if you'd prefer.

Congratulations again from Hampshire.

Respectfully,

(b) (6) Media Relations and Editorial Director

QUESTIONS

Since its founding Hampshire has stressed the importance not only of intellectual development but equally important, a student's physical and

social development, such as represented by the proximity of and connection between the library and the Crown Center. Lately Hampshire has re-committed to health and wellness as integral to its education alongside scholarship. Do you remember this being the case when you were a student?

In your career have you seen examples of the connection between intellectual development and health and wellness, in ways that may be of interest to our students and the Hampshire community, or that may validate that Hampshire is right to stress these equally in education?

Your Division III thesis focused on whether a pharmaceutical might be used to slow the aging process. Did you continue this research at all after Hampshire, and do you still follow this field of medicine? Have you seen any progress in this field? (b) (6) says he wishes you'd discovered a way to slow aging, because, he says, "Look at me now." ;-)

What attracted you to accept the opportunity in 2015 to serve in the public sector as Under Secretary and Chief Executive in the Dept of Veterans Affairs?

What attracted you to accept the opportunity this year to continue your service to the agency and the nation as Secretary of Veterans Affairs?

Did you practice community engagement or civic service/engagement as part of your undergraduate studies at Hampshire? If so, do you feel Hampshire's mission that includes ethical citizenship and community service/engagement had any relevance to your work in the private sector or more recently in the public sector?

Do you feel your education at Hampshire prepared you differently than your fellow physicians who attended more traditional college premed programs, and if so, how?

Would you have advice for undergraduate college students today generally and for those who seek to work in medicine, regarding making the most of a college education and its value in preparing for a career? Do you see needs in your field that might be best met by graduating students, such as if students were to focus on developing specific capacities?

Since you served as a student member of the task force that performed the Ten Year Review of Hampshire with President Adele Simmons -- are you surprised by anything in the way the College has progressed since your graduation, as we approach the College's 50th anniversary in 2020?

Would you have advice for college students on communicating with government officials, as students seek to feel better represented by and to influence decisions of their government officials, whether in the executive branch or legislative branch?

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/16/2017 2:55:43 AM
To: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Subject: Re: follow up interviews

Let me see what we can schedule

Sent from my iPad

On Mar 15, 2017, at 7:00 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

Saturday at the moment. Will change if necessary.

Sent from my iPhone

On Mar 15, 2017, at 6:39 PM, David shulkin <Drshulkin@aol.com> wrote:

What time do you arrive in florida- friday night or saturday?

Sent from my iPhone

On Mar 15, 2017, at 5:53 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I will be in Ft. Lauderdale on Saturday and Sunday staying with marine Corps friend and his wife.....about 45 minutes from West Palm Beach.....

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

How far are you from west palm beach?

Sent from my iPhone

On Mar 15, 2017, at 5:14 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

Sir: I would be honored to meet POTUS at any time.....unless you wanted me to be in DC for some reason, I will probably fly to Florida...and available to you at any time there if need be. Thank you for even thinking of me meeting him.
Will be meeting Scott tomorrow at 12:45.....thanks.

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:00 PM
To: Bowman, Thomas (Veterans Affairs)

<[Thomas Bowman@vetaff.senate.gov](mailto:Thomas_Bowman@vetaff.senate.gov)>

Subject: Re: follow up interviews

I was thinking of having you meet potus at mar lago but
i took a different path for now - so stay tuned

Sent from my iPhone

On Mar 15, 2017, at 4:56 PM, Bowman, Thomas
(Veterans Affairs)

<[Thomas Bowman@vetaff.senate.gov](mailto:Thomas_Bowman@vetaff.senate.gov)> wrote:

I can be wherever you might want me
to be!!

From: David shulkin

[<mailto:Drshulkin@aol.com>]

Sent: Wednesday, March 15, 2017 4:53
PM

To: Bowman, Thomas (Veterans Affairs)

<[Thomas Bowman@vetaff.senate.gov](mailto:Thomas_Bowman@vetaff.senate.gov)>

Subject: Re: follow up interviews

Will you be in Florida this weekend by
any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman,
Thomas (Veterans Affairs)

<[Thomas Bowman@vetaff.senate.gov](mailto:Thomas_Bowman@vetaff.senate.gov)>
wrote:

This afternoon I
contacted (b) (6)
as we discussed to set
up a time to meet with
Scot Blackburn. I
wanted to have met
with him before the
weekend when you said
you were to meet with
POTUS..... (b) (6) seems
to want to increase the
number of
meetings. Who among
the below list do you
feel I need to meet with
to accommodate your
need? We discussed
only Scott, but
hopefully the need
does not include all of

these. It was a good
breakfast
meeting....feedback I
have gotten has been
very positive. They
would like for them to
continue.....Thanks.
R/tom

From: (b) (6)
[mailto:(b) (6)
@va.gov]
Sent: Wednesday,
March 15, 2017 4:22
PM
To: Bowman, Thomas
(Veterans Affairs)
<Thomas_Bowman@ve
taff.senate.gov>
Cc:
(b) (6) yah
oo.com
Subject: RE: follow up
interviews

Can do. Vivieca had
several other follow up
interviews she wanted
me to set up aside from
Scott, specifically Mark
Yow (CFO of VHA), Tom
Murphy (Acting Under
for VBA), Dr. Alaigh
(Acting Under for VHA),
Brooks Tucker
(Beachhead team
member doing OCLA
work). What's your
general availability like
beyond tomorrow?

(b) (6)

--
(b) (6)
White House Liaison
Department of
Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman,
Thomas (Veterans
Affairs)
[\[mailto:Thomas_Bowman@vetaff.senate.gov\]](mailto:Thomas_Bowman@vetaff.senate.gov)
Sent: Wednesday,
March 15, 2017 4:12
PM
To: (b) (6)
Cc:
(b) (6) yahoo.com
Subject: [EXTERNAL]
RE: follow up interviews

Mike: Please check
with Mr. Blackburn for
a few times tomorrow
when I might come
over to meet/visit with
him convenient to his
schedule. Thanks

From: (b) (6)
[mailto:(b) (6)
@va.gov]
Sent: Tuesday, March
14, 2017 2:34 PM
To: Bowman, Thomas
(Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Cc:
(b) (6) yahoo.com
Subject: RE: follow up
interviews

Mr. Bowman,

Can you let me know
your availability
soon? We're trying to
complete the interview
process for Dep Sec as
quickly as possible.

Thanks,

(b) (6)

(b) (6)
White House Liaison
Department of
Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March
13, 2017 3:59 PM
To: 'Bowman, Thomas
(Veterans Affairs)'
Cc:
(b) (6)@yah
oo.com'
Subject: RE: follow up
interviews

Hi Mr. Bowman,

Wanted to follow up on
this. Do you have any
idea when you'll be free
this week?

Thanks,

(b) (6)

(b) (6)
White House Liaison
Department of
Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman,
Thomas (Veterans
Affairs)
[\[mailto:Thomas_Bowman@vetaff.senate.gov\]](mailto:Thomas_Bowman@vetaff.senate.gov)
Sent: Thursday, March
09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL]
RE: follow up interviews

Thanks...I will get back
to you early next
week....this week is
jammed.
Tom Bowman

From: (b) (6)

[mailto:(b) (6)
@va.gov]

Sent: Wednesday,
March 08, 2017 4:40
PM

To: Bowman, Thomas
(Veterans Affairs)
<Thomas_Bowman@ve
taff.senate.gov>

Subject: follow up
interviews

Good afternoon Mr.
Bowman,

Wanted to follow up
with you since last
week's meeting with
Dr. Shulkin. He's asked
that I set you up with
follow up interviews
with some of the senior
leadership here in the
department. Before I
do that do you have
any days which are
especially good or
bad? I'm hoping to get
as much done in a day
as possible, though if
you prefer I can try to
spread it out over
several.

Thanks,

(b) (6)

--
(b) (6)

White House Liaison
Department of
Veterans Affairs
202-461-7447 office
202-817-(b) (6) cell

Message

From: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Sent: 3/15/2017 11:00:54 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: follow up interviews

Saturday at the moment. Will change if necessary.

Sent from my iPhone

On Mar 15, 2017, at 6:39 PM, David shulkin <Drshulkin@aol.com> wrote:

What time do you arrive in florida- friday night or saturday?

Sent from my iPhone

On Mar 15, 2017, at 5:53 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I will be in Ft. Lauderdale on Saturday and Sunday staying with marine Corps friend and his wife.....about 45 minutes from West Palm Beach.....

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

How far are you from west palm beach?

Sent from my iPhone

On Mar 15, 2017, at 5:14 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

Sir: I would be honored to meet POTUS at any time.....unless you wanted me to be in DC for some reason, I will probably fly to Florida...and available to you at any time there if need be. Thank you for even thinking of me meeting him.
Will be meeting Scott tomorrow at 12:45.....thanks.

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:00 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

I was thinking of having you meet potus at mar lago but i took a different path for now - so stay tuned

Sent from my iPhone

On Mar 15, 2017, at 4:56 PM, Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov> wrote:

I can be wherever you might want me to be!!

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 4:53 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas
(Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.
R/tom

From: (b) (6) [[mailto:\(b\) \(6\)@va.gov](mailto:(b) (6)@va.gov)]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) [yahoo.com](mailto:(b) (6)@yahoo.com)
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically Mark Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA

work). What's your general availability like beyond tomorrow?

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)
Cc: (b) (6)@yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6)
[mailto:(b) (6)@va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office

202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: '(b) (6)@yahoo.com'
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6)
[mailto:(b) (6)@va.gov]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior

leadership here in the
department. Before I do that do you
have any days which are especially
good or bad? I'm hoping to get as
much done in a day as possible, though
if you prefer I can try to spread it out
over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 10:38:54 PM
To: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Subject: Re: follow up interviews

What time do you arrive in florida- friday night or saturday?

Sent from my iPhone

On Mar 15, 2017, at 5:53 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I will be in Ft. Lauderdale on Saturday and Sunday staying with marine Corps friend and his wife.....about 45 minutes from West Palm Beach.....

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

How far are you from west palm beach?

Sent from my iPhone

On Mar 15, 2017, at 5:14 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

Sir: I would be honored to meet POTUS at any time.....unless you wanted me to be in DC for some reason, I will probably fly to Florida...and available to you at any time there if need be. Thank you for even thinking of me meeting him.
Will be meeting Scott tomorrow at 12:45.....thanks.

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:00 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

I was thinking of having you meet potus at mar lago but i took a different path for now - so stay tuned

Sent from my iPhone

On Mar 15, 2017, at 4:56 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I can be wherever you might want me to be!!

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 4:53 PM
To: Bowman, Thomas (Veterans Affairs)

<Thomas_Bowman@vetaff.senate.gov>

Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs)

<Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.

R/tom

From: (b) (6)
[mailto:(b) (6)@va.gov]

Sent: Wednesday, March 15, 2017 4:22 PM

To: Bowman, Thomas (Veterans Affairs)

<Thomas_Bowman@vetaff.senate.gov>

Cc: (b) (6)@yahoo.com

Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically Mark Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]

Sent: Wednesday, March 15, 2017 4:12 PM

To: (b) (6)

Cc: (b) (6) @yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6)
[mailto: (b) (6) **va.gov]**
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,
(b) (6)

--
(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,
(b) (6)

--
(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office

202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6)
[mailto:[\(b\) \(6\)@va.gov](mailto:(b) (6)@va.gov)]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 10:38:02 PM
To: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Subject: Re: follow up interviews

Ok let me work on it

Sent from my iPhone

On Mar 15, 2017, at 5:53 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I will be in Ft. Lauderdale on Saturday and Sunday staying with marine Corps friend and his wife.....about 45 minutes from West Palm Beach.....

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

How far are you from west palm beach?

Sent from my iPhone

On Mar 15, 2017, at 5:14 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

Sir: I would be honored to meet POTUS at any time.....unless you wanted me to be in DC for some reason, I will probably fly to Florida...and available to you at any time there if need be. Thank you for even thinking of me meeting him.
Will be meeting Scott tomorrow at 12:45.....thanks.

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:00 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

I was thinking of having you meet potus at mar lago but i took a different path for now - so stay tuned

Sent from my iPhone

On Mar 15, 2017, at 4:56 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I can be wherever you might want me to be!!

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 4:53 PM
To: Bowman, Thomas (Veterans Affairs)

<Thomas_Bowman@vetaff.senate.gov>

Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs)

<Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.

R/tom

From: (b) (6)
[mailto:(b) (6)@va.gov]

Sent: Wednesday, March 15, 2017 4:22 PM

To: Bowman, Thomas (Veterans Affairs)

<Thomas_Bowman@vetaff.senate.gov>

Cc: (b) (6)@yahoo.com

Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically Mark Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]

Sent: Wednesday, March 15, 2017 4:12 PM

To: (b) (6)

Cc: (b) (6) @yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6)
[\[mailto:\(b\) \(6\)@va.gov\]](mailto:(b) (6)@va.gov)
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas.Bowman@vetaff.senate.gov>
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office

202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6)
[mailto:(b) (6)@va.gov]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

Message

From: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Sent: 3/15/2017 9:53:11 PM
To: David shulkin [Drshulkin@aol.com]
Subject: RE: follow up interviews

I will be in Ft. Lauderdale on Saturday and Sunday staying with marine Corps friend and his wife.....about 45 minutes from West Palm Beach.....

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Wednesday, March 15, 2017 5:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

How far are you from west palm beach?

Sent from my iPhone

On Mar 15, 2017, at 5:14 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

Sir: I would be honored to meet POTUS at any time.....unless you wanted me to be in DC for some reason, I will probably fly to Florida...and available to you at any time there if need be. Thank you for even thinking of me meeting him.
Will be meeting Scott tomorrow at 12:45.....thanks.

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Wednesday, March 15, 2017 5:00 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

I was thinking of having you meet potus at mar lago but i took a different path for now - so stay tuned

Sent from my iPhone

On Mar 15, 2017, at 4:56 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I can be wherever you might want me to be!!

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Wednesday, March 15, 2017 4:53 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.
R/tom

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically (b) (6) Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)
Cc: (b) (6)@yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 9:33:41 PM
To: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Subject: Re: follow up interviews

How far are you from west palm beach?

Sent from my iPhone

On Mar 15, 2017, at 5:14 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

Sir: I would be honored to meet POTUS at any time.....unless you wanted me to be in DC for some reason, I will probably fly to Florida...and available to you at any time there if need be. Thank you for even thinking of me meeting him.
Will be meeting Scott tomorrow at 12:45.....thanks.

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 5:00 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

I was thinking of having you meet potus at mar lago but i took a different path for now - so stay tuned

Sent from my iPhone

On Mar 15, 2017, at 4:56 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I can be wherever you might want me to be!!

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 4:53 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.

R/tom

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically (b) (6) Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)
Cc: (b) (6)@yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs)
<Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison

Department of Veterans Affairs

202-461-(b) (6) office

202-817-(b) (6) cell

Message

From: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Sent: 3/15/2017 9:14:43 PM
To: David shulkin [Drshulkin@aol.com]
Subject: RE: follow up interviews

Sir: I would be honored to meet POTUS at any time.....unless you wanted me to be in DC for some reason, I will probably fly to Florida...and available to you at any time there if need be. Thank you for even thinking of me meeting him. Will be meeting Scott tomorrow at 12:45.....thanks.

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Wednesday, March 15, 2017 5:00 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

I was thinking of having you meet potus at mar lago but i took a different path for now - so stay tuned

Sent from my iPhone

On Mar 15, 2017, at 4:56 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I can be wherever you might want me to be!!

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 4:53 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS.....(b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.
R/tom

From: (b) (6) [[mailto:\(b\) \(6\)@va.gov](mailto:(b) (6)@va.gov)]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) [yahoo.com](mailto:(b) (6)@yahoo.com)
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically (b) (6) Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)
Cc: (b) (6)@yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 9:00:29 PM
To: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Subject: Re: follow up interviews

I was thinking of having you meet potus at mar lago but i took a different path for now - so stay tuned

Sent from my iPhone

On Mar 15, 2017, at 4:56 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

I can be wherever you might want me to be!!

From: David shulkin [<mailto:Drshulkin@aol.com>]
Sent: Wednesday, March 15, 2017 4:53 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.
R/tom

From: (b) (6) [[mailto:\(b\) \(6\)@va.gov](mailto:(b) (6)@va.gov)]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) [yahoo.com](mailto:(b) (6)@yahoo.com)
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically (b) (6) Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)
Cc: (b) (6) @yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6) [mailto:(b) (6) va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs)
[mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

Message

From: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Sent: 3/15/2017 8:56:28 PM
To: David shulkin [Drshulkin@aol.com]
Subject: RE: follow up interviews

I can be wherever you might want me to be!!

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Wednesday, March 15, 2017 4:53 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.
R/tom

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically Mark Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)

Cc: (b) (6) @yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6) [mailto:(b) (6) va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM

To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 8:53:53 PM
To: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Subject: Re: follow up interviews

Just meet with scott- thats all

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.
R/tom

From: (b) (6) [[mailto:\(b\) \(6\)@va.gov](mailto:(b) (6)@va.gov)]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) [@yahoo.com](mailto:(b) (6)@yahoo.com)
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically Mark Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)
Cc: (b) (6) [@yahoo.com](mailto:(b) (6)@yahoo.com)
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6) [mailto:(b) (6) va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [mailto:(b) (6)@va.gov]

Sent: Wednesday, March 08, 2017 4:40 PM

To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>

Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison

Department of Veterans Affairs

202-461-(b) (6) office

202-817-(b) (6) cell

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 8:53:25 PM
To: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Subject: Re: follow up interviews

Will you be in Florida this weekend by any chance?

Sent from my iPhone

On Mar 15, 2017, at 4:41 PM, Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov> wrote:

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.
R/tom

From: (b) (6) [[mailto:\(b\) \(6\)@va.gov](mailto:(b) (6)@va.gov)]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) [@yahoo.com](mailto:(b) (6)@yahoo.com)
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically Mark Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)
Cc: (b) (6) [@yahoo.com](mailto:(b) (6)@yahoo.com)
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6) [mailto:(b) (6) va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6) yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6) @yahoo.com
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--

(b) (6)
White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [mailto:(b) (6)@va.gov]

Sent: Wednesday, March 08, 2017 4:40 PM

To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>

Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison

Department of Veterans Affairs

202-461-(b) (6) office

202-817-(b) (6) cell

Message

From: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Sent: 3/15/2017 8:41:44 PM
To: drshulkin@aol.com
Subject: FW: follow up interviews

This afternoon I contacted (b) (6) as we discussed to set up a time to meet with Scot Blackburn. I wanted to have met with him before the weekend when you said you were to meet with POTUS..... (b) (6) seems to want to increase the number of meetings. Who among the below list do you feel I need to meet with to accommodate your need? We discussed only Scott, but hopefully the need does not include all of these. It was a good breakfast meeting....feedback I have gotten has been very positive. They would like for them to continue.....Thanks.
R/tom

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Wednesday, March 15, 2017 4:22 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Can do. Vivieca had several other follow up interviews she wanted me to set up aside from Scott, specifically Mark Yow (CFO of VHA), Tom Murphy (Acting Under for VBA), Dr. Alaigh (Acting Under for VHA), Brooks Tucker (Beachhead team member doing OCLA work). What's your general availability like beyond tomorrow?

(b) (6)

--
(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Wednesday, March 15, 2017 4:12 PM
To: (b) (6)
Cc: (b) (6)@yahoo.com
Subject: [EXTERNAL] RE: follow up interviews

(b) (6) Please check with Mr. Blackburn for a few times tomorrow when I might come over to meet/visit with him convenient to his schedule. Thanks

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Tuesday, March 14, 2017 2:34 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Cc: (b) (6)@yahoo.com
Subject: RE: follow up interviews

Mr. Bowman,

Can you let me know your availability soon? We're trying to complete the interview process for Dep Sec as quickly as possible.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: (b) (6)
Sent: Monday, March 13, 2017 3:59 PM
To: 'Bowman, Thomas (Veterans Affairs)'
Cc: (b) (6) yahoo.com'
Subject: RE: follow up interviews

Hi Mr. Bowman,

Wanted to follow up on this. Do you have any idea when you'll be free this week?

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [[mailto:\(b\) \(6\)@va.gov](mailto:(b) (6)@va.gov)]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are

especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison

Department of Veterans Affairs

202-461-(b) (6) office

202-817-(b) (6) cell

Message

From: Bowman, Thomas (Veterans Affairs) [Thomas_Bowman@vetaff.senate.gov]
Sent: 3/10/2017 9:10:08 PM
To: drshulkin@aol.com
CC: (b) (6) yahoo.com
Subject: follow up interviews

Dr. Shulkin: Looks like Mike is trying to follow through on your earlier guidance to him before our email exchange earlier this week. I know we were looking at meeting after the breakfast next week, but maybe a phone call would be good at this point. Looking at the people with whom I am supposed to "interview", I am even more perplexed and in some manner troubled at this Deputy Secretary selection/decision process, and am considering withdrawing from consideration. My concern is not directed at you Dr. Shulkin, but at a process that I have not seen utilized in my experience at DoD or VA for a Deputy selection in earlier Administrations. I look forward to a call at your convenience.
R/tom

From: (b) (6) [mailto:(b) (6)@va.gov]
Sent: Friday, March 10, 2017 2:36 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: RE: follow up interviews

Hi Mr. Bowman,

I left you a message, apologies for not waiting until the week's over. Item #1 is the meeting I referenced which is particularly urgent due to Dr. Alaigh's travel schedule.

1. Can you meet with Dr. Poonam Alaigh, Acting Undersecretary for Health at either 1 or 1:30 on 3/15? Her schedule next week is extremely tight so if that doesn't work it'd have to wait until the following week.

2. Then we'd like you to meet with Mark Yow, CFO for Veterans Health Administration.

Available times are- 3/13: 1-230pm

3/16: 12-4pm

3/17: 10:30am-4pm

3. Next, meet with Interim Dep Sec Scott Blackburn who has openings-

March 13th - 9:00-10:30am

March 15th - 4-5pm

March 16th - 2-3pm

March 17th - 11-11:45am AND any time after 2:30pm

If you can pick a 30 minute window on each I'd appreciate it.

There will be a few more, waiting on windows from schedulers.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

From: Bowman, Thomas (Veterans Affairs) [mailto:Thomas_Bowman@vetaff.senate.gov]
Sent: Thursday, March 09, 2017 9:28 AM
To: (b) (6)
Subject: [EXTERNAL] RE: follow up interviews

Thanks...I will get back to you early next week....this week is jammed.
Tom Bowman

From: (b) (6) [[mailto:\(b\) \(6\)@va.gov](mailto:(b) (6)@va.gov)]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Bowman, Thomas (Veterans Affairs) <Thomas_Bowman@vetaff.senate.gov>
Subject: follow up interviews

Good afternoon Mr. Bowman,

Wanted to follow up with you since last week's meeting with Dr. Shulkin. He's asked that I set you up with follow up interviews with some of the senior leadership here in the department. Before I do that do you have any days which are especially good or bad? I'm hoping to get as much done in a day as possible, though if you prefer I can try to spread it out over several.

Thanks,

(b) (6)

--

(b) (6)

White House Liaison
Department of Veterans Affairs
202-461-(b) (6) office
202-817-(b) (6) cell

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 10:21:45 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Resume of a top notch VHA Senior Executive candidate...

Bonky if you have a need

Sent from my iPhone

On Mar 14, 2017, at 5:34 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Dont see anything really interesting, but will meet him

From: David shulkin <Drshulkin@aol.com>
Sent: Monday, March 13, 2017 10:05 PM
To: Poonam Alaigh
Subject: Fwd: Resume of a top notch VHA Senior Executive candidate...

Fyi

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]<[REDACTED]@yahoo.com>>
Date: March 13, 2017 at 8:30:36 AM EDT
To: David Shulkin <drshulkin@aol.com>
Cc: [(b) (6)] <[(b) (6)]<[REDACTED]@va.gov>>
Subject: Resume of a top notch VHA Senior Executive candidate...
Reply-To: [(b) (6)] <[(b) (6)]<[REDACTED]@yahoo.com>>

David: Here is a resume from a Doc friend of mine. We are West Point classmates, and went to Ranger School together (you learn a lot about someone when you attend Ranger School together). He is absolutely top notch, and is actually "giving back" now (for the past 7 or 8 months) at the Puget Sound VA after a career in private practice. He can most assuredly help us in some high level capacity. We'd be very lucky to have him.

He is in the "best athlete" category, but I'm sure he fits in VHA somewhere at a senior level. Happy to discuss him with you, Poonam, Vivieca, or whomever you suggest.

Thanks,

[(b) (6)]
805 551 [(b) (6)]

----- Forwarded Message -----

From: (b) (6) <(b) (6)@me.com>
To: (b) (6) <(b) (6)@yahoo.com>
Sent: Wednesday, March 8, 2017 7:46 PM
Subject: Checking in

(b) (6)

Great to catch up over the weekend!
It is exciting to hear that you are looking to stay on with the new VA team. They're lucky to keep you.

I am enthusiastic about exploring opportunities that might be available within the new administration and I've attached my CV and Resume for review.

I am prepared to serve in whatever capacity aligns with my skill set and or best serves the needs of the administration. Consider me completely adaptable to whatever the mission requires.

As you know, I've spent the past nine months as a VA attending physician with the Puget Sound VA Healthcare system as a way to serve those who have served. This has enabled me to experience first hand some of the challenges facing the VHA from both the provider and patient perspectives. It has further emboldened my desire to try to make a difference on behalf of the veteran. Although I think there are many positive changes within the VHA, there's plenty left to do and . . . I'm all in!

Looking forward.

Thanks for your consideration,

(b) (6)

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 3/14/2017 9:34:06 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Resume of a top notch VHA Senior Executive candidate...

Dont see anything really interesting, but will meet him

From: David shulkin <Drshulkin@aol.com>
Sent: Monday, March 13, 2017 10:05 PM
To: Poonam Alaigh
Subject: Fwd: Resume of a top notch VHA Senior Executive candidate...

Fyi

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]@yahoo.com>
Date: March 13, 2017 at 8:30:36 AM EDT
To: David Shulkin <drshulkin@aol.com>
Cc: [(b) (6)] <[(b) (6)]@va.gov>
Subject: Resume of a top notch VHA Senior Executive candidate...
Reply-To: [(b) (6)] <[(b) (6)]@yahoo.com>

David: Here is a resume from a Doc friend of mine. We are West Point classmates, and went to Ranger School together (you learn a lot about someone when you attend Ranger School together). He is absolutely top notch, and is actually "giving back" now (for the past 7 or 8 months) at the Puget Sound VA after a career in private practice. He can most assuredly help us in some high level capacity. We'd be very lucky to have him.

He is in the "best athlete" category, but I'm sure he fits in VHA somewhere at a senior level. Happy to discuss him with you, Poonam, Vivieca, or whomever you suggest.

Thanks,

[(b) (6)]
805 551 [(b) (6)]

----- Forwarded Message -----

From: [(b) (6)] <[(b) (6)]@me.com>
To: [(b) (6)] <[(b) (6)]@yahoo.com>
Sent: Wednesday, March 8, 2017 7:46 PM
Subject: Checking in

[(b) (6)]

Great to catch up over the weekend!

It is exciting to hear that you are looking to stay on with the new VA team. They're lucky to keep you.

I am enthusiastic about exploring opportunities that might be available within the new administration and I've attached my CV and Resume for review.

I am prepared to serve in whatever capacity aligns with my skill set and or best serves the needs of the administration. Consider me completely adaptable to whatever the mission requires.

As you know, I've spent the past nine months as a VA attending physician with the Puget Sound VA Healthcare system as a way to serve those who have served. This has enabled me to experience first hand some of the challenges facing the VHA from both the provider and patient perspectives. It has further emboldened my desire to try to make a difference on behalf of the veteran. Although I think there are many positive changes within the VHA, there's plenty left to do and . . . I'm all in!

Looking forward.

Thanks for your consideration,

(b) (6)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 2:05:02 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Fwd: Resume of a top notch VHA Senior Executive candidate...
Attachments: NH CV.pdf; Untitled attachment 07945.htm; nelson Resume.doc; Untitled attachment 07948.htm

Fyi

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]@yahoo.com>
Date: March 13, 2017 at 8:30:36 AM EDT
To: David Shulkin <drshulkin@aol.com>
Cc: [(b) (6)] <[(b) (6)]@va.gov>
Subject: Resume of a top notch VHA Senior Executive candidate...
Reply-To: [(b) (6)] <[(b) (6)]@yahoo.com>

David: Here is a resume from a Doc friend of mine. We are West Point classmates, and went to Ranger School together (you learn a lot about someone when you attend Ranger School together). He is absolutely top notch, and is actually "giving back" now (for the past 7 or 8 months) at the Puget Sound VA after a career in private practice. He can most assuredly help us in some high level capacity. We'd be very lucky to have him.

He is in the "best athlete" category, but I'm sure he fits in VHA somewhere at a senior level. Happy to discuss him with you, Poonam, Vivieca, or whomever you suggest.

Thanks,

[(b) (6)]
805 551 [(b) (6)]

----- Forwarded Message -----

From: [(b) (6)] <[(b) (6)]@me.com>
To: [(b) (6)] <[(b) (6)]@yahoo.com>
Sent: Wednesday, March 8, 2017 7:46 PM
Subject: Checking in

[(b) (6)]

Great to catch up over the weekend!

It is exciting to hear that you are looking to stay on with the new VA team. They're lucky to keep you.

I am enthusiastic about exploring opportunities that might be available within the new administration and I've attached my CV and Resume for review.

I am prepared to serve in whatever capacity aligns with my skill set and or best serves the needs of the administration. Consider me completely adaptable to whatever the

mission requires.

As you know, I've spent the past nine months as a VA attending physician with the Puget Sound VA Healthcare system as a way to serve those who have served. This has enabled me to experience first hand some of the challenges facing the VHA from both the provider and patient perspectives. It has further emboldened my desire to try to make a difference on behalf of the veteran. Although I think there are many positive changes within the VHA, there's plenty left to do and . . . I'm all in!

Looking forward.

Thanks for your consideration,

(b) (6)

(b) (6) MD, MS
CURRICULUM VITAE

PERSONAL INFORMATION

Office:

VA Puget Sound Healthcare
American Lake Division
9600 Veterans Drive
Tacoma, Wa 98493
253-582-(b) (6)

Home:

(b) (6)
(b) (6), Washington (b) (6)
Cell: 425-218-(b) (6)
Email: (b) (6)@mac.com

EDUCATION

Undergraduate:

July 1975 – June 1979

Graduate:

July 1986 - July 1987

Medical School:

July 1988 - May 1992

Internship:

July 1992 – June 1993

Residency:

July 1995 – June 1998

FACULTY POSITIONS

May, 1987 – June, 1988

July 2001 – July 2003

July 2001 – July 2003

July 2003 - May 2008

July 2003 – July 2008

August 2008 – January 2013

December 2008 – January 2013

(b) (6)

A large black rectangular redaction box covering the right side of the page, from the top of the first date range down to the second date range.

HOSPITAL POSITIONS HELD

June 1992 – July 1993

July 1993 – August 1994

Aug 1994 - June 1995

June 1995 – July 1998

July 1998 – July 2000

July 2000 – July 2001

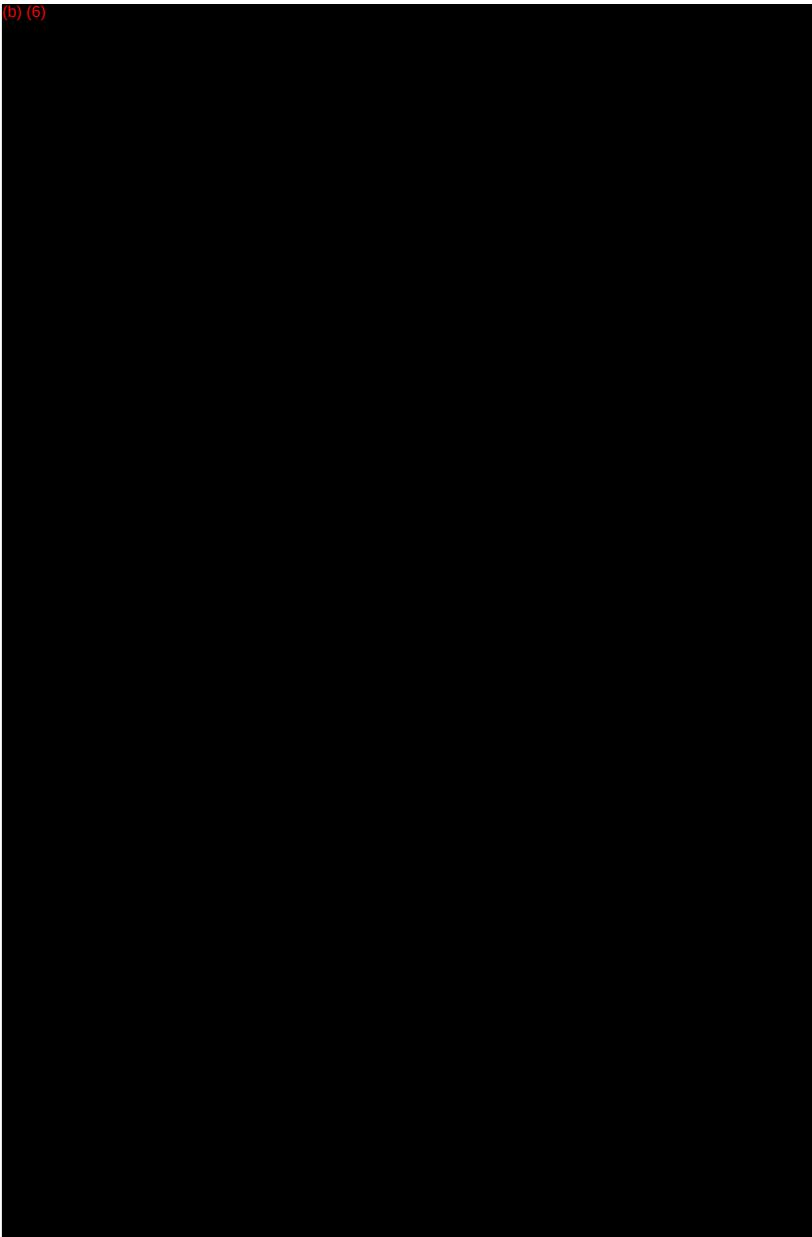
July 2002-July 2003

July 2001 – July 2003

July 2010 – July 2012

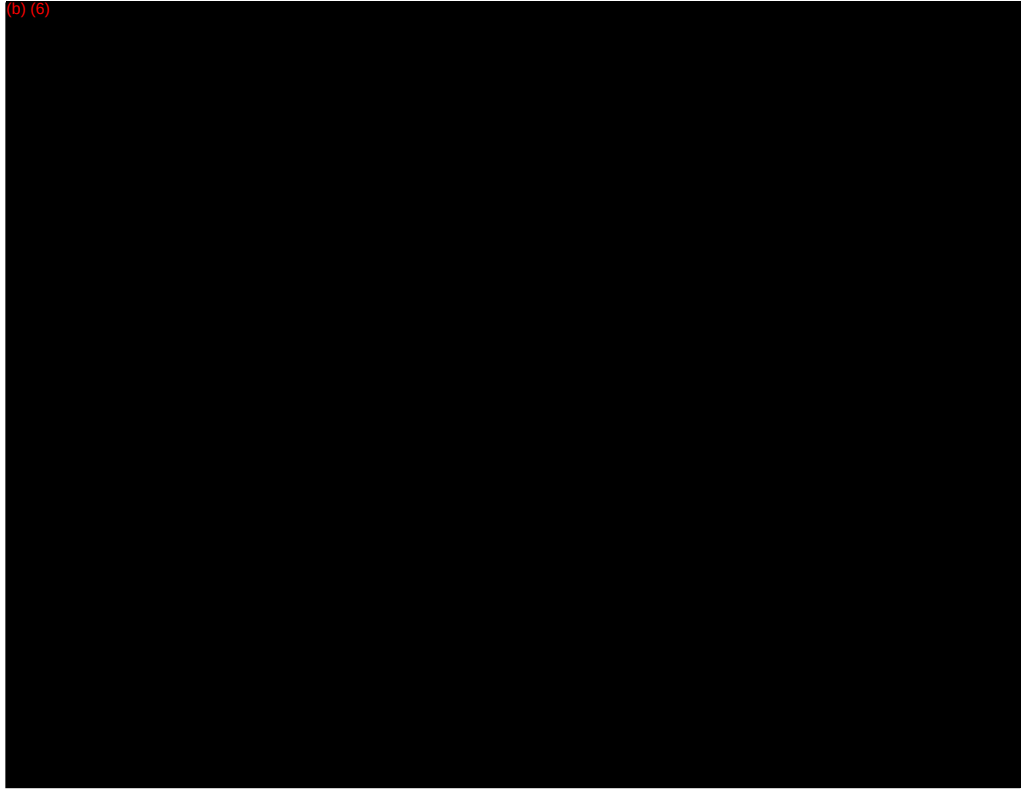
April 2015 - present

(b) (6)

A large black rectangular redaction box covering the right side of the page, from the top of the first date range under the section header down to the last date range.

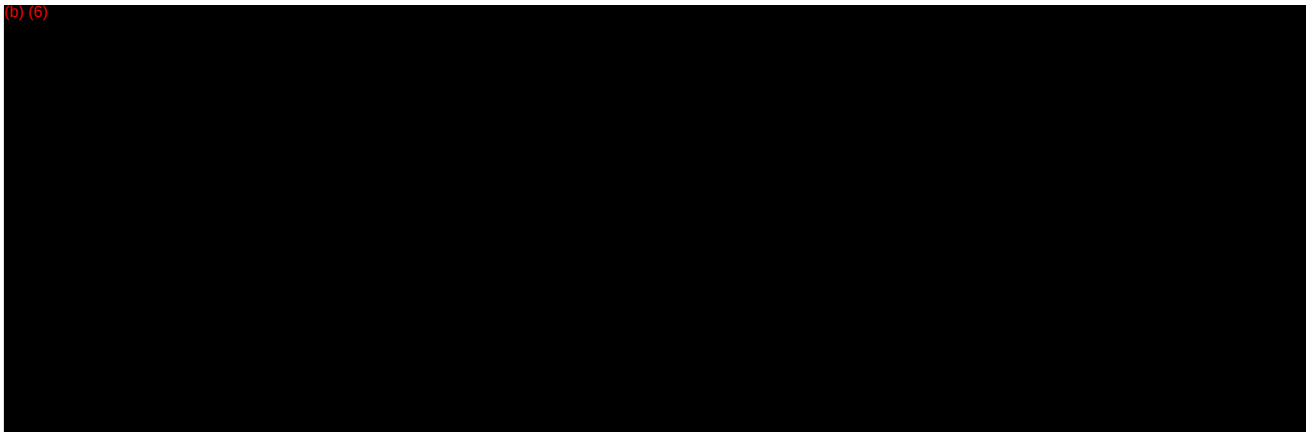
PHYSICIAN EMPLOYMENT TIMELINE

(b) (6)



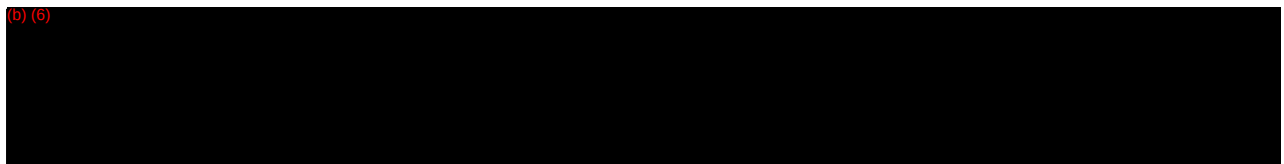
HONORS/AWARDS

(b) (6)



BOARD CERTIFICATION

(b) (6)



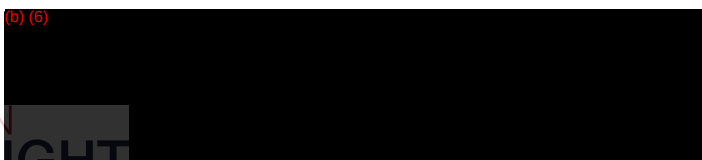
LICENSURE

(b) (6)



PROFESSIONAL AFFILIATIONS

(b) (6)



•
•
•
•

EDITORIAL RESPONSIBILITIES

-
-
-

(b) (6)

NATIONAL RESPONSIBILITIES

-
-
-
-
-
-
-
-
-
-

(b) (6)

SPORTS MEDICINE RESPONSIBILITIES

(b) (6)

BIBLIOGRAPHY

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

(b) (6)

OTHER

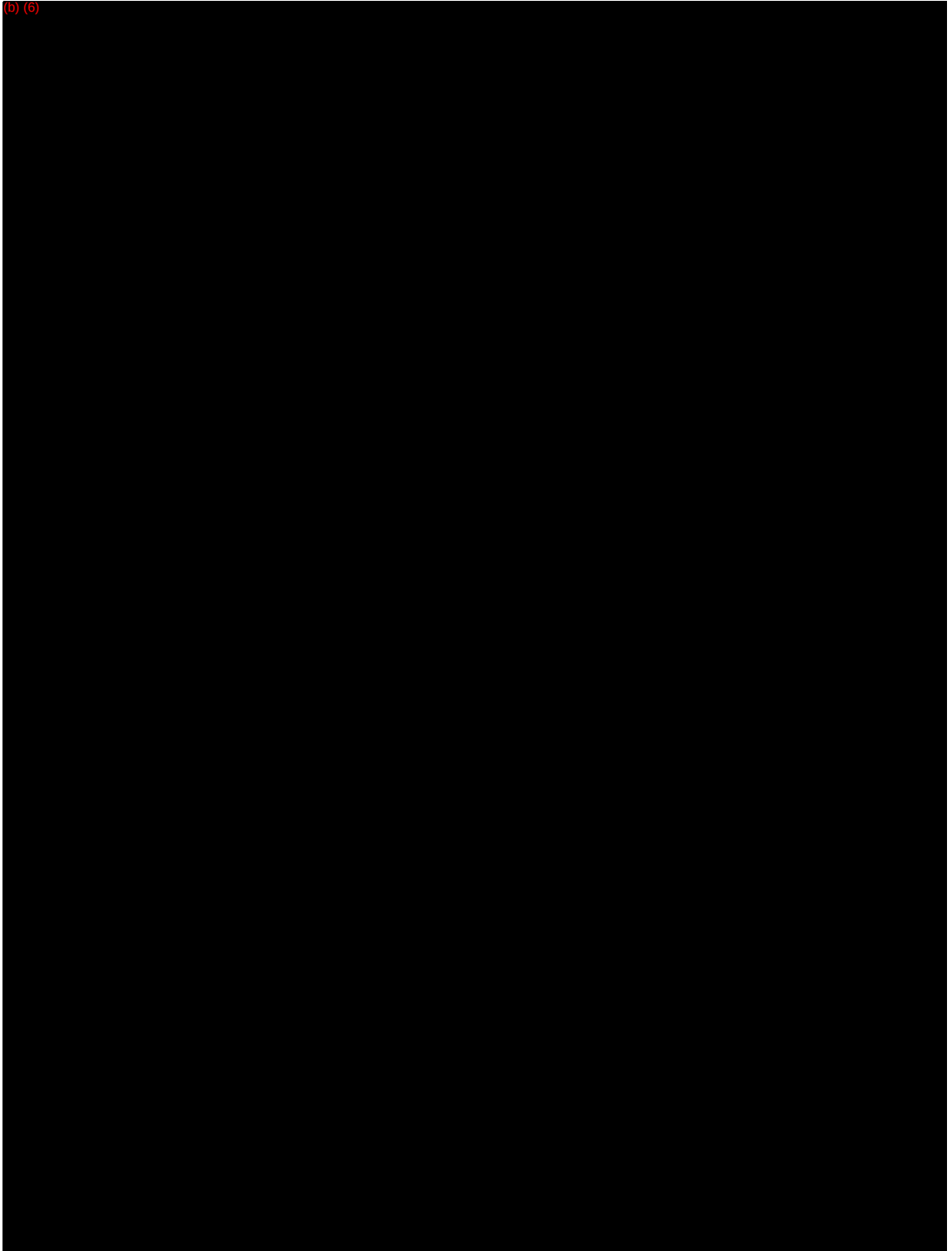
- (b) (6)
-
-
-
-
-

PRESENTATIONS

1. (b) (6)
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.
- 27.
- 28.
- 29.
- 30.
- 31.
- 32.
- 33.
- 34.
- 35.
- 36.
- 37.
- 38.
- 39.
- 40.

(b) (6)



(b) (6) MD, MS
(b) (6) Gig Harbor, WA (b) (6)
(425) 218-(b) (6) | (b) (6) mac.com

-Professional Résumé-

Award-Winning Medical and Military Leader

EXECUTIVE SUMMARY

(b) (6)

EDUCATION, AWARDS, CERTIFICATION, LICENSURE & AFFILIATIONS

(b) (6)

MILITARY AND MILITARY-MEDICAL EXPERIENCE HIGHLIGHTS

- (b) (6)
-

MILITARY AND MILITARY-MEDICAL EXPERIENCE HIGHLIGHTS, *CONTINUED*

(b) (6)

•

•

•

PHYSICIAN EMPLOYMENT CHRONOLOGY

(b) (6)

HOSPITAL POSITIONS CHRONOLOGY

(b) (6)

NATIONAL LEADERSHIP ROLES

(b) (6)

REFERENCES/OTHER RESOURCES

Professional references and Professional *Curriculum Vitae* available on request

Message

From: (b) (6) (b) (6) [mailto:(b) (6)@gmail.com]
Sent: 3/16/2017 5:01:55 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: WH request to me for listening session

Very very.

On Mar 16, 2017 1:00 PM, "David shulkin" <Drshulkin@aol.com> wrote:
Interesting

Sent from my iPhone

Begin forwarded message:

From: Darin Selnick <(b) (6)@gmail.com>
Date: March 16, 2017 at 12:56:03 PM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: Fwd: FW: WH request to me for listening session

I received a request from (b) (6) from WH, for some initial draft talking points for the Friday listening session. I do not know what they are doing with them, but I wrote some up and sent them to (b) (6) yesterday. They are attached and are focused on the campaign veterans vision and 10 point plan. I wanted you to be aware of the request from the WH and my fulfilling their request in advance of the Friday listening session.

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6)@who.eop.gov]
Sent: Wednesday, March 15, 2017 12:35 PM
To: Selnick, Darin
Cc: Leinenkugel, Jake
Subject: [EXTERNAL] RE: TPs for listening session

Darin, thank you so much, these are great!!

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]
Sent: Wednesday, March 15, 2017 8:33 AM
To: (b) (6) EOP/WHO <(b) (6)@who.eop.gov>
Cc: Leinenkugel, Jake <Thomas.Leinenkugel@va.gov>
Subject: RE: TPs for listening session

Hi (b) (6)

Attached are my talking points. There are probably more than you need, but I wanted to cover all the areas and provide a closing statement. My focus with the TPs was to cover the campaign veterans vision and 10 point plan to show they are being accomplished. I am assuming someone will edit what I did to improve the Trump voice and shorten the sentences, as it is easier to shorten than not have enough.

Best

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]

Sent: Tuesday, March 14, 2017 4:34 PM

To: Selnick, Darin

Subject: [EXTERNAL] RE: TPs for listening session

Thanks! Be sure (b) (6)

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]

Sent: Tuesday, March 14, 2017 4:33 PM

To: (b) (6) EOP/WHO <(b) (6) who.eop.gov>

Subject: RE: TPs for listening session

Ok, will start on it tonight. Will have it to you by Noon tomorrow.

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]

Sent: Tuesday, March 14, 2017 4:26 PM

To: Selnick, Darin

Subject: [EXTERNAL] RE: TPs for listening session

Yes please! Needs to be about a page worth. Focus on big ticket items - choice, accountability, fixing broken systems, doing right by our great Veterans. Campaign kind of talkers. Somewhere between 8-12 bullets, no more than 2-3 sentences in each bullet. Mention the Secretary, call him a change agent, a hard charger for Veterans and reform, that sort of thing. Due date is tomorrow. Thanks!!

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]

Sent: Tuesday, March 14, 2017 4:20 PM

To: (b) (6) EOP/WHO <(b) (6) who.eop.gov>

Subject: RE: TPs for listening session

Hi (b) (6)

Do you still need some help with some draft talkers? If you do, I just need a few minutes to discuss what you want, the format, and due date.

Thanks

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]
Sent: Monday, March 13, 2017 1:47 PM
To: Selnick, Darin
Cc: Leinenkugel, Jake
Subject: [EXTERNAL] TPs for listening session

Darin, could you write up some draft talkers for the president for this Friday's listening session with VSOs? Thanks!

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 5:00:07 PM
To: (b) (6); (b) (6)@gmail.com]
Subject: Fwd: WH request to me for listening session
Attachments: WH Talking Points for POTUS with VSOs 031417.docx; Untitled attachment 07957.htm

Interesting

Sent from my iPhone

Begin forwarded message:

From: Darin Selnick <(b) (6)@gmail.com>
Date: March 16, 2017 at 12:56:03 PM EDT
To: David shulkin <Drshulkin@aol.com>
Subject: Fwd: FW: WH request to me for listening session

I received a request from (b) (6) from WH, for some initial draft talking points for the Friday listening session. I do not know what they are doing with them, but I wrote some up and sent them to (b) (6) yesterday. They are attached and are focused on the campaign veterans vision and 10 point plan. I wanted you to be aware of the request from the WH and my fulfilling their request in advance of the Friday listening session.

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6)@who.eop.gov]
Sent: Wednesday, March 15, 2017 12:35 PM
To: Selnick, Darin
Cc: Leinenkugel, Jake
Subject: [EXTERNAL] RE: TPs for listening session

Darin, thank you so much, these are great!!

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]
Sent: Wednesday, March 15, 2017 8:33 AM
To: (b) (6) EOP/WHO <(b) (6)@who.eop.gov>
Cc: Leinenkugel, Jake <Thomas.Leinenkugel@va.gov>
Subject: RE: TPs for listening session

Hi (b) (6)

Attached are my talking points. There are probably more than you need, but I wanted to cover all the areas and provide a closing statement. My focus with the TPs was to cover the campaign veterans vision and 10 point plan to show they are being accomplished. I am assuming someone will edit what I did to improve the Trump voice and shorten the sentences, as it is easier to shorten than not have enough.

Best

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]
Sent: Tuesday, March 14, 2017 4:34 PM
To: Selnick, Darin
Subject: [EXTERNAL] RE: TPs for listening session

Thanks! Be sure (b) (5)

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]
Sent: Tuesday, March 14, 2017 4:33 PM
To: (b) (6) EOP/WHO <(b) (6) who.eop.gov>
Subject: RE: TPs for listening session

Ok, will start on it tonight. Will have it to you by Noon tomorrow.

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]
Sent: Tuesday, March 14, 2017 4:26 PM
To: Selnick, Darin
Subject: [EXTERNAL] RE: TPs for listening session

Yes please! Needs to be about a page worth. Focus on big ticket items - choice, accountability, fixing broken systems, doing right by our great Veterans. Campaign kind of talkers. Somewhere between 8-12 bullets, no more than 2-3 sentences in each bullet. Mention the Secretary, call him a change agent, a hard charger for Veterans and reform, that sort of thing. Due date is tomorrow. Thanks!!

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]
Sent: Tuesday, March 14, 2017 4:20 PM
To: (b) (6) EOP/WHO <(b) (6) who.eop.gov>
Subject: RE: TPs for listening session

Hi (b) (6)

Do you still need some help with some draft talkers? If you do, I just need a few minutes to discuss what you want, the format, and due date.

Thanks

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]
Sent: Monday, March 13, 2017 1:47 PM

To: Selnick, Darin
Cc: Leinenkugel, Jake
Subject: [EXTERNAL] TPs for listening session

Darin, could you write up some draft talkers for the president for this Friday's listening session with VSOs? Thanks!

Talking Points for POTUS Listening Session with VSOs

(Implementing the Vision and 10 point plan to reform the Department of Veterans Affairs)

-

-

-

-

-

-

-

-

-

-

-

(b) (5)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 4:59:49 PM
To: Darin Selnick <(b) (6)@gmail.com>
Subject: Re: WH request to me for listening session

Thanks i agree- this is excellent

Sent from my iPhone

On Mar 16, 2017, at 12:56 PM, Darin Selnick <(b) (6)@gmail.com> wrote:

I received a request from (b) (6) from WH, for some initial draft talking points for the Friday listening session. I do not know what they are doing with them, but I wrote some up and sent them to (b) (6) yesterday. They are attached and are focused on the campaign veterans vision and 10 point plan, I wanted you to be aware of the request from the WH and my fulfilling their request in advance of the Friday listening session.

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6)@who.eop.gov]
Sent: Wednesday, March 15, 2017 12:35 PM
To: Selnick, Darin
Cc: Leinenkugel, Jake
Subject: [EXTERNAL] RE: TPs for listening session

Darin, thank you so much, these are great!!

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]
Sent: Wednesday, March 15, 2017 8:33 AM
To: (b) (6) EOP/WHO <(b) (6)@who.eop.gov>
Cc: Leinenkugel, Jake <Thomas.Leinenkugel@va.gov>
Subject: RE: TPs for listening session

Hi (b) (6)

Attached are my talking points. There are probably more than you need, but I wanted to cover all the areas and provide a closing statement. My focus with the TPs was to cover the campaign veterans vision and 10 point plan to show they are being accomplished. I am assuming someone will edit what I did to improve the Trump voice and shorten the sentences, as it is easier to shorten than not have enough.

Best

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:Kathryn.F.Talento@who.eop.gov]
Sent: Tuesday, March 14, 2017 4:34 PM
To: Selnick, Darin
Subject: [EXTERNAL] RE: TPs for listening session

Thanks! Be sure (b) (6)

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]
Sent: Tuesday, March 14, 2017 4:33 PM
To: (b) (6) EOP/WHO <(b) (6) who.eop.gov>
Subject: RE: TPs for listening session

Ok, will start on it tonight. Will have it to you by Noon tomorrow.

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]
Sent: Tuesday, March 14, 2017 4:26 PM
To: Selnick, Darin
Subject: [EXTERNAL] RE: TPs for listening session

Yes please! Needs to be about a page worth. Focus on big ticket items - choice, accountability, fixing broken systems, doing right by our great Veterans. Campaign kind of talkers. Somewhere between 8-12 bullets, no more than 2-3 sentences in each bullet. Mention the Secretary, call him a change agent, a hard charger for Veterans and reform, that sort of thing. Due date is tomorrow. Thanks!!

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]
Sent: Tuesday, March 14, 2017 4:20 PM
To: (b) (6) EOP/WHO <(b) (6) who.eop.gov>
Subject: RE: TPs for listening session

Hi (b) (6)

Do you still need some help with some draft talkers? If you do, I just need a few minutes to discuss what you want, the format, and due date.

Thanks

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]
Sent: Monday, March 13, 2017 1:47 PM
To: Selnick, Darin
Cc: Leinenkugel, Jake
Subject: [EXTERNAL] TPs for listening session

Darin, could you write up some draft talkers for the president for this Friday's listening session with VSOs? Thanks!

<WH Talking Points for POTUS with VSOs 031417.docx>

Message

From: Darin Selnick [(b) (6)]@gmail.com]
Sent: 3/16/2017 4:56:03 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: FW: WH request to me for listening session
Attachments: WH Talking Points for POTUS with VSOs 031417.docx

I received a request from [(b) (6)] from WH, for some initial draft talking points for the Friday listening session. I do not know what they are doing with them, but I wrote some up and sent them to [(b) (6)] yesterday. They are attached and are focused on the campaign veterans vision and 10 point plan, I wanted you to be aware of the request from the WH and my fulfilling their request in advance of the Friday listening session.

Darin

-----Original Message-----

From: [(b) (6)] EOP/WHO [mailto:[(b) (6)]@who.eop.gov]
Sent: Wednesday, March 15, 2017 12:35 PM
To: Selnick, Darin
Cc: Leinenkugel, Jake
Subject: [EXTERNAL] RE: TPs for listening session

Darin, thank you so much, these are great!!

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]
Sent: Wednesday, March 15, 2017 8:33 AM
To: [(b) (6)] EOP/WHO <[(b) (6)]@who.eop.gov>
Cc: Leinenkugel, Jake <Thomas.Leinenkugel@va.gov>
Subject: RE: TPs for listening session

Hi [(b) (6)]

Attached are my talking points. There are probably more than you need, but I wanted to cover all the areas and provide a closing statement. My focus with the TPs was to cover the campaign veterans vision and 10 point plan to show they are being accomplished. I am assuming someone will edit what I did to improve the Trump voice and shorten the sentences, as it is easier to shorten than not have enough.

Best

Darin

-----Original Message-----

From: [(b) (6)] EOP/WHO [mailto:[(b) (6)]@who.eop.gov]
Sent: Tuesday, March 14, 2017 4:34 PM
To: Selnick, Darin
Subject: [EXTERNAL] RE: TPs for listening session

Thanks! Be sure [(b) (5)]

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]

Sent: Tuesday, March 14, 2017 4:33 PM

To: (b) (6) EOP/WHO <(b) (6) who.eop.gov>

Subject: RE: TPs for listening session

Ok, will start on it tonight. Will have it to you by Noon tomorrow.

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]

Sent: Tuesday, March 14, 2017 4:26 PM

To: Selnick, Darin

Subject: [EXTERNAL] RE: TPs for listening session

Yes please! Needs to be about a page worth. Focus on big ticket items - choice, accountability, fixing broken systems, doing right by our great Veterans. Campaign kind of talkers. Somewhere between 8-12 bullets, no more than 2-3 sentences in each bullet. Mention the Secretary, call him a change agent, a hard charger for Veterans and reform, that sort of thing. Due date is tomorrow. Thanks!!

-----Original Message-----

From: Selnick, Darin [mailto:Darin.Selnick@va.gov]

Sent: Tuesday, March 14, 2017 4:20 PM

To: (b) (6) EOP/WHO <(b) (6) who.eop.gov>

Subject: RE: TPs for listening session

Hi (b) (6)

Do you still need some help with some draft talkers? If you do, I just need a few minutes to discuss what you want, the format, and due date.

Thanks

Darin

-----Original Message-----

From: (b) (6) EOP/WHO [mailto:(b) (6) who.eop.gov]

Sent: Monday, March 13, 2017 1:47 PM

To: Selnick, Darin

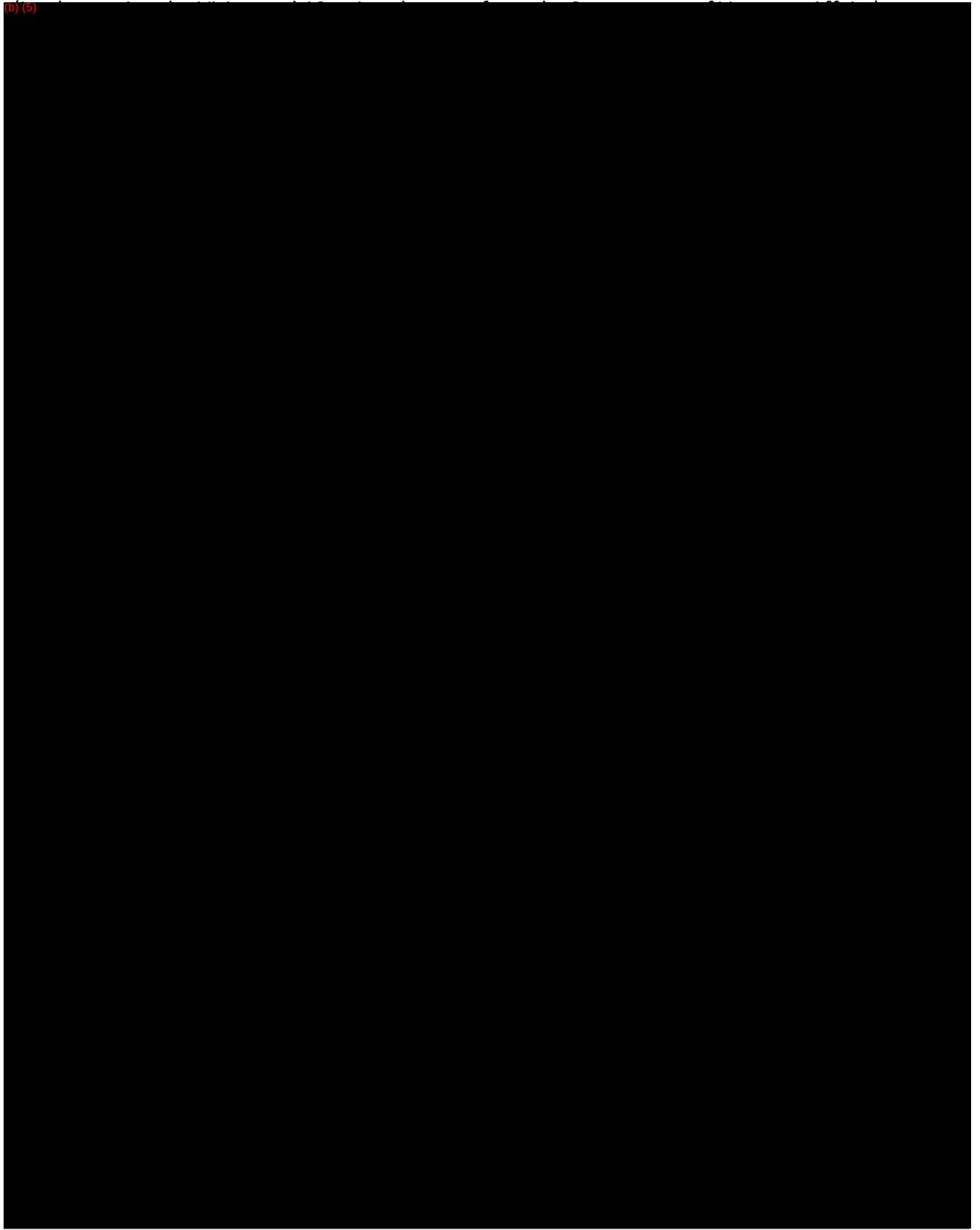
Cc: Leinenkugel, Jake

Subject: [EXTERNAL] TPs for listening session

Darin, could you write up some draft talkers for the president for this Friday's listening session with VSOs?
Thanks!

Talking Points for POTUS Listening Session with VSOs

(b) (5)



Message

From: (b) (6) [(b) (6) gmail.com]
Sent: 3/13/2017 9:48:11 PM
To: David Shulkin [drshulkin@aol.com]
Subject: email

(b) (6) @gmail.com>

(b) (6)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/26/2017 2:04:04 AM
To: Bruce Moskowitz (b) (6) mac.com]
Subject: Re: VA

Ok i wasnt sure

Sent from my iPhone

> On Apr 25, 2017, at 6:43 PM, Bruce Moskowitz <(b) (6) mac.com> wrote:

>

> Advisory

>

> Sent from my iPhone

>

>> On Apr 25, 2017, at 6:19 PM, David shulkin <Drshulkin@aol.com> wrote:

>>

>> Bruce- are they thinking as advisory or would they consider a full time position?

>>

>> Sent from my iPhone

>>

>>> On Apr 25, 2017, at 5:27 PM, Bruce Moskowitz <(b) (6) mac.com> wrote:

>>>

>>> Thank you I have CC'd the Secretary David Shulkin and acting undersecretary Poonam Alaigh.

>>>

>>> Sent from my iPad

>>> Bruce Moskowitz M.D.

>>>

>>>> On Apr 25, 2017, at 5:01 PM, (b) (6) (b) (6)@URMC.Rochester.edu> wrote:

>>>>

>>>> Dear Bruce,

>>>>

>>>> A few weeks ago you wrote that you have the opportunity to have someone with Medical IT experience go to Washington to work with the VA IT Team. The VA team is looking for individuals with expertise in the following areas: (1) Help the VA exchange electronic health care information with academic medical centers. (2) Help the VA implement a new electronic medical record platform?

>>>>

>>>> I would like to introduce you to two senior members of our Medical Information Technology team who are very interested in working with the VA IT Team in Washington DC. We met with them yesterday, and they would like to hear more. Their names and contact information are as follows:

>>>>

>>>> Dr. (b) (6) Chief Medical Information Officer and also Director of Medical Informatics at the University of Rochester Medical Center

>>>> (b) (6)@URMC.Rochester.edu

>>>>

>>>> Mr. (b) (6) Chief Information Officer at the University of Rochester Medical Center

>>>> (b) (6)@URMC.Rochester.edu

>>>>

>>>> Please feel free to contact them or have a member of your team contact them. We are very interested in working with the VA and the VA IT Team.

>>>>

>>>> Yours,

>>>> (b) (6)

>>>>

>>>>

>>>>

>>>>

>>>>

>>>> On 4/25/17, 2:39 PM, "Bruce Moskowitz" <(b) (6) mac.com> wrote:

>>>>

>>>> Yes I have to be at Whitehouse Thursday so need it soon. Thank you

>>>>

>>>> Sent from my iPhone

>>>>

>>>>> On Apr 25, 2017, at 2:28 PM, (b) (6) (b) (6)@URMC.Rochester.edu> wrote:

>>>>>

>>>>> Dear Bruce,

>>>>>

>>>>> We have two senior members of our Medical Information Technology team who are very interested in working with the VA IT Team in Washington DC. We met with them yesterday, and they would like to hear more. Their names are:

>>>>>

>>>> Dr. (b) (6) Chief Medical Information Officer and also Director of Medical Informatics at the University of Rochester Medical Center
>>>>
>>>> Mr. (b) (6) Chief Information Officer at the University of Rochester Medical Center
>>>>
>>>> Shall I give you their contact information?
>>>>
>>>> Yours,
>>>> (b) (6)
>>>>
>>>>
>>>>
>>>>
>>

Message

From: Bruce Moskowitz [(b) (6)]@mac.com]
Sent: 4/25/2017 10:43:34 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: VA

Advisory

Sent from my iPhone

> On Apr 25, 2017, at 6:19 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Bruce- are they thinking as advisory or would they consider a full time position?
>
> Sent from my iPhone
>
>> On Apr 25, 2017, at 5:27 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:
>>
>> Thank you I have CC'd the Secretary David Shulkin and acting undersecretary Poonam Alaigh.
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>>
>>> On Apr 25, 2017, at 5:01 PM, [(b) (6)] <[(b) (6)]@URMC.Rochester.edu> wrote:
>>>
>>> Dear Bruce,
>>>
>>> A few weeks ago you wrote that you have the opportunity to have someone with Medical IT experience go to Washington to work with the VA IT Team. The VA team is looking for individuals with expertise in the following areas: (1) Help the VA exchange electronic health care information with academic medical centers. (2) Help the VA implement a new electronic medical record platform?
>>>
>>> I would like to introduce you to two senior members of our Medical Information Technology team who are very interested in working with the VA IT Team in Washington DC. We met with them yesterday, and they would like to hear more. Their names and contact information are as follows:
>>>
>>> Dr. [(b) (6)] Chief Medical Information Officer and also Director of Medical Informatics at the University of Rochester Medical Center
>>> [(b) (6)]@URMC.Rochester.edu
>>>
>>> Mr. [(b) (6)] Chief Information Officer at the University of Rochester Medical Center
>>> [(b) (6)]@URMC.Rochester.edu
>>>
>>> Please feel free to contact them or have a member of your team contact them. We are very interested in working with the VA and the VA IT Team.
>>>
>>> Yours,
>>> [(b) (6)]
>>>
>>>
>>>
>>> On 4/25/17, 2:39 PM, "Bruce Moskowitz" <[(b) (6)]@mac.com> wrote:
>>>
>>> Yes I have to be at Whitehouse Thursday so need it soon. Thank you
>>>
>>> Sent from my iPhone
>>>
>>>> On Apr 25, 2017, at 2:28 PM, [(b) (6)] <[(b) (6)]@URMC.Rochester.edu> wrote:
>>>>
>>>> Dear Bruce,
>>>>
>>>> We have two senior members of our Medical Information Technology team who are very interested in working with the VA IT Team in Washington DC. We met with them yesterday, and they would like to hear more. Their names are:
>>>>
>>>> Dr. [(b) (6)] Chief Medical Information Officer and also Director of Medical Informatics at the University of Rochester Medical Center
>>>>
>>>> Mr. [(b) (6)] Chief Information Officer at the University of Rochester Medical Center
>>>>
>>>> Shall I give you their contact information?

>>>>
>>>> Yours,
>>>> (b) (6)
>>>
>>>
>>>
>>>
>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/25/2017 10:19:32 PM
To: Bruce Moskowitz [(b) (6)] mac.com]
Subject: Re: VA

Bruce- are they thinking as advisory or would they consider a full time position?

Sent from my iPhone

> On Apr 25, 2017, at 5:27 PM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:
>
> Thank you I have CC'd the Secretary David Shulkin and acting undersecretary Poonam Alaigh.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Apr 25, 2017, at 5:01 PM, [(b) (6)] <[(b) (6)]@URMC.Rochester.edu> wrote:
>>
>> Dear Bruce,
>>
>> A few weeks ago you wrote that you have the opportunity to have someone with Medical IT experience go to Washington to work with the VA IT Team. The VA team is looking for individuals with expertise in the following areas: (1) Help the VA exchange electronic health care information with academic medical centers. (2) Help the VA implement a new electronic medical record platform?
>>
>> I would like to introduce you to two senior members of our Medical Information Technology team who are very interested in working with the VA IT Team in Washington DC. We met with them yesterday, and they would like to hear more. Their names and contact information are as follows:
>>
>> Dr. [(b) (6)] Chief Medical Information Officer and also Director of Medical Informatics at the University of Rochester Medical Center
>> [(b) (6)]@URMC.Rochester.edu
>>
>> Mr. [(b) (6)] Chief Information Officer at the University of Rochester Medical Center
>> [(b) (6)]@URMC.Rochester.edu
>>
>> Please feel free to contact them or have a member of your team contact them. We are very interested in working with the VA and the VA IT Team.
>>
>> Yours,
>> [(b) (6)]
>>
>>
>>
>>
>> On 4/25/17, 2:39 PM, "Bruce Moskowitz" <[(b) (6)] mac.com> wrote:
>>
>> Yes I have to be at Whitehouse Thursday so need it soon. Thank you
>>
>> Sent from my iPhone
>>
>>> On Apr 25, 2017, at 2:28 PM, [(b) (6)] <[(b) (6)]@URMC.Rochester.edu> wrote:
>>>
>>> Dear Bruce,
>>>
>>> We have two senior members of our Medical Information Technology team who are very interested in working with the VA IT Team in Washington DC. We met with them yesterday, and they would like to hear more. Their names are:
>>>
>>> Dr. [(b) (6)] Chief Medical Information Officer and also Director of Medical Informatics at the University of Rochester Medical Center
>>>
>>> Mr. [(b) (6)] Chief Information Officer at the University of Rochester Medical Center
>>>
>>> Shall I give you their contact information?
>>>
>>> Yours,
>>> [(b) (6)]
>>>
>>>
>>>
>>>

Message

From: Bruce Moskowitz [(b) (6)]@mac.com]
Sent: 4/25/2017 9:27:01 PM
To: [(b) (6)] [(b) (6)]@URMC.Rochester.edu]
CC: [(b) (6)] [(b) (6)]@URMC.Rochester.edu]; [(b) (6)] [(b) (6)]@URMC.Rochester.edu]; [(b) (6)]@urmc.rochester.edu]; David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)]@hotmail.com]
Subject: Re: VA

Thank you I have CC'd the Secretary David Shulkin and acting undersecretary Poonam Alaigh.

Sent from my iPad
Bruce Moskowitz M.D.

> On Apr 25, 2017, at 5:01 PM, [(b) (6)] <[(b) (6)]@URMC.Rochester.edu> wrote:
>
> Dear Bruce,
>
> A few weeks ago you wrote that you have the opportunity to have someone with Medical IT experience go to Washington to work with the VA IT Team. The VA team is looking for individuals with expertise in the following areas: (1) Help the VA exchange electronic health care information with academic medical centers. (2) Help the VA implement a new electronic medical record platform?
>
> I would like to introduce you to two senior members of our Medical Information Technology team who are very interested in working with the VA IT Team in Washington DC. We met with them yesterday, and they would like to hear more. Their names and contact information are as follows:
>
> Dr. [(b) (6)] Chief Medical Information Officer and also Director of Medical Informatics at the University of Rochester Medical Center
> [(b) (6)]@URMC.Rochester.edu
>
> Mr. [(b) (6)] Chief Information Officer at the University of Rochester Medical Center
> [(b) (6)]@URMC.Rochester.edu
>
> Please feel free to contact them or have a member of your team contact them. We are very interested in working with the VA and the VA IT Team.
>
> Yours,
> [(b) (6)]
>
>
>
> On 4/25/17, 2:39 PM, "Bruce Moskowitz" <[(b) (6)]@mac.com> wrote:
>
> Yes I have to be at Whitehouse Thursday so need it soon. Thank you
>
> Sent from my iPhone
>
>> On Apr 25, 2017, at 2:28 PM, [(b) (6)] [(b) (6)]@URMC.Rochester.edu> wrote:
>>
>> Dear Bruce,
>>
>> We have two senior members of our Medical Information Technology team who are very interested in working with the VA IT Team in Washington DC. We met with them yesterday, and they would like to hear more. Their names are:
>>
>> Dr. [(b) (6)] Chief Medical Information Officer and also Director of Medical Informatics at the University of Rochester Medical Center
>>
>> Mr. [(b) (6)] Chief Information Officer at the University of Rochester Medical Center
>>
>> Shall I give you their contact information?
>>
>> Yours,
>> [(b) (6)]
>>
>>
>>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 2:23:11 PM
To: Darin Selnick [(b) (6)]@gmail.com]
Subject: Re: Book

I am around today and tomorrow - just check with [(b) (6)] for a time

Sent from my iPhone

> On Mar 14, 2017, at 10:05 AM, Darin Selnick <[(b) (6)]@gmail.com> wrote:
>
> If you have a couple of minutes, I have a book I would like to give you that I think you would enjoy.
>
> Darin

Message

From: Darin Selnick [(b) (6)]@gmail.com]
Sent: 3/14/2017 2:05:02 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Book

If you have a couple of minutes, I have a book I would like to give you that I think you would enjoy.

Darin

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/16/2017 11:19:08 AM
To: Ike Perlmutter [(b) (6) frenchangel59.com]
Subject: Tom Bowman

Tom Bowman- i am so glad that you'll get to meet Dr Poonam Alaigh Saturday, the person I hope will replace my old job.

By chance my preferred candidate for Deputy, Tom Bowman, will be down in Florida for the weekend. If you wanted to meet him this weekend let me know and i can ask him to stop by at any time.

David

Sent from my iPhone

Message

From: (b) (6) <(b) (6)@gmail.com>
Sent: 3/15/2017 3:49:04 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: a few typos...

I got it

On Mar 15, 2017 11:48 AM, "David shulkin" <Drshulkin@aol.com> wrote:

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6)@gmail.com>
Date: March 15, 2017 at 7:06:03 AM EDT
To: Shulkin David <drshulkin@aol.com>
Subject: Fwd: a few typos...

David,

Sending to your aol account because it bounced from your VA account - 'too much email right now' ...

See below,

(b) (6)

Begin forwarded message:

From: (b) (6) <(b) (6)@gmail.com>
Subject: a few typos...
Date: March 15, 2017 at 5:01:20 AM MDT
To: Shulkin David <david.shulkin@va.gov>

David,

Got the slides. Won't post or share.

Didn't want to make changes, but perhaps someone in your office can consider my comments within the deck on three typos and send an updated version.

Look forward to seeing you Friday. Will you be able to join for noon lunch or will you be arriving at 2pm?

(b) (6)

.....

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 3:45:01 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: a few typos...
Attachments: wharton.pptx; Untitled attachment 07985.htm

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) gmail.com>
Date: March 15, 2017 at 7:06:03 AM EDT
To: Shulkin David <drshulkin@aol.com>
Subject: Fwd: a few typos...

David,

Sending to your aol account because it bounced from your VA account - 'too much email right now'...

See below.

(b) (6)

Begin forwarded message:

From: (b) (6) <(b) (6) gmail.com>
Subject: a few typos...
Date: March 15, 2017 at 5:01:20 AM MDT
To: Shulkin David <david.shulkin@va.gov>

David,

Got the slides. Won't post or share.

Didn't want to make changes, but perhaps someone in your office can consider my comments within the deck on three typos and send an updated version.

Look forward to seeing you Friday. Will you be able to join for noon lunch or will you be arriving at 2pm?

(b) (6)

Lessons from Service.... And Life

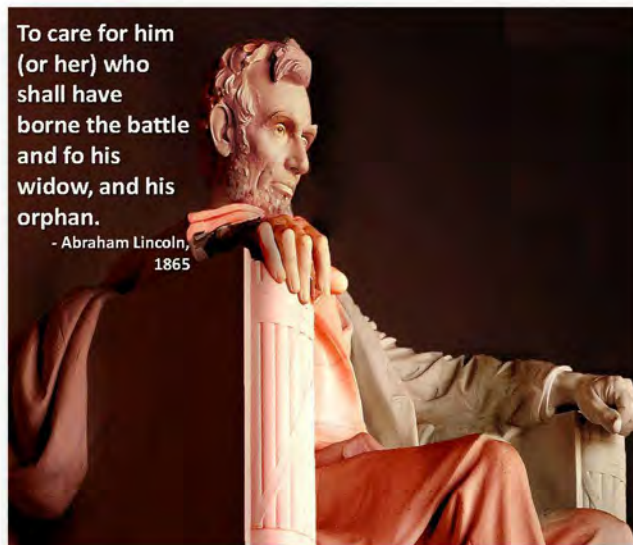
David J. Shulkin MD

The 9th Secretary of US Department of Veterans Affairs



Never Skip Breakfast Or Lunch



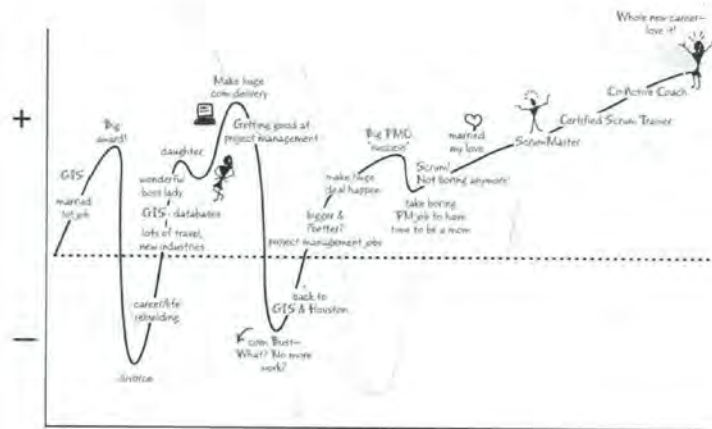


Living with purpose is more rewarding than meandering around





Share Your Journey



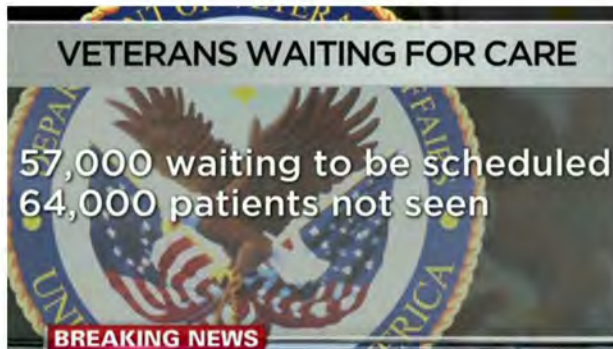
Pav Attention to Culture

'Final Salute' honors Holocaust survivor, Veteran



Soldiers wait in a hallway on the medical surgical floor at Fort Belvoir for the body of Holocaust survivor and Korean War Air Force Veteran Paul J. Jankovic to be wheeled to the elevator. (Photos by Trevor Seale)

Ask the Right Questions 600,000 Veterans Waiting for Care



FOCUS ON WHAT IS IMPORTANT



Set Big Goals

If you have a need for primary or mental health care right away, you can have it addressed the same day during regular business hours.

myVAaccess
Care When You Need It

The tools you want for the care you need!

- See a member of your PACT
- Get answers through secure messaging
- Pharmacy access and refills online or by phone
- Tell health video conferencing
- Call your PACT or Mental Health Team with questions or for information

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.



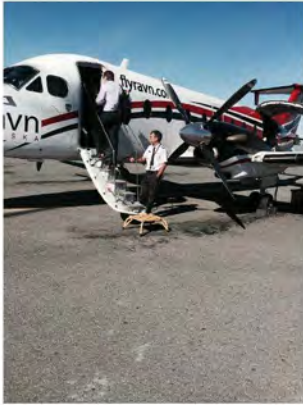
Beth Israel
Beth Israel Medical Group

**Will your doctor
see you at 3 am?**

Ours will.

Open 24 hours a day. Every day.
Beth Israel Medical Group
23rd Street and 7th Avenue

Get Out of the Office



Learning Medicine on the Ski Slopes

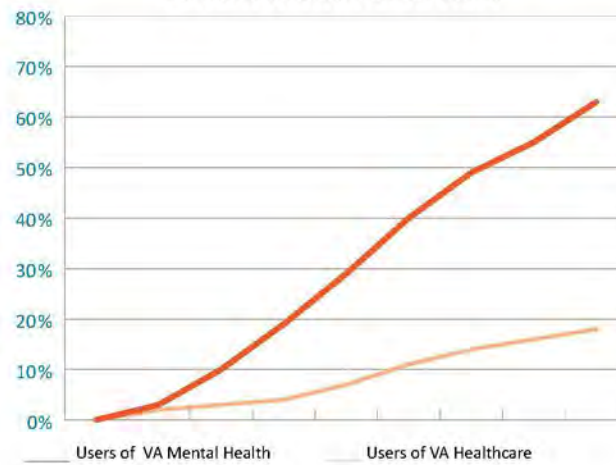


VA's Definition of Health

	Private Sector	Veterans Health Administration
Peer Support		X
Crisis Lines		X
Transportation		X
Caregivers		X
Homelessness Services		X
Medication Support		X
Behavioral Health Integration		X
Aligned Incentives		X
Lifelong Relationships		X
Single EMR Platform		X
Works with Most Leading Medical Centers		X
Vocational Support		X

Mental Health Services

Percent Growth Since 2005



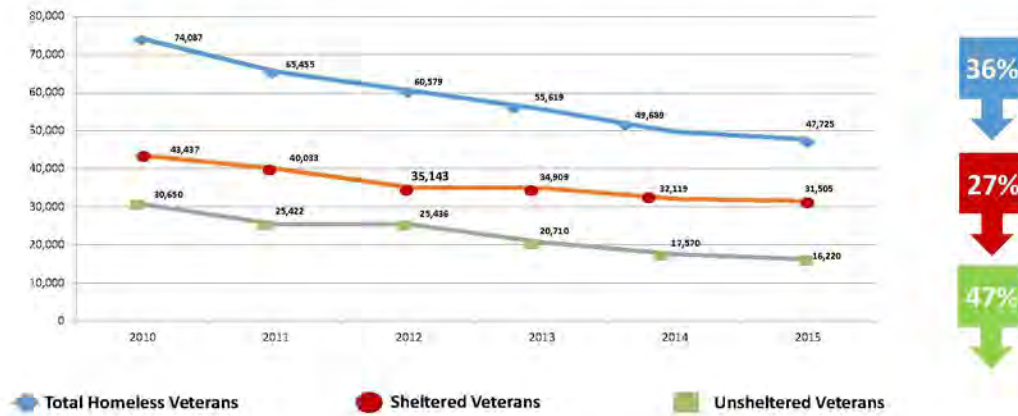
Run Towards the GunFire



Be Present



Decline in Homelessness



Focus on the Workforce





Rid Organizations of Bad Actors (Detailing not Firing)

"Dealing with employee issues
can be difficult,
but *not dealing with them*
can be worse."

- Paul Foster, CEO and Founder, The Business Therapist

 Business

Little Stuff Matters

*Thank
You*



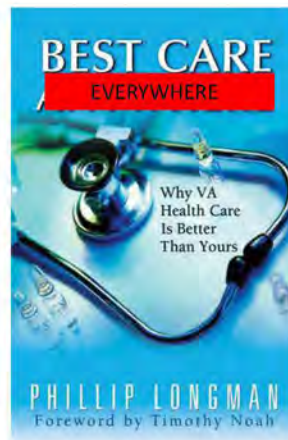
Get Everyone's Ideas

Questions Patients Need to Ask

Getting Better Healthcare



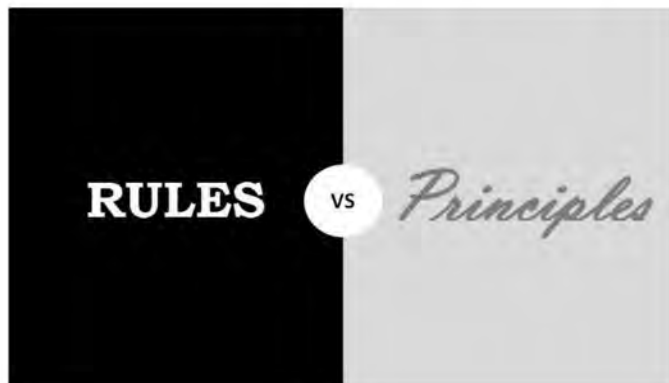
Essential Information Every Patient Needs to Know
Edited By David J. Shulkin, M.D.



Invest in others and develop them



Principle Based (vs. Rules Based) Organizations



Choose the Hard Right than the Easier Wrong



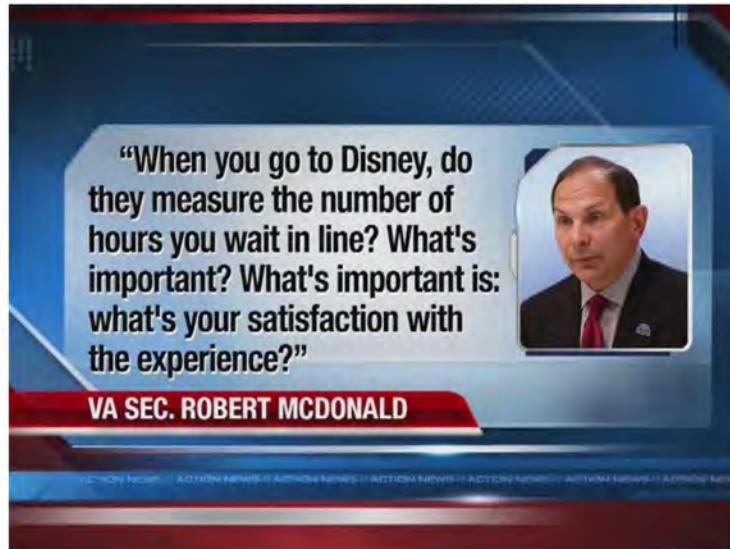
Leading by Example
(McDonald on giving out his cell phone)



Walk the Talk-Practicing in NY and Oregon

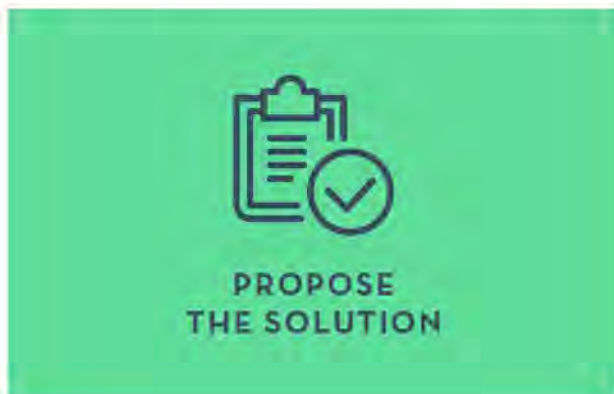


As a Leader... Words make a Difference





Leaders Propose Solutions , not Criticize



Getting People to Be Part of the Solution



On February 2, 2016, VA hosted a summit, "Preventing Veterans Suicide – A Call to Action" to bring together Veterans, families, federal agencies, community providers, subject matter experts, and other key stakeholders to enhance suicide prevention efforts.

The summit generated a new framework for VA's approach to Suicide Prevention that will transform the vision and structure of suicide prevention across VA and the community.

VA has elevated and expanded our Suicide Prevention Program to fulfill this vision, which includes:

Meeting urgent mental health needs by providing Veterans same-day evaluations and access by the end of calendar year 2016.

Building and leveraging strategic partnerships to disseminate new initiatives within VA and to reach non-VA using Veterans.

Development and implementation of innovative life-saving programs, such as REACH-VET, which uses predictive modeling to identify Veterans at high risk for suicide.

Continuing to partner with the Department of Defense for a seamless transition from military service to civilian life.

REACH-VET program will enhance Veteran care



- Uses data to identify Veterans at high risk for suicide.
- Notifies VA providers of the risk assessment.

REACH VET uses innovative statistical methods based on VHA data to identify VHA-enrolled Veterans at risk for suicide and other negative outcomes. REACH-VET is a supplement to current clinical strategies of identifying patients at increased risk.

REACH VET identifies Veterans at increased risk and notifies providers of identified Veterans, so providers can reevaluate and enhance the Veteran's care.

REACH VET enhances at risk Veterans' access to care and complements ongoing initiatives to increase access.

REACH VET starts nationwide in September 2016—it will identify thousands of Veterans with complex care needs across the country and ensure that they are receiving the very best evidence-based care.

Making Tough Decisions





"It takes an Act of Congress"

36

APRNS- 300k comments



Challenge the Status Quo



Innovations from VA



First Liver Transplant



CT Scanner



Artificial Kidney



7 Lasker Awards



3 Nobel Prizes



Nicotine Patches



Cardiac Pacemaker



Center for Compassionate Innovation @ VA

To enhance veteran's health and well being by offering safe and ethical therapies after traditional treatments have not been successful



Don't take no for an answer



Decline in Opioid Use Since 2012

Opioid use:	↓	31% to 471,340 Veterans on opioid
Long-term opioid use:	↓	36% to 281,029 Veterans on LOT
Benzo co-prescribing:	↓	56% to 53,485 Veterans
High dose (>100 MEDD*):	↓	44% to 33,149 Veterans
Annual drug screening:	↑	From 37% to 86%



*MEDD = Morphine Equivalent Daily Dosage

43

Decline in opioid use, 4Q FY 2012 to 1Q FY 2017.

Effective Organizations Break Down Silos



10 Priorities for Sec VA

Accountability Legislation
Extend the Choice Deadline Past August
Choice 2.0 Legislation
Infrastructure Improvements & Consolidations
Enhance Foundational Services in VA
VA/DOD/Federal Coordination
EMR Interoperability and Modernization
Breakthrough in Suicide Prevention
Appeals Modernization
Accelerating VBA Performance on Claims

#25: Partnering to Serve Veterans



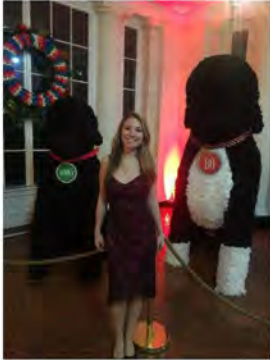
46

Strategic
Partnerships

Veterans Day Parade

<https://www.youtube.com/watch?v=38pl8hc9aso&feature=youtu.be>

Have a Work Life Balance – Family Time



Have Fun



We Won't Be Satisfied Until



Beth Israel

Beth Israel Medical Group

**Will your doctor
see you at 3 am?**

Ours will.

Open 24 hours a day. Every day.

**Beth Israel Medical Group
23rd Street and 7th Avenue**

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 2:18:27 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: a few typos...

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) gmail.com>
Date: March 15, 2017 at 7:06:03 AM EDT
To: Shulkin David <drshulkin@aol.com>
Subject: Fwd: a few typos...

David,

Sending to your aol account because it bounced from your VA account - 'too much email right now'...

See below.

(b) (6)

Begin forwarded message:

From: (b) (6) <(b) (6) gmail.com>
Subject: a few typos...
Date: March 15, 2017 at 5:01:20 AM MDT
To: Shulkin David <david.shulkin@va.gov>

David,

Got the slides. Won't post or share.

Didn't want to make changes, but perhaps someone in your office can consider my comments within the deck on three typos and send an updated version.

Look forward to seeing you Friday. Will you be able to join for noon lunch or will you be arriving at 2pm?

(b) (6)

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 3/17/2017 8:14:46 PM
To: drshulkin@aol.com
Subject: Potus tweet

POTUS tweeted about you from this am with the listening session.

<https://mobile.twitter.com/POTUS/status/842752987772674048>

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 3/14/2017 10:45:38 PM
To: David Shulkin [drshulkin@aol.com]; vacodjs1@va.gov
Subject: Re: Messages from POTUS

Thank you

On Tue, Mar 14, 2017 at 6:45 PM David Shulkin <drshulkin@aol.com> wrote:

1. Thank you to the VSO's for their work on behalf of our country's Veterans.

The Secretary tells me how supportive and helpful they are of our efforts to transform VA.

2. We need your support to pass Accountability legislation and get rid of those that should not

be working in VA.

3. We need your support in Appeals Modernization legislation to fix a broken system.

4. We are working hard to revise the Choice program and to give veterans more choice in their care

while at the same time modernizing VA in areas that are essential for our veterans. My budget

reflects this commitment to VA.

--

Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/14/2017 10:45:03 PM
To: vacodjs1@va.gov; (b) (6) gmail.com
Subject: Messages from POTUS

1. Thank you to the VSO's for their work on behalf of our country's Veterans.
The Secretary tells me how supportive and helpful they are of our efforts to transform VA
2. We need your support to pass Accountability legislation and get rid of those that should not be working in VA
3. We need your support in Appeals Modernization legislation to fix a broken system.
4. We are working hard to revise the Choice program and to give veterans more choice in their care while at the same time modernizing VA in areas that are essential for our veterans. My budget reflects this commitment to VA.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/13/2017 11:42:08 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Follow up from yesterday

Ok

Sent from my iPhone

On Mar 13, 2017, at 3:40 AM, Poonam Alaigh <(b) (6)hotmail.com> wrote:

Regardless of what happens with Jen and her issues, I am going to proceed to move Suicide Prevention under me unless you tell me otherwise. It is about our veterans and no matter who the leader is, it does not belong in a policy shop where implementing the program is ineffective. And I plan to let her know today when I meet her.

Also, a heads up, I did let Vivieca know about some of this percolating on Friday- it was about protecting you, while trying to see if there was anything else since Jen had dinner with Vivieca on Thursday night. Vivieca also says that there have been rumblings about her poor leadership and the morale of 10P being so poor- but didnt bring it to your attention because she knows that she has direct access to you and how you feel about her. She did tell me that Jen was asking her information about the Commission.

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 3/13/2017 7:40:43 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Follow up from yesterday

Regardless of what happens with Jen and her issues, I am going to proceed to move Suicide Prevention under me unless you tell me otherwise. It is about our veterans and no matter who the leader is, it does not belong in a policy shop where implementing the program is ineffective. And I plan to let her know today when I meet her.

Also, a heads up, I did let Vivieca know about some of this percolating on Friday- it was about protecting you, while trying to see if there was anything else since Jen had dinner with Vivieca on Thursday night. Vivieca also says that there have been rumblings about her poor leadership and the morale of 10P being so poor- but didnt bring it to your attention because she knows that she has direct access to you and how you feel about her. She did tell me that Jen was asking her information about the Commission.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/20/2017 8:56:01 PM
To: Bruce Moskowitz <(b) (6) mac.com>
Subject: Re: FYI

Thanks

Sent from my iPhone

On Mar 20, 2017, at 3:56 PM, Bruce Moskowitz <(b) (6) mac.com> wrote:

Insiders tell Trump: You're missing half the story on VA health care

By Dan Diamond

03/20/2017 11:19 AM EDT

The much-maligned veterans' health care system has real problems, but President Donald Trump and other Washington leaders keep forgetting to learn its digital health lessons, too.

That's according to health care IT leaders and thinkers who participated in POLITICO's health IT advisory forum this week. The forum was convened ahead of POLITICO's [Tuesday briefing](#) on lessons from the VA health system.

The experts hit on a nuance that Trump rarely articulates: The VA's much-publicized wait time scandals have overshadowed what it has done well in health care.

"I think there is an interesting dichotomy with the VA," one consultant said. "A lot of people hear horrible news in the press about delays and inadequacy, but the VA is actually doing many wonderful things technology-wise." For instance, the VA won awards for its groundbreaking electronic health record system, and multiple studies have suggested that the VA outperformed the private sector on quality and disease prevention.

"The VA is the largest, most sophisticated integrated health system in America," one hospital leader said. "The VA was one of the first health systems to have an integrated electronic record, well before meaningful use."

However, the experts all said that the VA's technology has hit a wall for a variety of reasons, ranging from budget shortfalls to bureaucracy.

"The VA's health care technology has been very good for 30 years because it was developed by doctors, nurses, pharmacists and lab tech inside the VA via a bottom up, grassroots, agile approach," said one hospital leader. "[But] in recent years, the burden of new regulatory requirements has reduced the VA's ability to innovate."

"The VA's technology was once perhaps at or ahead of the market, but it is sadly and irreversibly behind," said a venture capitalist. "An increasing share of budget and talent is spent keeping the system operating rather than improving it."

VistA — the VA's electronic health record system — got mixed marks from the experts, which reflects the broader criticism from Congress, and the VA's own senior leaders. (The consensus argument on Capitol Hill: The once-cutting edge, now-kludgy system is failing the veterans it's meant to serve.) The VA will decide [on July 1](#) whether to keep or junk VistA; throwing it out and starting over could cost up to \$16 billion, according to one estimate, [POLITICO reports](#).

"The VA is a truly model organization for its work around open access, and its attitude for taking the plunge," said one company founder. "That said, I don't think VistA had the infrastructure and foundation for many of the great frontiers in data analytics and interoperability."

"When I sat on the board of a large health care IT company a decade ago, their engineers believed that VistA was the most functional large institutional [electronic record], just due to all the purposeful tinkering," said one researcher. "But there was so much tinkering that it did not interoperate between regions — e.g., that you could not send a [record] from one region to another."

The VA is facing a major opportunity: The president has clearly made it one of his top priorities. Trump campaigned on improving veterans' health, and his budget proposal last week allocated \$4.6 billion for the VA "to improve patient access and timeliness of medical care services for over nine million enrolled veterans," although he didn't get specific about where he wanted the money to go.

"Trump has some good intentions when it comes to the VA," one researcher said, noting the VA is one of the "very few lucky departments" that gets an increase in Trump's budget proposal.

With the president's eye on veterans' health care, the experts varied on what advice they'd give him. Several encouraged Trump to simply fix his messaging.

"If I could tell Trump one thing, it would probably be to include his VA Secretary in his 'major meetings' about the VA, regardless of what technology outcome is planned," one CEO grouched, alluding to Trump's [awkward exchange](#) last week — where the president announced he'd be holding an impromptu summit, and VA Secretary David Shulkin immediately said he wasn't attending.

Others say that if Trump's looking for political victories in health care, the VA is a slumbering giant. "Look at the VA as a national model of integrated, research-based care," said a hospital leader. "Create a significant fund for technology innovation within the VA and be proud when the VA becomes a font of health tech for the entire world. Take credit for that."

There's also an opportunity to import more strategies from the private sector, several experts said, like emerging tools for cost-control and quality improvement.

"It is imperative that VA continue to take steps to manage their data with analytics that can assist in managing the population health — efforts that are becoming commonplace in the private sector," said a CEO. "With the right analytics engine behind them, the VA could quickly and easily identify systemic inefficiencies and waste such as overuse or misuse of supplies, tests or services, performance variation across the 150-plus VA hospitals and thousands of clinicians."

But the VA can offer lessons for the private sector too, which continues to wrestle with challenges that veterans' health leaders already conquered years ago.

"The world can learn from the VA that — interoperability can be achieved even with technology that would otherwise be considered old-school," said one founder. "There's no excuse for the big commercial players other than self-interest."

"The lesson of the VA for others, which nearly everyone knows other than the VA, is to stop treating complex EHRs as do-it-yourself efforts," added a venture capitalist. "No single provider entity — no matter the size — has the talent, discipline, scale or resources to do this well."

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/20/2017 7:56:59 PM
To: David Shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)] hotmail.com]
Subject: FYI

Insiders tell Trump: You're missing half the story on VA health care

By Dan Diamond

03/20/2017 11:19 AM EDT

The much-maligned veterans' health care system has real problems, but President Donald Trump and other Washington leaders keep forgetting to learn its digital health lessons, too.

That's according to health care IT leaders and thinkers who participated in POLITICO's health IT advisory forum this week. The forum was convened ahead of POLITICO's [Tuesday briefing](#) on lessons from the VA health system.

The experts hit on a nuance that Trump rarely articulates: The VA's much-publicized wait time scandals have overshadowed what it has done well in health care.

"I think there is an interesting dichotomy with the VA," one consultant said. "A lot of people hear horrible news in the press about delays and inadequacy, but the VA is actually doing many wonderful things technology-wise." For instance, the VA won awards for its groundbreaking electronic health record system, and multiple studies have suggested that the VA outperformed the private sector on quality and disease prevention.

"The VA is the largest, most sophisticated integrated health system in America," one hospital leader said. "The VA was one of the first health systems to have an integrated electronic record, well before meaningful use."

However, the experts all said that the VA's technology has hit a wall for a variety of reasons, ranging from budget shortfalls to bureaucracy.

"The VA's health care technology has been very good for 30 years because it was developed by doctors, nurses, pharmacists and lab tech inside the VA via a bottom up, grassroots, agile approach," said one hospital leader. "[But] in recent years, the burden of new regulatory requirements has reduced the VA's ability to innovate."

"The VA's technology was once perhaps at or ahead of the market, but it is sadly and irreversibly behind," said a venture capitalist. "An increasing share of budget and talent is spent keeping the system operating rather than improving it."

VistA — the VA's electronic health record system — got mixed marks from the experts, which reflects the broader criticism from Congress, and the VA's own senior leaders. (The consensus argument on Capitol Hill: The once-cutting edge, now-kludgy system is failing the veterans it's meant to serve.) The VA will decide [on July 1](#) whether to keep or junk VistA; throwing it out and starting over could cost up to \$16 billion, according to one estimate, POLITICO [reports](#).

"The VA is a truly model organization for its work around open access, and its attitude for taking the plunge," said one company founder. "That said, I don't think VistA had the infrastructure and foundation for many of the great frontiers in data analytics and interoperability."

"When I sat on the board of a large health care IT company a decade ago, their engineers believed that VistA was the most functional large institutional [electronic record], just due to all the purposeful tinkering," said one researcher. "But there was so much tinkering that it did not interoperate between regions — e.g., that you could not send a [record] from one region to another."

The VA is facing a major opportunity: The president has clearly made it one of his top priorities. Trump campaigned on improving veterans' health, and his budget proposal last week allocated \$4.6 billion for the VA "to improve patient access and timeliness of medical care services for over nine million enrolled veterans," although he didn't get specific about where he wanted the money to go.

"Trump has some good intentions when it comes to the VA," one researcher said, noting the VA is one of the "very few lucky departments" that gets an increase in Trump's budget proposal.

With the president's eye on veterans' health care, the experts varied on what advice they'd give him. Several encouraged Trump to simply fix his messaging.

"If I could tell Trump one thing, it would probably be to include his VA Secretary in his 'major meetings' about the VA, regardless of what technology outcome is planned," one CEO grouched, alluding to Trump's [awkward exchange](#) last week — where the president announced he'd be holding an impromptu summit, and VA Secretary David Shulkin immediately said he wasn't attending.

Others say that if Trump's looking for political victories in health care, the VA is a slumbering giant. "Look at the VA as a national model of integrated, research-based care," said a hospital leader. "Create a significant fund for technology innovation within the VA and be proud when the VA becomes a font of health tech for the entire world. Take credit for that."

There's also an opportunity to import more strategies from the private sector, several experts said, like emerging tools for cost-control and quality improvement.

"It is imperative that VA continue to take steps to manage their data with analytics that can assist in managing the population health — efforts that are becoming commonplace in the private sector," said a CEO. "With the right analytics engine behind them, the VA could quickly and easily identify systemic inefficiencies and waste such as overuse or misuse of supplies, tests or services, performance variation across the 150-plus VA hospitals and thousands of clinicians."

But the VA can offer lessons for the private sector too, which continues to wrestle with challenges that veterans' health leaders already conquered years ago.

"The world can learn from the VA that — interoperability can be achieved even with technology that would otherwise be considered old-school," said one founder. "There's no excuse for the big commercial players other than self-interest."

"The lesson of the VA for others, which nearly everyone knows other than the VA, is to stop treating complex EHRs as do-it-yourself efforts," added a venture capitalist. "No single provider entity — no matter the size — has the talent, discipline, scale or resources to do this well."

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 8:22:22 PM
To: Jennifer Lee [(b) (6)]@gmail.com]
Subject: Re: GAO hearing went well

Thats great! Proud of you both

Sent from my iPhone

> On Mar 15, 2017, at 4:16 PM, Jennifer Lee <[(b) (6)]@gmail.com> wrote:
>
> Tillis, Tester, Rounds, Brown, Murray were there
>
> It was quite short and very mellow, not hostile at all
> [(b) (6)] did wonderful as always
>
> Tester was concerned about Fort Harrison; also asked about sterile processing
>
> Rounds asked about whether we are duplicating admin costs for Choice care when we process payment?
>
> Boozman asked about IT; he requested a demo of EHMP and JLV after the meeting
>
>

Message

From: Jennifer Lee [(b) (6)]@gmail.com]
Sent: 3/15/2017 8:16:40 PM
To: David Shulkin [drshulkin@aol.com]
Subject: GAO hearing went well

Tillis, Tester, Rounds, Brown, Murray were there

It was quite short and very mellow, not hostile at all
[(b) (6)] did wonderful as always

Tester was concerned about Fort Harrison; also asked about sterile processing

Rounds asked about whether we are duplicating admin costs for Choice care when we process payment?

Boozman asked about IT; he requested a demo of EHMP and JLV after the meeting

Message

From: L Perl [(b) (6)]<[redacted]@gmail.com>
Sent: 3/21/2017 9:46:38 PM
To: Bruce Moskowitz [(b) (6)]<[redacted]@mac.com>
CC: David shulkin [Drshulkin@aol.com]; Ike Perlmutter [(b) (6)]<[redacted]@frenchangel59.com>; Marc Sherman [(b) (6)]<[redacted]@gmail.com>
Subject: Re: Quil's story

Bruce--- you are totally correct-- (as usual) L

On Tue, Mar 21, 2017 at 1:02 PM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:
Excellent and well deserved. Only one correction they said it would be impossible to fix everything wrong at the VA. With you at helm everything will be fixed!!

Sent from my iPad
Bruce Moskowitz M.D.

On Mar 21, 2017, at 12:51 PM, David shulkin <Drshulkin@aol.com> wrote:

Today's story on NPR

After you open the link - click on the listen button

<http://www.npr.org/2017/03/21/520922454/va-urged-to-take-advantage-of-momentum-and-keep-reforming-itself>

[(b) (6)]
Director of Communications for Policy and Services
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
Direct: 202-461-[(b) (6)]
Cell: 202-308-[(b) (6)]

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 4:51:58 PM
To: Bruce Moskowitz [(b) (6) mac.com]; Ike Perlmutter [(b) (6) frenchangel59.com]; Laurie Perlmutter [(b) (6) gmail.com]
Subject: Fwd: Quil's story

Today's story on NPR

After you open the link - click on the listen button

<http://www.npr.org/2017/03/21/520922454/va-urged-to-take-advantage-of-momentum-and-keep-reforming-itself>

[(b) (6)]
Director of Communications for Policy and Services
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
Direct: 202-461-[(b) (6)]
Cell: 202-308-[(b) (6)]

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/15/2017 1:41:56 AM
To: bruce [REDACTED]@mac.com
Subject: Re: VA mental Heath

I spoke to Secretary Mattis yesterday and he is all in on a joint effort

-----Original Message-----

From: Bruce Moskowitz <[REDACTED]@mac.com>
To: David shulkin <Drshulkin@aol.com>
Cc: Poonam Alaigh <[REDACTED]@hotmail.com>
Sent: Tue, Mar 14, 2017 7:50 pm
Subject: Re: VA mental Heath

I agree this does not get us anywhere but another study. We could do a lot better just by getting the DOD to work together and work on early detection and prevention strategy.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 14, 2017, at 7:45 PM, David shulkin <Drshulkin@aol.com> wrote;

>

> Bruce- let me know what you think

>

> He is recommending an IOM or IOM- like study group. Six to 18 months and at that point recommendations- we loose 7000 vets a year- i think this is too long and we've studied this many times- i think we need to short cut the process- get best thinking and go to implementation.

>

> Maybe you have a different thought

>

> David

>

> Sent from my iPhone

>

>> On Mar 14, 2017, at 7:25 PM, Bruce Moskowitz <[REDACTED]@mac.com> wrote:

>>

>> Thank you David and I will review.

>>

>> <Mental Health Care for Military.docx>

>>

>>

>>

>> Sent from my iPad

>> Bruce Moskowitz M.D.

>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/14/2017 11:50:35 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Re: VA mental Heath

I agree this does not get us anywhere but another study. We could do a lot better just by getting the DOD to work together and work on early detection and prevention strategy.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 14, 2017, at 7:45 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Bruce- let me know what you think
>
> He is recommending an IOM or IOM- like study group. Six to 18 months and at that point
recommendations- we loose 7000 vets a year- i think this is too long and we've studied this many times-
i think we need to short cut the process- get best thinking and go to implementation.
>
> Maybe you have a different thought
>
> David
>
> Sent from my iPhone
>
>> On Mar 14, 2017, at 7:25 PM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:
>>
>> Thank you David and I will review.
>>
>> <Mental Health Care for Military.docx>
>>
>>
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/14/2017 11:45:23 PM
To: Bruce Moskowitz [(b) (6)] mac.com]
CC: Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Re: VA mental Heath

Bruce- let me know what you think

He is recommending an IOM or IOM- like study group. Six to 18 months and at that point recommendations- we loose 7000 vets a year- i think this is too long and we've studied this many times- i think we need to short cut the process- get best thinking and go to implementation.

Maybe you have a different thought

David

Sent from my iPhone

> On Mar 14, 2017, at 7:25 PM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:
>
> Thank you David and I will review.
>
> <Mental Health Care for Military.docx>
>
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/14/2017 11:25:20 PM
To: [(b) (6)] nyspi.columbia.edu
CC: drshulkin@aol.com
Subject: VA mental Heath
Attachments: Mental Health Care for Military.docx; Untitled attachment 08064.txt

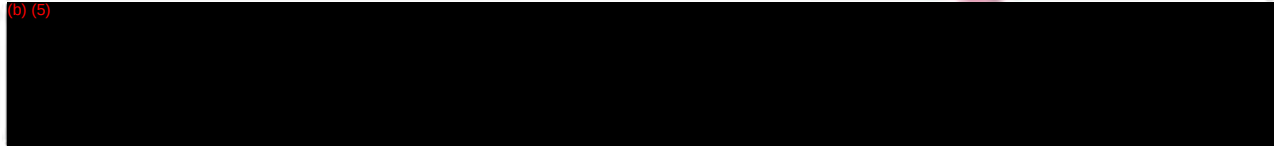
Thank you David and I will review.

Providing Optimal Mental Health Care for Military Personnel: Strategic Planning Process

Submitted by (b) (6) M.D.

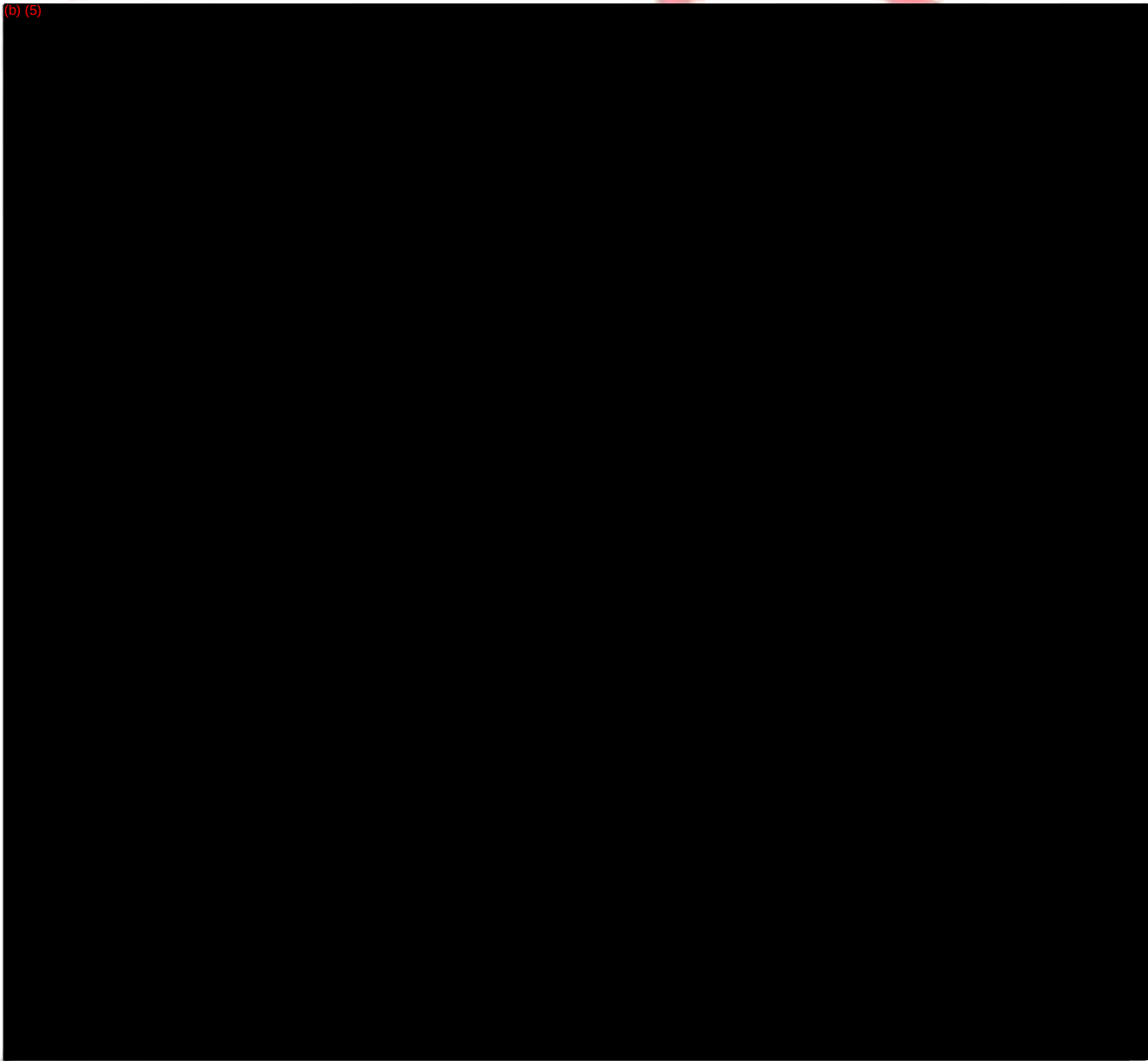
Department of Psychiatry, Neuroscience and Public Health
Columbia University

(b) (5)

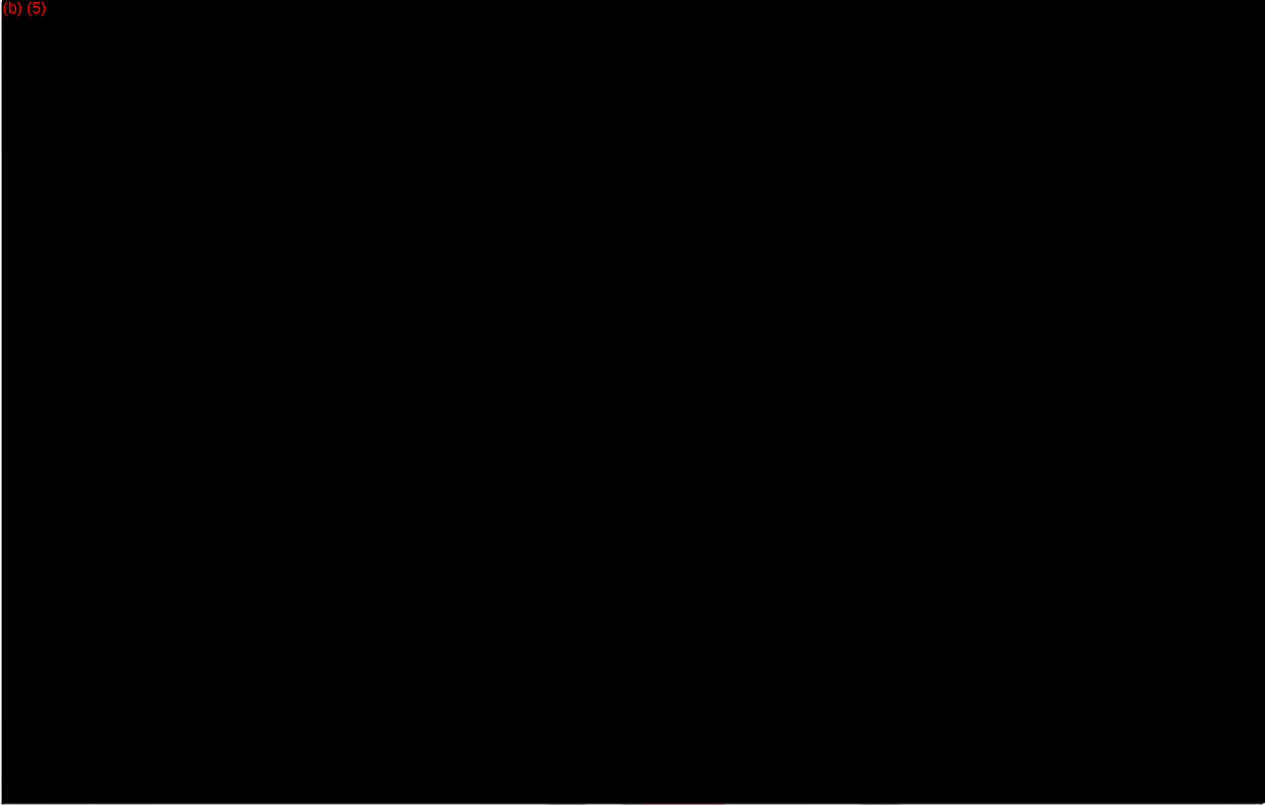


Background

(b) (5)



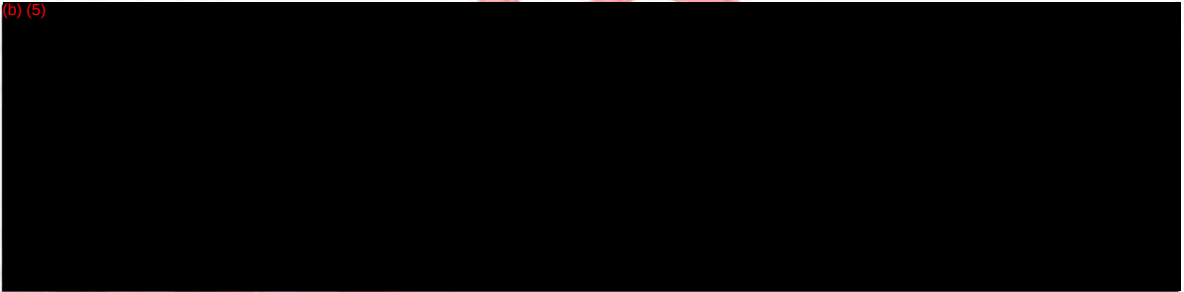
(b) (5)



Scope of the Problem

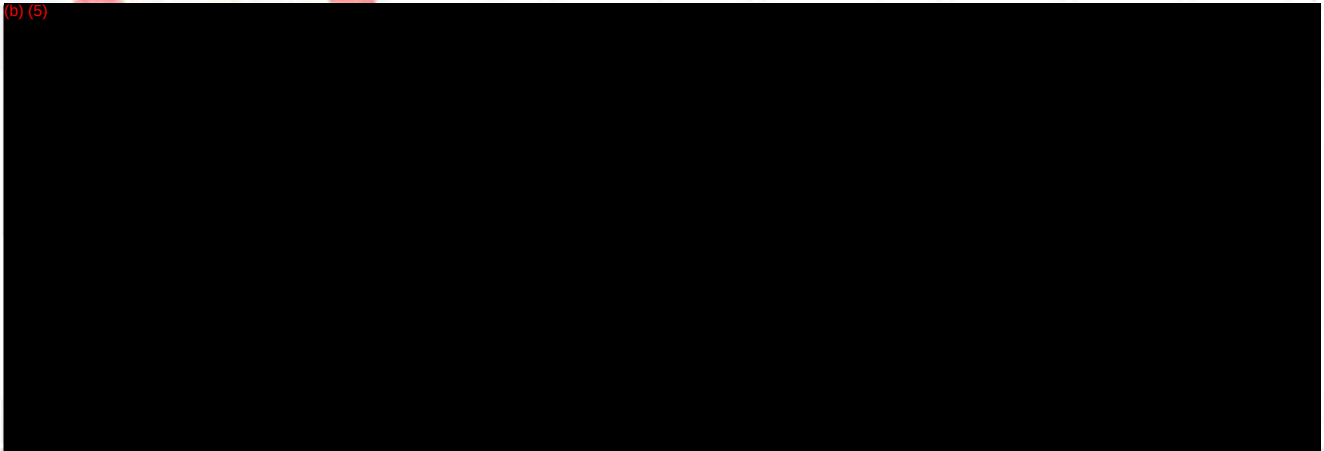
-
-
-
-
-

(b) (5)



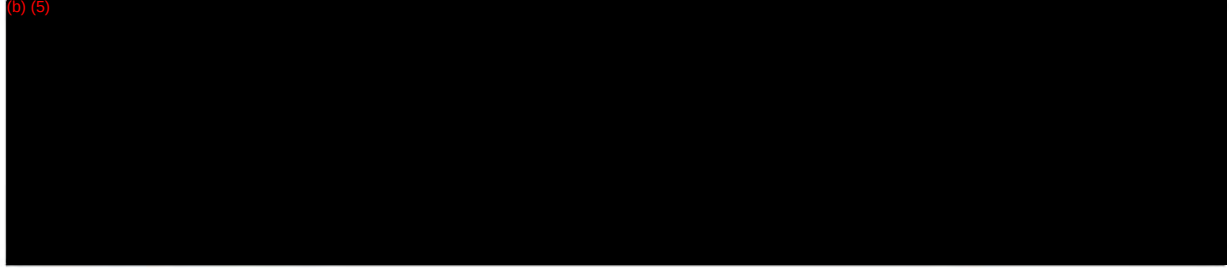
Strategic Planning Process

(b) (5)



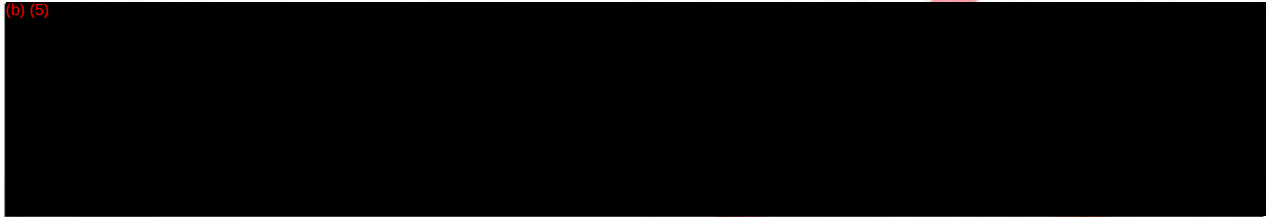
Activities

(b) (5)



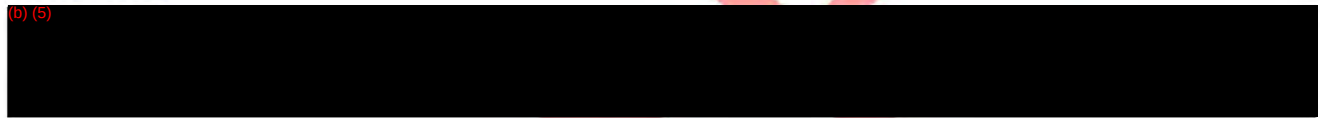
Support and Resources

(b) (5)



Time Frame

(b) (5)



DRAFT

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 9:48:57 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: From newt

Can you contact j (b) (6) to find out the details

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) speakergingrich.com>
Date: March 15, 2017 at 5:41:26 PM EDT
To: Dr Shulkin <drshulkin@aol.com>
Cc: "(b) (6) deterrasystem.com" <(b) (6) deterrasystem.com>
Subject: From newt

(b) (6) of deterra systems has a very compelling drug disposal solution and a company willing to give one million units of the disposal system to the veterans administration. His email is above and he is worth a few minutes of your time
Newt

Sent from my iPad

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 11/12/2016 5:32:46 PM
To: (b) (6) gmail.com
Subject: Re: Getting with (b) (6)

yes that would be good

-----Original Message-----

From: Jennifer Lee <(b) (6) gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sat, Nov 12, 2016 12:23 pm
Subject: Re: Getting with (b) (6)

Sure thing. wish we could put someone in OIT...

On Fri, Nov 11, 2016 at 3:45 PM, David shulkin <Drshulkin@aol.com> wrote:
Lets discuss in person

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) Globalmed.com>
Date: November 11, 2016 at 3:00:31 PM EST
To: "drshulkin@aol.com" <drshulkin@aol.com>
Cc: (b) (6) <(b) (6) aol.com>
Subject: Getting with (b) (6)

Hello Dr. Shulkin:

I hope this email finds you doing well this Veterans Day.

(b) (6) shared with me a little about your dinner meeting last week. I echo Dr. Sokolov's belief that a contracted and embedded Telemedicine expert from GlobalMed could have positive impact on multiple facets of the VA Telemedicine strategy, ultimately driving initiatives to improve utilization and outcomes of our veterans. Reduction of the existing silos and mis-information on technological advancements coupled with maximizing the current investment in Telemedicine infrastructure could be a wonderful by-product benefiting the Veterans Administration.

Earlier this week, our design team had a conference call with your telemedicine leadership regarding five additional improvements via, "User Stories", that are possible in the very near term. GlobalMed is dedicated to improving efficiency, user experiences and timely access to quality care for all Veterans.

I would be more than honored to provide additional insights and help in any way, given your limited availability.

Thank you for your service to our valued Veterans.

Kindest regards,

(b) (6)





Certified - Veteran Owned
Small Business

(b) (6)

Chief Executive Officer

Direct Phone: [+1.480.398](tel:+1480398) (b) (6)

15020 North 74th Street, Scottsdale
Arizona 85260 USA

www.globalmed.com

[My Blog:](#)

Network with GlobalMed » | [Facebook](#) | [LinkedIn](#) | [Twitter](#) | [YouTube](#) | [Google+](#)

CONFIDENTIALITY NOTE: The information contained in this email (which includes all attachments) is confidential information of GlobalMedia Group, LLC, d.b.a GlobalMed and intended only for the use of the addresses named above. If you are not the intended recipient, you are hereby notified that any viewing, dissemination, distribution, or copying of this email is strictly prohibited. If you have received this email in error, please immediately contact the sender and delete the original message.

Message

From: Jennifer Lee [(b) (6)]<[REDACTED]@gmail.com>
Sent: 11/12/2016 5:23:14 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Getting with [(b) (6)]

Sure thing. wish we could put someone in OIT...

On Fri, Nov 11, 2016 at 3:45 PM, David shulkin <Drshulkin@aol.com> wrote:
Lets discuss in person

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]@Globalmed.com>
Date: November 11, 2016 at 3:00:31 PM EST
To: "drshulkin@aol.com" <drshulkin@aol.com>
Cc: [(b) (6)] <[(b) (6)]@aol.com>
Subject: Getting with [(b) (6)]

Hello Dr. Shulkin:

I hope this email finds you doing well this Veterans Day.

[(b) (6)] shared with me a little about your dinner meeting last week. I echo Dr. Sokolov's belief that a contracted and embedded Telemedicine expert from GlobalMed could have positive impact on multiple facets of the VA Telemedicine strategy, ultimately driving initiatives to improve utilization and outcomes of our veterans. Reduction of the existing silos and mis-information on technological advancements coupled with maximizing the current investment in Telemedicine infrastructure could be a wonderful by-product benefiting the Veterans Administration.

Earlier this week, our design team had a conference call with your telemedicine leadership regarding five additional improvements via, "User Stories", that are possible in the very near term. GlobalMed is dedicated to improving efficiency, user experiences and timely access to quality care for all Veterans.

I would be more than honored to provide additional insights and help in any way, given your limited availability.

Thank you for your service to our valued Veterans.

Kindest regards,

[(b) (6)]



Certified - Veteran Owned
Small Business

(b) (6)

Chief Executive Officer

Direct Phone: [+1.480.398](tel:+1480398) (b) (6)

15020 North 74th Street, Scottsdale

Arizona 85260 USA

www.globalmed.com

[My Blog:](#)

Network with GlobalMed » | [Facebook](#) | [LinkedIn](#) | [Twitter](#) | [YouTube](#) | [Google+](#)

CONFIDENTIALITY NOTE: The information contained in this email (which includes all attachments) is confidential information of GlobalMedia Group, LLC, d.b.a GlobalMed and intended only for the use of the addresses named above. If you are not the intended recipient, you are hereby notified that any viewing, dissemination, distribution, or copying of this email is strictly prohibited. If you have received this email in error, please immediately contact the sender and delete the original message.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/11/2016 8:45:34 PM
To: Jennifer Lee [(b) (6)]<[REDACTED]@gmail.com>
Subject: Fwd: Getting with (b) (6)

Lets discuss in person

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6)@Globalmed.com>
Date: November 11, 2016 at 3:00:31 PM EST
To: "drshulkin@aol.com" <drshulkin@aol.com>
Cc: (b) (6) <(b) (6)@aol.com>
Subject: Getting with (b) (6)

Hello Dr. Shulkin:

I hope this email finds you doing well this Veterans Day.

(b) (6) shared with me a little about your dinner meeting last week. I echo Dr. Sokolov's belief that a contracted and embedded Telemedicine expert from GlobalMed could have positive impact on multiple facets of the VA Telemedicine strategy, ultimately driving initiatives to improve utilization and outcomes of our veterans. Reduction of the existing silos and mis-information on technological advancements coupled with maximizing the current investment in Telemedicine infrastructure could be a wonderful by-product benefiting the Veterans Administration.

Earlier this week, our design team had a conference call with your telemedicine leadership regarding five additional improvements via, "User Stories", that are possible in the very near term. GlobalMed is dedicated to improving efficiency, user experiences and timely access to quality care for all Veterans.

I would be more than honored to provide additional insights and help in any way, given your limited availability.

Thank you for your service to our valued Veterans.

Kindest regards,

(b) (6)





Certified - Veteran Owned
Small Business

(b) (6)

Chief Executive Officer

Direct Phone: +1.480.398 (b) (6)

15020 North 74th Street, Scottsdale

Arizona 85260 USA

www.globalmed.com

[My Blog:](#)

Network with GlobalMed » | [Facebook](#) | [LinkedIn](#) | [Twitter](#) | [YouTube](#) | [Google+](#)

CONFIDENTIALITY NOTE: The information contained in this email (which includes all attachments) is confidential information of GlobalMedia Group, LLC, d.b.a GlobalMed and intended only for the use of the addresses named above. If you are not the intended recipient, you are hereby notified that any viewing, dissemination, distribution, or copying of this email is strictly prohibited. If you have received this email in error, please immediately contact the sender and delete the original message.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 2:14:53 PM
To: (b) (6) [(b) (6)] gmail.com]

Can you send me the chart to aol

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 4/19/2017 1:41:14 PM
To: (b) (6); (b) (6) [gmail.com]
Subject: Fwd: Agenda Indianapolis

Is this on my schedule? If not is it possible for jen lee to attend on my behalf

Sent from my iPhone

Begin forwarded message:

From: "(b) (6)" <(b) (6)@mednet.ucla.edu>
Date: April 19, 2017 at 9:15:32 AM EDT
To: (b) (6) <(b) (6)@me.com>
Cc: (b) (6) <(b) (6)@mail.med.upenn.edu>, "drshulkin@aol.com" <drshulkin@aol.com>, (b) (6) <(b) (6)@mac.com>, (b) (6) <(b) (6)@gmail.com>, (b) (6) <(b) (6)@gmail.com>, (b) (6) <(b) (6)@NFL.com>, (b) (6) <(b) (6)@nfl.com>, "(b) (6)" <(b) (6)@PARTNERS.ORG>
Subject: Re: Agenda Indianapolis

Hi (b) (6)

I am recovering from a bad cold and have lost my voice. I will call in but will do more listening than speaking.

(b) (6)

Sent from my iPhone

On Apr 18, 2017, at 9:59 PM, (b) (6) <(b) (6)@me.com> wrote:

Team:

Looking forward to tomorrow's call and believe that I owe you an agenda.

I have read your comments and I believe that we have general agreement that we should find a way to leverage the funds available to support research that could bridge the translation valley of death and provide something of value to the NFL and the 2.8M Americans that suffer concussions, I realize it "concussion" is an opinion, every single year. I am mindful that Dr. Hovda said something may come out of a basic science lab but without knowing where that lab is, I fear we could spend available funds on a bunch of science fair projects.

Given how hard it was and how long it took to get everyone's comments, let alone set up a call, I would like to do two things tomorrow.

1. Finalize a list of studies or researchers we need to hear from — all have mentioned specific research efforts, let's nail down the one's we need to brief us.
2. My initial thought is getting us all together and the researchers we want to talk to is a bridge too far. I will attempt to get concurrence to have Nancy in my office, coordinate a number of calls with individual researchers/teams we want to hear from — the only date we might be able to work is a day on either end of Matt's conference if everyone is going. Are there are options?

Finally, since everyone mentioned research they were close to, let me recommend the Track/TED TBI consortium. I too would have to recuse myself from recommending an decision to fund this study; however, for those of you that don't read the FDA web page, they received the attached letter of support on March 31.

I think this is significant and was even more impressed by the FDA's participation in the TBI Consensus Conference at NIH in early April — not a peer reviewed paper in Nature but support from the FDA could mean more to patients.

Regardless, anxious to hear your thoughts and chart a way ahead.

Vr,

(b) (6)

On Mar 15, 2017, at 1:17 PM, (b) (6)
<(b) (6)@me.com<mailto:(b) (6)@me.com>> wrote:

Members of the SAB:

I want to apologize for not getting back to you sooner after our initial meeting in Indianapolis; however, let's see if with this note can serve as a catalyst for the SAB to provide the NFL recommendations on TBI research they should support.

As you all know, the NFL has committed to spend \$40M over the next 5 years on TBI research. After our meeting, I ask Amy to talk to the leadership and get a target date when they would like those our recommendations. We talked earlier in the week and Amy relayed that they would like our recommendations in 6 months -- which I calculate to be NLT EOM August 2017. Given that as our deadline, understanding that we could ask for more time if we have good reasons, let me review general concepts that I believe we all agreed on in the short time we had together.

1. The work of (b) (6) Head, Neck and Spine Committee is resource that we must draw on to identify possible research targets. Some of the research areas that were mentioned were:

Sensors — Committee

Diagnostics — Committee

CTE and the work being done at BU — (b) (6)

NFLPA Harvard Study — (b) (6)

Neuropsychological outcomes — (b) (6)

Biomarkers — Committee

Return to play criteria — (b) (6)

GE/Siemens Imaging Study — (b) (6)

DoD/NCAA Care Coalition — (b) (6)

Longitudinal studies — Committee

2. I sensed general agreement that rather than fund a number of smaller studies, we should look at how we might use this commitment to leverage promising research that is currently in progress (e.g., Care Coalition, Track-TBI, GE/Siemens).

3. When we asked the question what are the greatest needs/requirements of the NFL, my notes indicate that the two most mentioned were diagnostics and longitudinal outcomes. Please, if you disagree, your thoughts are welcome.

4. It is important to look at both genders and not just football.

5. And finally, I believe that we all agreed that we attempt to insure that the NFL's investment provided something of use -- a diagnostic, treatment or finding that would be of use to the "patient", not basic science for science's sake and that we would try to bridge the translational valley of death.

Given all of the above, and our 6 month target for a research recommendation, I believe that we agreed that we needed to have the opportunity to talk to some of the research teams or PI's where an investment by the NFL could make a difference by leveraging money already spent. I see two ways of accomplishing that task — a schedule of SAB calls/Skype sessions that Amy and I attempt to coordinate with researchers or one or two in-person meetings that we schedule in the next 6 months. What is your preference, in-person or calls?

What are the research opportunities that we should explore? There are at least 6 above that I believe we should do a deep into but rather than me list them, I would appreciate it if each of you would provide your list.

Amy asked that I remind you to send her a signed copy of the Conflict of Interest Policy and the Confidentiality Agreement she provided at our meeting — thank you if you have already sent those in.

I look forward to your thoughts, edits, and/or refocus.

Vr,

(b) (6)

Chairman, NFL SAB

On Feb 16, 2017, at 4:22 AM, (b) (6)
<(b) (6)@me.com<mailto:(b) (6)@me.com>> wrote:

Members of the NFL Scientific Advisory Committee:

Based on your input, attached you will find a copy of the agenda for our meeting on March 1. If we did not capture the intent of the topics you submitted or if you have additional topics that we should discuss, please feel free to submit them to me.

Amy is putting together a draft of the committee's "mission and charge", as well as well as some other background documents for us to review before the meeting. She will send those out in a separate email.

I do not see a need for us to schedule a call before the meeting; however, if any of you think it necessary, we will coordinate a call. I am looking forward to seeing all of you in Indianapolis.

Vr,

(b) (6)

One Mind

<2017SABAgenda.docx>

<Track Letter of Support.pdf>

UCLA HEALTH SCIENCES IMPORTANT WARNING: This email (and any attachments) is only intended for the use of the person or entity to which it is addressed, and may contain information that is privileged and confidential. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure or failure to maintain confidentiality may subject you to federal and state penalties. If you are not the intended recipient, please immediately notify us by return email, and delete this message from your computer.

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/22/2017 1:14:03 AM
To: Bruce Moskowitz [(b) (6)]<[REDACTED]@mac.com>; David shulkin [Drshulkin@aol.com]
Subject: Re: Meeting points

Sounds like a plan- David, will you coordinate a time that works for you and then we can confirm. Evenings and weekends should also work if that is better for all 3 of us.

From: Bruce Moskowitz <[(b) (6)]@mac.com>
Sent: Tuesday, March 21, 2017 8:04 AM
To: David shulkin
Cc: Poonam Alaigh
Subject: Re: Meeting points

3 of us then when we have details ike and Marc to talk with us

Sent from my iPhone

> On Mar 21, 2017, at 7:45 AM, David shulkin <Drshulkin@aol.com> wrote:

>

> This is a great list

>

> Should the call be the three of us? Or should we add Marc or Ike?

>

> Sent from my iPhone

>

>> On Mar 21, 2017, at 7:03 AM, Bruce Moskowitz <[(b) (6)]@mac.com> wrote:

>>

>> One point I left out that was discussed is money saved would stay at the VA.

>> Aside from agreeing to the list you had our additional considerations were approved. The main one is if we save or make money this will stay in the VA system as a discretionary fund for the Secretary.

>> The following additional points is what we will need to work on and supply the details:

>>

>> We have an agreement to add new residency slots with a 5 year commitment to care for Veterans

>>

>> Agreement to have a close working relationship with the DOD in health care

>>

>> Provide a comprehensive plan for Telemedicine.

>>

>> Marc to coordinate preventing fraud and abuse and to develop a program to prevent over utilization in the private sector

>>

>> Ike To improve licensing new technology. I am to work on funding for research including having private foundations contribute.

>>

>> I will work with the private sector and the VA to insure patients who go to the private sector are seen promptly and quality of care is maintained.

>>

>> Preventative Medicine, women's health care and maternal care

>>

>> This will give you time to consider each item before we have a conference call.

>>
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/21/2017 12:04:38 PM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Re: Meeting points

3 of us then when we have details ike and Marc to talk with us

Sent from my iPhone

> On Mar 21, 2017, at 7:45 AM, David shulkin <Drshulkin@aol.com> wrote:

>
> This is a great list

>
> Should the call be the three of us? Or should we add Marc or Ike?

>
> Sent from my iPhone

>
>> On Mar 21, 2017, at 7:03 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:

>>
>> One point I left out that was discussed is money saved would stay at the VA.
>> Aside from agreeing to the list you had our additional considerations were approved. The main one is if we save or make money this will stay in the VA system as a discretionary fund for the Secretary.
>> The following additional points is what we will need to work on and supply the details:

>>
>> We have an agreement to add new residency slots with a 5 year commitment to care for Veterans

>>
>> Agreement to have a close working relationship with the DOD in health care

>>
>> Provide a comprehensive plan for Telemedicine.

>>
>> Marc to coordinate preventing fraud and abuse and to develop a program to prevent over utilization in the private sector

>>
>> Ike To improve licensing new technology. I am to work on funding for research including having private foundations contribute.

>>
>> I will work with the private sector and the VA to insure patients who go to the private sector are seen promptly and quality of care is maintained.

>>
>> Preventative Medicine, women's health care and maternal care

>>
>> This will give you time to consider each item before we have a conference call.

>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/21/2017 11:45:36 AM
To: Bruce Moskowitz [(b) (6)] mac.com]
CC: Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Re: Meeting points

This is a great list

Should the call be the three of us? Or should we add Marc or Ike?

Sent from my iPhone

> On Mar 21, 2017, at 7:03 AM, Bruce Moskowitz <[(b) (6)] mac.com> wrote:
>
> One point I left out that was discussed is money saved would stay at the VA.
> Aside from agreeing to the list you had our additional considerations were approved. The main one is if we save or make money this will stay in the VA system as a discretionary fund for the Secretary.
> The following additional points is what we will need to work on and supply the details:
>
> We have an agreement to add new residency slots with a 5 year commitment to care for Veterans
>
> Agreement to have a close working relationship with the DOD in health care
>
> Provide a comprehensive plan for Telemedicine.
>
> Marc to coordinate preventing fraud and abuse and to develop a program to prevent over utilization in the private sector
>
> Ike To improve licensing new technology. I am to work on funding for research including having private foundations contribute.
>
> I will work with the private sector and the VA to insure patients who go to the private sector are seen promptly and quality of care is maintained.
>
> Preventative Medicine, women's health care and maternal care
>
> This will give you time to consider each item before we have a conference call.
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [(b) (6)] mac.com]
Sent: 3/21/2017 11:03:48 AM
To: drshulkin@aol.com; Poonam Alaigh [(b) (6)] hotmail.com]
Subject: Meeting points

One point I left out that was discussed is money saved would stay at the VA. Aside from agreeing to the list you had our additional considerations were approved. The main one is if we save or make money this will stay in the VA system as a discretionary fund for the Secretary. The following additional points is what we will need to work on and supply the details:

We have an agreement to add new residency slots with a 5 year commitment to care for Veterans

Agreement to have a close working relationship with the DOD in health care

Provide a comprehensive plan for Telemedicine.

Marc to coordinate preventing fraud and abuse and to develop a program to prevent over utilization in the private sector

Ike To improve licensing new technology. I am to work on funding for research including having private foundations contribute.

I will work with the private sector and the VA to insure patients who go to the private sector are seen promptly and quality of care is maintained.

Preventative Medicine, women's health care and maternal care

This will give you time to consider each item before we have a conference call.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/19/2017 11:35:25 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: From : Laurie Perlmutter

I think she was being polite

Sent from my iPhone

On Mar 19, 2017, at 7:21 PM, David shulkin <Drshulkin@aol.com> wrote:

Very nice

Sent from my iPhone

On Mar 19, 2017, at 7:13 PM, Poonam Alaigh <[(b) (6)]<[\[REDACTED\]@hotmail.com](mailto:[REDACTED]@hotmail.com)>> wrote:

FYI

Sent from my iPhone

Begin forwarded message:

From: L Perl <[(b) (6)]<[\[REDACTED\]@gmail.com](mailto:[REDACTED]@gmail.com)>>
Date: March 19, 2017 at 3:47:25 PM EDT
To: [(b) (6)]<[\[REDACTED\]@hotmail.com](mailto:[REDACTED]@hotmail.com)>
Cc: IKE <[(b) (6)]<frenchangel59.com>>, Bruce Moskowitz
<[(b) (6)]<[\[REDACTED\]@mac.com](mailto:[REDACTED]@mac.com)>>, Marc Sherman
<[(b) (6)]<[\[REDACTED\]@gmail.com](mailto:[REDACTED]@gmail.com)>>
Subject: From : Laurie Perlmutter

Poonam,

It was a pleasure to see you again and on behalf of Ike, myself, Bruce and Mark, we would like to deeply thank you for your time and discussion. It is clear you are as passionate as we are about improving the treatment, care, and lives of our great and honorable Veterans.

We have made tremendous progress working closely with an equally passionate and dedicated group of experts across the medical field and technology to identify the most pressing and critical issues and areas of requisite change--- and have shared best practices and proposed solutions -

all in
support of Secretary Shulkin and the President.

Our meeting with the President last night, was very productive and
could not have
gone better.

We very much look forward to continuing our conversation and
working closely
with you to achieve all our mutual goals.

With warmest regards.....Laurie

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/19/2017 11:21:35 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: From : Laurie Perlmutter

Very nice

Sent from my iPhone

On Mar 19, 2017, at 7:13 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

FYI

Sent from my iPhone

Begin forwarded message:

From: L Perl <(b) (6)@gmail.com>
Date: March 19, 2017 at 3:47:25 PM EDT
To: (b) (6)@hotmail.com
Cc: IKE <(b) (6)frenchangel59.com>, Bruce Moskowitz
<(b) (6)@mac.com>, Marc Sherman <(b) (6)@gmail.com>
Subject: From : Laurie Perlmutter

Poonam,

It was a pleasure to see you again and on behalf of Ike, myself, Bruce and Mark, we would like to deeply thank you for your time and discussion. It is clear you are as passionate as we are about improving the treatment, care, and lives of our great and honorable Veterans.

We have made tremendous progress working closely with an equally passionate and dedicated group of experts across the medical field and technology to identify the most pressing and critical issues and areas of requisite change--- and have shared best practices and proposed solutions - all in support of Secretary Shulkin and the President.

Our meeting with the President last night, was very productive and could not have gone better.

We very much look forward to continuing our conversation and working closely with you to achieve all our mutual goals.

With warmest regards.....Laurie

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/19/2017 11:13:38 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: From : Laurie Perlmutter

FYI

Sent from my iPhone

Begin forwarded message:

From: L Perl <[(b) (6)]<[REDACTED]@gmail.com>
Date: March 19, 2017 at 3:47:25 PM EDT
To: [(b) (6)]<[REDACTED]@hotmail.com>
Cc: IKE <[(b) (6)]<[REDACTED]@frenchangel59.com>, Bruce Moskowitz <[(b) (6)]<[REDACTED]@mac.com>, Marc Sherman <[(b) (6)]<[REDACTED]@gmail.com>
Subject: From : Laurie Perlmutter

Poonam,

It was a pleasure to see you again and on behalf of Ike, myself, Bruce and [(b) (6)] we would like to deeply thank you for your time and discussion. It is clear you are as passionate as we are about improving the treatment, care, and lives of our great and honorable Veterans.

We have made tremendous progress working closely with an equally passionate and dedicated group of experts across the medical field and technology to identify the most pressing and critical issues and areas of requisite change--- and have shared best practices and proposed solutions - all in support of Secretary Shulkin and the President.

Our meeting with the President last night, was very productive and could not have gone better.

We very much look forward to continuing our conversation and working closely with you to achieve all our mutual goals.

With warmest regards....Laurie

Sent from my iPhone

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 3/15/2017 8:32:48 PM
To: Ike Perlmutter [(b) (6) frenchangel59.com]
Subject: Tom Bowman

<http://congressional-staff.insidegov.com/l/44973/Thomas-Bowman>

Sent from my iPad

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/9/2017 11:24:27 PM
To: Vivieca Simpson [(b) (6) gmail.com]; Scott R. Blackburn [Scott.Blackburn@va.gov]
Subject: Fwd: Thanks and Follow-up
Attachments: Untitled attachment 08192.docx; Untitled attachment 08195.htm; Untitled attachment 08198.docx; Untitled attachment 08201.htm

Scott and Vivieca- Everyone has advice for us and not all is worthwhile but i wanted to share this with you to get your thoughts

Scott- this may be one approach to the GAO high risk issue in defining how we drive and monitor priorities.

Im not wed to this but it does define a governance approach.

I think if its not this then we need something

What are your ideas? Do you want to learn more about this or is it clear the intent?

David

Delivery Unit

Goal: Improved delivery on promises made for improved performance at VA.

Ways: The leaders of VHA, VBA, NCA and OIT already have been tasked to take action to improve performance. A centralized "Delivery Unit" will help support line unit leadership accountability for results. This would be achieved by overseeing development of clear performance targets and associated roadmaps, synthesizing better enterprise performance information, reviewing key management decisions for alignment, ensuring SECVA is informed, and assisting with accountability. Pending changes will align with existing MyVA approaches to avoid loss of momentum. Activities across line units, especially with CIO, CFO and CHCO, will be integrated to avoid unnecessary duplication and increase efficiency. The primary change focus will be on SECVA's Top Ten priorities, but also include other

efforts necessary to enable commitments to veterans outside this core list.

Means: Establish a central "Delivery Unit" to drive change across VA, modeled after the 2017 NDAA for DoD in mission, size and scope. The Unit will combine a career team of 10 – 20 permanent personnel under SES leadership, and augment with leading commercial change management consulting capabilities for strategy and practices. It will have capacity for rapid stand-up in FY17, and sustained focus in FY18, FY19 and FY20. The Unit will locate in the Office of Planning and Policy, report to the Assistant Secretary, and be permanent to allow for long-term progress. The Unit will apply rigorous program management to ensure real outcomes are delivered. The Unit will deploy capabilities such as detailed roadmapping, multi-skilled project management, and a strong network (both within and outside of government). VACO will provide related budget support over the same time period for personnel and consulting resources for the Unit at a level commensurate with scope and scale.

Next Steps: Task Acting DEPSECVA to prepare a decision memorandum for SECVA signature by April 30th, 2017 including all supporting mission, organization and budget documents as part of the AS OPP reorganization effort.

VA Governance

Goal: To strengthen the quality, buy-in, timeliness and follow-up of all management decisions across VA by the senior team through better staff preparation, decision making and follow through.

Ways: Build on the daily communication rhythm with the senior team that SECVA has already implemented and create a “governance” structure comprised of key leaders, organized groups, and interlocking procedures, to ensure timely, well informed decisions are routinely presented for SECVA review and input.

Means: Enhance the routine management process at VA on which solid staff work depends. Develop a more robust and integrated process to make and communicate major policy decisions, including: budget formulation and execution, reorganizations, and major initiatives like delayering, supply chain reform, and personnel accountability reform. This process will include risk areas such as Congressional testimony and correspondence. In order to establish effective reporting lines and decision-making authority to take on such projects, VA's governance structure will facilitate alignment, enable relevant leaders to make decisions, and promote accountability. The governance will be coupled with efforts to support broad VA engagement for change and an associated organizational culture. The VA will augment staff with leading consulting support with broad organizational design and governance expertise to evaluate prior models, develop standard procedures, recommend a final governance model, facilitate initial meetings, train staff, and evaluate work product. The ultimate goal is to develop a reliable battle rhythm on which SECVA can rely that drives better decision making.

Next Steps: Task VA COS to brief SECVA on new approach by April 15th, 2017, and start new structure and process no later than April 30th, 2017. Refine process based on performance, as well as a quarterly review to SECVA on progress and results



VA Governance

Goal: To strengthen the quality, buy-in, timeliness and follow-up of all management decisions across VA by the senior team through better staff preparation, decision making and follow through.

Ways: Build on the daily communication rhythm with the senior team that SECVA has already implemented and create a “governance” structure comprised of key leaders, organized groups, and interlocking procedures, to ensure timely, well informed decisions are routinely presented for SECVA review and input.

Means: Enhance the routine management process at VA on which solid staff work depends. Develop a more robust and integrated process to make and communicate major policy decisions, including: budget formulation and execution, reorganizations, and major initiatives like delayering, supply chain reform, and personnel accountability reform. This process will include risk areas such as Congressional testimony and correspondence. In order to establish effective reporting lines and decision-making authority to take on such projects, VA's governance structure will facilitate alignment, enable relevant leaders to make decisions, and promote accountability. The governance will be coupled with efforts to support broad VA engagement for change and an associated organizational culture. The VA will augment staff with leading consulting support with broad organizational design and governance expertise to evaluate prior models, develop standard procedures, recommend a final governance model, facilitate initial meetings, train staff, and evaluate work product. The ultimate goal is to develop a reliable battle rhythm on which SECVA can rely that drives better decision making.

Next Steps: Task VA COS to brief SECVA on new approach by April 15th, 2017, and start new structure and process no later than April 30th, 2017. Refine process based on performance, as well as a quarterly review to SECVA on progress and results.

Delivery Unit

Goal: Improved delivery on promises made for improved performance at VA.

Ways: The leaders of VHA, VBA, NCA and OIT already have been tasked to take action to improve performance. A centralized "Delivery Unit" will help support line unit leadership accountability for results. This would be achieved by overseeing development of clear performance targets and associated roadmaps, synthesizing better enterprise performance information, reviewing key management decisions for alignment, ensuring SECVA is informed, and assisting with accountability. Pending changes will align with existing MyVA approaches to avoid loss of momentum. Activities across line units, especially with CIO, CFO and CHCO, will be integrated to avoid unnecessary duplication and increase efficiency. The primary change focus will be on SECVA's Top Ten priorities, but also include other efforts necessary to enable commitments to veterans outside this core list.

Means: Establish a central "Delivery Unit" to drive change across VA, modeled after the 2017 NDAA for DoD in mission, size and scope. The Unit will combine a career team of 10 – 20 permanent personnel under SES leadership, and augment with leading commercial change management consulting capabilities for strategy and practices. It will have capacity for rapid stand-up in FY17, and sustained focus in FY18, FY19 and FY20. The Unit will locate in the Office of Planning and Policy, report to the Assistant Secretary, and be permanent to allow for long-term progress. The Unit will apply rigorous program management to ensure real outcomes are delivered. The Unit will deploy capabilities such as detailed roadmapping, multi-skilled project management, and a strong network (both within and outside of government). VACO will provide related budget support over the same time period for personnel and consulting resources for the Unit at a level commensurate with scope and scale.

Next Steps: Task Acting DEPSECVA to prepare a decision memorandum for SECVA signature by April 30th, 2017 including all supporting mission, organization and budget documents as part of the AS OPP reorganization effort.

Message

From: (b) (6) [(b) (6)]@gmail.com]
Sent: 3/13/2017 4:10:45 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.

This was nice. Thanks

----- Forwarded message -----

From: "(b) (6)" <(b) (6)@hotmail.com>
Date: Mar 13, 2017 10:11 AM
Subject: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.
To: "(b) (6)@gmail.com" <(b) (6)@gmail.com>
Cc:

Hope you are able to attend. If so please let me know if you are bringing a guest. Thank you.



You are cordially invited
TO A SPECIAL COCKTAIL AND BUFFET RECEPTION HONORING

The Honorable David J. Shulkin
UNITED STATES SECRETARY OF VETERANS AFFAIRS

MARCH 24, 2017
6:00 O'CLOCK IN THE EVENING

AT THE RESIDENCE OF

(b) (6)

(b) (6) WASHINGTON DC (b) (6)

TO RSVP, PLEASE EMAIL (b) (6) @HOTMAIL.COM



Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/5/2017 3:57:01 PM
To: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Subject: Re: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.

No problem- i understand either way

[(b) (6)] of course is welcome

Sent from my iPhone

On Mar 5, 2017, at 10:42 AM, Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>> wrote:

K will try to make it- there is a monthly karaoke party that [(b) (6)] performs in that day, but likely to change. So if that does happen, will make it otherwise, I need to be with him. Will confirm early next week

Sent from my iPhone

On Mar 5, 2017, at 5:17 AM, David shulkin <Drshulkin@aol.com> wrote:

Its a "classic" Washington party - about 50 people or so in the home of a connected person- bit its a friday and would eat into home time so you should do whatever firs best with your other commitments

Sent from my iPhone

On Mar 5, 2017, at 2:51 AM, Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>> wrote:

What is this- should I be there

Sent from my iPhone

Begin forwarded message:

From: "[(b) (6)]<[redacted]@hotmail.com>"
To: "[(b) (6)]<[redacted]@hotmail.com>"
Subject: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.

[(b) (6)] last update.jpeg>

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 3/5/2017 3:42:57 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.

K will try to make it- there is a monthly karaoke party that [(b) (6)] performs in that day, but likely to change. So if that does happen, will make it otherwise, I need to be with him. Will confirm early next week

Sent from my iPhone

On Mar 5, 2017, at 5:17 AM, David shulkin <Drshulkin@aol.com> wrote:

Its a "classic" Washington party - about 50 people or so in the home of a connected person- bit its a friday and would eat into home time so you should do whatever firs best with your other commitments

Sent from my iPhone

On Mar 5, 2017, at 2:51 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

What is this- should I be there

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)] <[(b) (6)]<[REDACTED]@hotmail.com>>
To: [(b) (6)]<[REDACTED]@hotmail.com> [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.

<[(b) (6)] last update.jpeg>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/5/2017 1:17:07 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.

Its a "classic" Washington party - about 50 people or so in the home of a connected person- bit its a friday and would eat into home time so you should do whatever firs best with your other commitments

Sent from my iPhone

On Mar 5, 2017, at 2:51 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

What is this- should I be there

Sent from my iPhone

Begin forwarded message:

From: "[(b) (6)]<[REDACTED]@hotmail.com>"
To: "[(b) (6)]<[REDACTED]@hotmail.com>" <[(b) (6)]<[REDACTED]@hotmail.com>>
Subject: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.



You are cordially invited
TO A SPECIAL COCKTAIL AND BUFFET RECEPTION HONORING

The Honorable David J. Shulkin
UNITED STATES SECRETARY OF VETERANS AFFAIRS

MARCH 24, 2017
6:00 O'CLOCK IN THE EVENING

AT THE RESIDENCE OF

(b) (6)

(b) (6)

WASHINGTON DC (b) (6)

TO RSVP, PLEASE EMAIL (b) (6)@HOTMAIL.COM



Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 3/5/2017 7:51:46 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.

What is this- should I be there

Sent from my iPhone

Begin forwarded message:

From: "(b) (6)" <[redacted]@hotmail.com>
To: "(b) (6)" <[redacted]@hotmail.com>
Subject: Your Invited....Honoring Dr. David Shulkin...March 24th R.S.V.P required.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/27/2017 10:29:16 PM
To: (b) (6) [jlieberman@nyspi.columbia.edu]
Subject: Re: Use this one

Got it- thanks so much for your participation and candor

David

Sent from my iPhone

On Mar 27, 2017, at 2:28 PM, (b) (6) <(b) (6)@nyspi.columbia.edu> wrote:

You should discourage people from pushing their own work or products.
It's various obvious to me who's doing that.

(b) (6) M.D.
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
Psychiatrist-in-Chief,
New York Presbyterian Hospital-Columbia University Medical Center
1051 Riverside Drive - Unit #4
New York, NY, 10032
Phone (646) 774-(b) (6)
email: (b) (6)@columbia.edu

[www.\(b\) \(6\).com](http://www.(b) (6).com)
Follow me on <image001.png> @ (b) (6)
[Find me on](#) <image002.png>
[Watch my talk on](#) <image003.png>
[Watch my talk on](#) <image004.png>

From: David Shulkin <Drshulkin@aol.com>
Date: Tuesday, March 14, 2017 at 10:10 PM
To: (b) (6) <(b) (6)@nyspi.columbia.edu>
Cc: Bruce Moskowitz <(b) (6)@mac.com>
Subject: Re: Use this one

Interesting - i know alot about ketamine and its potential for pain relief but did not know this

Thanks

David

Sent from my iPhone

On Mar 14, 2017, at 9:44 PM, (b) (6) <(b) (6)@nyspi.columbia.edu> wrote:

My bad sent wrong version, also see study referenced in following link.

<http://newsroom.cumc.columbia.edu/blog/2017/02/08/ptsd-symptoms-may-prevented-ketamine/>

(b) (6) M.D.
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
Psychiatrist-in-Chief,
New York Presbyterian Hospital-Columbia University Medical Center
1051 Riverside Drive - Unit #4
New York, NY, 10032
Phone (646) 774-(b) (6)
email: (b) (6)@columbia.edu

[www.\(b\) \(6\).com](http://www.(b) (6).com)
Follow me on <image001.png> @ (b) (6)
[Find me on](#) <image002.png>
[Watch my talk on](#) <image003.png>
[Watch my talk on](#) <image004.png>

From: Bruce Moskowitz <(b) (6)@mac.com>
Date: Tuesday, March 14, 2017 at 7:25 PM
To: (b) (6) <(b) (6)@nyspi.columbia.edu>
Cc: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: VA mental Heath

Thank you David and I will review.

Sent from my iPad
Bruce Moskowitz M.D.

<Mental Health Care for Military Submitted.docx>

Message

From: (b) (6) [jlieberman@nyspi.columbia.edu]
Sent: 3/27/2017 6:28:08 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Use this one

You should discourage people from pushing their own work or products. It's various obvious to me who's doing that.

(b) (6) M.D.
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
Psychiatrist-in-Chief,
New York Presbyterian Hospital-Columbia University Medical Center
1051 Riverside Drive - Unit #4
New York, NY, 10032
Phone (646) 774-(b) (6)
email: (b) (6)@columbia.edu

[www.\(b\) \(6\).com](http://www.(b) (6).com)

Follow me on  @ (b) (6)

Find me on 

Watch my talk on 


From: David Shulkin <Drshulkin@aol.com>
Date: Tuesday, March 14, 2017 at 10:10 PM
To: (b) (6) <(b) (6)@nyspi.columbia.edu>
Cc: Bruce Moskowitz <(b) (6)@mac.com>
Subject: Re: Use this one

Interesting - i know alot about ketamine and its potential for pain relief but did not know this

Thanks

David

Sent from my iPhone

On Mar 14, 2017, at 9:44 PM, (b) (6) <(b) (6)@nyspi.columbia.edu> wrote:

My bad sent wrong version, also see study referenced in following link.

<http://newsroom.cumc.columbia.edu/blog/2017/02/08/ptsd-symptoms-may-prevented-ketamine/>

(b) (6) M.D.
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
Psychiatrist-in-Chief,
New York Presbyterian Hospital-Columbia University Medical Center
1051 Riverside Drive - Unit #4
New York, NY, 10032
Phone (646) 774-(b) (6)
email: (b) (6)@columbia.edu

[www.\(b\) \(6\).com](http://www.(b) (6).com)
Follow me on <image001.png> @ (b) (6)
[Find me on](#) <image002.png>
[Watch my talk on](#) <image003.png>
[Watch my talk on](#) <image004.png>

From: Bruce Moskowitz <(b) (6)@mac.com>
Date: Tuesday, March 14, 2017 at 7:25 PM
To: (b) (6) <(b) (6)@nyspi.columbia.edu>
Cc: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: VA mental Heath

Thank you David and I will review.

Sent from my iPad
Bruce Moskowitz M.D.

<Mental Health Care for Military Submitted.docx>

Message

From: (b) (6) [jlieberman@nyspi.columbia.edu]
Sent: 3/15/2017 2:44:22 AM
To: David shulkin [Drshulkin@aol.com]
CC: Bruce Moskowitz (b) (6) mac.com]
Subject: Re: Use this one

Main use as dissociative anesthetic and pain for burn victims, but it works as an glutamate antagonist at the NMDA receptor which is key in cognitive and emotional components of memory formation. Has potential to immunize soldiers going into combat as well as civilian first responders. Various non-parenteral forms are in development.

(b) (6) M.D.
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
Psychiatrist-in-Chief,
New York Presbyterian Hospital-Columbia University Medical Center
1051 Riverside Drive - Unit #4
New York, NY, 10032
Phone (646) 774-(b) (6)
email: (b) (6) columbia.edu

(b) (6)
[www.](#) (b) (6)
Follow me on  @ (b) (6)
[Find me on](#) 
[Watch my talk on](#) 
[Watch my talk on](#) 

From: David shulkin <Drshulkin@aol.com>
Date: Tuesday, March 14, 2017 at 10:10 PM
To: (b) (6) <(b) (6)@nyspi.columbia.edu>
Cc: Bruce Moskowitz <(b) (6)@mac.com>
Subject: Re: Use this one

Interesting - i know alot about ketamine and its potential for pain relief but did not know this

Thanks

David

Sent from my iPhone

On Mar 14, 2017, at 9:44 PM, (b) (6) <(b) (6)@nyspi.columbia.edu> wrote:

My bad sent wrong version, also see study referenced in following link.
<http://newsroom.cumc.columbia.edu/blog/2017/02/08/ptsd-symptoms-may-prevented-ketamine/>

(b) (6) M.D.
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
Psychiatrist-in-Chief,
New York Presbyterian Hospital-Columbia University Medical Center
1051 Riverside Drive - Unit #4
New York, NY, 10032
Phone (646) 774-(b) (6)
email: (b) (6)@columbia.edu

[www.\(b\) \(6\).com](http://www.(b) (6).com)
Follow me on <image001.png> @ (b) (6)
[Find me on](#) <image002.png>
[Watch my talk on](#) <image003.png>
[Watch my talk on](#) <image004.png>

From: Bruce Moskowitz <(b) (6)@mac.com>
Date: Tuesday, March 14, 2017 at 7:25 PM
To: (b) (6) <(b) (6)@nyspi.columbia.edu>
Cc: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: VA mental Heath

Thank you David and I will review.

Sent from my iPad
Bruce Moskowitz M.D.

<Mental Health Care for Military Submitted.docx>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2017 2:10:12 AM
To: (b) (6) [jlieberman@nyspi.columbia.edu]
CC: Bruce Moskowitz (b) (6) [redacted@mac.com]
Subject: Re: Use this one

Interesting - i know alot about ketamine and its potential for pain relief but did not know this

Thanks

David

Sent from my iPhone

On Mar 14, 2017, at 9:44 PM, (b) (6) <(b) (6)@nyspi.columbia.edu> wrote:

My bad sent wrong version, also see study referenced in following link.
<http://newsroom.cumc.columbia.edu/blog/2017/02/08/ptsd-symptoms-may-prevented-ketamine/>

(b) (6) M.D.
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
Psychiatrist-in-Chief,
New York Presbyterian Hospital-Columbia University Medical Center
1051 Riverside Drive - Unit #4
New York, NY, 10032
Phone (646) 774-(b) (6)
email: (b) (6)@columbia.edu

[www.\(b\) \(6\).com](http://www.(b) (6).com)
Follow me on <image001.png> @ (b) (6)
[Find me on](#) <image002.png>
[Watch my talk on](#) <image003.png>
[Watch my talk on](#) <image004.png>

From: Bruce Moskowitz <(b) (6)@mac.com>
Date: Tuesday, March 14, 2017 at 7:25 PM
To: (b) (6) <(b) (6)@nyspi.columbia.edu>
Cc: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: VA mental Heath

Thank you David and I will review.

Sent from my iPad
Bruce Moskowitz M.D.

<Mental Health Care for Military Submitted.docx>

Message

From: (b) (6) [jlieberman@nyspi.columbia.edu]
Sent: 3/15/2017 1:44:45 AM
To: Bruce Moskowitz (b) (6) mac.com]
CC: drshulkin@aol.com
Subject: Use this one
Attachments: Mental Health Care for Military Submitted.docx

My bad sent wrong version, also see study referenced in following link.
<http://newsroom.cumc.columbia.edu/blog/2017/02/08/ptsd-symptoms-may-prevented-ketamine/>

(b) (6) M.D.
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
Psychiatrist-in-Chief,
New York Presbyterian Hospital-Columbia University Medical Center
1051 Riverside Drive - Unit #4
New York, NY, 10032
Phone (646) 774-(b) (6)
email: (b) (6) columbia.edu

[www.\(b\) \(6\).com](http://www.(b) (6).com)

Follow me on  @ (b) (6)

Find me on 

Watch my talk on 
Watch my talk on 

From: Bruce Moskowitz <(b) (6) mac.com>
Date: Tuesday, March 14, 2017 at 7:25 PM
To: (b) (6) <(b) (6) nyspi.columbia.edu>
Cc: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: VA mental Heath

Thank you David and I will review.

Sent from my iPad
Bruce Moskowitz M.D.