



DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

May 5, 2020

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

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

Dear Austin Evers & Mehreen Rasheed:

This is the Eighth 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."

Eighth 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, in which Mr. Shulkin did not copy a VA employee. OSVA now releases to you six hundred eighty-nine (689) pages, Bates-numbered 19304-20000.

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, Clifford Ko, and Kurt Heyssel, 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 six hundred eighty-nine (689) pages, 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. The presidential communications privilege protects agency communications to or from the President or his advisers. On two (2) pages, OSVA redacts communications between VA officials and 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) ("embrace[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 ten thousand six hundred thirty-six (10,636) pages released to you thus far, OSVA redacted information per the presidential communications privilege on only forty-five (45) pages.

5 U.S.C. § 552(b)(5) exempts from required disclosure "inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency." Under the attorney-client and work product privileges, the VA redacts portions of records, emails, and communications between VA employees and attorneys relating to potential federal lawsuits or administrative proceedings against the VA. The release of this information would impede the ability of VA employees and attorneys to speak openly and frankly about legal issues concerning lawsuits or administrative proceedings against the VA. The release of this information would also compromise the VA's legal positions for its lawsuits and administrative proceedings.

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, unsuccessful resume application details, medical details, photographs, and personal details unrelated to the VA 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, unsuccessful resume application details, medical details, photographs, and personal details unrelated to the VA 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 Enf’t, 2017 U.S. Dist. LEXIS 160719 (D.C. Cir. 2017).

Out of the twenty-two thousand (22,000) pages, OSVA has reviewed about seventeen thousand (17,000) pages and released ten thousand six hundred thirty-six (10,636) 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 ten thousand six hundred thirty-six (10,636) pages released to you, four thousand eight hundred twenty-eight (4,828) pages relate to three (3) informal advisors.

Previous Partial Initial Agency Decisions

On April 7, 2020, OSVA released one thousand nine hundred seventy-nine (1,979) pages, Bates-numbered 20001-21985 redacted with FOIA Exemptions 4, 5, and 6. 5 U.S.C. § 552(b)(4) exempts from disclosure “trade secrets and commercial or financial information obtained from a person and privileged or confidential.” “Where commercial or financial information is both customarily and actually treated as private by its owner and provided to the government under an assurance of privacy, the information is “confidential” within Exemption 4’s meaning.” Food Marketing Inst. v. Argus Media, No. 18-481, at *2 (U.S. June 24, 2019). Redacted information includes details of multiple proposals (including from Apple), with proposed technical approaches, teaming or partnership agreements, assessment methodology, and labor rates, all of which the VA never accepted. Such information is marked confidential, and offerors (such as Apple) typically treat such as commercially private information or having received an assurance of privacy from the VA.

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, unsubstantiated allegations, and a VA OIG complaint details, 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, unsubstantiated allegations, and a VA OIG complaint details. 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, decision-making, or investigation 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").

On March 10, 2020, OSVA released you two thousand three hundred four (2,304) pages, non-consecutively Bates-numbered 15140-19303, redacted with FOIA Exemptions 4, 5, and 6. One thousand eight hundred fifty-nine (1,859) pages between those Bates-numbers predated November 9, 2016 and were, thus, non-responsive to your FOIA request.

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 1/15/2020

On or about December 23, 2020, 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 four hundred thirty-five (435) emails totaling two thousand one hundred thirty-four (2,134) pages, Shulkin did **not** copy, forward, or send to his VA email address, two

hundred two (202) emails totaling nine hundred seven (907) pages. We estimate eight thousand three hundred (8,300) pages in which Shulkin copied, forwarded, or sent to his VA email address, and six thousand one hundred (6,100) 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 or sending emails to VA email address.

OSVA will process the six thousand one hundred (6,100) 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:

National Archives and Records Administration

8601 Adelphi Road

College Park, MD 20740-6001

FOIA Appeal

This concludes OSVA's Eighth 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:

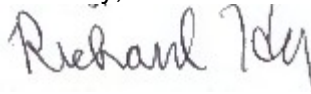
Office of General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

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

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of this letter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard Ha". The signature is written in a cursive, flowing style.

Richard Ha, JD, CIPP/G
OSVA FOIA Officer

Attachments – Redacted six hundred eighty-nine (689) pages

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 11/24/2017 9:33:17 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: Man O War Project.pdf

Got it Bruce- we are following with interest

I never learned about equine therapy in medical school

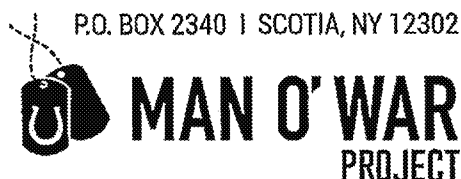
Sent from my iPhone

> On Nov 24, 2017, at 11:41 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:
>
> From Mack
>
> <Man O War Project.pdf>
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [brucemo (b) (6) mac.com]
Sent: 11/24/2017 4:41:08 PM
To: Secshulkin@gmail.com
Subject: Man O War Project.pdf
Attachments: Man O War Project.pdf; Untitled attachment 76277.txt

From Mack



The Honorable David J. Shulkin, MD
Secretary, US Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

November 16, 2017

Re: Columbia University Study / Man O' War Project

Dear Secretary Shulkin,

It was a pleasure to meet you and speak for a few moments at the Prostate Cancer Foundation dinner in New York recently. As a patriot and a former 2nd Lieutenant in the U.S. Army, I admire and applaud your service to our country as our Secretary of Veterans Affairs.

Sharing a mutual concern for the health and welfare of our veterans, I wanted to take a moment to bring your attention to the Man O' War Project for veterans, which I founded with Columbia University in early 2016. This ground-breaking study is being conducted by a distinguished group of researchers at Columbia, headed by Dr. Yuval Neria, Professor of Medical Psychology, Columbia U and Director of the Trauma and PTSD Program, NYS Psychiatric Institute and Dr. Prudence Fisher, Associate Professor of Clinical Psychiatric Social Work, Columbia U and Research Scientist, NYS Psychiatric Institute. It is the first and only university-led clinical research trial to determine the effectiveness of equine-assisted therapy for veterans with PTSD and to establish uniform guidelines for its application.

In your efforts to address the veteran crisis in our country, you understand the need for effective alternatives to traditional group and one-on-one therapies for those afflicted with PTSD. We believe that research-based understanding of the positive effects of equine-assisted therapy for veterans suffering from PTSD is critical in order to achieve the break-out status this important alternative treatment deserves. After a successful pilot study in 2016, we are now completing our 8th group of veterans in the official clinical trial with even more compelling results. In addition, we have recently decided to include MRIs as part of the study, making Man O' War the only equine therapy program in the nation to utilize neuroimaging. This state-of-the-art technology provides an objective measure which further validates and strengthens the clinical data of the research.

We anticipate the study to be complete in the spring of 2018, with the results being published in a top-tier medical journal. After that, it is our hope to take the program nationwide through the publication of the treatment manual and training videos, so that veterans everywhere may access this vital alternative therapy with a well-designed, researched-proven protocol.

I have included for your review a White Paper on the Project, together with some information on the MRI component. Once you have had a chance to review the materials, I would very much like to meet with you, together with Dr. Neria and Dr. Fisher, to discuss the promise and future of this important program. While there are many equine therapy "wellness" programs out there, Man O' War is the only university-led program creating a credible treatment alternative based on proven scientific research by some of the best researchers in the PTSD field. As such, we believe that we are uniquely qualified to deliver equine therapy as a successful, life-saving, mainstream treatment for our brave veterans suffering with PTSD.

Thank you for your time. I look forward to speaking with you soon.

(b) (6)

(b) (6)

Founder
Man O' War Project

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 11/22/2017 10:14:46 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Apple

Ok see you then

Happy thanksgiving

Sent from my iPhone

On Nov 22, 2017, at 4:54 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

December 5 lunch is perfect. We can pick a place as we get closer. Happy Thanksgiving to you and (b) (6). Hope you get a chance to chill out.

On Wed, Nov 22, 2017 at 4:30 PM, David Shulkin <secshulkin@gmail.com> wrote:
Thats the presidents holiday party for congress- infact every single night in december im now booked

Could we try for a lunch? Dec 4 or 5 would work

Sent from my iPhone

On Nov 22, 2017, at 1:58 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

Unfortunately I am in Dallas next week and don't return to DC until Tuesday Dec 5. I could get together that day if it works for you. How was the concert?

On Tue, Nov 21, 2017 at 9:16 PM, David Shulkin <secshulkin@gmail.com> wrote:

Marc- any chance you are free for dinner this coning monday or tuesday night?

David

Sent from my iPhone

On Nov 17, 2017, at 11:35 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

Let's reschedule for after Thanksgiving. Let me know what options work for you.

On Fri, Nov 17, 2017 at 11:33 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

Thank you for the invitation. I really appreciate it, but am not a huge Dead fan...but you should not give up the opportunity. It sounds like a blast. I was invited to a critical meeting in NY which I had originally declined because of our dinner. The concert will give me the opportunity to now attend (the

organizer was not happy that I was ditching the meeting). I can now make amends.

On Fri, Nov 17, 2017 at 7:04 AM, David Shulkin

<secshulkin@gmail.com> wrote:

Marc- next tuesday i have tickets to the grateful dead at the verizon center with back stage passes- i thought it would be fun to go if you are up for it

Sent from my iPhone

On Nov 9, 2017, at 9:40 AM, Marc Sherman

<[mbs\(b\)\(6\)@gmail.com](mailto:mbs(b)(6)@gmail.com)> wrote:

Yes, that works.

On Wed, Nov 8, 2017 at 10:48 PM, David Shulkin <secshulkin@gmail.com> wrote:

Would the 21st work?

Sent from my iPhone

On Nov 8, 2017, at 10:07 PM, Marc Sherman

<[mbs\(b\)\(6\)@gmail.com](mailto:mbs(b)(6)@gmail.com)> wrote:

Assuming you mean next week (the week before Thanksgiving). How about Tuesday Nov 14?

On Wed, Nov 8, 2017 at 9:49 PM, David Shulkin

<secshulkin@gmail.com>

wrote:

Marc- the week before veterans day is like christmas week for macys

Maybe the week before thanksgiving?

Sent from my iPhone

On Nov 5, 2017, at 10:44 PM, Marc Sherman

<[mbs\(b\)\(6\)@gmail.com](mailto:mbs(b)(6)@gmail.com)>

wrote:

Sorry for the delayed response...I was out of the

country and just returned. Thanks for the heads up about

(b) (6) I don't speak to him much about his work there, but he has mentioned to me about career employees who do not want to see the Center succeed and their deliberate efforts to undermine the effort and sabotage him and the results. Michael worked for me for a long time and the reaction to interpersonal skills does not conform to my extensive experience with him. Perhaps the problem is not really with (b) (6) but with those trying to eliminate the person trying to change things and make something happen. Just a thought.

Also, we had talked a few weeks back about trying to have dinner this week. Are you available? It would be good

to catch up. I could probably have dinner on Tuesday, Wednesday or Thursday.

On Sun, Oct 29, 2017 at 1:37 PM, David Shulkin <secshulkin@gmail.com>

wrote:

Marc- just to give you a heads up - ive heard there are big issues with

(b) (6)

performance- I have no contact with him but ive heard that he is very bright and motivated but his interpersonal skills are lacking and nobody will work with him and the operations center has broken down- Im not planning on getting involved and dont know the outcome but i suspect there will be some management intervention in the upcoming future

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<[mbs\(b\)\(6\)
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wrote:

>

> Also,
consistent with
our Apple
discussion,
Bruce is going
to call (b)(6)
(b)(6) and
get back
involved in the
Apple effort
and tell (b)(6)
that you gave
your
blessing. Please
let me know
if I
misunderstood.

>

>

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> Also, consistent with our Apple discussion, Bruce is going to call (b) Wallace and get back involved in the Apple effort and tell (b) that you gave your blessing. Please let me know if I misunderstood.

>
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.....

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 11/22/2017 9:30:33 PM
To: Marc Sherman [mbs^{(b) (6)} gmail.com]
Subject: Re: Apple

Thats the presidents holiday party for congress- infact every single night in december im now booked

Could we try for a lunch? Dec 4 or 5 would work

Sent from my iPhone

On Nov 22, 2017, at 1:58 PM, Marc Sherman <mbs^{(b) (6)} gmail.com> wrote:

Unfortunately I am in Dallas next week and don't return to DC until Tuesday Dec 5. I could get together that day if it works for you. How was the concert?

On Tue, Nov 21, 2017 at 9:16 PM, David Shulkin <secshulkin@gmail.com> wrote:
Marc- any chance you are free for dinner this coning monday or tuesday night?

David

Sent from my iPhone

On Nov 17, 2017, at 11:35 PM, Marc Sherman <mbs^{(b) (6)} gmail.com> wrote:

Let's reschedule for after Thanksgiving. Let me know what options work for you.

On Fri, Nov 17, 2017 at 11:33 PM, Marc Sherman <mbs^{(b) (6)} gmail.com> wrote:

Thank you for the invitation. I really appreciate it, but am not a huge Dead fan...but you should not give up the opportunity. It sounds like a blast. I was invited to a critical meeting in NY which I had originally declined because of our dinner. The concert will give me the opportunity to now attend (the organizer was not happy that I was ditching the meeting). I can now make amends.

On Fri, Nov 17, 2017 at 7:04 AM, David Shulkin <secshulkin@gmail.com> wrote:

Marc- next tuesday i have tickets to the grateful dead at the verizon center with back stage passes- i thought it would be fun to go if you are up for it

Sent from my iPhone

On Nov 9, 2017, at 9:40 AM, Marc Sherman <mbs^{(b) (6)} gmail.com> wrote:

Yes, that works.

On Wed, Nov 8, 2017 at 10:48 PM, David Shulkin
<secshulkin@gmail.com> wrote:
Would the 21st work?

Sent from my iPhone

On Nov 8, 2017, at 10:07 PM, Marc Sherman
<[mbs\(b\)\(6\)@gmail.com](mailto:mbs(b)(6)@gmail.com)> wrote:

Assuming you mean next week (the week
before Thanksgiving). How about Tuesday
Nov 14?

On Wed, Nov 8, 2017 at 9:49 PM, David
Shulkin <secshulkin@gmail.com> wrote:
Marc- the week before veterans day is like
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Maybe the week before thanksgiving?

Sent from my iPhone

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do not want to see the Center
succeed and their deliberate
efforts to undermine the effort
and sabotage him and the
results. (b)(6) worked for me
for a long time and the reaction
to interpersonal skills does not
conform to my extensive
experience with him. Perhaps
the problem is not really with
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change things and make
something happen. Just a
thought.

Also, we had talked a few
weeks back about trying to have
dinner this week. Are you

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On Sun, Oct 29, 2017 at 1:37 PM, David Shulkin
<secshulkin@gmail.com>

wrote:

Marc- just to give you a heads up - ive heard there are big issues with (b) (6) performance- I have no contact with him but ive heard that he is very bright and motivated but his interpersonal skills are lacking and nobody will work with him and the operations center has broken down- Im not planning on getting involved and dont know the outcome but i suspect there will be some management intervention in the upcoming future

Sent from my iPhone

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Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 11/22/2017 6:58:46 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Apple

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On Nov 8, 2017, at 10:07 PM, Marc Sherman <[mbs\(b\) \(6\) gmail.com](mailto:mbs(b) (6) gmail.com)> wrote:

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(b) that you gave your blessing. Please let
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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 11/11/2017 1:28:37 AM
To: Marc Sherman [mbs(b) (6)@gmail.com]
Subject: Re: Apple

Great

Sent from my iPhone

On Nov 9, 2017, at 9:40 AM, Marc Sherman <mbs(b) (6)@gmail.com> wrote:

Yes, that works.

On Wed, Nov 8, 2017 at 10:48 PM, David Shulkin <secshulkin@gmail.com> wrote:
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Sent from my iPhone

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From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 11/9/2017 2:40:49 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Apple

Yes, that works.

On Wed, Nov 8, 2017 at 10:48 PM, David Shulkin <secshulkin@gmail.com> wrote:
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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 11/9/2017 3:48:05 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Apple

Would the 21st work?

Sent from my iPhone

On Nov 8, 2017, at 10:07 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

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Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 11/9/2017 3:07:20 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Apple

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From: David Shulkin [secshulkin@gmail.com]
Sent: 11/9/2017 2:49:09 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Apple

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Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 11/6/2017 3:44:53 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Apple

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/29/2017 5:37:10 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Apple

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/29/2017 12:55:13 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Apple

Thats right

Thanks Marc

Sent from my iPhone

> On Oct 14, 2017, at 2:29 PM, Marc Sherman <mbs(b) (6) mail.com> wrote:

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> Also, consistent with our Apple discussion, Bruce is going to call (b) (6) (b) (6) and get back involved in the Apple effort and tell (b) (6) that you gave your blessing. Please let me know if I misunderstood.

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>

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/15/2017 5:21:07 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: Apple

This is correct

Thanks again

Sent from my iPhone

> On Oct 14, 2017, at 2:29 PM, Marc Sherman <mbs(b) (6) mail.com> wrote:

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From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/14/2017 6:29:55 PM
To: David Shulkin [Secshulkin@gmail.com]
Subject: Apple

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Message

From: (b) (6) @aol.com (b) (6) @aol.com]
Sent: 11/22/2017 1:17:49 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Interview today

(b) (6) doesn't listen and plans for his vision not our needs. Problem. We would make more progress without him. If he could take feedback it would be a game changer but there have been many missed opportunities

Enjoy a few days back home. Take care, (b) (6)

Sent from my iPhone

> On Nov 21, 2017, at 8:08 PM, David shulkin <Drshulkin@aol.com> wrote:

>

> I think it turned out fine- thanks for your help

>

> Is there any hope for (b) (6) or are we just wasting time?

>

>

> Have a great thanksgiving as well- im looking forward to a few days off

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> David

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> Sent from my iPhone

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>> On Nov 21, 2017, at 8:05 PM, (b) (6) @aol.com wrote:

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>> David - so sorry that I didn't keep u in the loop on the status of the screens in the HIC. Hope the interview went well and that you were ok with the HIC part of the session - was much longer than expected

>>

>> Am headed home tonight but wanted to wish you a Happy Thanksgiving !!!!

>>

>> All the best,

>> (b) (6)

>>

>> Sent from my iPhone

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/22/2017 1:08:19 AM
To: (b) (6) @aol.com
Subject: Re: Interview today

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> Am headed home tonight but wanted to wish you a Happy Thanksgiving !!!!
>
> All the best,
> (b) (6)
>
> Sent from my iPhone

Message

From: (b) (6) @aol.com [(b) (6) @aol.com]
Sent: 11/22/2017 1:05:56 AM
To: David shulkin [drshulkin@aol.com]
Subject: Interview today

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Am headed home tonight but wanted to wish you a Happy Thanksgiving !!!!

All the best,

(b) (6)

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/22/2017 12:02:55 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Yesterday

I will take care of the situation with Jen

You invited Donovan not me-

I will work on the other stuff -

Happy thanksgiving

Sent from my iPhone

On Nov 22, 2017, at 6:49 AM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

David, as long as the person is in the VA, she is relevant, she will have a voice and she will continue to flame the stories, cause this salacious stuff gets the attention and thats what she wants- I am convinced that she is the one who is spreading the fabricated rumors. I heard that she continues to talk to the Hill and others at the VA and probably feeding it to the press through many different channels and thats why the story has life and doesnt die down- she is fanning these rumors relentlessly.

I completely disagree with you that having her in another role with calm her down. I can tell you first hand that when you are no longer at the VA, you are no longer relevant. Nobody wants to give you the time of the day. Rick gave me 20 min out of the 1 hour allocated to us yesterday. Even you had more important discussions with someone else, and would have been completely fine if I werent there- out of the 1.5 hours, I barely got 30 min knowing that there was so much I needed to say in order to (b)(6); non-responsive

(b)(6); non-responsive

As for HealthClouds- (b)(6); non-responsive

(b)(6); non-responsive

Thats why I need an anchor in DC- whether its with (b)(6); non-responsive

(b)(6); non-responsive

I know you said it to make me (b)(6); non-responsive
(b)(6); non-responsive

Take care, know that I will always be your friend, unconditionally

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/22/2017 5:04:01 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Best compliment ever to date since I left

Yes nice compliment for sure

Sent from my iPhone

On Nov 22, 2017, at 11:30 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Just got off the phone with (b) (6) from IBM who says that he wants me to work with him, so at some point he will either buy me out of Remedy or buy Remedy- I know he was joking but still nice to hear. Jokes aside, I think there is potential here- lets discuss at the right time

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/26/2017 9:38:56 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: Ike Perlmutter [(b) frenchangel59.com]
Subject: Fwd: Google Alert - shulkin

Marc- this is a thoughtful analysis of the politics in DC

David

Sent from my iPhone

Begin forwarded message:

From: Google Alerts <googlealerts-noreply@google.com>
Date: November 26, 2017 at 3:00:48 PM EST
To: drshulkin@aol.com
Subject: Google Alert - shulkin

Google Alerts

shulkin

Daily update · November 26, 2017

NEWS

Shulkin is the right man to navigate changing role of private providers with VA
The Hill

Many were surprised when President Trump nominated **Shulkin** for VA Secretary, given his previous appointment as VA Under Secretary for Health during the Obama administration. Not only did Trump campaign heavily on the promise to allow veterans to see the doctor of the choice, but appointing a ...

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 11/24/2017 8:02:29 PM
To: (b) (6)@hotmail.com
Subject: Re: Opening my VA stuff

Great picture- happy thanksgiving

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

From: Poonam Alaigh <(b) (6)@hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Fri, Nov 24, 2017 11:16 am
Subject: Opening my VA stuff

And this is one of my fav pics that (b) (6) took- you were still ush- didn't know what the future was going to be and you convinced me to come to West Point to get a sense of our Veterans in the face of disability and adversity: this is the only event I went to and am so glad I did. I have this pic framed

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 11/24/2017 4:16:03 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Opening my VA stuff
Attachments: IMG_1629.JPG; ATT00001.txt

And this is one of my fav pics that (b) took- you were still ush- didn't know what the future was going to be and you convinced me to come to West Point to get a sense of our Veterans in the face of disability and adversity: this is the only event I went to and am so glad I did. I have this pic framed



VA-19-0799-H-000042

DS_00019345

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 11/20/2017 6:53:17 PM
To: David Shulkin [drshulkin@aol.com]
Subject: reminiscing some great moments
Attachments: IMG_9579.jpg; IMG_9580.jpg; IMG_9575.jpg

everyone is laughing so hard- was such a great farewell!! They just sent me the pictures - and you are looking happy in a few of them







Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/25/2017 12:47:06 AM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: Spoke to Beto O'Rourke today

Ok thanks

Sent from my iPhone

> On Nov 24, 2017, at 7:26 PM, Poonam Alaigh <[(b) (6)@hotmail.com> wrote:

>

> He was concerned about El Paso and the fact that the Sail report showed a significant decline in the mental health continuity scores and the ability to retain mental health providers. You might want to speak to the El Paso MCD to understand the issues and then have Carolyn, Steve Young or better if you circle back with him - I told him I was going to let you know if his concerns

>

> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 11/25/2017 12:26:12 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Spoke to Beto O'Rourke today

He was concerned about El Paso and the fact that the Sail report showed a significant decline in the mental health continuity scores and the ability to retain mental health providers. You might want to speak to the El Paso MCD to understand the issues and then have Carolyn, Steve Young or better if you circle back with him - I told him I was going to let you know if his concerns

Sent from my iPhone

Message

From: Jennifer Lee [(b) (6)] gmail.com]
Sent: 12/19/2017 8:20:03 PM
To: drshulkin@aol.com
Subject: Thank you and update

Dr. Shulkin,
Thank you for meeting with me yesterday and for your advice. I told them "yes."
I just heard back this afternoon that they would like to make a public announcement tomorrow(!) They want me to join the governor-elect and new health secretary in Richmond tomorrow morning for a press conference. I can't believe how fast this is moving!
I am going to let Carolyn and Lisa know now too.
Thank you for everything,
Jennifer

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 11/26/2017 9:37:54 PM
To: Bruce Moskowitz [brucemc(b) (6) mac.com]
CC: Marc Sherman [mbs(b) (6) gmail.com]; Ike Perlmutter [(b) frenchangel59.com]
Subject: Re:

Bruce- i agree with your sentiments

David

Sent from my iPhone

> On Nov 24, 2017, at 5:42 PM, Bruce Moskowitz <brucemc(b) (6) mac.com> wrote:
>
> Thank you I read it and also the discussion. I think this a complicated comparison since it is so dependent on data collection and how metrics can be changed by inclusion and exclusion of data. At the end of the day patient satisfaction is of utmost importance since it encompasses total care outcomes. But I believe if we work hard the patient satisfaction data will be positive.
>
> Sent from my iPhone
>
>> On Nov 24, 2017, at 5:18 PM, David Shulkin <secshulkin@gmail.com> wrote:
>>
>> Bruce- this weeks JAMA has an article showing that VA had better performance on many clinical measures than non VA hospitals but VA had worse performance on patient satisfaction measures
>>
>> <IMG_4332.JPG>
>>
>>
>> Sent from my iPhone

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 11/24/2017 10:42:58 PM
To: David Shulkin [secshulkin@gmail.com]
CC: Marc Sherman [mbs(b) (6) gmail.com]; Ike Perlmutter [(b) frenchangel59.com]
Subject: Re:

Thank you I read it and also the discussion. I think this a complicated comparison since it is so dependent on data collection and how metrics can be changed by inclusion and exclusion of data. At the end of the day patient satisfaction is of utmost importance since it encompasses total care outcomes. But I believe if we work hard the patient satisfaction data will be positive.

Sent from my iPhone

> On Nov 24, 2017, at 5:18 PM, David Shulkin <secshulkin@gmail.com> wrote:
>
> Bruce- this weeks JAMA has an article showing that VA had better performance on many clinical measures than non VA hospitals but VA had worse performance on patient satisfaction measures
>
> <IMG_4332.JPG>
>
>
> Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 11/24/2017 10:18:30 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
CC: Marc Sherman [mbs(b) (6) gmail.com]; Ike Perlmutter [(b) frenchangel59.com]
Attachments: IMG_4332.JPG; Untitled attachment 78011.txt

Bruce- this weeks JAMA has an article showing that VA had better performance on many clinical measures than non VA hospitals but VA had worse performance on patient satisfaction measures

from The JAMA Network

Advancing High Performance in Veterans Affairs Health Care

David Atkins, MD, MPH; Carolyn M. Clancy, MD

JAMA INTERNAL MEDICINE

Initial Public Reporting of Quality at Veterans Affairs vs Non-Veterans Affairs Hospitals

Eddie Blay Jr, MD; John Oliver DeLancey, MD, MPH; D. Brock Hewitt, MD, MPH; Jeanette W. Chung, PhD; Karl Y. Bilimoria, MD, MS

This analysis used Centers for Medicare & Medicaid Hospital Compare data to compare outcome, patient experience, and behavioral health measures between Veterans Affairs (VA) and non-VA hospitals for July 2012–March 2015. VA hospitals had better outcomes than non-VA hospitals for 6 of 9 patient

safety indicators. There were no significant differences for the other 3 indicators. In addition, VA hospitals had better outcomes for all mortality and readmissions metrics. However, for the patient experience measures, non-VA hospitals scored better than VA hospitals for nursing and physician communication, responsiveness, quietness, pain management, and on whether the patient would recommend the hospital to others. For behavioral health measures, non-VA hospitals did better on 4 of 9 measures, while VA hospitals did better on 1 measure.

JAMA Intern Med. 2017;177(6):882-885. doi:10.1001/jamainternmed.2017.0605

Transparency and accountability are 2 recurring components of efforts to improve the quality and value of US health care. In the June 2017 issue of *JAMA Internal Medicine*, Blay et al¹ compared the performance of US Department of Veterans Affairs (VA) hospitals with non-VA hospitals using Centers for Medicare & Medicaid

Related article at
jamainternmedicine.com

Services (CMS) Hospital Compare data. VA hospitals (n = 129) were compared with both academic and community hospitals (n = 4010) on a range of clinical outcomes and patient experience measures. VA hospitals performed better than non-VA hospitals for most outcome measures—including lower rates of inpatient safety events such as pressure ulcer, iatrogenic pneumothorax, and central line-associated bloodstream infection—and lower 30-day mortality and readmission rates for acute myocardial infarction (MI), pneumonia, heart failure, and chronic obstructive pulmonary disease. At the same time, VA hospitals scored lower for patient experience and behavioral health. Given the unique mission and heightened visibility of VA as a public-sector institution, these findings raise 2 questions: how does VA ensure the best health care possible for veterans in all aspects of care, and what is the VA doing to address areas that may need further improvement?

The finding that VA hospitals perform better on quality when compared with hospitals in the private sector is not novel. A 2017 review of 69 published studies reported that the VA performed as well as, or better than, private health care systems on most clinical quality measures.² Additionally, the VA has higher screening rates for colon cancer (82% vs a national average within the 60% range),³ has reduced the number of methicillin-resistant staphylococcus infections (infections in the intensive care unit declined 72%, from 1.64 to 0.46/1000 patient-days, 2007-2012),⁴ and achieves lower 30-day mortality than private hospitals for patients older than 65 years hospitalized for acute MI and heart failure.⁵

What factors explain this better performance? One is likely the use of electronic health records (EHRs). Since the early 1990s, investment in electronic health records to advance

performance measures and drive improvement. In fact, what began in the 1990s as a small set of measures to encourage improvement efforts by network leaders, today is a sophisticated matrix of 25 measures and measure sets used to assess each VA facility.

This matrix—known as Strategic Analytics for Improvement and Learning (SAIL)—includes a comprehensive set of clinical performance metrics, including all veteran-relevant metrics reported to CMS and the National Committee for Quality Assurance, as well as assessments of factors thought to enable quality and safety improvement (eg, employee morale, nursing turnover, leadership vacancies, and selected utilization metrics). An overall improvement index is derived from SAIL to determine whether each facility's performance has improved in the prior year. In 2016, 82% of 146 VA facilities demonstrated tangible improvements. The SAIL improvement index is now incorporated into performance plans of facility and network leaders.

A second factor explaining the VA's better performance on certain measures than the private sector relates to coordinated programs and clear organizational goals empowering improvement at the local level. Blay et al¹ found that VA hospitals performed better than non-VA facilities on surgical patient safety indicators. The VA implemented the National Surgical Quality Improvement Program (NSQIP) in the 1980s. NSQIP collects clinical information about preoperative and postoperative surgical outcomes in the VA system. Local clinical leaders can compare risk-adjusted outcomes between facilities, enabling them to launch quality improvement efforts once they identify where they can improve relative to their peers.

A third factor explaining VA's high quality outcomes is an embedded research program. VA research helped develop the evidence behind national programs such as primary care-mental health integration, tele-mental health, and new models to care for women veterans. In an effort to accelerate evidence-based practice in critical clinical areas, in 1998 the VA launched its Quality Enhancement Research Initiative (QUERI), a program that brings together researchers and program leaders to accelerate evidence-based practices in critical clinical areas, including heart disease. The ischemic heart disease QUERI created a national data system for real-time tracking of every procedure performed at VA cardiac catheterization facilities, along with clinical outcomes.

Sent from my iPhone

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 11/11/2017 4:58:50 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Speech: excellent

Best Speech! Such a nice addition with the recognition.

--

Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/11/2017 11:49:33 AM
To: Vivieca Simpson [(b) (6)]@gmail.com]
Subject: Fwd: Re:

Not sure what that means

Sent from my iPhone

Begin forwarded message:

From: [(b) (6)]@gmail.com>
Date: November 10, 2017 at 9:16:40 PM EST
To: David shulkin <Drshulkin@aol.com>
Subject: Re:

Sorry for the delay. I will be in touch soon

Wishing you and everyone the best on Veterans Day!

[(b) (6)]

On Nov 10, 2017, at 7:23 PM, David shulkin <Drshulkin@aol.com> wrote:

[(b) (6)] any progress on your paperwork from the WhiteHouse?

David Shulkin

Sent from my iPhone

Message

From: (b) (6) [REDACTED] (b) (6) [REDACTED]@gmail.com]
Sent: 12/13/2017 10:52:13 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Director Succession Concept for Sec

Ok

On Wed, Dec 13, 2017 at 5:47 PM David shulkin <Drshulkin@aol.com> wrote:
I cannot open for some reason

Please send to djs email

Sent from my iPhone

> On Dec 13, 2017, at 3:35 PM, (b) (6) [REDACTED] <(b) (6) [REDACTED]@gmail.com> wrote:

>

> Hi Dr Shulkin, Bob mentioned you asked about this idea for succession for MCD roles. Sharing if there is an appetite.

>

> (b) (6) [REDACTED]

>

>

>

>

> From: Callahan, Robert W. JR. VHALEB

> Sent: Tuesday, December 12, 2017 1:53:24 PM

> To: (b) (6) [REDACTED]

> Subject: Director Succession Concept for Sec

>

> (b) (6) [REDACTED] here's the proposal we discussed about how to solve Director succession to a large degree.

>

> I was working with folks in HLTi to develop and I hear the proposal got held up and side tracked in WFM, hasn't gone anywhere.

>

> Maybe you can help facilitate if there is still interest and higher level.

>

> Bob

> --

> Sent from Gmail Mobile

> <DoD Fast-Track to MCD Concept Paper V3.docx>

--

Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 12/13/2017 10:11:08 PM
To: (b) (6) [(b) (6) gmail.com]
Subject: Re: Director Succession Concept for Sec

I cannot open for some reason

Please send to djs email

Sent from my iPhone

> On Dec 13, 2017, at 3:35 PM, (b) (6) <(b) (6) gmail.com> wrote:
>
> Hi Dr Shulkin, Bob mentioned you asked about this idea for succession for MCD roles. Sharing if there
is an appetite.
>
> (b) (6)
>
>
>
>
> From: Callahan, Robert W. JR. VHALEB
> Sent: Tuesday, December 12, 2017 1:53:24 PM
> To: (b) (6)
> Subject: Director Succession Concept for Sec
>
> (b) (6) here's the proposal we discussed about how to solve Director succession to a large degree.
>
> I was working with folks in HLTi to develop and I hear the proposal got held up and side tracked in
WFM, hasn't gone anywhere.
>
> Maybe you can help facilitate if there is still interest and higher level.
>
> Bob
> --
> Sent from Gmail Mobile
> <DoD Fast-Track to MCD Concept Paper V3.docx>

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 12/13/2017 8:35:17 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Director Succession Concept for Sec
Attachments: DoD Fast-Track to MCD Concept Paper V3.docx

Hi Dr Shulkin, Bob mentioned you asked about this idea for succession for MCD roles. Sharing if there is an appetite.

(b) (6)

From: Callahan, Robert W. JR. VHALEB
Sent: Tuesday, December 12, 2017 1:53:24 PM
To: (b) (6)
Subject: Director Succession Concept for Sec

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I was working with folks in HLTi to develop and I hear the proposal got held up and side tracked in WFM, hasn't gone anywhere.

Maybe you can help facilitate if there is still interest and higher level.

Bob

--

Sent from Gmail Mobile

CONCEPT PAPER

FAST-TRACKING DOD HEALTHCARE EXECUTIVES FOR MEDICAL CENTER DIRECTOR POSITIONS

Background

One of the prime sources for VHA to find healthcare leadership talent is the Department of Defense (DoD). There are just under 60 military medical centers/hospitals and over 370 medical clinics worldwide. Each is led by a team of healthcare professionals in a similar pattern to VHA's medical center executive leadership teams. Upon separation or retirement, many of these seasoned leaders apply for VHA facility quad or director positions. Unfortunately, they do not always compete well against internal VHA candidates who are familiar with the OPM executive core qualifications and are able to convey their experiences in the context of the VHA healthcare system structure, processes and issues.

In 2016, VHA began advertising Medical Center Director (MCD) positions in groups rather than one vacancy at a time. This enabled hiring managers to better align the candidates with the available positions and gave candidates flexibility to roll their applications from one vacancy announcement to another. However, as a general rule, the "silver medalists" – those who made the Best Qualified (BQ) list but were not selected – were dropped from further consideration. The internal candidates in this group continue to serve VHA whether or not they apply for a directorship again. The prior military officers generally walk away, resulting in a loss of potential leadership talent for VHA. Mr. Bob Callahan, Lebanon VAMC MCD, raised this idea while in conversation with the Secretary during a site visit and at the Annual VA Senior Leaders Meeting in Leesburg. Mr. Callahan proposed that VHA craft a way to tap and further develop the DoD leadership resource as one strategy to build a stronger and more viable pipeline to meet MCD shortages in VHA.

This proposed initiative builds on Mr. Callahan's proposal. It seeks to prevent the loss of high potential prior military healthcare leaders who have not had a chance to become acclimated to the VHA system and contribute to its mission. It proposes using the current MCD hiring process to identify high-potential leaders from the DoD sector and place them in an orientation/training internship with the expressed intent of having them move into an MCD position upon successful completion of the program.

Initiative Concept Description

Purpose: To provide a structured learning pathway for prior military executive-level healthcare leaders to transition into VHA, gain needed VHA-specific knowledge and experience, and be placed in or compete favorably for VHA MCD positions.

Goals:

- Decrease the “opportunity loss” to meet VHA executive staffing needs with top tier healthcare leadership talent coming out of DoD.
- Facilitate the transition of prior military officers into the VHA system and increase the likelihood of their long-term success.
- Strengthen the leadership and technical competencies of newly hired VHA executives from DoD sources to match the VHA environment.
- Build more connections between VHA and DoD to support VHA future staffing needs.

Scope: A total of five to ten prior military health care leaders would participate per year, depending on the number of BQ candidates identified through the MCD hiring process. This would be an individualized program—participants would not form a class or cohort. Each participant would be on their own learning timeline based on a thorough assessment of their developmental needs.

Costs: Salary and travel necessary to support the acquisition of the knowledge, skills and experiences outlined in the training portfolio. Estimated costs per person are:

- Salary - \$120-185K /participant for 6-18 months in program (GS-15/1 + “all US” locality pay).
- Training - \$9-18K for 30-60 total days TDY outside assigned training facility.
- Total Cost - \$129K-\$203K per participant

Program costs will be borne or shared directly or indirectly (reimbursement) by the following offices:

- The facility or VISN where the trainee is assigned
- Corporately through 10N
- Corporately through the Center for Leadership Development (formerly HLTI)

Participant Selection: Individual participants will be selected from prior military applicants for VHA MCD positions who met the announcement’s requirements and made it to the first round of interviews or beyond (to the BQ level). The MCD panels and/or Executive Review Board (ERB) will nominate potential participants through the DUSHOM for USH approval. Nomination criteria include a strong, proven track record of progressive healthcare leadership positions and a drive to continue service to the Veteran population. The Workforce Management and Consulting (WMC) office Executive Recruitment team will extend offers to potential candidates that explain the program, participation expectations, appointment status, VAMC location where they will be assigned for the duration of the program, and potential steps upon completion of the training portfolio.

Participant Status: Program participants will be placed on temporary appointments NTE 18 months in positions at the GS15 level, during which the incumbent is expected to advance to an SES position either competitively or through a direct placement. BQ candidates for MCD positions have met the eligibility requirements for an SES position. However, OPM policies limit VHA's ability to place individuals in an SES position who are not performing the duties of an SES. GS-15 positions have fewer limitations, but are in limited supply.

Position of Assignment: There are several options for assigning the participants to a position.

- Create a pool of temporary NTE positions, hold at WMC, and tap when needed for program use only. (preferred)
- Double-encumber the Director (SES) position at the VAMC selected as the participant's training site.
- Double-encumber the Associate Director positions at the VAMC selected as the participant's training site.
- Create an Associate Director position at selected training sites specifically for use with the program.
- Assign the participant against any vacant Associate Director position in VHA, although this may impact the permanent hiring process for the vacancy.

Program Oversight: Policy and direction for the program will come from the USH jointly through the DUSHOM and ADUSH for Workforce Services. The program will be included in the leadership development initiatives monitored by the NLC Workforce Committee. An ad hoc Executive Steering Committee will assist in outlining the knowledge, skill and ability expectations to guide creation of MCD fast-track training plan; identify the designated training sites; and define the periodic and end-of-program participant evaluation process. HLTl will provide program management support and work in conjunction with WMC to successfully implement the program. WMC will be the primary interface between VHA and the program candidate until they are hired and brought on board.

Location Selection: Five to 10 host location options will be identified by the Executive Steering Committee in consultation with the respective MCDs and NDs, and approved by the DUSHOM. Consideration will be given to location, complexity level, executive staffing situation distinction of the assigned leadership, and challenges currently confronting the VAMCs.

Participant Learning: The local MCD will serve as the participant's supervisor and Preceptor. Within the first week on the job, participants will complete a detailed skills inventory based on the MCD competency model covering the leadership and technical standards for MCD positions. In addition, they will complete one or more leadership assessments, as selected by NCOD or HLTl. Within two weeks, a three-member panel consisting of two MCDs (Preceptor +1) and an ND will conduct an in-depth interview with the participant to determine their specific skill development needs and discuss developmental options. The Preceptor will use the results of the skills inventory, leadership assessments, the interview, and the core training guide prepared by the Executive Steering Committee to develop an individual learning plan for the participant. The plan will be created within the participant's first month on the job. It will cover a broad array of experiential learning events to expose the participant to all facets of MCD leadership. It will include rotational assignments within the medical center, specific learning projects or activities, and anticipated TDYs to other designated medical centers for expressed learning purposes. Also included in the training plan will be ECQ preparation, interviewing techniques, and appropriate VHA-oriented leadership coursework, such as ones in Servant Leadership or the ILEAD model. Program participants will complete the DOD Indoctrination Training session hosted by Lovell VAMC. They will meet at least weekly with their Preceptors to review progress, discuss issues and reflect on the MCD's decision-making process. Quarterly review sessions will be held with the participant and the three-person panel referenced above.

Program Completion: The Preceptor will call for a competency review when he/she deems the participant has successfully completed the training plan and demonstrated a readiness for an MCD position. The review will be conducted by the same or similar 3-person panel that did the initial skills assessment interview. The panel will make one of three recommendations:

- Ready to advance – WMC will work to inject the participant into the competitive MCD hiring process or place the individual using direct hire authorities.
- Continue development – the Preceptor will create an amended training plan to focus on those areas the panel found lacking in the participant's readiness.
- Withdraw from training – this will occur if the participant hits the end of their NTE appointment without meeting the expected MCD readiness standards, or when it becomes apparent they do not have the enabling skills for an MCD position within the near future. WMC may attempt to find a suitable position for the participant at the GS-14/15 level before initiating their release from VHA.

Conclusions

VHA has lost numerous high-quality candidates for its senior VAMC executive positions by failing to leverage the available pool of leaders coming from DoD who apply to become an MCD, but are not selected. The idea of placing “silver medalist” candidates into a temporary position for 6-18 months to learn “the VHA way” has great potential to tap this resource, strengthen the leadership pipeline, and help VHA fill its MCD positions with capable leaders. The proposed program focuses on growing through exposure and experiences the leadership and technical competencies needed to be a successful MCD. It is individualized to the specific needs of the participant. It can be scoped based on the pool of candidates who apply for MCD positions—offers would go to only those BQ candidates the selection panels and/or ERB deem to have the potential to succeed with the training and experiences provided by the program. The standards, training activities, and readiness assessments are driven by current MCD and ND leaders. Even if a participant does not progress to the level needed for an MCD appointment, VHA still can benefit by keeping the person on board in a different leadership position or can release the individual from continued employment. Funding will be needed to cover participant salaries and TDY costs (i.e., \$129K-\$203K per participant). WMC will need to outline the HR-related components of the program, to include appropriate selection and appointment processes. Despite these few challenges, this initiative warrants VHA senior leadership support.

Recommendations and Next Steps

- WMC determine the viability of the program from an HR perspective, outline HR options and recommendations to meet initiative goals, define the grades, and secure the positions for the trainees. (October 2017)
- The NLC Workforce Committee review, approve and incorporate the initiative into its oversight portfolio. (October 2017)
- The DUSHOM, USH and NLC discuss and lend their individual and group support to the initiative. (November 2017)
- Establish the funding source(s) for the program. (October 2017)
- The Executive Steering Committee is organized and meets to begin outlining program specifics, to include identifying potential VAMC training sites, creation of the training template and standards, and specifying the review and evaluation process. (September 2017)
- First participant is assigned and begins training. (January, 2018)

POC: Denise Deitzen, Executive Director, VHA Center for Leadership Development,
vhahlticore@va.gov

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/26/2017 11:08:24 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: This weekend

Nice note from Dennis - one of the few class acts at VA

Sent from my iPhone

> On Nov 26, 2017, at 6:05 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> Has been so painful and emotional as I have been going thru the VA stuff and forever storing it away - this is a card I opened today from Dennis- brought tears. David I am hoping that I heal soon for everyone's sake- still so raw

>

> <IMG_2224.JPG>

>

>

>

> Sent from my iPhone

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 11/10/2017 7:03:17 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Secretary Shulkin

FYA, I sent.

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

From: (b) (6) @Bruce Moskowitz,MD <(b) (6) @gmail.com>
Date: Fri, Nov 10, 2017 at 1:50 PM
Subject: Secretary Shulkin
To: (b) (6) (b) (6) va.gov>, <(b) (6) gmail.com>

Hi (b) (6)

Is it possible for you to send me the official contact information for Secretary Shulkin? All I have is an email address and (b) (6), a friend of Dr. Moskowitz's, would like to contact him.

As always, thanks for your help!

(b) (6)

--
(b) (6), MPA
Patient Care Coordinator
Dr. Bruce Moskowitz, MD
Victor Ferris Medical Building

(b) (6)

Phone: (b) (6)

Fax: (b) (6)

--
Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/9/2017 2:45:57 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: New normal

Hang in there

Sent from my iPhone

On Nov 8, 2017, at 6:50 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

There are simply no two people with the same intellectual capacity, energy and creativity like us to make great things happen. I have had to adjust so tremendously to a new normal David- it is tough right now, hoping we will be able to work together again at some point. Not really enjoying this but have no choice right now.

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 11/8/2017 11:50:21 PM
To: David Shulkin [drshulkin@aol.com]
Subject: New normal

There are simply no two people with the same intellectual capacity, energy and creativity like us to make great things happen. I have had to adjust so tremendously to a new normal David- it is tough right now, hoping we will be able to work together again at some point. Not really enjoying this but have no choice right now.

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 11/8/2017 9:34:43 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fw:

I think she could be really valuable in our HIC or as a back up , the SIC program- she would do surveys in all our facilities and so knows how to mitigate risk and identify the low performing facilities with recommendations and tracking followups

From: David shulkin <Drshulkin@aol.com>
Sent: Wednesday, November 8, 2017 4:17 PM
To: Poonam Alaigh
Subject: Re: Fw:

I will followup

Sent from my iPhone

On Nov 8, 2017, at 2:26 PM, Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>> wrote:

What do you think

From: [(b) (6)] <[(b) (6)]<[redacted]@gmail.com>
Sent: Wednesday, November 8, 2017 11:13 AM
To: [(b) (6)]<[redacted]@hotmail.com>
Subject:

Hi Dr. Alaigh,

I hope you are doing well with your new exciting role, per our previous text, I want to let you know I have given PVA my resignation notice. My last day will be November 30, 2017. I am searching for new opportunity hoping to stay in Veterans healthcare space which I have enjoyed for over 25 years. I am attaching me resume for your reference , should you have any connection or recommendation.

I would love to come and work for Dr. Shulkin or Dr. Clancy if possible? I understand VAMC system so well I would be a great addition to VA.

At the end of the day I feel good about my decision, I stand for something important through tough time like this.

Thank you so much for your help, if nothing else I appreciate knowing you in short amount of time. You empower women like me.

Respectfully,

[(b) (6)] [(b) (6)]

<[(b) (6)]<[redacted] 2017 resume-2.pdf>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/8/2017 9:18:02 PM
To: (b) (6) @va.gov
Subject: Fwd: Fw:
Attachments: (b) (6) 2017 resume-2.pdf; Untitled attachment 79061.htm

Print

Sent from my iPhone

Begin forwarded message:

From: Poonam Alaigh <(b) (6)@hotmail.com>
Date: November 8, 2017 at 2:26:25 PM EST
To: David Shulkin <drshulkin@aol.com>
Subject: Fw:

What do you think

From: (b) (6) <(b) (6)@gmail.com>
Sent: Wednesday, November 8, 2017 11:13 AM
To: (b) (6)@hotmail.com
Subject:

Hi Dr. Alaigh,
I hope you are doing well with your new exciting role, per our previous text, I want to let you know I have given PVA my resignation notice. My last day will be November 30, 2017. I am searching for new opportunity hoping to stay in Veterans healthcare space which I have enjoyed for over 25 years. I am attaching me resume for your reference , should you have any connection or recommendation.
I would love to come and work for Dr. Shulkin or Dr. Clancy if possible? I understand VAMC system so well I would be a great addition to VA.
At the end of the day I feel good about my decision, I stand for something important through tough time like this.
Thank you so much for your help, if nothing else I appreciate knowing you in short amount of time. You empower women like me.
Respectfully,

--

(b) (6) (b) (6)

(b) (6), (b) (2)

(b) (6)

(b) (6)

RN, BSN, MHA, CCM

(b) (6)

Objective

(b) (6), (b) (2)

Education

(b) (6), (b) (2)

Licenses & Certifications

- (b) (6), (b) (2)

-
-
-

Professional Experience

(b) (6), (b) (2)

November 2010 – Present

(b) (6), (b) (2)

- (b) (6), (b) (2)

-
-
-

(b) (6), (b) (2)

Professional Experience (continued)

(b) (6), (b) (2)

November 2010 – Present

- (b) (6), (b) (2)
-

(b) (6), (b) (2)

(b) (6), (b) (2)

October 2008 – November 2010

- (b) (6), (b) (2)
-
-
-

(b) (6), (b) (2)

March 2002 – September 2008

- (b) (6), (b) (2)
-
-
-

(b) (6), (b) (2)

- (b) (6), (b) (2)
-
-
-
-

(b) (6), (b) (2)

Professional Experience (continued)

(b) (6), (b) (2)

November 1997 – Jan. 2002

- (b) (6), (b) (2)

-

-

-

(b) (6), (b) (2)

February 1991 – October 1997

- (b) (6), (b) (2)

-

-

-

(b) (6), (b) (2)

- (b) (6), (b) (2)

-

-

(b) (6), (b) (2)

January 1988 – December 1990

- (b) (6), (b) (2)

-

Accomplishments

Awards & Honors

- (b) (6), (b) (2)

-

-

-

-

-

(b) (6), (b) (2)

Accomplishments (continued)

Developer

- (b) (6), (b) (2)
-
-

Reviewer

- (b) (6), (b) (2)
-
-

Presenter

- (b) (6), (b) (2)
-

Published Written Works

- (b) (6), (b) (2)
-
-
-
-
-
-

Volunteer Experience

- (b) (6), (b) (2)
-
-

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/8/2017 9:17:47 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Fw:

I will followup

Sent from my iPhone

On Nov 8, 2017, at 2:26 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

What do you think

From: (b) (6) <(b) (6)@gmail.com>
Sent: Wednesday, November 8, 2017 11:13 AM
To: (b) (6)@hotmail.com
Subject:

Hi Dr. Alaigh,

I hope you are doing well with your new exciting role, per our previous text, I want to let you know I have given PVA my resignation notice. My last day will be November 30, 2017. I am searching for new opportunity hoping to stay in Veterans healthcare space which I have enjoyed for over 25 years. I am attaching me resume for your reference , should you have any connection or recommendation.

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At the end of the day I feel good about my decision, I stand for something important through tough time like this.

Thank you so much for your help, if nothing else I appreciate knowing you in short amount of time. You empower women like me.

Respectfully,

—

(b) (6) (b) (6)
<(b) (6) 2017 resume-2.pdf>

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 11/8/2017 7:26:25 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fw:
Attachments: [(b) (6)] 2017 resume-2.pdf

What do you think

From: [(b) (6)] <[(b) (6)]@gmail.com>
Sent: Wednesday, November 8, 2017 11:13 AM
To: [(b) (6)]<[redacted]@hotmail.com>
Subject:

Hi Dr. Alaigh,

I hope you are doing well with your new exciting role, per our previous text, I want to let you know I have given PVA my resignation notice. My last day will be November 30, 2017. I am searching for new opportunity hoping to stay in Veterans healthcare space which I have enjoyed for over 25 years. I am attaching me resume for your reference , should you have any connection or recommendation.

I would love to come and work for Dr. Shulkin or Dr. Clancy if possible? I understand VAMC system so well I would be a great addition to VA.

At the end of the day I feel good about my decision, I stand for something important through tough time like this.

Thank you so much for your help, if nothing else I appreciate knowing you in short amount of time. You empower women like me.

Respectfully,

--

[(b) (6)] [(b) (6)]

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6)

RN, BSN, MHA, CCM

(b) (6)

Objective

(b) (6), (b) (2)

Education

(b) (6), (b) (2)

Licenses & Certifications

- (b) (6), (b) (2)
-
-
-

Professional Experience

(b) (6), (b) (2)

November 2010 – Present

(b) (6), (b) (2)

- (b) (6), (b) (2)
-
-
-

(b) (6), (b) (2)

Professional Experience (continued)

(b) (6), (b) (2)
(b) (6), (b) (2)

November 2010 – Present

- (b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

October 2008 – November 2010

- (b) (6), (b) (2)

(b) (6), (b) (2)

March 2002 – September 2008

- (b) (6), (b) (2)

(b) (6), (b) (2)

- (b) (6), (b) (2)

(b) (6), (b) (2)

Professional Experience (continued)

(b) (6), (b) (2)

November 1997 – Jan. 2002

- (b) (6), (b) (2)
-
-
-

(b) (6), (b) (2)

February 1991 – October 1997

- (b) (6), (b) (2)
-
-
-

(b) (6), (b) (2)

- (b) (6), (b) (2)
-
-

(b) (6), (b) (2)

January 1988 – December 1990

- (b) (6), (b) (2)
-

Accomplishments

Awards & Honors

- (b) (6), (b) (2)
-
-
-
-
-

(b) (6), (b) (2)

Accomplishments (continued)

Developer

- (b) (6), (b) (2)
-
-

Reviewer

- (b) (6), (b) (2)
-
-

Presenter

- (b) (6), (b) (2)
-

Published Written Works

- (b) (6), (b) (2)
-
-
-
-
-
-
-

Volunteer Experience

- (b) (6), (b) (2)
-
-

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 11/7/2017 7:59:04 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: The VA

Sent from my iPhone

Begin forwarded message:

From: Donovan Slack <[(b) (6)]@gmail.com>
Date: November 7, 2017 at 12:00:47 PM EST
To: Poonam Alaigh <[(b) (6)]@hotmail.com>
Subject: Re: Fw: The VA

yep, shes fishing for confirmation of a rumor.

Donovan Slack
Reporter
USA TODAY
(202) 415-9493

On Tue, Nov 7, 2017 at 11:58 AM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

See below as per our conversation- thanks

From: Poonam Alaigh <[(b) (6)]@remedypartners.com>
Sent: Tuesday, November 7, 2017 11:57 AM
To: [(b) (6)]<[(b) (6)]@hotmail.com>
Subject: Fwd: The VA

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

From: Shannon Vavra <[(b) (6)]@axios.com>
Date: Tue, Nov 7, 2017 at 10:23 AM
Subject: The VA
To: [(b) (6)]<[(b) (6)]@remedypartners.com>

Hi there,

My name is Shannon Vavra and I'm a reporter at Axios. I am reaching out about a tip I received about [(b) (6)] involving VA leadership. I'd like to figure out if there's anything to this, would you be comfortable talking to me about this? We can figure out

confidentiality that would make you feel comfortable if you like. Feel free to reach out to me on my cell (b) (6) or on Signal, which has end-to-end encryption.

Best,

Shannon



Shannon Vavra

News Desk Reporter, Axios

(b) (6) @axios.com | 773 (b) (6)

@shannvavr

The information contained in this transmission and any attachments may be confidential, proprietary or privileged, and may be subject to protection under applicable law. This transmission is intended for the sole use of the individual or entity to whom it is addressed. If you think you have received this transmission in error, please alert compliance@remedypartners.com and then delete this e-mail immediately. Thank you.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/7/2017 3:13:22 AM
To: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Subject: Re: Please be Our Guest : 11th Annual IAVA Heroes Gala Nov. 9th

Its a nice event

Sent from my iPhone

On Nov 6, 2017, at 9:57 PM, Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>> wrote:

Yaay- invited to a Veterans Celebration- was feeling so down that I was going to miss out on it- there most definitely exists is a supernatural power- Boomerang!

From: [(b) (6), (b) (2)] <[(b) (6)]<[redacted]@iava.org>
Sent: Monday, November 6, 2017 5:41 PM
To: [(b) (6)]<[redacted]@hotmail.com>
Cc: [(b) (6)]<[redacted]>
Subject: Please be Our Guest : 11th Annual IAVA Heroes Gala Nov. 9th

Hello Dr. Alaigh,

I certainly miss seeing you at VACO! I would like to invite you, as our guest, to the 11th Annual IAVA Heroes Gala at Cipriani 42nd St this Thursday, November 9th. I am excited to share that we will be honoring Medal of Honor recipient and Retired Army Captain Florent Groberg, Former VA Secretary Robert McDonald, and Community Solutions President Rosanne Haggerty. We will also be joined by special guests Stephen Colbert, Meghan McCain and Willie Geist. It is going to be a great evening!

To confirm your one complimentary ticket please RSVP to [(b) (6)]<[redacted]@iava.org> no later than Tuesday, November 7.

Event details are in the attached, and [available online here](#). Please let me know if you have any questions.

Thanks so much. We hope you can join us!

[(b) (6)]

—
[(b) (6), (b) (2)]
Director, Political and Intergovernmental Affairs
Iraq and Afghanistan Veterans of America (IAVA)
777 North Capitol Street, NE, Suite 403
Washington, DC 20002

(b) (6)

[IAVA](#) | [Twitter](#) | [Facebook](#) | [Instagram](#)

IAVA has been making historic [impacts](#) on behalf of the veteran community for over a decade. [Help support our fight!](#)

<2017 IAVA Veterans Heroes Gala Invitation.pdf>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/7/2017 2:50:04 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Web

Yes

Sent from my iPhone

On Nov 7, 2017, at 7:42 AM, Poonam Alaigh <(b) (6)hotmail.com> wrote:

Its interesting how even the web knows that we are no longer a team- for the first time in the last 6 years, your name does not appear in the "People Also Viewed" category on my linkedin profile

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 11/7/2017 12:42:58 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Web

Its interesting how even the web knows that we are no longer a team- for the first time in the last 6 years, your name does not appear in the "People Also Viewed" category on my linkedin profile

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 11/8/2017 2:35:21 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Significant

But I do need to talk to you soon when both you and I are not pressed for time- give me a few options

Sent from my iPhone

> On Nov 8, 2017, at 7:12 AM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> David if there is anything ever significant related to the va you think I should know of- just let me know. I need to be moving on and detaching myself from it so won't be in the loop with anything anymore

>

> Sent from my iPad

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/8/2017 2:12:40 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Significant

ok

Sent from my iPhone

> On Nov 8, 2017, at 7:12 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

>

> David if there is anything ever significant related to the va you think I should know of- just let me know. I need to be moving on and detaching myself from it so won't be in the loop with anything anymore

>

> Sent from my iPad

Message

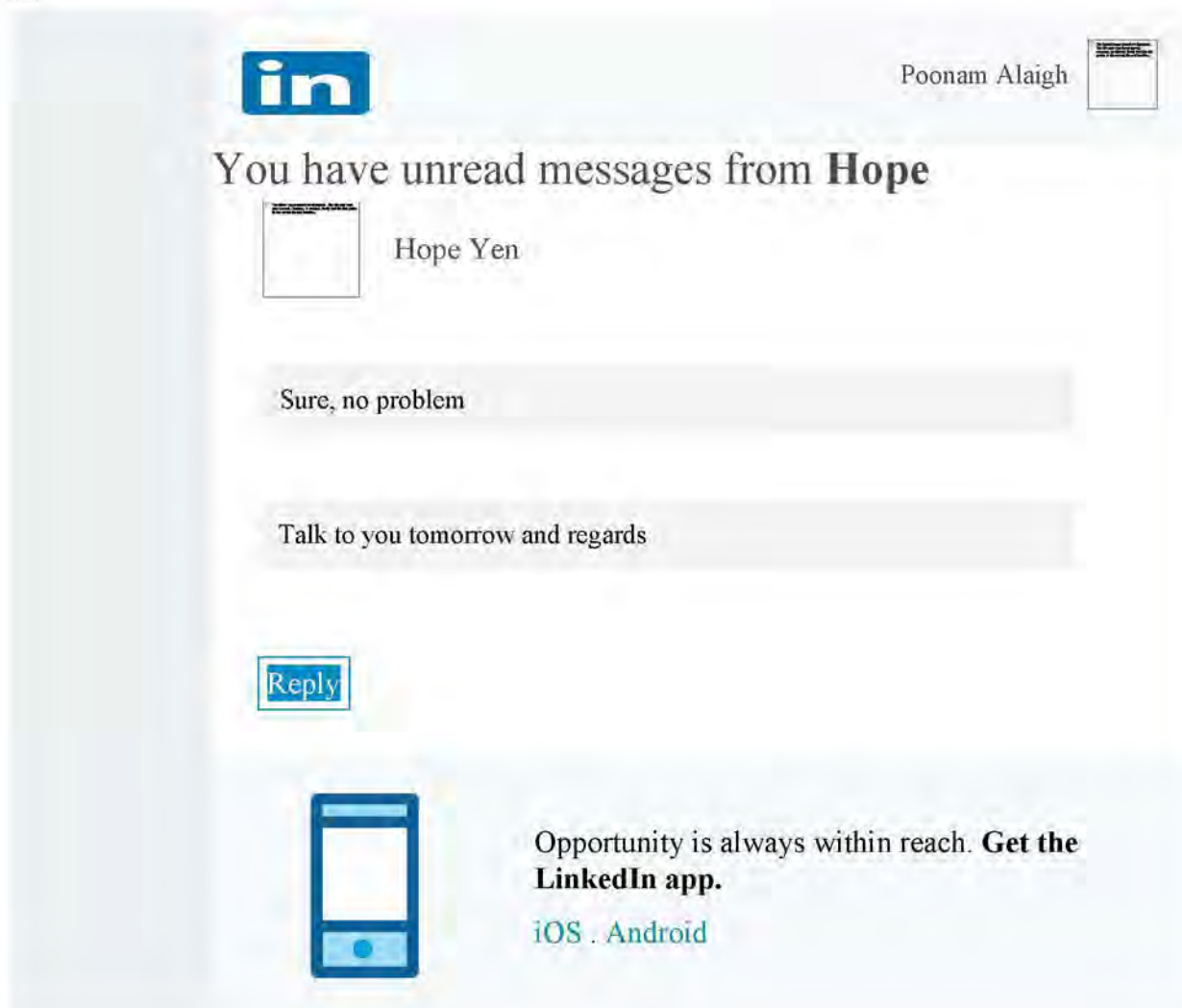
From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 11/2/2017 1:31:44 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Hope sent you a new message

If you get a chance to call me after 6:30pm- call, Hope from the AP wants to do some good news stories and I can give her some stuff but wanted to brainstorm with you if possible- if not, will still do it. See below

Sent from my iPhone

Begin forwarded message:

From: LinkedIn Messaging <messaging-digest-noreply@linkedin.com>
Date: November 2, 2017 at 9:18:18 AM EDT
To: Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>
Subject: Hope sent you a new message
Reply-To: LinkedIn Messaging <fc04c811-dde9-4f76-9658-2c4a0993b4f4@reply.linkedin.com>



[Unsubscribe](#) | [Help](#)

You are receiving Messages from connections digest emails.

This email was intended for Poonam Alaigh (Acting Under Secretary of Health at US Department of Veterans Affairs). [Learn why we included this.](#)



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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/2/2017 1:23:55 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re:

Hope you saw me in boston- im with Jennie and speaking today at harvard law

Glad to be out of DC- the IG is toturing me

Sent from my iPhone

> On Nov 2, 2017, at 9:10 AM, Poonam Alaigh <[(b) (6)]> wrote:

>

> Saw you in my dream last night- hope you are well

>

> Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/19/2017 8:07:10 PM
To: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Subject: Re:

Ive been telling you

Sent from my iPhone

On Nov 19, 2017, at 2:37 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

[(b) (6)] just returned from India last night and he told me that he got a phone call from Buzzfeed last week on his cell phone while he was there with some questions regarding the VA. He told them he couldnt talk since he was overseas- but this fabrication stuff doesnt seem to be dying down. Also, his number is unlisted, so dont know how they got his cell #

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 11/19/2017 7:37:54 PM
To: David Shulkin [drshulkin@aol.com]

(b) just returned from India last night and he told me that he got a phone call from BuzzFeed last week on his cell phone while he was there with some questions regarding the VA. He told them he couldn't talk since he was overseas- but this fabrication stuff doesn't seem to be dying down. Also, his number is unlisted, so don't know how they got his cell #

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/25/2017 1:50:05 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Rep Lamborn Veterans Empowerment Act

Ok lets touch base

Sent from my iPhone

> On Nov 25, 2017, at 12:43 AM, Darin Selnick (b) (6) @gmail.com> wrote:
>
> Hope you are having a great Thanksgiving.
>
> Attached is the Rep Lamborn, Veterans Empowerment Act introduced this week.
>
> Here is the part you will like the most, VA as secondary payer to Medicare and TRICARE.
>
> “(c) SECONDARY PAYER.—
> 12 “(1) IN GENERAL.—Notwithstanding any other
> 13 provision of law, any health plan (including the
> 14 Medicare program under title XVIII of the Social
> 15 Security Act (42 U.S.C. 1395 et seq.) or a State
> 16 plan under title XIX of such Act (42 U.S.C. 1396
> 17 et seq.) and the TRICARE program under chapter
> 18 55 of title 10) under which an eligible individual is
> 19 covered shall be responsible for the payment of costs
> 20 for any health care received by an eligible individual
> 21 for a non-service connected disability up to the max22
> imum amount allowable under such plan before the
> 23 VetsCare Federal program is responsible for any
> 24 such costs, if applicable.
>
> With this bill out there, all of the VA CARE Act becomes the moderate compromise. HVAC and SVAC have left a lot out of their bills that VA and the Administration wants. Monday meeting with the staff directors is a good time to remind them they need to put it in if they want our support for their bills. You can always be the good cop to the WH bad cop.
>
> Happy to discuss strategy with you next week if you want as I have been working closely with OMB, WH OLA and Comm.
>
> Best
>
> Darin
> <lamborn_veterans_empowerment_act.pdf>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/25/2017 1:49:15 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Rep Lamborn Veterans Empowerment Act

Plus the aco is in there

Sent from my iPhone

> On Nov 25, 2017, at 12:43 AM, Darin Selnick (b) (6) @gmail.com> wrote:
>
> Hope you are having a great Thanksgiving.
>
> Attached is the Rep Lamborn, Veterans Empowerment Act introduced this week.
>
> Here is the part you will like the most, VA as secondary payer to Medicare and TRICARE.
>
> “(c) SECONDARY PAYER.—
> 12 “(1) IN GENERAL.—Notwithstanding any other
> 13 provision of law, any health plan (including the
> 14 Medicare program under title XVIII of the Social
> 15 Security Act (42 U.S.C. 1395 et seq.) or a State
> 16 plan under title XIX of such Act (42 U.S.C. 1396
> 17 et seq.) and the TRICARE program under chapter
> 18 55 of title 10) under which an eligible individual is
> 19 covered shall be responsible for the payment of costs
> 20 for any health care received by an eligible individual
> 21 for a non-service connected disability up to the max22
> imum amount allowable under such plan before the
> 23 VetsCare Federal program is responsible for any
> 24 such costs, if applicable.
>
> With this bill out there, all of the VA CARE Act becomes the moderate compromise. HVAC and SVAC have left a lot out of their bills that VA and the Administration wants. Monday meeting with the staff directors is a good time to remind them they need to put it in if they want our support for their bills. You can always be the good cop to the WH bad cop.
>
> Happy to discuss strategy with you next week if you want as I have been working closely with OMB, WH OLA and Comm.
>
> Best
>
> Darin
> <lamborn_veterans_empowerment_act.pdf>

Message

From: Darin Selnick (b) (6) [REDACTED]@gmail.com]
Sent: 11/25/2017 5:43:28 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Rep Lamborn Veterans Empowerment Act
Attachments: lamborn_veterans_empowerment_act.pdf

Hope you are having a great Thanksgiving.

Attached is the Rep Lamborn, Veterans Empowerment Act introduced this week.

Here is the part you will like the most, VA as secondary payer to Medicare and TRICARE.

“(c) SECONDARY PAYER.—

12 “(1) IN GENERAL.—Notwithstanding any other
13 provision of law, any health plan (including the
14 Medicare program under title XVIII of the Social
15 Security Act (42 U.S.C. 1395 et seq.) or a State
16 plan under title XIX of such Act (42 U.S.C. 1396
17 et seq.) and the TRICARE program under chapter
18 55 of title 10) under which an eligible individual is
19 covered shall be responsible for the payment of costs
20 for any health care received by an eligible individual
21 for a non-service connected disability up to the max22
imum amount allowable under such plan before the
23 VetsCare Federal program is responsible for any
24 such costs, if applicable.

With this bill out there, all of the VA CARE Act becomes the moderate compromise. HVAC and SVAC have left a lot out of their bills that VA and the Administration wants. Monday meeting with the staff directors is a good time to remind them they need to put it in if they want our support for their bills. You can always be the good cop to the WH bad cop.

Happy to discuss strategy with you next week if you want as I have been working closely with OMB, WH OLA and Comm.

Best

Darin

.....
(Original Signature of Member)

115TH CONGRESS
1ST SESSION

H. R. _____

To amend title 38, United States Code, to establish the Veterans Accountable Care Organization and to provide veterans access to private health insurance plans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. LAMBORN introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title 38, United States Code, to establish the Veterans Accountable Care Organization and to provide veterans access to private health insurance plans, and for other purposes.

- 1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**
4 This Act may be cited as the “Veterans Empower-
5 ment Act”.

1 **SEC. 2. ESTABLISHMENT OF VETERANS ACCOUNTABLE**
2 **CARE ORGANIZATION.**

3 (a) ESTABLISHMENT.—

4 (1) IN GENERAL.—Chapter 3 of title 38, United
5 States Code, is amended by adding at the end the
6 following new section:

7 **“§ 323. Veterans Accountable Care Organization**

8 “(a) ESTABLISHMENT.—(1) There is established the
9 Veterans Accountable Care Organization (in this section
10 referred to as the ‘Corporation’).

11 “(2) The Corporation is a federally chartered cor-
12 poration.

13 “(3) The Corporation shall be incorporated and domi-
14 ciled in the District of Columbia, or another nearby State,
15 as determined by the board of directors of the Corpora-
16 tion.

17 “(4) The Corporation shall be a charitable and non-
18 profit corporation.

19 “(5) Except as otherwise provided, the Corporation
20 shall have perpetual existence.

21 “(b) PURPOSE.—The purpose of the Corporation is
22 to furnish high quality hospital care, medical services, and
23 other health care (excluding nursing home care and domi-
24 ciliary care) to individuals eligible for such care and serv-
25 ices under laws administered by the Secretary.

1 “(c) BOARD OF DIRECTORS.—(1) The powers of the
2 Corporation shall be vested in a Board of Directors that
3 governs the Corporation.

4 “(2) The Board of Directors shall be composed of the
5 following members:

6 “(A) The Secretary of Veterans Affairs.

7 “(B) Two members appointed by the Speaker of
8 the House of Representatives, at least one of whom
9 shall be a veteran.

10 “(C) Two members appointed by the Minority
11 Leader of the House of Representatives, at least one
12 of whom shall be a veteran.

13 “(D) Two members appointed by the Majority
14 Leader of the Senate, at least one of whom shall be
15 a veteran.

16 “(E) Two members appointed by the Minority
17 Leader of the Senate, at least one of whom shall be
18 a veteran.

19 “(F) Two members appointed by the President,
20 at least one of whom shall be veterans.

21 “(3) The President shall designate a member of the
22 Board of Directors to serve as Chairperson of the Board.
23 The Board shall select a Vice Chairperson from among
24 its members.

1 “(4)(A) A member of the Board of Directors shall
2 serve for a term of five years, except that the members
3 first appointed shall be appointed for staggered terms as
4 the President considers appropriate to ensure that the
5 terms of no more than three members expire in the same
6 year.

7 “(B) Any member appointed to fill a vacancy occur-
8 ring before the expiration of the term for which the mem-
9 ber’s predecessor was appointed shall be appointed only
10 for the remainder of that term. A member may serve after
11 the expiration of that member’s term until a successor has
12 taken office. A vacancy on the Board shall not affect its
13 powers, but shall be filled in the same manner in which
14 the original appointment was made.

15 “(C) The term of each member may be renewed for
16 an additional term, except that in no case shall any mem-
17 ber serve more than two consecutive terms exceeding ten
18 years.

19 “(D) During the absence or disability of the Sec-
20 retary of Veterans Affairs or in the event of a vacancy
21 in the office of Secretary, the Acting Secretary of Veterans
22 Affairs shall serve as the member of the Board of Direc-
23 tors specified in paragraph (2)(A).

24 “(d) DUTIES.—In carrying out subsection (b), the
25 Corporation shall—

1 “(1) transfer personnel and assets of the De-
2 partment of Veterans Affairs to the Corporation
3 pursuant to subsection (b) of section 2 of the Vet-
4 erans Empowerment Act;

5 “(2) establish priorities, milestones, and
6 timelines, in consultation with the Secretary of Vet-
7 erans Affairs, for the termination of functions of the
8 Veterans Health Administration directly related to
9 the furnishing of hospital care, medical services, and
10 other health care (excluding nursing home care and
11 domiciliary care) pursuant to subsection (c) of such
12 section 2;

13 “(3) with respect to centers of excellence relat-
14 ing to service-connected injuries and other medical
15 issues—

16 “(A) continue to administer such centers
17 previously established by the Secretary; and

18 “(B) establish and administer additional
19 such centers as the Board of Directors deter-
20 mines appropriate.

21 “(4) in consultation with the Secretary, carry
22 out such other actions necessary to carry out this
23 section.

24 “(e) POWERS.—The Corporation shall—

25 “(1) appoint employees; and

1 “(2) adopt a Constitution and bylaws consistent
2 with the purpose set forth under subsection (b).

3 “(f) DUTY TO MAINTAIN CORPORATE AND TAX-EX-
4 EMPTY STATUS.—(1) The Corporation shall maintain its
5 status as a corporation incorporated under the laws of the
6 District of Columbia or another nearby State, as deter-
7 mined by the Board of Directors.

8 “(2) The Corporation shall maintain its status as an
9 organization exempt from the Internal Revenue Code of
10 1986.

11 “(g) VETERANS ACCOUNTABLE CARE ORGANIZATION
12 FUND.—(1) There is in the Treasury a fund to be known
13 as the Veterans Accountable Care Organization Fund (in
14 this subsection referred to as the ‘Fund’).

15 “(2) Amounts recovered or collected under chapter 26
16 of this title shall be deposited in the Fund.

17 “(3) Amounts in the Fund shall be available, without
18 further appropriation and without fiscal year limitation,
19 to establish and administer centers of excellence described
20 in subsection (d)(3) and for health care or medical services
21 furnished to a veteran at a facility operated by the Cor-
22 poration.”.

23 (2) CLERICAL AMENDMENT.—The table of sec-
24 tions at the beginning of chapter 3 of such title is

1 amended by inserting after the item relating to sec-
2 tion 322 the following new item:

“323. Veterans Accountable Care Organization.”.

3 (b) TRANSFER OF PERSONNEL AND ASSETS.—

4 (1) TRANSFER.—All of the personnel, property,
5 records, and unexpended balances of appropriations,
6 allocations, and other funds employed, used, held,
7 available, or to be made available in connection with
8 the direct furnishing of hospital care, medical serv-
9 ices, and other health care (excluding nursing home
10 care and domiciliary care) to individuals eligible for
11 such care and services under laws administered by
12 the Secretary of Veterans Affairs are transferred to
13 the Veterans Accountable Care Organization estab-
14 lished under section 323 of title 38, United States
15 Code, as added by subsection (a).

16 (2) REDUCTION IN FORCE.—The Secretary may
17 implement a reduction in force in carrying out para-
18 graph (1).

19 (c) TERMINATION OF FUNCTIONS.—

20 (1) IN GENERAL.—Except as provided by para-
21 graph (2), all of the functions of the Veterans
22 Health Administration directly relating to the fur-
23 nishing of hospital care, medical services, and other
24 health care (excluding nursing home care and domi-
25 ciliary care) to individuals eligible for such care and

1 services under laws administered by the Secretary
2 shall terminate one year after the date of the enact-
3 ment of this Act.

4 (2) EXTENSIONS.—The Secretary of Veterans
5 Affairs may make not more than two 90-day exten-
6 sions to the termination date specified in paragraph
7 (1) if the Secretary notifies Congress of such exten-
8 sions.

9 (3) CERTIFICATION OF TERMINATION DATE.—
10 The Secretary shall certify to Congress the date on
11 which paragraph (1) is carried out.

12 (d) RECOMMENDATIONS FOR STATUTORY AMEND-
13 MENTS.—Not later than 180 days after the date of the
14 enactment of this Act, the Secretary shall submit to Con-
15 gress a report that contains recommendations for tech-
16 nical and conforming amendments to Federal statutes to
17 carry out this Act.

18 **SEC. 3. ESTABLISHMENT OF VETERANS HEALTH INSUR-**
19 **ANCE PROGRAM.**

20 (a) ESTABLISHMENT.—Chapter 73 of title 38,
21 United States Code, is amended by adding at the end the
22 following new section:

23 **“§ 7309A. Veterans Health Insurance Program**

24 “(a) ESTABLISHMENT.—There is established in the
25 Veterans Health Administration the Veterans Health In-

1 surance Program (in this section referred to as the ‘Pro-
2 gram’).

3 “(b) DUTIES.—Under the Program, the Secretary
4 shall administer the provision of health insurance support
5 to veterans under chapter 26 of this title.”.

6 (b) CLERICAL AMENDMENT.—The table of sections
7 at the beginning of chapter 73 of such title is amended
8 by inserting after the item relating to section 7309 the
9 following new item:

“7309A. Veterans Health Insurance Program.”.

10 **SEC. 4. DESIGNATION OF EXISTING AUTHORITIES FOR HOS-**
11 **PITAL CARE, MEDICAL SERVICES, AND**
12 **OTHER HEALTH CARE.**

13 (a) DESIGNATION.—Subchapter I of chapter 17 of
14 title 38, United States Code, is amended by inserting after
15 section 1701 the following new section:

16 **“§ 1701A. VetsCare Federal program: designation of**
17 **authorities for hospital care, medical**
18 **services, and other health care as pro-**
19 **gram**

20 “(a) IN GENERAL.—Effective as of the date de-
21 scribed in section 2(c)(3) of the Veterans Empowerment
22 Act, the authorities for the provision of hospital care, med-
23 ical services, and other health care (other than nursing
24 home care and domiciliary care) in subchapter II of this
25 chapter and under any other law administered by the Sec-

1 retary may be referred to as the ‘VetsCare Federal pro-
2 gram’.

3 “(b) DESIGNATION OF RECIPIENTS.—Effective as of
4 the date described in section 2(c)(3) of the Veterans Em-
5 powerment Act, any eligible individual who receives hos-
6 pital care, medical services, and other health care (exclud-
7 ing nursing home care and domiciliary care) in accordance
8 with the authorities referred to in subsection (a) after such
9 date may be referred to in the receipt of such care or serv-
10 ices as participating in the ‘VetsCare Federal program’.

11 “(c) SECONDARY PAYER.—

12 “(1) IN GENERAL.—Notwithstanding any other
13 provision of law, any health plan (including the
14 Medicare program under title XVIII of the Social
15 Security Act (42 U.S.C. 1395 et seq.) or a State
16 plan under title XIX of such Act (42 U.S.C. 1396
17 et seq.) and the TRICARE program under chapter
18 55 of title 10) under which an eligible individual is
19 covered shall be responsible for the payment of costs
20 for any health care received by an eligible individual
21 for a non-service connected disability up to the max-
22 imum amount allowable under such plan before the
23 VetsCare Federal program is responsible for any
24 such costs, if applicable.

1 “(2) NOTIFICATION.—The Secretary of Health
2 and Human Services, the Secretary of Defense, or
3 any other head of a relevant department or agency
4 of the Federal Government shall notify the Secretary
5 of Veterans Affairs of an eligible individual being
6 covered under a health plan described in paragraph
7 (1).

8 “(d) TREATMENT OF EMPLOYER SPONSORED
9 HEALTH PLANS.—

10 “(1) IN GENERAL.—The provisions of section
11 1862(b)(3)(C) of the Social Security Act (42 U.S.C.
12 1395y(b)(3)(C)) shall apply with respect to financial
13 or other incentives for an employee who is an eligible
14 individual not to enroll (or to terminate enrollment)
15 under a health plan that would (in the case of such
16 enrollment) be responsible under subsection (c) for
17 the payment of costs for hospital care, medical serv-
18 ices, or other health care received by the eligible in-
19 dividual for a non-service connected disability in the
20 same manner as such section 1862(b)(3)(C) applies
21 to financial or other incentives for an individual enti-
22 tled to benefits under title XVIII of the Social Secu-
23 rity Act (42 U.S.C. 1395 et seq.) not to enroll (or
24 to terminate enrollment) under a group health plan
25 or a large group health plan which would (in the

1 case of enrollment) be a primary plan (as defined in
2 section 1862(b)(2)(A) of such Act).

3 “(2) REGULATIONS.—The Secretary may by
4 regulation adopt such additional exceptions to the
5 prohibition described in paragraph (1) as the Sec-
6 retary considers appropriate and such paragraph
7 shall be implemented taking into account the adop-
8 tion of such exceptions.

9 “(3) AGREEMENTS.—The Veterans Accountable
10 Care Organization and the Secretary of Health and
11 Human Services may enter into agreements to carry
12 out this subsection. Any such agreement shall pro-
13 vide that any expenses incurred by the Secretary of
14 Health and Human Services pertaining to carrying
15 out this subsection shall be reimbursed by the Vet-
16 erans Accountable Care Organization.

17 “(4) GROUP HEALTH PLAN DEFINED.—In this
18 subsection, the term ‘group health plan’ means a
19 group health plan (as that term is defined in section
20 5000(b)(1) of the Internal Revenue Code of 1986
21 without regard to section 5000(d) of the Internal
22 Revenue Code of 1986).

23 “(e) ELIGIBLE INDIVIDUALS.—An individual is eligi-
24 ble to participate in the VetsCare Federal program if such
25 individual was enrolled in the system of annual patient

1 enrollment established and operated by the Secretary
2 under section 1705(a) of this title as of the date described
3 in section 2(c)(3) of the Veterans Empowerment Act.”.

4 (b) CLERICAL AMENDMENT.—The table of sections
5 at the beginning of such chapter is amended by inserting
6 after the item relating to section 1701 the following new
7 item:

“1701A. VetsCare Federal program: designation of authorities for hospital care,
medical services, and other health care as program.”.

8 **SEC. 5. HEALTH INSURANCE SUPPORT FOR NEW VETERANS**
9 **AND VETERANS ELECTING HEALTH INSUR-**
10 **ANCE SUPPORT IN LIEU OF ELIGIBILITY FOR**
11 **HOSPITAL CARE, MEDICAL SERVICES, AND**
12 **OTHER HEALTH CARE UNDER EXISTING AU-**
13 **THORITIES.**

14 (a) IN GENERAL.—Part II of title 38, United States
15 Code, is amended by inserting after chapter 24 the fol-
16 lowing new chapter:

17 **“CHAPTER 26—VETERANS**
18 **INDEPENDENCE IN HEALTH CARE**

“SUBCHAPTER I—VETERANS GENERALLY

- “2601. VetsCare Choice program: designation of recipients.
- “2602. Eligibility.
- “2603. Qualifying health insurance.
- “2604. Health insurance support.
- “2605. Treatment of other health plans.
- “2606. Receipt of health care through the Department.
- “2607. Pharmacy benefits.

“SUBCHAPTER II—MEDICARE-ELIGIBLE VETERANS

- “2611. VetsCare Senior program: designation of recipients.
- “2612. Medicare support.

1 **“Subchapter I—Veterans Generally**

2 **“§ 2601. VetsCare Choice program: designation of re-**
3 **ciipients**

4 “(a) IN GENERAL.—The authorities for the provision
5 of health insurance support under this subchapter may be
6 referred to as the ‘VetsCare Choice program’.

7 “(b) DESIGNATION OF RECIPIENTS.—Any veteran
8 who receives health insurance support under this sub-
9 chapter may be referred to in the receipt of support as
10 participating in the ‘VetsCare Choice program’.

11 “(c) RELATIONSHIP TO CARE BY VETERANS AC-
12 COUNTABLE CARE ORGANIZATION.—Health insurance
13 support under this subchapter is in addition to any health
14 care or medical services furnished to a veteran at a facility
15 operated by the Veterans Accountable Care Organization.

16 **“§ 2602. Eligibility**

17 “(a) IN GENERAL.—Except as provided in sub-
18 sections (c) and (d), the following veterans shall be pro-
19 vided health insurance support under this subchapter:

20 “(1) Veterans who first enroll in the system of
21 annual patient enrollment established and operated
22 by the Secretary under section 1705(a) of this title
23 on or after the date described in section 2(c)(3) of
24 the Veterans Empowerment Act.

1 “(2) Veterans enrolled in such system as of the
2 date described in section 2(c)(3) of the Veterans
3 Empowerment Act who elect health insurance sup-
4 port under this subchapter in lieu of eligibility for
5 hospital care, medical services, and other health care
6 (excluding nursing home care and domiciliary care)
7 under the VetsCare Federal program under chapter
8 17 of this title or any other law administered by the
9 Secretary.

10 “(b) ENROLLMENT.—The Secretary shall admin-
11 ister—

12 “(1) an open enrollment period for the
13 VetsCare Choice program that corresponds to the
14 open enrollment period for the Federal Employees
15 Health Benefits program described in section
16 8905(g); and

17 “(2) special enrollment periods based on quali-
18 fying life events of veterans similar to such events
19 under the Federal Employees Health Benefits Pro-
20 gram, except that the change of priority group shall
21 also be treated as a qualifying life event.

22 “(c) EFFECT OF ELECTION.—While an election
23 under subsection (a)(2) of a veteran described in that sub-
24 section is in effect, the veteran is not eligible for hospital
25 care, medical services, and other health care (excluding

1 nursing home care and domiciliary care) under chapter 17
2 of this title or any other law administered by the Sec-
3 retary.

4 “(d) EXCEPTIONS.—The following veterans are not
5 eligible for health insurance support under this sub-
6 chapter:

7 “(1) Any veteran eligible for care under the
8 Medicare program under title XVIII of the Social
9 Security Act (42 U.S.C. 1395 et seq.).

10 “(2) Any veteran who—

11 “(A) first enrolls in the system of annual
12 patient enrollment established and operated by
13 the Secretary under section 1705(a) of this title
14 on or after the date described in section 2(c)(3)
15 of the Veterans Act; and

16 “(B) is in priority group 7 or priority
17 group 8.

18 “(e) COMMENCEMENT OF AVAILABILITY OF SUP-
19 PORT.—Health insurance support under this subchapter
20 shall commence being available as follows:

21 “(1) With respect to veterans in priority group
22 1, 2, or 3, on the first day of the first month that
23 begins on or after the date described in section
24 2(c)(3) of the Veterans Empowerment Act.

1 “(2) With respect to veterans in a priority
2 group other than 1, 2, or 3, on the first day of the
3 first month that begins on or after the date that is
4 180 days after the commencement date under para-
5 graph (1).

6 “(f) PRIORITY GROUP DEFINED.—In this section,
7 the term ‘priority group’ means the priority groups estab-
8 lished by the Secretary for purposes of the enrollment of
9 veterans in the patient enrollment system under section
10 1705(a) of this title.

11 **“§ 2603. Qualifying health insurance**

12 “Health insurance support may be provided under
13 this subchapter only for health plans that—

14 “(1) include the types of health care authorized
15 under section 1079 of title 10, United States Code;
16 and

17 “(2) provide such additional elements of cov-
18 erage as the Secretary shall prescribe for purposes
19 of this subchapter.

20 **“§ 2604. Health insurance support**

21 “(a) IN GENERAL.—The Secretary shall provide
22 health insurance support to veterans eligible for such sup-
23 port under this subchapter through premium support
24 under subsections (b) and (c), cost-sharing support under
25 subsection (d), and alternative support under subsection

1 (e) by paying or reimbursing such veterans for the costs
2 associated with such health insurance support. The Sec-
3 retary shall make such payments or reimbursements in a
4 manner similar to the manner in which the Centers for
5 Medicare & Medicaid Services make similar payments and
6 reimbursements.

7 “(b) PREMIUM SUPPORT GENERALLY.—The pre-
8 mium support provided by the Secretary under this sub-
9 section is as follows:

10 “(1) TIER 1.—To any veteran with a service-
11 connected disability rated as 100 percent disabling,
12 health insurance support sufficient to provide bene-
13 fits to the veteran under a health plan that are actu-
14 arially equivalent to 100 percent of the full actuarial
15 value of the benefits provided under the health plan.
16 A health plan under this paragraph may be referred
17 to as a ‘Tier 1 Plan’.

18 “(2) TIER 2.—To any veteran in priority group
19 1 not covered by paragraph (1) and any veteran in
20 priority group 2, health insurance support sufficient
21 to provide benefits to the veteran under a health
22 plan that are actuarially equivalent to 90 percent of
23 the full actuarial value of the benefits provided
24 under the health plan. A health plan under this
25 paragraph may be referred to as a ‘Tier 2 Plan’.

1 “(3) TIER 3.—To any veteran in priority group
2 3 or priority group 4, health insurance support suffi-
3 cient to provide benefits to the veteran under a
4 health plan that are actuarially equivalent to 80 per-
5 cent of the full actuarial value of the benefits pro-
6 vided under the health plan. A health plan under
7 this paragraph may be referred to as a ‘Tier 3
8 Plan’.

9 “(4) TIER 4.—To any veteran in priority group
10 5 or priority group 6, health insurance support suffi-
11 cient to provide benefits to the veteran under a
12 health plan that are actuarially equivalent to 70 per-
13 cent of the full actuarial value of the benefits pro-
14 vided under the health plan. A health plan under
15 this paragraph may be referred to as a ‘Tier 4
16 Plan’.

17 “(5) TIER 5.—To any veteran not in a priority
18 group covered by paragraphs (1) through (4) and
19 not ineligible for such support under section
20 2602(d)(2) of this title, health insurance support
21 sufficient to provide benefits to the veteran under a
22 health plan that are actuarially equivalent to 60 per-
23 cent of the full actuarial value of the benefits pro-
24 vided under the health plan. A health plan under

1 this paragraph may be referred to as a ‘Tier 5
2 Plan’.

3 “(c) ADDITIONAL PREMIUM SUPPORT BASED ON
4 NEED.—The premium support provided by the Secretary
5 under this subsection is as follows:

6 “(1) To any veteran with an annual gross
7 household income that is less than 133 percent of
8 the poverty line, health insurance support sufficient
9 to cover any costs of such monthly premium that are
10 more than 2 percent of the monthly gross household
11 income of the veteran.

12 “(2) To any veteran with an annual gross
13 household income that is between 133 percent and
14 150 percent of the poverty line, health insurance
15 support sufficient to cover any costs of such monthly
16 premium that are more than 3 percent of the
17 monthly gross household income of the veteran.

18 “(3) To any veteran with an annual gross
19 household income that is between 150 percent and
20 200 percent of the poverty line, health insurance
21 support sufficient to cover any costs of such monthly
22 premium that are more than 4 percent of the
23 monthly gross household income of the veteran.

24 “(4) To any veteran with an annual gross
25 household income that is between 200 percent and

1 250 percent of the poverty line, health insurance
2 support sufficient to cover any costs of such monthly
3 premium that are more than 6.3 percent of the
4 monthly gross household income of the veteran.

5 “(5) To any veteran with an annual gross
6 household income that is between 250 percent and
7 300 percent of the poverty line, health insurance
8 support sufficient to cover any costs of such monthly
9 premium that are more than 8.05 percent of the
10 monthly gross household income of the veteran.

11 “(6) To any veteran with an annual gross
12 household income that is between 300 percent and
13 400 percent of the poverty line, health insurance
14 support sufficient to cover any costs of such monthly
15 premium that are more than 9.5 percent of the
16 monthly gross household income of the veteran.

17 “(d) COST-SHARING SUPPORT.—The cost-sharing
18 support provided by the Secretary under this subsection
19 is as follows:

20 “(1) To any veteran with an annual gross
21 household income that is less than 150 percent of
22 the poverty line, health insurance support sufficient
23 to cover cost-sharing in order to ensure that the ef-
24 fective minimum actuarial value of the benefits pro-

1 vided under the health plan of the veteran is not less
2 than 94 percent.

3 “(2) To any veteran with an annual gross
4 household income that is between 150 percent and
5 200 percent of the poverty line, health insurance
6 support sufficient to cover cost-sharing in order to
7 ensure that the effective minimum actuarial value of
8 the benefits provided under the health plan of the
9 veteran is not less than 87 percent.

10 “(3) To any veteran with an annual gross
11 household income that is between 200 percent and
12 250 percent of the poverty line, health insurance
13 support sufficient to cover cost-sharing in order to
14 ensure that the effective minimum actuarial value of
15 the benefits provided under the health plan of the
16 veteran is not less than 73 percent.

17 “(e) ALTERNATIVE SUPPORT FOR VETERANS WITH
18 CERTAIN HEALTH INSURANCE.—

19 “(1) IN GENERAL.—Notwithstanding any other
20 provision of this section, upon the election of a vet-
21 eran eligible for health insurance support under this
22 subchapter who obtains a high deductible health
23 plan that includes a health savings account under
24 section 223 of the Internal Revenue Code of 1986,
25 the Secretary shall contribute an amount calculated

1 under paragraph (2) into such health savings ac-
2 count on behalf of the veteran.

3 “(2) AMOUNT CALCULATED.—The amount cal-
4 culated under this paragraph is an amount equal to
5 the difference between—

6 “(A) the amount of health insurance sup-
7 port the veteran would otherwise have received
8 under the subsection of this section applicable
9 to the veteran; and

10 “(B) the amount payable by the veteran in
11 connection with the high deductible health plan
12 described in paragraph (1).

13 “(f) DETERMINATIONS BASED ON COST OF
14 PLANS.—In making determinations under this section
15 with respect to the amount of health insurance support
16 to provide to a veteran, the Secretary shall make such de-
17 terminations based on the costs associated with the sec-
18 ond-least-costly health plan available to the veteran in the
19 area in which the veteran resides.

20 “(g) DEFINITIONS.—In this section:

21 “(1) The term ‘cost-sharing’, in connection with
22 the receipt of health care and treatment under a
23 health plan, means any copayments, deductibles, or
24 other charges imposed, collected, or otherwise re-
25 quired by a health insurance provider or health care

1 provider in connection with the receipt of health care
2 and treatment under such health plan.

3 “(2) The term ‘poverty line’ means the poverty
4 line (as defined in section 673(2) of the Community
5 Services Block Grant Act (42 U.S.C. 9902(2)) appli-
6 cable to a family of the size involved.

7 “(3) The term ‘high deductible health plan’ has
8 the meaning given that term in section 223(c)(2) of
9 the Internal Revenue Code of 1986.

10 “(4) The term ‘priority group’ means the pri-
11 ority groups established by the Secretary for pur-
12 poses of the enrollment of veterans in the patient en-
13 rollment system under section 1705(a) of this title.

14 **“§ 2605. Treatment of other health plans**

15 “(a) SECONDARY PAYER.—

16 “(1) IN GENERAL.—Notwithstanding any other
17 provision of law, any health plan (including a State
18 plan under title XIX of the Social Security Act (42
19 U.S.C. 1396 et seq.) and the TRICARE program
20 under chapter 55 of title 10) under which a veteran
21 is covered that is not a health plan for which health
22 insurance support is provided under this subchapter
23 shall be responsible for the payment of costs for any
24 health care received by an eligible individual for a
25 non-service connected disability up to the maximum

1 amount allowable under such plan before any health
2 plan for which health insurance support is provided
3 under this subchapter is responsible for any such
4 costs, if applicable.

5 “(2) NOTIFICATION.—The Secretary of Health
6 and Human Services, the Secretary of Defense, or
7 any other head of a relevant department or agency
8 of the Federal Government shall notify the Secretary
9 of Veterans Affairs of an eligible individual being
10 covered under a health plan described in paragraph
11 (1).

12 “(b) TREATMENT OF EMPLOYER SPONSORED
13 HEALTH PLANS.—

14 “(1) IN GENERAL.—The provisions of section
15 1862(b)(3)(C) of the Social Security Act (42 U.S.C.
16 1395y(b)(3)(C)) shall apply with respect to financial
17 or other incentives for an employee who is a veteran
18 not to enroll (or to terminate enrollment) under a
19 health plan that is not a health plan for which
20 health insurance support is provided under this sub-
21 chapter and that would (in the case of such enroll-
22 ment) be responsible under subsection (a) for the
23 payment of costs for health care received by the vet-
24 eran in the same manner as such section
25 1862(b)(3)(C) applies to financial or other incentives

1 for an individual entitled to benefits under title
2 XVIII of the Social Security Act (42 U.S.C. 1395 et
3 seq.) not to enroll (or to terminate enrollment)
4 under a group health plan or a large group health
5 plan which would (in the case of enrollment) be a
6 primary plan (as defined in section 1862(b)(2)(A) of
7 such Act).

8 “(2) REGULATIONS.—The Secretary may by
9 regulation adopt such additional exceptions to the
10 prohibition described in paragraph (1) as the Sec-
11 retary considers appropriate and such paragraph
12 shall be implemented taking into account the adop-
13 tion of such exceptions.

14 “(3) AGREEMENTS.—The Secretary of Veterans
15 Affairs and the Secretary of Health and Human
16 Services may enter into agreements to carry out this
17 subsection. Any such agreement shall provide that
18 any expenses incurred by the Secretary of Health
19 and Human Services pertaining to carrying out this
20 subsection shall be reimbursed by the Secretary of
21 Veterans Affairs.

22 “(4) GROUP HEALTH PLAN DEFINED.—In this
23 subsection, the term ‘group health plan’ means a
24 group health plan (as that term is defined in section
25 5000(b)(1) of the Internal Revenue Code of 1986

1 without regard to section 5000(d) of the Internal
2 Revenue Code of 1986).

3 **“§ 2606. Receipt of health care through the Depart-**
4 **ment**

5 “(a) CONTRACTS.—Any health insurance provider
6 that provides a health plan for which health insurance
7 support may be provided under this subchapter or sub-
8 chapter II may enter into a contract with the Veterans
9 Accountable Care Organization under which the medical
10 personnel and facilities of the Veterans Accountable Care
11 Organization may be treated as a designated provider for
12 purposes of such health plan.

13 “(b) COST OF CARE.—The cost, including any copay-
14 ments, of any health care or treatment provided to a vet-
15 eran by the Veterans Accountable Care Organization
16 under a contract under subsection (a) shall be determined
17 by the Veterans Accountable Care Organization.

18 “(c) MECHANISM.—The Board of Directors of the
19 Veterans Accountable Care Organization shall establish a
20 mechanism through which the Veterans Accountable Care
21 Organization enters into contracts with health insurance
22 providers under subsection (a).

1 **“§ 2607. Pharmacy benefits**

2 “A veteran who is enrolled in the VetsCare Choice
3 program or the VetsCare Senior program may fill pre-
4 scriptions at pharmacies of the Department.

5 “SUBCHAPTER II—MEDICARE-ELIGIBLE
6 VETERANS

7 **“§ 2611. VetsCare Senior program: designation of re-
8 cipients**

9 “(a) IN GENERAL.—The authorities for the provision
10 of health insurance support under this subchapter may be
11 referred to as the ‘VetsCare Senior program’.

12 “(b) DESIGNATION OF RECIPIENTS.—Any veteran
13 who receives health insurance support under this sub-
14 chapter may be referred to in the receipt of support as
15 participating in the ‘VetsCare Senior program’.

16 “(c) RELATIONSHIP TO CARE BY VETERANS AC-
17 COUNTABLE CARE ORGANIZATION.—Health insurance
18 support under this subchapter is in addition to any health
19 care or medical services furnished to a veteran at a facility
20 operated by the Veterans Accountable Care Organization.

21 **“§ 2612. Medicare support**

22 “(a) IN GENERAL.—The Secretary shall provide
23 health insurance support to each covered veteran equal to
24 the costs incurred by such veteran for Medicare premiums
25 and cost-sharing under parts A, B, C, and D of title XVIII
26 of the Social Security Act (42 U.S.C. 1395 et seq.) and

1 for premiums and cost-sharing for medicare supplemental
2 policies under section 1882 of such Act (42 U.S.C.
3 1395ss).

4 “(b) RELATIONSHIP WITH VETSCARE FEDERAL.—
5 Notwithstanding any other provision of law, if a covered
6 veteran is enrolled in the VetsCare Federal program under
7 section 1701A of this title, the Medicare program under
8 title XVIII of the Social Security Act (42 U.S.C. 1395
9 et seq.) (or a medicare supplemental policy under section
10 1882 of such Act (42 U.S.C. 1395ss)) shall be responsible
11 for the payment of costs for any health care received by
12 an eligible individual for a non-service connected disability
13 up to the maximum amount allowable under such program
14 (or supplemental policy) for such health care before the
15 VetsCare Federal program is responsible for any such
16 costs, if applicable.

17 “(c) AVAILABILITY OF PAYMENT OR REIMBURSE-
18 MENT.—

19 “(1) COMMENCEMENT.—Health insurance sup-
20 port under this subchapter shall commence being
21 available as follows:

22 “(A) With respect to covered veterans in
23 priority group 1, 2, or 3, on the first day of the
24 first month that begins on or after the date de-

1 scribed in section 2(c)(3) of the Veterans Em-
2 powerment Act.

3 “(B) With respect to covered veterans in a
4 priority group other than 1, 2, or 3, on the first
5 day of the first month that begins on or after
6 the date that is 180 days after the commence-
7 ment date under paragraph (1).

8 “(2) EXCLUSION OF CERTAIN VETERANS.—A
9 covered veteran is not eligible for health insurance
10 support under this section if such veteran—

11 “(A) first enrolls in the system of annual
12 patient enrollment established and operated by
13 the Secretary under section 1705(a) of this title
14 on or after the date of the enactment of this
15 Act; and

16 “(B) is in priority group 7 or 8.

17 “(d) DEFINITIONS.—In this section:

18 “(1) The term ‘cost-sharing’, in connection with
19 the receipt of health care and treatment under the
20 Medicare program under title XVIII of the Social
21 Security Act (42 U.S.C. 1395 et seq.) or medicare
22 supplemental policies under section 1882 of such Act
23 (42 U.S.C. 1395ss), means any copayments,
24 deductibles, or other charges imposed, collected, or
25 otherwise required by a health insurance provider or

1 health care provider in connection with receipt of
2 health care and treatment under such program or
3 supplemental policies.

4 “(2) The term ‘covered veteran’ means a vet-
5 eran receiving benefits under the Medicare program
6 under title XVIII of the Social Security Act.

7 “(3) The term ‘priority group’ means the pri-
8 ority groups established by the Secretary for pur-
9 poses of the enrollment of veterans in the patient en-
10 rollment system under section 1705(a) of this title.”.

11 (b) CLERICAL AMENDMENT.—The table of chapters
12 at the beginning title 38, United States Code, is amended
13 by inserting after the item relating to chapter 24 the fol-
14 lowing new item:

“Chapter 26 .Veterans Independence in Health Care 2601”.

15 (c) CONFORMING AMENDMENTS.—

16 (1) MINIMUM ESSENTIAL COVERAGE.—Section
17 5000A(f)(1)(A)(v) of the Internal Revenue Code of
18 1986 is amended by striking “or 18” and inserting
19 “, 18, or 26”.

20 (2) MEDICARE PART B.—

21 (A) NON-APPLICATION OF LATE ENROLL-
22 MENT PENALTY.—Section 1839(b) of the Social
23 Security Act (42 U.S.C. 1395r(b)) is amended,
24 in the second sentence, by inserting “or months
25 for which the individual can demonstrate that

1 the individual was enrolled in the VetsCare Sen-
2 ior program under subchapter II of chapter 26
3 of title 38, United States Code” after “an indi-
4 vidual described in section 1837(k)(3)”.

5 (B) SPECIAL ENROLLMENT PERIOD.—Sec-
6 tion 1837 of the Social Security Act (42 U.S.C.
7 1395p) is amended by adding at the end the
8 following new subsection:

9 “(m)(1) In the case of any individual who is enrolled
10 in the VetsCare Senior program under subchapter II of
11 chapter 26 of title 38, United States Code at the time
12 the individual is entitled to part A under section 226 or
13 section 226A and who is eligible to enroll but who has
14 elected not to enroll (or to be deemed enrolled) during the
15 individual’s initial enrollment period, there shall be a spe-
16 cial enrollment period as specified by the Secretary.

17 “(2) In the case of an individual who enrolls during
18 the special enrollment period provided under paragraph
19 (1), the coverage period under this part shall begin on
20 such date specified by the Secretary.

21 “(3) An individual may only enroll during the special
22 enrollment period provided under paragraph (1) one time
23 during the individual’s lifetime.

24 “(4) The Secretary of Veterans Affairs shall collabo-
25 rate with the Secretary of Health and Human Services

1 and the Commissioner of Social Security to provide for
2 the accurate identification of individuals described in para-
3 graph (1). The Secretary of Veterans Affairs shall provide
4 such individuals with notification with respect to this sub-
5 section. The Secretary of Veterans Affairs shall collabo-
6 rate with the Secretary of Health and Human Services
7 and the Commissioner of Social Security to ensure appro-
8 priate follow up pursuant to any notification provided
9 under the preceding sentence.”.

10 **SEC. 6. COORDINATION BETWEEN VETSCARE CHOICE PRO-**
11 **GRAM AND ELIGIBILITY TO MAKE CONTRIBU-**
12 **TIONS TO HEALTH SAVINGS ACCOUNTS.**

13 (a) IN GENERAL.—Section 223(c)(1)(B) of the Inter-
14 nal Revenue Code of 1986 is amended by striking “and”
15 at the end of clause (ii), by striking the period at the end
16 of clause (iii) and inserting “, and”, and by adding at the
17 end the following new clause:

18 “(iv) coverage for health insurance
19 support under the VetsCare Choice pro-
20 gram under subchapter I of chapter 26 of
21 title 38, United States Code.”.

22 (b) DENIAL OF DEDUCTION FOR AMOUNTS NOT IN-
23 CLUDIBLE IN GROSS INCOME.—Subsection (b) of section
24 223 of the Internal Revenue Code of 1986 is amended by
25 adding at the end the following new paragraph:

1 “(9) AMOUNTS NOT INCLUDIBLE IN GROSS IN-
2 COME.—No amount paid to a health savings account
3 of an individual shall be taken into account under
4 subsection (a) if (without regard to this section)
5 such amount, when paid to or on behalf of such indi-
6 vidual, is excluded from gross income of the indi-
7 vidual or exempt from taxation under any provision
8 of Federal law.”.

9 (c) EFFECTIVE DATE.—The amendments made by
10 this section shall apply to amounts paid to a health sav-
11 ings account (as defined in section 223(d) of the Internal
12 Revenue Code of 1986) after the date of the enactment
13 of this Act.

14 **SEC. 7. PUBLICATION OF HEALTH CARE INFORMATION.**

15 (a) IN GENERAL.—The Secretary of Veterans Affairs
16 shall make available to the public on an ongoing basis in-
17 formation about the operations of the Veterans Health Ad-
18 ministration in a manner similar to publication of infor-
19 mation under the Medicare Accountable Care Organiza-
20 tion program to better monitor and support continuous
21 improvement in the Veterans Health Administration.

22 (b) ELEMENTS.—The information published under
23 subsection (a) shall include information about the oper-
24 ations of the Veterans Health Administration, including

1 metrics regarding quality, safety, patient experience, time-
2 liness, and cost-effectiveness.

3 **SEC. 8. VETERANS' ELIGIBILITY FOR LONG-TERM CARE IN-**
4 **SURANCE.**

5 (a) IN GENERAL.—Section 9001 of title 5, United
6 States Code, is amended—

7 (1) by redesignating paragraphs (5) through
8 (10) as (6) through (11), respectively;

9 (2) by inserting after paragraph (4) the fol-
10 lowing:

11 “(5) VETERAN.—The term ‘veteran’ has the
12 same meaning given the term in section 101(2) of
13 title 38, United States Code.”;

14 (3) in paragraph (6), as so redesignated—

15 (A) in subparagraph (A), by striking “or
16 (4).” and inserting “(4), or (5).”;

17 (B) in subparagraph (B), by striking “(1)
18 or (3).” and inserting “(1), (3), or (5).”;

19 (C) in subparagraph (C), by striking “or
20 (4)” and inserting “(4), or (5)”; and

21 (D) in subparagraph (D), by striking “or
22 (4)” and inserting “(4), or (5)”; and

23 (4) in paragraph (7), as so redesignated, by
24 striking “or (5).” and inserting “(5), or (6).”; and

25 (5) in paragraph (11), as so redesignated—

1 (A) in subparagraph (C), by striking
2 “Commerce; and” and inserting “Commerce;”;
3 (B) in subparagraph (D), by striking
4 “Services.” and inserting “Services; and”; and
5 (C) by inserting after subparagraph (D):
6 “(E) with respect to a veteran, the Sec-
7 retary of Veterans Affairs.”.

8 (b) TECHNICAL AND CONFORMING AMENDMENTS.—
9 Title 5, United States Code, is amended as follows:

10 (1) Section 9002 is amended—

11 (A) in subsection (a), by striking “or (5)”
12 and inserting “(5), or (6)”; and

13 (B) in subsection (e)—

14 (i) in paragraph (2), by striking “or
15 (4)” and inserting “(4), or (5)”; and

16 (ii) in paragraph (4), by striking “sec-
17 tion 9001(9)” and inserting “section
18 9001(10)”.

19 (2) Section 9004(d) is amended by inserting
20 after “withheld under subsection (b)” the following:
21 “, who is an enrollee by virtue of being a veteran de-
22 scribed in section 9001(5) of this title,”.

23 (3) Section 9008(c) is amended by striking “(3)
24 or (4)” and inserting “(3), (4), or (5)”.

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<section id="H12690CA506D549888328873F68CEC6CE"><enum>2.</enum><header>Establishment of
Veterans Accountable Care Organization</header>
<subsection
id="H22505838A3D5435EA9B0E9DA33AF629B"><enum>(a)</enum><header>Establishment</header>
<paragraph id="H3FDD589982F64A9AAADF34D13A10E0D9"><enum>(1)</enum><header>In
```

general</header><text>Chapter 3 of title 38, United States Code, is amended by adding at the end the following new section:</text>

<quoted-block display-inline="no-display-inline" id="HDA9DEF6E802D436EB6499FE1728EF9BA" style="USC">

<section id="HE5FCFCF15CEA45E29B985BE5677D0CB2"><enum>323.</enum><header>Veterans Accountable Care Organization</header>

<subsection id="H63EB5E4546E34AEC96C22E3789A74B93"><enum>(a)</enum><header>Establishment</header>

<paragraph commented="no" display-inline="yes-display-inline" id="H68B543E943A74445AB75AA988CA8E349"><enum>(1)</enum><text>There is established the Veterans Accountable Care Organization (in this section referred to as the <quote>Corporation</quote>).</text></paragraph>

<paragraph id="H39B9E6CF497D4E80AA508AAEA601C9D9" indent="up1"><enum>(2)</enum><text>The Corporation is a federally chartered corporation.</text></paragraph>

<paragraph id="HDC290179E16A43A3B7B4BC851B65D46A" indent="up1"><enum>(3)</enum><text>The Corporation shall be incorporated and domiciled in the District of Columbia, or another nearby State, as determined by the board of directors of the Corporation.</text></paragraph>

<paragraph id="H539AF356A71E4BD8BDACF28CB95C08A6" indent="up1"><enum>(4)</enum><text>The Corporation shall be a charitable and nonprofit corporation.</text></paragraph>

<paragraph id="H1ADA3F43762E44FAAB02C7AA72EA7718" indent="up1"><enum>(5)</enum><text>Except as otherwise provided, the Corporation shall have perpetual existence.</text></paragraph></subsection>

<subsection id="HE56AA3EA07B14E479652DED3F014F1B6"><enum>(b)</enum><header>Purpose</header><text>The purpose of the Corporation is to furnish high quality hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) to individuals eligible for such care and services under laws administered by the Secretary.</text></subsection>

<subsection id="H1B4A676A9B454E278FE65FF6FD235DD3"><enum>(c)</enum><header>Board of Directors</header>

<paragraph id="H8D11E8490B1A426589A6E96DE9623C9A" display-inline="yes-display-inline"><enum>(1)</enum><text>The powers of the Corporation shall be vested in a Board of Directors that governs the Corporation.</text></paragraph>

<paragraph id="HEA095869B8E14A27A1E754A34B6B4448" indent="up1"><enum>(2)</enum><text>The Board of Directors shall be composed of the following members:</text>

<subparagraph id="H912E2E595D6647138ED38DAABA7A7ADA"><enum>(A)</enum><text>The Secretary of Veterans Affairs.</text></subparagraph>

<subparagraph id="H81061DC6196A40F18B056988293B7607"><enum>(B)</enum><text>Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.</text></subparagraph>

<subparagraph id="HEF3A18073A57490783D802AA9E74E767"><enum>(C)</enum><text>Two members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a veteran.</text></subparagraph>

<subparagraph id="H5AFD0ED1949649C68AD54532F7578BF5"><enum>(D)</enum><text>Two members

appointed by the Majority Leader of the Senate, at least one of whom shall be a veteran.</text></subparagraph>

<subparagraph id="H96C62F3ABE974468BB6E16D19FC64BD4"><enum>(E)</enum><text>Two members appointed by the Minority Leader of the Senate, at least one of whom shall be a veteran.</text></subparagraph>

<subparagraph id="H3040E33FC8D740D4999A4E7A72EE7481"><enum>(F)</enum><text>Two members appointed by the President, at least one of whom shall be veterans.</text></subparagraph></paragraph>

<paragraph id="H24BB807B12684A5C83F2D8AD7E2BEDAF" indent="up1"><enum>(3)</enum><text display-inline="yes-display-inline">The President shall designate a member of the Board of Directors to serve as Chairperson of the Board. The Board shall select a Vice Chairperson from among its members.</text></paragraph>

<paragraph id="H97FBBFDFE04A45338C99320323FDE9A8" indent="up1"><enum>(4)</enum><subparagraph id="H2528848B5A1C429094C74D1B07FC2FE6" display-inline="yes-display-inline"><enum>(A)</enum><text display-inline="yes-display-inline">A member of the Board of Directors shall serve for a term of five years, except that the members first appointed shall be appointed for staggered terms as the President considers appropriate to ensure that the terms of no more than three members expire in the same year.</text></subparagraph>

<subparagraph id="HEF7D83355C45440EAC53AD573F27CB2A" indent="up1"><enum>(B)</enum><text display-inline="yes-display-inline">Any member appointed to fill a vacancy occurring before the expiration of the term for which the memberâ€™s predecessor was appointed shall be appointed only for the remainder of that term. A member may serve after the expiration of that memberâ€™s term until a successor has taken office. A vacancy on the Board shall not affect its powers, but shall be filled in the same manner in which the original appointment was made.</text></subparagraph>

<subparagraph id="H9C3C9595B3A848D8A74E07C47FB27AA8" indent="up1"><enum>(C)</enum><text display-inline="yes-display-inline">The term of each member may be renewed for an additional term, except that in no case shall any member serve more than two consecutive terms exceeding ten years.</text></subparagraph>

<subparagraph id="H0E01F274F1D14244B614C2B93B4FF7D8" indent="up1" commented="no"><enum>(D)</enum><text display-inline="yes-display-inline">During the absence or disability of the Secretary of Veterans Affairs or in the event of a vacancy in the office of Secretary, the Acting Secretary of Veterans Affairs shall serve as the member of the Board of Directors specified in paragraph (2) (A).</text></subparagraph></paragraph></subsection>

<subsection id="HD765816DC8ED4E0499C981502E5272EA"><enum>(d)</enum><header>Duties</header><text>In carrying out subsection (b), the Corporation shallâ€">

<paragraph id="H23FBC5FE993847699FEBE09E83A17D5C"><enum>(1)</enum><text display-inline="yes-display-inline">transfer personnel and assets of the Department of Veterans Affairs to the Corporation pursuant to subsection (b) of section 2 of the <short-title>Veterans Empowerment Act</short-title>;</text></paragraph>

<paragraph id="HDD0A1FEE94C3485292A0DD0DDA18F1B6"><enum>(2)</enum><text display-inline="yes-display-inline">establish priorities, milestones, and timelines, in consultation with the Secretary of Veterans Affairs, for the termination of functions of the Veterans Health Administration directly related to the furnishing of hospital care, medical services, and other health care (excluding nursing home care and

domiciliary care) pursuant to subsection (c) of such section 2;

(3) with respect to centers of excellence relating to service-connected injuries and other medical issues

(A) continue to administer such centers previously established by the Secretary; and

(B) establish and administer additional such centers as the Board of Directors determines appropriate.

(4) in consultation with the Secretary, carry out such other actions necessary to carry out this section.

(e) **Powers**
The Corporation shall

(1) appoint employees; and

(2) adopt a Constitution and bylaws consistent with the purpose set forth under subsection (b).

(f) **Duty to maintain corporate and tax-exempt status**
(1) The Corporation shall maintain its status as a corporation incorporated under the laws of the District of Columbia or another nearby State, as determined by the Board of Directors.

(2) The Corporation shall maintain its status as an organization exempt from the Internal Revenue Code of 1986.

(g) **Veterans Accountable Care Organization Fund**
(1) There is in the Treasury a fund to be known as the Veterans Accountable Care Organization Fund (in this subsection referred to as the *Fund*).

(2) Amounts recovered or collected under chapter 26 of this title shall be deposited in the Fund.

(3) Amounts in the Fund shall be available, without further appropriation and without fiscal year limitation, to establish and administer centers of excellence described in subsection (d)(3) and for health care or medical services furnished to a veteran at a facility operated by the Corporation.

<paragraph id="HBD51A2B147694C1EA2134019A30A63F4"><enum>(2)</enum><header>Clerical amendment</header><text>The table of sections at the beginning of chapter 3 of such title is amended by inserting after the item relating to section 322 the following new item:</text>

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<subsection id="H1D52841B2A3F4BB7843BFE707E40FBD1"><enum>(b)</enum><header>Transfer of personnel and assets</header>

<paragraph id="H4A3FBEEE1EF04E4D85954AA651D7A805"><enum>(1)</enum><header>Transfer</header><text>All of the personnel, property, records, and unexpended balances of appropriations, allocations, and other funds employed, used, held, available, or to be made available in connection with the direct furnishing of hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) to individuals eligible for such care and services under laws administered by the Secretary of Veterans Affairs are transferred to the Veterans Accountable Care Organization established under section 323 of title 38, United States Code, as added by subsection (a).</text></paragraph>

<paragraph id="H153E2E0BB6624F238CA996B8CF1139E3" commented="no"><enum>(2)</enum><header>Reduction in force</header><text>The Secretary may implement a reduction in force in carrying out paragraph (1).</text></paragraph></subsection>

<subsection commented="no" display-inline="no-display-inline" id="H2AAA2B3D66954632809FCF63BAEF0D59"><enum>(c)</enum><header display-inline="yes-display-inline">Termination of functions</header>

<paragraph id="HAA32BDF544534E0399C3EE823BFC9A44"><enum>(1)</enum><header>In general</header><text>Except as provided by paragraph (2), all of the functions of the Veterans Health Administration directly relating to the furnishing of hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) to individuals eligible for such care and services under laws administered by the Secretary shall terminate one year after the date of the enactment of this Act.</text></paragraph>

<paragraph id="H187D797CAC76483DA2104BC55B44ABF5"><enum>(2)</enum><header>Extensions</header><text>The Secretary of Veterans Affairs may make not more than two 90-day extensions to the termination date specified in paragraph (1) if the Secretary notifies Congress of such extensions.</text></paragraph>

<paragraph id="H8A1257456A3343E59EEB7754B1EC6BD1"><enum>(3)</enum><header>Certification of termination date</header><text>The Secretary shall certify to Congress the date on which paragraph (1) is carried out.</text></paragraph></subsection>

<subsection id="H6CFF7489F57942B6B77AAE74E8B9D860"><enum>(d)</enum><header>Recommendations for statutory amendments</header><text>Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to Congress a report that contains recommendations for technical and conforming amendments to Federal statutes to carry

out this Act.</text></subsection></section>

<section id="H2BEEE21AC59E4D889F70D77E1E40CC1B"><enum>3.</enum><header>Establishment of Veterans Health Insurance Program</header>

<subsection

id="H7BE541E745544C1C8FCB63985D563612"><enum>(a)</enum><header>Establishment</header><text>Chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:</text>

<quoted-block display-inline="no-display-inline" id="H7B07777F91AA4EFB8C39F734F801A882" style="USC">

<section id="H308D91E7E3334494A56E60C27A82EA7E"><enum>7309A.</enum><header>Veterans Health Insurance Program</header>

<subsection

id="H9BEE342D2A5A44E5A40A7388AFF08FB2"><enum>(a)</enum><header>Establishment</header><text>There is established in the Veterans Health Administration the Veterans Health Insurance Program (in this section referred to as the

<quote>Program</quote>).</text></subsection>

<subsection

id="H5F19DB2333FB4E6E99515958769CC55A"><enum>(b)</enum><header>Duties</header><text>Under the Program, the Secretary shall administer the provision of health insurance support to veterans under chapter 26 of this

title.</text></subsection></section><after-quoted-block>.</after-quoted-block></quoted-block></subsection>

<subsection id="H22866C0AE6624839BDEF2916E7A93ACC"><enum>(b)</enum><header>Clerical amendment</header><text>The table of sections at the beginning of chapter 73 of such title is amended by inserting after the item relating to section 7309 the following new item:</text>

<quoted-block id="H91795A63CF4249A7B976219912BAF665" style="USC">

<toc>

<toc-entry idref="H308D91E7E3334494A56E60C27A82EA7E" level="section">7309A. Veterans Health Insurance Program.</toc-entry></toc><after-quoted-block>.</after-quoted-block></quoted-block></subsection></section>

<section id="H89C44826A2664E1B83703D448C5A76A0"><enum>4.</enum><header>Designation of existing authorities for hospital care, medical services, and other health care</header>

<subsection

id="H2A1EA2FEB3CD45F59D5B1A3FA9CAD82A"><enum>(a)</enum><header>Designation</header><text>Subchapter I of chapter 17 of title 38, United States Code, is amended by inserting after section 1701 the following new section:</text>

<quoted-block display-inline="no-display-inline" id="H27544F60324F4E5A93C3EAEA87DEA086" style="USC">

<section id="HBEC3EA23B161481F95F193681B6833EE"><enum>1701A.</enum><header>VetsCare Federal program: designation of authorities for hospital care, medical services, and other health care as program</header>

<subsection id="HDA73812B509047BEAABF07E0DFC16851"><enum>(a)</enum><header>In general</header><text>Effective as of the date described in section 2(c)(3) of the

<short-title>Veterans Empowerment Act</short-title>, the authorities for the provision of hospital care, medical services, and other health care (other than nursing home care and domiciliary care) in subchapter II of this chapter and under any other law

administered by the Secretary may be referred to as the <quote>VetsCare Federal program</quote>.</text></subsection>

<subsection id="H597F48A6658B48E7B6F52C724A34E007"><enum>(b)</enum><header>Designation of recipients</header><text display-inline="yes-display-inline">Effective as of the date described in section 2(c)(3) of the <short-title>Veterans Empowerment Act</short-title>, any eligible individual who receives hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) in accordance with the authorities referred to in subsection (a) after such date may be referred to in the receipt of such care or services as participating in the <quote>VetsCare Federal program</quote>.</text></subsection>

<subsection id="HDF82DC479FC7425BBAB4AE5734B863A8"><enum>(c)</enum><header>Secondary payer</header>

<paragraph id="HE05B8953172841D9A331B8B51CCFE170"><enum>(1)</enum><header>In general</header><text display-inline="yes-display-inline">Notwithstanding any other provision of law, any health plan (including the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.) and the TRICARE program under chapter 55 of title 10) under which an eligible individual is covered shall be responsible for the payment of costs for any health care received by an eligible individual for a non-service connected disability up to the maximum amount allowable under such plan before the VetsCare Federal program is responsible for any such costs, if applicable.</text></paragraph>

<paragraph id="HD77D90CC39704916B16864BE19D3DEA3"><enum>(2)</enum><header>Notification</header><text>The Secretary of Health and Human Services, the Secretary of Defense, or any other head of a relevant department or agency of the Federal Government shall notify the Secretary of Veterans Affairs of an eligible individual being covered under a health plan described in paragraph (1).</text></paragraph></subsection>

<subsection id="H6EC041C17E894B0C83C3D68993C4866D"><enum>(d)</enum><header>Treatment of employer sponsored health plans</header>

<paragraph id="HEF6A4D1838C44E48BCFF2F80B1FE7832"><enum>(1)</enum><header>In general</header><text>The provisions of section 1862(b)(3)(C) of the Social Security Act (42 U.S.C. 1395y(b)(3)(C)) shall apply with respect to financial or other incentives for an employee who is an eligible individual not to enroll (or to terminate enrollment) under a health plan that would (in the case of such enrollment) be responsible under subsection (c) for the payment of costs for hospital care, medical services, or other health care received by the eligible individual for a non-service connected disability in the same manner as such section 1862(b)(3)(C) applies to financial or other incentives for an individual entitled to benefits under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) not to enroll (or to terminate enrollment) under a group health plan or a large group health plan which would (in the case of enrollment) be a primary plan (as defined in section 1862(b)(2)(A) of such Act).</text></paragraph>

<paragraph id="HD886B628578445E5ABB2B4B59BEB9CCA"><enum>(2)</enum><header>Regulations</header><text>The Secretary may by regulation adopt such additional exceptions to the prohibition described in paragraph (1) as the Secretary considers appropriate and such paragraph shall be implemented taking into account the adoption of such

exceptions.</text></paragraph>

<paragraph id="H0E31C0E40705406CA9B9510AC4C2CCE4"><enum>(3)</enum><header>Agreements</header><text display-inline="yes-display-inline">The Veterans Accountable Care Organization and the Secretary of Health and Human Services may enter into agreements to carry out this subsection. Any such agreement shall provide that any expenses incurred by the Secretary of Health and Human Services pertaining to carrying out this subsection shall be reimbursed by the Veterans Accountable Care Organization.</text></paragraph>

<paragraph id="H1C96A2A271E042CAB15EFE8754123C3C"><enum>(4)</enum><header>Group health plan defined</header><text>In this subsection, the term <term>group health plan</term> means a group health plan (as that term is defined in section 5000(b)(1) of the Internal Revenue Code of 1986 without regard to section 5000(d) of the Internal Revenue Code of 1986).</text></paragraph></subsection>

<subsection id="HCB083862404E4363901DD3061A8D6C58"><enum>(e)</enum><header>Eligible individuals</header><text display-inline="yes-display-inline">An individual is eligible to participate in the VetsCare Federal program if such individual was enrolled in the system of annual patient enrollment established and operated by the Secretary under section 1705(a) of this title as of the date described in section 2(c)(3) of the <short-title>Veterans Empowerment Act</short-title>.</text></subsection></section><after-quoted-block>.</after-quoted-block></quoted-block></subsection>

<subsection id="H1F1D86134EA4462D86CB71AB0F29818C"><enum>(b)</enum><header>Clerical amendment</header><text>The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1701 the following new item:</text>

<quoted-block id="HBA30C022262C4577A1633A0E45A83691" style="OLC">

<toc>

<toc-entry idref="HBEC3EA23B161481F95F193681B6833EE" level="section">1701A. VetsCare Federal program: designation of authorities for hospital care, medical services, and other health care as program.</toc-entry></toc><after-quoted-block>.</after-quoted-block></quoted-block></subsection></section>

<section id="HB6B94BFD7DBD495AA764A5B8B4D78494"><enum>5.</enum><header>Health insurance support for new veterans and veterans electing health insurance support in lieu of eligibility for hospital care, medical services, and other health care under existing authorities</header>

<subsection id="H219E6C37F436408DB95AAA59C1E97894"><enum>(a)</enum><header>In general</header><text>Part II of title 38, United States Code, is amended by inserting after chapter 24 the following new chapter:</text>

<quoted-block display-inline="no-display-inline" id="H3A60C8183E8947999EA2A4F7E20E31CD" style="USC">

<chapter id="H7DE83536AD5548E4B8E7905346B330A9" style="OLC"><enum>26</enum><header>Veterans Independence in Health Care</header>

<toc container-level="chapter-container" quoted-block="no-quoted-block" lowest-level="section" idref="H7DE83536AD5548E4B8E7905346B330A9" regeneration="yes-regeneration" lowest-bolded-level="division-lowest-bolded">

<toc-entry idref="HD08B526C366E44229AE05D1BA4F3880D" level="subchapter">Subchapter Iâ€"Veterans Generally</toc-entry>

<toc-entry idref="H51E9B424512341D7B6E11E829FD84D6C" level="section">2601.â€"VetsCare

Choice program: designation of recipients.</toc-entry>

<toc-entry idref="H1C8CACA98029457B89E22D68E33EBFFE" level="section">2602.â€€, Eligibility.</toc-entry>

<toc-entry idref="H090930D409ED46678DDC3F2DA4F1616C" level="section">2603.â€€, Qualifying health insurance.</toc-entry>

<toc-entry idref="H9E0638D6E7F348779A3A9E417803B544" level="section">2604.â€€, Health insurance support.</toc-entry>

<toc-entry idref="HB6184C6F4D324CB9AD4D7E6F88768192" level="section">2605.â€€, Treatment of other health plans.</toc-entry>

<toc-entry idref="H8B83F64A53D146BC9C331D36502B7226" level="section">2606.â€€, Receipt of health care through the Department.</toc-entry>

<toc-entry idref="H0037DAA47E6C482096DFEC23B73D1F65" level="section">2607.â€€, Pharmacy benefits.</toc-entry>

<toc-entry idref="HD8811E506E85423F8A03F270E96AD09E" level="subchapter">Subchapter IIâ€€"Medicare-Eligible Veterans</toc-entry>

<toc-entry idref="H6469BA6906684E49B51C1C9D26244D13" level="section">2611.â€€, VetsCare Senior program: designation of recipients.</toc-entry>

<toc-entry idref="HC24027056C064426AF281BFCCCEAEE3A" level="section">2612.â€€, Medicare support.</toc-entry></toc>

<subchapter id="HD08B526C366E44229AE05D1BA4F3880D" style="OLC"><enum>I</enum><header>Veterans Generally</header>

<section id="H51E9B424512341D7B6E11E829FD84D6C"><enum>2601.</enum><header>VetsCare Choice program: designation of recipients</header>

<subsection id="H969D722CED764471A1561F5F4B411FC0"><enum>(a)</enum><header>In general</header><text>The authorities for the provision of health insurance support under this subchapter may be referred to as the <quote>VetsCare Choice program</quote>.</text></subsection>

<subsection id="HDC822EB81AAD4A32BF56F333E8745CC2"><enum>(b)</enum><header>Designation of recipients</header><text>Any veteran who receives health insurance support under this subchapter may be referred to in the receipt of support as participating in the <quote>VetsCare Choice program</quote>.</text></subsection>

<subsection id="H5657DE1893CA41E2938DDF8BD0F45A59" commented="no"><enum>(c)</enum><header>Relationship to care by Veterans Accountable Care Organization</header><text display-inline="yes-display-inline">Health insurance support under this subchapter is in addition to any health care or medical services furnished to a veteran at a facility operated by the Veterans Accountable Care Organization.</text></subsection></section>

<section id="H1C8CACA98029457B89E22D68E33EBFFE"><enum>2602.</enum><header>Eligibility</header>

<subsection id="H4196DF5292224A36B9C946E3E507B0A1"><enum>(a)</enum><header>In general</header><text display-inline="yes-display-inline">Except as provided in subsections (c) and (d), the following veterans shall be provided health insurance support under this subchapter:</text>

<paragraph id="HEC292E7A65834B1486C2E46A05B10F69"><enum>(1)</enum><text display-inline="yes-display-inline">Veterans who first enroll in the system of annual patient enrollment established and operated by the Secretary under section 1705(a) of this title on or after the date described in section 2(c)(3) of the <short-title>Veterans Empowerment Act</short-title>.</text></paragraph>

<paragraph id="HAE5DF8BAE7404D8C875CB6DD70B1875B"><enum>(2)</enum><text display-inline="yes-display-inline">Veterans enrolled in such system as of the date described in section 2(c)(3) of the <short-title>Veterans Empowerment Act</short-title> who elect health insurance support under this subchapter in lieu of eligibility for hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) under the VetsCare Federal program under chapter 17 of this title or any other law administered by the Secretary.</text></paragraph></subsection>

<subsection id="H0AF3583DBFC0433A82E959DF05F9D190"><enum>(b)</enum><header>Enrollment</header><text>The Secretary shall administerâ€

<paragraph id="HB23E196928F249468EEFD0EFBD6CEC5E"><enum>(1)</enum><text display-inline="yes-display-inline">an open enrollment period for the VetsCare Choice program that corresponds to the open enrollment period for the Federal Employees Health Benefits program described in section 8905(g); and</text></paragraph>

<paragraph id="HA83792216DF447EA96AA533885E442A4"><enum>(2)</enum><text>special enrollment periods based on qualifying life events of veterans similar to such events under the Federal Employees Health Benefits Program, except that the change of priority group shall also be treated as a qualifying life event.</text></paragraph></subsection>

<subsection id="HF1E5CDCAA5E488B984B219B5E6946C0"><enum>(c)</enum><header>Effect of election</header><text>While an election under subsection (a)(2) of a veteran described in that subsection is in effect, the veteran is not eligible for hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) under chapter 17 of this title or any other law administered by the Secretary.</text></subsection>

<subsection id="H4947C2DF6CAC497A86269D5FE8FAB383"><enum>(d)</enum><header>Exceptions</header><text>The following veterans are not eligible for health insurance support under this subchapter:</text>

<paragraph id="HF822B656796B48E8AB2EDABAC42A7893"><enum>(1)</enum><text>Any veteran eligible for care under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).</text></paragraph>

<paragraph id="HECD4DDD00F5F41619A65BFF8EDF9AA8A"><enum>(2)</enum><text>Any veteran whoâ€

<subparagraph id="H2A97986963664C8F81D48D1B6599284E"><enum>(A)</enum><text display-inline="yes-display-inline">first enrolls in the system of annual patient enrollment established and operated by the Secretary under section 1705(a) of this title on or after the date described in section 2(c)(3) of the Veterans Act; and</text></subparagraph>

<subparagraph id="HD8FB8D2099274203A361B635B7DB2FC2"><enum>(B)</enum><text>is in priority group 7 or priority group 8.</text></subparagraph></paragraph></subsection>

<subsection commented="no" display-inline="no-display-inline" id="H7890AFDE1AB945BB959B4949452E1644"><enum>(e)</enum><header display-inline="yes-display-inline">Commencement of availability of support</header><text display-inline="yes-display-inline">Health insurance support under this subchapter shall commence being available as follows:</text>

<paragraph id="HDF8062F09EB54A8DB243EB77274A378D"><enum>(1)</enum><text>With respect to veterans in priority group 1, 2, or 3, on the first day of the first month that begins

on or after the date described in section 2(c)(3) of the <short-title>Veterans Empowerment Act</short-title>.</text></paragraph>

<paragraph id="H00400D566D19442A8725E9892D34F13F"><enum>(2)</enum><text display-inline="yes-display-inline">With respect to veterans in a priority group other than 1, 2, or 3, on the first day of the first month that begins on or after the date that is 180 days after the commencement date under paragraph (1).</text></paragraph></subsection>

<subsection id="H3272D27BD8EE41CDB01F10F4583EF26F"><enum>(f)</enum><header>Priority group defined</header><text>In this section, the term <term>priority group</term> means the priority groups established by the Secretary for purposes of the enrollment of veterans in the patient enrollment system under section 1705(a) of this title.</text></subsection></section>

<section id="H090930D409ED46678DDC3F2DA4F1616C"><enum>2603.</enum><header>Qualifying health insurance</header><text display-inline="no-display-inline">Health insurance support may be provided under this subchapter only for health plans thatâ€</text>

<paragraph id="H9C020F956CD942D8B3667C4CB80EEE37"><enum>(1)</enum><text display-inline="yes-display-inline">include the types of health care authorized under section 1079 of title 10, United States Code; and</text></paragraph>

<paragraph id="H43B9D0D83CE649C4BFA1C746945F5D8A"><enum>(2)</enum><text>provide such additional elements of coverage as the Secretary shall prescribe for purposes of this subchapter.</text></paragraph></section>

<section id="H9E0638D6E7F348779A3A9E417803B544"><enum>2604.</enum><header>Health insurance support</header>

<subsection id="HBCA2131DCA8747ADAFF4307EEC510DCB"><enum>(a)</enum><header>In general</header><text display-inline="yes-display-inline">The Secretary shall provide health insurance support to veterans eligible for such support under this subchapter through premium support under subsections (b) and (c), cost-sharing support under subsection (d), and alternative support under subsection (e) by paying or reimbursing such veterans for the costs associated with such health insurance support. The Secretary shall make such payments or reimbursements in a manner similar to the manner in which the Centers for Medicare & Medicaid Services make similar payments and reimbursements.</text></subsection>

<subsection id="H2357EA6F46BD4BE08BDF661BD89825BA"><enum>(b)</enum><header>Premium support generally</header><text>The premium support provided by the Secretary under this subsection is as follows:</text>

<paragraph id="HCE67D7D220A54388A5678C037668CDD9"><enum>(1)</enum><header>Tier 1</header><text>To any veteran with a service-connected disability rated as 100 percent disabling, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 100 percent of the full actuarial value of the benefits provided under the health plan. A health plan under this paragraph may be referred to as a <quote>Tier 1 Plan</quote>.</text></paragraph>

<paragraph id="HD9B6D24C832948288D114307678E5E12"><enum>(2)</enum><header>Tier 2</header><text display-inline="yes-display-inline">To any veteran in priority group 1 not covered by paragraph (1) and any veteran in priority group 2, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 90 percent of the full actuarial value of the benefits provided under the health plan. A health plan under this paragraph may be referred to as a <quote>Tier 2 Plan</quote>.</text></paragraph>

<paragraph id="H5663559602AA48DC96266CA18D887EFB"><enum>(3)</enum><header>Tier 3</header><text display-inline="yes-display-inline">To any veteran in priority group 3 or priority group 4, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 80 percent of the full actuarial value of the benefits provided under the health plan. A health plan under this paragraph may be referred to as a <quote>Tier 3 Plan</quote>.</text></paragraph>

<paragraph id="HBBE5F68F03AD46D5B09BC4737DB1C853"><enum>(4)</enum><header>Tier 4</header><text display-inline="yes-display-inline">To any veteran in priority group 5 or priority group 6, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 70 percent of the full actuarial value of the benefits provided under the health plan. A health plan under this paragraph may be referred to as a <quote>Tier 4 Plan</quote>.</text></paragraph>

<paragraph id="HB71C40A66E2F4549BABB2ECCE7653A5F"><enum>(5)</enum><header>Tier 5</header><text display-inline="yes-display-inline">To any veteran not in a priority group covered by paragraphs (1) through (4) and not ineligible for such support under section 2602(d)(2) of this title, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 60 percent of the full actuarial value of the benefits provided under the health plan. A health plan under this paragraph may be referred to as a <quote>Tier 5 Plan</quote>.</text></paragraph></subsection>

<subsection id="HC6083429E3A042BBBB755203F03765BC"><enum>(c)</enum><header>Additional premium support based on need</header><text display-inline="yes-display-inline">The premium support provided by the Secretary under this subsection is as follows:</text>

<paragraph id="H1916F778125347F2A087F25BE7B40608"><enum>(1)</enum><text>To any veteran with an annual gross household income that is less than 133 percent of the poverty line, health insurance support sufficient to cover any costs of such monthly premium that are more than 2 percent of the monthly gross household income of the veteran.</text></paragraph>

<paragraph id="HE40625093CB84D9995D5ACE60859DAB2"><enum>(2)</enum><text>To any veteran with an annual gross household income that is between 133 percent and 150 percent of the poverty line, health insurance support sufficient to cover any costs of such monthly premium that are more than 3 percent of the monthly gross household income of the veteran.</text></paragraph>

<paragraph id="H339E777B702A42F5AF7BC6648A25BC36"><enum>(3)</enum><text>To any veteran with an annual gross household income that is between 150 percent and 200 percent of the poverty line, health insurance support sufficient to cover any costs of such monthly premium that are more than 4 percent of the monthly gross household income of the veteran.</text></paragraph>

<paragraph id="HFAB291D189EE455BAC2498ECF6ABE03A"><enum>(4)</enum><text>To any veteran with an annual gross household income that is between 200 percent and 250 percent of the poverty line, health insurance support sufficient to cover any costs of such monthly premium that are more than 6.3 percent of the monthly gross household income of the veteran.</text></paragraph>

<paragraph id="H51AE0188600144019C99D303288C80F1"><enum>(5)</enum><text>To any veteran with an annual gross household income that is between 250 percent and 300 percent of the poverty line, health insurance support sufficient to cover any costs of such monthly premium that are more than 8.05 percent of the monthly gross household income of the veteran.</text></paragraph>

<paragraph id="HA139141FEAAF4E3A8F7A04B0B4557CA5"><enum>(6)</enum><text>To any veteran with an annual gross household income that is between 300 percent and 400 percent of the poverty line, health insurance support sufficient to cover any costs of such monthly premium that are more than 9.5 percent of the monthly gross household income of the veteran.</text></paragraph></subsection>

<subsection id="H124A5EEF3B294934BF0C9454E3057E64"><enum>(d)</enum><header>Cost-sharing support</header><text>The cost-sharing support provided by the Secretary under this subsection is as follows:</text>

<paragraph id="HF004F1392FBE4E63804684E5AD713A01"><enum>(1)</enum><text>To any veteran with an annual gross household income that is less than 150 percent of the poverty line, health insurance support sufficient to cover cost-sharing in order to ensure that the effective minimum actuarial value of the benefits provided under the health plan of the veteran is not less than 94 percent.</text></paragraph>

<paragraph id="H5342B180ED584884B5C9D8D7A2934A13"><enum>(2)</enum><text>To any veteran with an annual gross household income that is between 150 percent and 200 percent of the poverty line, health insurance support sufficient to cover cost-sharing in order to ensure that the effective minimum actuarial value of the benefits provided under the health plan of the veteran is not less than 87 percent.</text></paragraph>

<paragraph id="H0BC37FA7042A4547A6E49E15FFCA500A"><enum>(3)</enum><text>To any veteran with an annual gross household income that is between 200 percent and 250 percent of the poverty line, health insurance support sufficient to cover cost-sharing in order to ensure that the effective minimum actuarial value of the benefits provided under the health plan of the veteran is not less than 73 percent.</text></paragraph></subsection>

<subsection id="H81406DB24A2E41589781C7269690564D"><enum>(e)</enum><header>Alternative support for veterans with certain health insurance</header>

<paragraph id="H65BFE3F93AFE4BADB33384BBCDC14CFF"><enum>(1)</enum><header>In general</header><text>Notwithstanding any other provision of this section, upon the election of a veteran eligible for health insurance support under this subchapter who obtains a high deductible health plan that includes a health savings account under section 223 of the Internal Revenue Code of 1986, the Secretary shall contribute an amount calculated under paragraph (2) into such health savings account on behalf of the veteran.</text></paragraph>

<paragraph id="HB9A4242826B04F998E0FFCF7863ACF55"><enum>(2)</enum><header>Amount calculated</header><text>The amount calculated under this paragraph is an amount equal to the difference betweenâ€

<subparagraph id="H5F8B5ED561264E1EB3323637125CCE0E"><enum>(A)</enum><text>the amount of health insurance support the veteran would otherwise have received under the subsection of this section applicable to the veteran; and</text></subparagraph>

<subparagraph id="HFA9CF7792A5C4C13AA183A9FB77D1DC0"><enum>(B)</enum><text>the amount payable by the veteran in connection with the high deductible health plan described in paragraph (1).</text></subparagraph></paragraph></subsection>

<subsection id="H68DC234F4A094935A6557493F402F291"><enum>(f)</enum><header>Determinations based on cost of plans</header><text>In making determinations under this section with respect to the amount of health insurance support to provide to a veteran, the Secretary shall make such determinations based on the costs associated with the second-least-costly health plan available to the veteran in the area in which the veteran

resides.</text></subsection>

<subsection

id="H001438EA0FE241E2B07671FF85B48EF5"><enum>(g)</enum><header>Definitions</header><text>In this section:</text>

<paragraph id="HBA3E5BEDA02841E2B8D8CB26E7A0D468"><enum>(1)</enum><text>The term <term>cost-sharing</term>, in connection with the receipt of health care and treatment under a health plan, means any copayments, deductibles, or other charges imposed, collected, or otherwise required by a health insurance provider or health care provider in connection with the receipt of health care and treatment under such health plan.</text></paragraph>

<paragraph id="HE25A2AFFBFFE47799D15D6E184ECDE73"><enum>(2)</enum><text>The term <term>poverty line</term> means the poverty line (as defined in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)) applicable to a family of the size involved.</text></paragraph>

<paragraph commented="no" display-inline="no-display-inline"

id="H789A48A028F84807AE48F5022711AAB9"><enum>(3)</enum><text display-inline="yes-display-inline">The term <term>high deductible health plan</term> has the meaning given that term in section 223(c)(2) of the Internal Revenue Code of 1986.</text></paragraph>

<paragraph id="HF40B238455AC4361BF1AACB3AA7B5D79"><enum>(4)</enum><text>The term <term>priority group</term> means the priority groups established by the Secretary for purposes of the enrollment of veterans in the patient enrollment system under section 1705(a) of this title.</text></paragraph></subsection></section>

<section id="HB6184C6F4D324CB9AD4D7E6F88768192"><enum>2605.</enum><header>Treatment of other health plans</header>

<subsection id="H99467B620EDC4918B74A6B3242AFE097"><enum>(a)</enum><header>Secondary payer</header>

<paragraph id="H75765A5A976D435CB896485D84536ECC"><enum>(1)</enum><header>In general</header><text display-inline="yes-display-inline">Notwithstanding any other provision of law, any health plan (including a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the TRICARE program under chapter 55 of title 10) under which a veteran is covered that is not a health plan for which health insurance support is provided under this subchapter shall be responsible for the payment of costs for any health care received by an eligible individual for a non-service connected disability up to the maximum amount allowable under such plan before any health plan for which health insurance support is provided under this subchapter is responsible for any such costs, if applicable.</text></paragraph>

<paragraph

id="H2B42456FF41D4F7381069A37CBF6BABF"><enum>(2)</enum><header>Notification</header><text display-inline="yes-display-inline">The Secretary of Health and Human Services, the Secretary of Defense, or any other head of a relevant department or agency of the Federal Government shall notify the Secretary of Veterans Affairs of an eligible individual being covered under a health plan described in paragraph (1).</text></paragraph></subsection>

<subsection id="H2681140B5F0B43B9B433F059742165C7"><enum>(b)</enum><header>Treatment of employer sponsored health plans</header>

<paragraph id="HD987396E161E40BC8B6E6D68974ED575"><enum>(1)</enum><header>In general</header><text>The provisions of section 1862(b)(3)(C) of the Social Security

Act (42 U.S.C. 1395y(b)(3)(C)) shall apply with respect to financial or other incentives for an employee who is a veteran not to enroll (or to terminate enrollment) under a health plan that is not a health plan for which health insurance support is provided under this subchapter and that would (in the case of such enrollment) be responsible under subsection (a) for the payment of costs for health care received by the veteran in the same manner as such section 1862(b)(3)(C) applies to financial or other incentives for an individual entitled to benefits under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) not to enroll (or to terminate enrollment) under a group health plan or a large group health plan which would (in the case of enrollment) be a primary plan (as defined in section 1862(b)(2)(A) of such Act).

<paragraph

id="HBECDF1054AC743FBB9C467439C325CE2"><enum>(2)</enum><header>Regulations</header><text>The Secretary may by regulation adopt such additional exceptions to the prohibition described in paragraph (1) as the Secretary considers appropriate and such paragraph shall be implemented taking into account the adoption of such exceptions.</text></paragraph>

<paragraph

id="H3547B6CB73DD4193B68C0CAC6628A100"><enum>(3)</enum><header>Agreements</header><text>The Secretary of Veterans Affairs and the Secretary of Health and Human Services may enter into agreements to carry out this subsection. Any such agreement shall provide that any expenses incurred by the Secretary of Health and Human Services pertaining to carrying out this subsection shall be reimbursed by the Secretary of Veterans Affairs.</text></paragraph>

<paragraph id="HA0A19358485449FB94833468194262BE"><enum>(4)</enum><header>Group health plan defined</header><text>In this subsection, the term <term>group health plan</term> means a group health plan (as that term is defined in section 5000(b)(1) of the Internal Revenue Code of 1986 without regard to section 5000(d) of the Internal Revenue Code of 1986).</text></paragraph></subsection></section>

<section id="H8B83F64A53D146BC9C331D36502B7226"><enum>2606.</enum><header>Receipt of health care through the Department</header>

<subsection

id="H87030DFB2C8344BFBD5E53205F5F77B4"><enum>(a)</enum><header>Contracts</header><text display-inline="yes-display-inline">Any health insurance provider that provides a health plan for which health insurance support may be provided under this subchapter or subchapter II may enter into a contract with the Veterans Accountable Care Organization under which the medical personnel and facilities of the Veterans Accountable Care Organization may be treated as a designated provider for purposes of such health plan.</text></subsection>

<subsection id="H36C96F23ED324123BC4B086F60900749"><enum>(b)</enum><header>Cost of care</header><text display-inline="yes-display-inline">The cost, including any copayments, of any health care or treatment provided to a veteran by the Veterans Accountable Care Organization under a contract under subsection (a) shall be determined by the Veterans Accountable Care Organization.</text></subsection>

<subsection

id="HCD6F5C2A21D0426291BF341F4355AB57"><enum>(c)</enum><header>Mechanism</header><text display-inline="yes-display-inline">The Board of Directors of the Veterans Accountable Care Organization shall establish a mechanism through which the Veterans Accountable

Care Organization enters into contracts with health insurance providers under subsection (a).

Pharmacy benefits

A veteran who is enrolled in the VetsCare Choice program or the VetsCare Senior program may fill prescriptions at pharmacies of the Department.

Medicare-Eligible Veterans

VetsCare Senior program: designation of recipients

(a) In general

The authorities for the provision of health insurance support under this subchapter may be referred to as the VetsCare Senior program.

(b) Designation of recipients

Any veteran who receives health insurance support under this subchapter may be referred to in the receipt of support as participating in the VetsCare Senior program.

(c) Relationship to care by Veterans Accountable Care Organization

Health insurance support under this subchapter is in addition to any health care or medical services furnished to a veteran at a facility operated by the Veterans Accountable Care Organization.

Medicare support

(a) In general

The Secretary shall provide health insurance support to each covered veteran equal to the costs incurred by such veteran for Medicare premiums and cost-sharing under parts A, B, C, and D of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and for premiums and cost-sharing for medicare supplemental policies under section 1882 of such Act (42 U.S.C. 1395ss).

(b) Relationship with VetsCare Federal

Notwithstanding any other provision of law, if a covered veteran is enrolled in the VetsCare Federal program under section 1701A of this title, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) (or a medicare supplemental policy under section 1882 of such Act (42 U.S.C. 1395ss)) shall be responsible for the payment of costs for any health care received by an eligible individual for a non-service connected disability up to the maximum amount allowable under such program (or supplemental policy) for such health care before the VetsCare Federal program is responsible for any such costs, if applicable.

id="H54E51E82F49446578A7A535FBD86841B"><enum>(c)</enum><header display-inline="yes-display-inline">Availability of payment or reimbursement</header>
<paragraph commented="no" display-inline="no-display-inline"
id="HD30AAC55F1C9417EB87E30D718A1F686"><enum>(1)</enum><header>Commencement</header><text display-inline="yes-display-inline">Health insurance support under this subchapter shall commence being available as follows:</text>
<subparagraph id="HA4E3F872B4A949DF9DE1C6E44A74E887" display-inline="no-display-inline"><enum>(A)</enum><text>With respect to covered veterans in priority group 1, 2, or 3, on the first day of the first month that begins on or after the date described in section 2(c)(3) of the <short-title>Veterans Empowerment Act</short-title>.</text></subparagraph>
<subparagraph id="H94FAD7F675AD4657AD57BFF3515452B2"><enum>(B)</enum><text display-inline="yes-display-inline">With respect to covered veterans in a priority group other than 1, 2, or 3, on the first day of the first month that begins on or after the date that is 180 days after the commencement date under paragraph (1).</text></subparagraph></paragraph>
<paragraph commented="no" display-inline="no-display-inline"
id="HC9C67A85095E45C4B36EE5D514B992A4"><enum>(2)</enum><header>Exclusion of certain veterans</header><text display-inline="yes-display-inline">A covered veteran is not eligible for health insurance support under this section if such veteranâ€
<subparagraph commented="no" display-inline="no-display-inline"
id="H290E9669D329418BB6AF8AF7AB575299"><enum>(A)</enum><text display-inline="yes-display-inline">first enrolls in the system of annual patient enrollment established and operated by the Secretary under section 1705(a) of this title on or after the date of the enactment of this Act; and</text></subparagraph>
<subparagraph commented="no" display-inline="no-display-inline"
id="H273800BE39CB4BB4A7478AA9A90151FF"><enum>(B)</enum><text display-inline="yes-display-inline">is in priority group 7 or 8.</text></subparagraph></paragraph></subsection>
<subsection commented="no"
id="H560AD537E3B142788CD6A0753E04359D"><enum>(d)</enum><header>Definitions</header><text>In this section:</text>
<paragraph commented="no" display-inline="no-display-inline"
id="H3DDF38135A164416829159EC989DF011"><enum>(1)</enum><text display-inline="yes-display-inline">The term <term>cost-sharing</term>, in connection with the receipt of health care and treatment under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or medicare supplemental policies under section 1882 of such Act (42 U.S.C. 1395ss), means any copayments, deductibles, or other charges imposed, collected, or otherwise required by a health insurance provider or health care provider in connection with receipt of health care and treatment under such program or supplemental policies.</text></paragraph>
<paragraph commented="no"
id="H67EFF638574B433FB04311E4C4E30CEB"><enum>(2)</enum><text>The term <term>covered veteran</term> means a veteran receiving benefits under the Medicare program under title XVIII of the Social Security Act.</text></paragraph>
<paragraph id="H593A68B5B38044AD9C1E3C0FF10D2412"><enum>(3)</enum><text>The term <term>priority group</term> means the priority groups established by the Secretary for purposes of the enrollment of veterans in the patient enrollment system under section

1705(a) of this
title.</text></paragraph></subsection></section></subchapter></chapter><after-quoted-
block>.</after-quoted-block></quoted-block></subsection>
<subsection id="H5924762EF11A44F6B244F54720F0831B"><enum>(b)</enum><header>Clerical
amendment</header><text>The table of chapters at the beginning title 38, United States
Code, is amended by inserting after the item relating to chapter 24 the following new
item:</text>
<quoted-block display-inline="no-display-inline" id="H194919E3F886400EAF14D1A72011FE43"
style="OLC">
<toc>
<multi-column-toc-entry bold="off" level="section"><toc-enum>Chapter 26</toc-
enum><level-header level="section">.Veterans Independence in Health Care</level-
header><target>2601</target></multi-column-toc-entry></toc><after-quoted-
block>.</after-quoted-block></quoted-block></subsection>
<subsection id="H8F31550DE2B940658EC6E40D54ECE158"><enum>(c)</enum><header>Conforming
amendments</header>
<paragraph id="HAA3D5909C9F44A0388B66E7881B4891E"><enum>(1)</enum><header>Minimum
essential coverage</header><text display-inline="yes-display-inline">Section
5000A(f)(1)(A)(v) of the Internal Revenue Code of 1986 is amended by striking <quote>or
18</quote> and inserting <quote>, 18, or 26</quote>.</text></paragraph>
<paragraph id="H0CAF3C103319401CA280238972FD4F1C"><enum>(2)</enum><header>Medicare part
B</header>
<subparagraph id="HABDD18A425D84E90A57335E342894D85"><enum>(A)</enum><header>Non-
application of late enrollment penalty</header><text display-inline="yes-display-
inline">Section 1839(b) of the Social Security Act (42 U.S.C. 1395r(b)) is amended, in
the second sentence, by inserting <quote>or months for which the individual can
demonstrate that the individual was enrolled in the VetsCare Senior program under
subchapter II of chapter 26 of title 38, United States Code</quote> after <quote>an
individual described in section 1837(k)(3)</quote>.</text></subparagraph>
<subparagraph id="HECB0CAFDB9A84DE991BE600BBFD7C5F9"
commented="no"><enum>(B)</enum><header>Special enrollment period</header><text>Section
1837 of the Social Security Act (42 U.S.C. 1395p) is amended by adding at the end the
following new subsection:</text>
<quoted-block style="OLC" id="H667EBA9EE40441C795C04C736DA0971F" display-inline="no-
display-inline">
<subsection id="HD33CD427664C4CBBB2C78006787FD689" commented="no"><enum>(m)</enum>
<paragraph id="H21A7A9AC1CB149BA8A862876DCA9FE86" display-inline="yes-display-inline"
commented="no"><enum>(1)</enum><text display-inline="yes-display-inline">In the case of
any individual who is enrolled in the VetsCare Senior program under subchapter II of
chapter 26 of title 38, United States Code at the time the individual is entitled to
part A under section 226 or section 226A and who is eligible to enroll but who has
elected not to enroll (or to be deemed enrolled) during the individual's initial
enrollment period, there shall be a special enrollment period as specified by the
Secretary.</text></paragraph>
<paragraph id="HD6C6123EF3144DB4914A094195659E31" indent="subsection"
commented="no"><enum>(2)</enum><text>In the case of an individual who enrolls during
the special enrollment period provided under paragraph (1), the coverage period under
this part shall begin on such date specified by the Secretary.</text></paragraph>

<paragraph id="HFFD9A2C485A9499E930FD17CD006C97F" indent="subsection" commented="no"><enum>(3)</enum><text>An individual may only enroll during the special enrollment period provided under paragraph (1) one time during the individual's lifetime.</text></paragraph>

<paragraph id="H3636169D14834FA280662E8D6CA614E9" indent="subsection" commented="no"><enum>(4)</enum><text display-inline="yes-display-inline">The Secretary of Veterans Affairs shall collaborate with the Secretary of Health and Human Services and the Commissioner of Social Security to provide for the accurate identification of individuals described in paragraph (1). The Secretary of Veterans Affairs shall provide such individuals with notification with respect to this subsection. The Secretary of Veterans Affairs shall collaborate with the Secretary of Health and Human Services and the Commissioner of Social Security to ensure appropriate follow up pursuant to any notification provided under the preceding sentence.</text></paragraph></subsection><after-quoted-block></after-quoted-block></quoted-block></subparagraph></paragraph></subsection></section>

<section commented="no" id="H775FD39E722642FA8A1B1D2300E6834C"><enum>6.</enum><header>Coordination between VetsCare Choice program and eligibility to make contributions to health savings accounts</header>

<subsection commented="no" id="HEAD1704EDA9C4A4DB6C8D831223CA77B"><enum>(a)</enum><header>In general</header><text display-inline="yes-display-inline">Section 223(c)(1)(B) of the Internal Revenue Code of 1986 is amended by striking <quote>and</quote> at the end of clause (ii), by striking the period at the end of clause (iii) and inserting <quote>, and</quote>, and by adding at the end the following new clause:</text>

<quoted-block display-inline="no-display-inline" id="H112A5E05EB504883AED561FAF4EDE9ED" style="OLC">

<clause commented="no" id="HC2CEF52FEEC647F3878489378E6F8673"><enum>(iv)</enum><text>coverage for health insurance support under the VetsCare Choice program under subchapter I of chapter 26 of title 38, United States Code.</text></clause><after-quoted-block></after-quoted-block></quoted-block></subsection>

<subsection id="HF764616BB3AD45E29CBD3903B20E40FF"><enum>(b)</enum><header>Denial of deduction for amounts not includible in gross income</header><text>Subsection (b) of section 223 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:</text>

<quoted-block act-name="" id="H42B9B8B0B88448A4B3C13973281B6F05" style="OLC">

<paragraph id="HC953613B73FC4768818A594E6B168475"><enum>(9)</enum><header>Amounts not includible in gross income</header><text>No amount paid to a health savings account of an individual shall be taken into account under subsection (a) if (without regard to this section) such amount, when paid to or on behalf of such individual, is excluded from gross income of the individual or exempt from taxation under any provision of Federal law.</text></paragraph><after-quoted-block></after-quoted-block></quoted-block></subsection>

<subsection id="H3F416672010449D0B3D6C522EBA11FD8"><enum>(c)</enum><header>Effective date</header><text>The amendments made by this section shall apply to amounts paid to a health savings account (as defined in section 223(d) of the Internal Revenue Code of 1986) after the date of the enactment of this Act.</text></subsection></section>

<section id="H6E8CDE5DC7754B488DD95FC9D3CD1931"><enum>7.</enum><header>Publication of health care information</header>

<subsection id="HCBC7C1CD85C44487B3949F26C927E62C"><enum>(a)</enum><header>In general</header><text display-inline="yes-display-inline">The Secretary of Veterans Affairs shall make available to the public on an ongoing basis information about the operations of the Veterans Health Administration in a manner similar to publication of information under the Medicare Accountable Care Organization program to better monitor and support continuous improvement in the Veterans Health Administration.</text></subsection>

<subsection id="H575722CEE5E6416E8670EA3FCD6CE682"><enum>(b)</enum><header>Elements</header><text>The information published under subsection (a) shall include information about the operations of the Veterans Health Administration, including metrics regarding quality, safety, patient experience, timeliness, and cost-effectiveness.</text></subsection></section>

<section id="H8FC205684CB34D4CAD0AB2BFF70C7DD9" display-inline="no-display-inline" section-type="subsequent-section"><enum>8.</enum><header>Veterans' eligibility for long-term care insurance</header>

<subsection id="H290CC8533F6645268439C0667810121B"><enum>(a)</enum><header>In general</header><text>Section 9001 of title 5, United States Code, is amendedâ€"</text>

<paragraph id="HD40EDC3021024E92AF2D9A5F59BCCA98"><enum>(1)</enum><text>by redesignating paragraphs (5) through (10) as (6) through (11), respectively;</text></paragraph>

<paragraph id="HD2302DFAD36A4BE0903366557AD9AFA6"><enum>(2)</enum><text>by inserting after paragraph (4) the following:</text>

<quoted-block act-name="" id="HAB514925580D4D588861685568D71A36" style="OLC">

<paragraph id="HB037001CAFC64288A67447051ABB6E2F"><enum>(5)</enum><header>Veteran</header><text>The term <term>veteran</term> has the same meaning given the term in section 101(2) of title 38, United States Code.</text></paragraph><after-quoted-block>; </after-quoted-block></quoted-block></paragraph>

<paragraph id="H78B8104385824D96BE40337D9D0F25C3"><enum>(3)</enum><text>in paragraph (6), as so redesignatedâ€"</text>

<subparagraph id="H0721E35778FE4739A4B578F6CE0D5DD9"><enum>(A)</enum><text>in subparagraph (A), by striking <quote>or (4).</quote> and inserting <quote>(4), or (5).</quote>;</text></subparagraph>

<subparagraph id="HD9468799B3E7484793FD61F307BD4788"><enum>(B)</enum><text>in subparagraph (B), by striking <quote>(1) or (3).</quote> and inserting <quote>(1), (3), or (5).</quote>;</text></subparagraph>

<subparagraph id="H3F788B05C85A45CAADE592187410EF46"><enum>(C)</enum><text>in subparagraph (C), by striking <quote>or (4)</quote> and inserting <quote>(4), or (5)</quote>; and</text></subparagraph>

<subparagraph id="HCBA8192928C84B8DB43FF44525E1E92A"><enum>(D)</enum><text>in subparagraph (D), by striking <quote>or (4)</quote> and inserting <quote>(4), or (5)</quote>;</text></subparagraph></paragraph>

<paragraph id="HD6131604791743A08FBB76F398FC6163"><enum>(4)</enum><text>in paragraph (7), as so redesignated, by striking <quote>or (5).</quote> and inserting <quote>(5),

or (6).</quote>; and</text></paragraph>

<paragraph id="H40FCB15C6B1941D39E57FD3B781AAEA6"><enum>(5)</enum><text>in paragraph (11), as so redesignatedâ€"</text>

<subparagraph id="H07AEA176A9B44C1E901914C4785B882E"><enum>(A)</enum><text>in subparagraph (C), by striking <quote>Commerce; and</quote> and inserting <quote>Commerce;</quote>;</text></subparagraph>

<subparagraph id="HB6249552F337429984507AE182BB403E"><enum>(B)</enum><text>in subparagraph (D), by striking <quote>Services.</quote> and inserting <quote>Services; and</quote>; and</text></subparagraph>

<subparagraph id="HD2C4F6323BB0487D89F8CAC2DEE0857A"><enum>(C)</enum><text>by inserting after subparagraph (D):</text>

<quoted-block act-name="" id="HAE8B3FB03B13460DA45049393397C9B6" style="OLC">

<subparagraph id="H193932852B2E4D18B7F6F8E5C8445BDC"><enum>(E)</enum><text>with respect to a veteran, the Secretary of Veterans Affairs.</text></subparagraph><after-quoted-block>.</after-quoted-block></quoted-block></subparagraph></paragraph></subsection>

<subsection id="H05FE5D35CDC74BC69AB50390417C0BD1"><enum>(b)</enum><header>Technical and conforming amendments</header><text display-inline="yes-display-inline">Title 5, United States Code, is amended as follows:</text>

<paragraph id="HD25A79675B3C49E78B2C6A97FB268DFF"><enum>(1)</enum><text>Section 9002 is amendedâ€"</text>

<subparagraph id="H997C31697E8D46EA83ED89CBC47FFBAA"><enum>(A)</enum><text>in subsection (a), by striking <quote>or (5)</quote> and inserting <quote>(5), or (6)</quote>; and</text></subparagraph>

<subparagraph id="H7E88F205BBAB4C9B89451D1EA7FA1A59"><enum>(B)</enum><text>in subsection (e)â€"</text>

<clause id="HD588FC8AC25844B291323F26EAB8F082"><enum>(i)</enum><text>in paragraph (2), by striking <quote>or (4)</quote> and inserting <quote>(4), or (5)</quote>; and</text></clause>

<clause id="HEC1DC2AB97FC41C3945279A3AB3DCEE3"><enum>(ii)</enum><text>in paragraph (4), by striking <quote>section 9001(9)</quote> and inserting <quote>section 9001(10)</quote>.</text></clause></subparagraph></paragraph>

<paragraph id="H718DCDFD11D84E43A5B51158F4B86741"><enum>(2)</enum><text>Section 9004(d) is amended by inserting after <quote>withheld under subsection (b)</quote> the following: <quote>, who is an enrollee by virtue of being a veteran described in section 9001(5) of this title,</quote>. </text></paragraph>

<paragraph commented="no" display-inline="no-display-inline" id="H9F9BB09F304B470E8F48CCD7D5759A84"><enum>(3)</enum><text>Section 9008(c) is amended by striking <quote>(3) or (4)</quote> and inserting <quote>(3), (4), or (5)</quote>.</text></paragraph></subsection></section>

</legis-body>

</bill>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 11/3/2017 9:21:04 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Remember..

I know - unbelievable

Sent from my iPhone

> On Nov 2, 2017, at 10:03 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:
>
> [(b) (6)] ... he just withdrew his nomination
>
> Sent from my iPad

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 11/3/2017 2:03:37 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Remember..

[(b) (6)]... he just withdrew his nomination

Sent from my iPad

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/31/2017 5:38:28 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Prints

Ok. I hope they find it helpful.

On Tue, Oct 31, 2017 at 12:45 PM David shulkin <Drshulkin@aol.com> wrote:
Nope

Sent from my iPhone

> On Oct 31, 2017, at 12:37 PM, (b) (6) (b) (6) gmail.com> wrote:

>

> Do you need me to print anything else for (b) (6) and send over tomorrow? If you think of something let me know and I can package up by midday. A representative from the firm came last Thursday for the last file.

> --

> Sent from Gmail Mobile

--

Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/31/2017 4:44:57 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Re: Prints

Nope

Sent from my iPhone

> On Oct 31, 2017, at 12:37 PM, (b) (6) <(b) (6) gmail.com> wrote:
>
> Do you need me to print anything else for (b) (6) and send over tomorrow? If you think of something let
me know and I can package up by midday. A representative from the firm came last Thursday for the last
file.
> --
> Sent from Gmail Mobile

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 10/31/2017 4:37:36 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Prints

Do you need me to print anything else for (b) (6) and send over tomorrow? If you think of something let me know and I can package up by midday. A representative from the firm came last Thursday for the last file.

--

Sent from Gmail Mobile

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/28/2017 4:54:08 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: slides to discuss for AAMC

Ok. (b) (6) asked for similar slides from OAA and was waiting for them on Friday. Ill send a note to OAA to make sure this info is include to.

On Sat, Oct 28, 2017 at 12:25 PM David Shulkin <drshulkin@aol.com> wrote:

—

Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/28/2017 4:25:11 PM
To: (b) (6) gmail.com
Subject: slides to discuss for AAMC
Attachments: aamcslides.pptx



Through its academic affiliations, VA has been home to 3 Nobel Prize winners.



VA is affiliated with over 95% of allopathic medical schools and over 82% of osteopathic medical schools.



By 1980, over 70 VA hospitals were located within 1 mile of a medical school.

January 30, 1946

POLICY MEMORANDUM NO. 2

SUBJECT: Policy In Association of Veterans' Hospitals With Medical Schools.

1. GENERAL CONSIDERATIONS

VA is embarking upon a program that is without precedent in the history. It would, therefore, be most unusual if numerous problems did not arise for which no fully satisfactory solution were immediately apparent. Such problems frequently can be solved only by trial and error; and, until workable solutions are found, both parties in the program must exercise tolerance if the program is not to fail. There can be no doubt of the good faith of both parties.

VA Education Center of Excellence

Number of Trainees and Faculty

UPDATE on VACAA Residency Positions

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/28/2017 5:55:36 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Remembering

Great picture

Sent from my iPad

> On Oct 28, 2017, at 1:01 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:
>
> (b) (6) sent this pic yesterday which I didn't have- this was the day you took your oath- never
expected what was to happen when we took this pic together. Brought back memories
>
> <IMG_2164.JPG>
>
>
>
> Sent from my iPhone

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/30/2017 9:40:02 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: pharma

Ok

On Mon, Oct 30, 2017 at 5:26 PM David shulkin <Drshulkin@aol.com> wrote:
Can you make the edits here - ignore the part about expanding membership for now

Sent from my iPhone

Begin forwarded message:

From: David Shulkin <drshulkin@aol.com>
Date: October 30, 2017 at 11:41:29 AM EDT
To: david.shulkin@va.gov
Subject: Fwd: pharma

--
Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/30/2017 9:26:03 PM
To: (b) (6); (b) (6) [redacted]@gmail.com]
Subject: pharma
Attachments: VA - PharmaAdvisory_V2.doc; Untitled attachment 80805.htm

Can you make the edits here - ignore the part about expanding membership for now

Sent from my iPhone

Begin forwarded message:

From: David Shulkin <drshulkin@aol.com>
Date: October 30, 2017 at 11:41:29 AM EDT
To: david.shulkin@va.gov
Subject: Fwd: pharma

Improving Access to Pharmaceuticals

Formatted: Centered

CHARGE: POTUS will charge The Secretary of -Veterans Affairs to (b) (5)

(b) (5)

OBJECTIVES: Specific Objectives of the Advisory Committee:

(b) (5)

Formatted: Font color: Red

Formatted: Font color: Red

Formatted: Font color: Red

Formatted: Font color: Red

Formatted: Font color: Red

Formatted: Font color: Red

PROPOSED MEMBERSHIP:

(b) (5)

(b) (5)

Formatted: Font: Bold, Font color: Red

Formatted: Font: Bold, Font color: Red

Formatted: Font: Bold, Font color: Red

PROCESS: (b) (5)

(b) (5)

TIMELINE: (b) (5)

Formatted: Font color: Red

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 1/5/2018 3:05:26 AM
To: IP [(b) frenchangel59.com]
Subject: Re: RE:

Ricky Mulligan from VA

Sent from my iPhone

> On Jan 2, 2018, at 12:07 PM, IP <[(b) frenchangel59.com]> wrote:
>
> David,
>
> These are the people at Apple.
>
> I need to know the names of the people in the VA that know about it.
> Please email me the VA names.
>
> Thanks,
> Ike
>
> -----Original Message-----
> From: David Shulkin [mailto:secshulkin@gmail.com]
> Sent: Monday, January 01, 2018 8:02 PM
> To: IP
> Subject:
>
>
> I inquired and heard that the two Apple people involved with VA are (b) (6) and (b) (6)
>
> I hope that is helpful
>
> David
> Sent from my iPhone

Message

From: (b) (6) @aol.com [(b) (6) @aol.com]
Sent: 1/4/2018 1:42:37 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Fwd: RE:

David, the only person to suggest is Ricci Mulligan . She was taking her cues from the Apple folks and made it hard for me to get the feedback I needed.

Sent from my iPhone

On Jan 3, 2018, at 4:15 PM, David Shulkin <secshulkin@gmail.com> wrote:

(b) (6) who VA might be good to identify?

Sent from my iPhone

Begin forwarded message:

From: IP <(b) (6) frenchangel59.com>
Date: January 2, 2018 at 12:07:58 PM EST
To: David Shulkin <secshulkin@gmail.com>
Subject: RE:

David,

These are the people at Apple.

I need to know the names of the people in the VA that know about it.
Please email me the VA names.

Thanks,
Ike

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

From: David Shulkin [<mailto:secshulkin@gmail.com>]
Sent: Monday, January 01, 2018 8:02 PM
To: IP
Subject:

I inquired and heard that the two Apple people involved with VA are (b) (6) and (b) (6)

I hope that is helpful

David
Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 1/3/2018 9:15:14 PM
To: (b) (b) @aol.com
Subject: Fwd: RE:

(b) (b) who VA might be good to identify?

Sent from my iPhone

Begin forwarded message:

From: IP <(b) frenchangel59.com>
Date: January 2, 2018 at 12:07:58 PM EST
To: David Shulkin <secshulkin@gmail.com>
Subject: RE:

David,

These are the people at Apple.

I need to know the names of the people in the VA that know about it.
Please email me the VA names.

Thanks,
Ike

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

From: David Shulkin [mailto:secshulkin@gmail.com]
Sent: Monday, January 01, 2018 8:02 PM
To: IP
Subject:

I inquired and heard that the two Apple people involved with VA are (b) (6) and (b) (6)

I hope that is helpful

David
Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 1/2/2018 6:02:26 PM
To: IP [(b) (6)] frenchangel59.com]
Subject: Re: RE:

Ok sorry- i know Poonam had been doing this- and besides Darin the only person i am aware of at VA is (b) (6) Would it be helpful to speak to her?

SorrySent from my iPhone

> On Jan 2, 2018, at 12:07 PM, IP <[(b) (6)] frenchangel59.com> wrote:
>
> David,
>
> These are the people at Apple.
>
> I need to know the names of the people in the VA that know about it.
> Please email me the VA names.
>
> Thanks,
> Ike
>
> -----Original Message-----
> From: David Shulkin [mailto:secshulkin@gmail.com]
> Sent: Monday, January 01, 2018 8:02 PM
> To: IP
> Subject:
>
>
> I inquired and heard that the two Apple people involved with VA are (b) (6) and (b) (6)
>
> I hope that is helpful
>
> David
> Sent from my iPhone

Message

From: IP [(b) Frenchangel59.com]
Sent: 1/2/2018 5:07:58 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: RE:

David,

These are the people at Apple.

I need to know the names of the people in the VA that know about it.
Please email me the VA names.

Thanks,
Ike

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

From: David Shulkin [mailto:secshulkin@gmail.com]
Sent: Monday, January 01, 2018 8:02 PM
To: IP
Subject:

I inquired and heard that the two Apple people involved with VA are (b) (6) and (b) (6)

I hope that is helpful

David
Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 1/2/2018 1:02:21 AM
To: Ike Perlmutter [(b) frenchangel59.com]

I inquired and heard that the two Apple people involved with VA are
(b) (6) and (b) (6)

I hope that is helpful

David
Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/25/2017 11:22:00 PM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Wow- never saw this coming

Ok will do

Thanks fir the words of wisdom

Sent from my iPhone

On Oct 25, 2017, at 10:17 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Let me know the next time you are in NYC- the Remedy offices are at 5 Penn Plaza and we could meet right at Penn station or near it if I can arrange to work there vs Darien that day- but will need to know in advance. Hang in there- the best is yet to come.

From: David shulkin <Drshulkin@aol.com>
Sent: Wednesday, October 25, 2017 10:13 AM
To: Poonam Alaigh
Subject: Re: Wow- never saw this coming

Thanks for the note

I feel the same

The environment here now is the worst ive seem- its pure toxic- not enjoying it at all

Sent from my iPhone

On Oct 25, 2017, at 7:14 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

David no matter what happens, our relationship is unconditional and remember what you said- " what doesn't kill us only makes us stronger" - our relationship will get stronger through all of this. I will never doubt your intentions for the decisions you make- may not like them but have and will always believe in you!! Let me know how things go this week- miss you and hopefully can at least speak on the phone once in a while. Take care- whether you like it or not, you have a friend in me forever

Sent from my iPhone

On Oct 25, 2017, at 7:00 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

Anyway- I am sure you have a good reason for it- good luck my friend for this week

<http://www.unionleader.com/health/VA-Secretary-Shulkin-changes-Manchester-task-force-leadership-10252017>

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 10/25/2017 2:17:17 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Wow- never saw this coming

Let me know the next time you are in NYC- the Remedy offices are at 5 Penn Plaza and we could meet right at Penn station or near it if I can arrange to work there vs Darien that day- but will need to know in advance. Hang in there- the best is yet to come.

From: David shulkin <Drshulkin@aol.com>
Sent: Wednesday, October 25, 2017 10:13 AM
To: Poonam Alaigh
Subject: Re: Wow- never saw this coming

Thanks for the note

I feel the same

The environment here now is the worst ive seem- its pure toxic- not enjoying it at all

Sent from my iPhone

On Oct 25, 2017, at 7:14 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

David no matter what happens, our relationship is unconditional and remember what you said- " what doesn't kill us only makes us stronger" - our relationship will get stronger through all of this. I will never doubt your intentions for the decisions you make- may not like them but have and will always believe in you!! Let me know how things go this week- miss you and hopefully can at least speak on the phone once in a while. Take care- whether you like it or not, you have a friend in me forever

Sent from my iPhone

On Oct 25, 2017, at 7:00 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Anyway- I am sure you have a good reason for it- good luck my friend for this week

<http://www.unionleader.com/health/VA-Secretary-Shulkin-changes-Manchester-task-force-leadership-10252017>

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/25/2017 2:13:20 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Wow- never saw this coming

Thanks for the note

I feel the same

The environment here now is the worst ive seem- its pure toxic- not enjoying it at all

Sent from my iPhone

On Oct 25, 2017, at 7:14 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

David no matter what happens, our relationship is unconditional and remember what you said- " what doesn't kill us only makes us stronger" - our relationship will get stronger through all of this. I will never doubt your intentions for the decisions you make- may not like them but have and will always believe in you!! Let me know how things go this week- miss you and hopefully can at least speak on the phone once in a while. Take care- whether you like it or not, you have a friend in me forever

Sent from my iPhone

On Oct 25, 2017, at 7:00 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Anyway- I am sure you have a good reason for it- good luck my friend for this week

<http://www.unionleader.com/health/VA-Secretary-Shulkin-changes-Manchester-task-force-leadership-10252017>

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 10/25/2017 11:14:59 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Wow- never saw this coming

David no matter what happens, our relationship is unconditional and remember what you said- " what doesn't kill us only makes us stronger" - our relationship will get stronger through all of this. I will never doubt your intentions for the decisions you make- may not like them but have and will always believe in you!! Let me know how things go this week- miss you and hopefully can at least speak on the phone once in a while. Take care- whether you like it or not, you have a friend in me forever

Sent from my iPhone

On Oct 25, 2017, at 7:00 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Anyway- I am sure you have a good reason for it- good luck my friend for this week

<http://www.unionleader.com/health/VA-Secretary-Shulkin-changes-Manchester-task-force-leadership-10252017>

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 10/25/2017 11:00:04 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Wow- never saw this coming

Anyway- I am sure you have a good reason for it- good luck my friend for this week

<http://www.unionleader.com/health/VA-Secretary-Shulkin-changes-Manchester-task-force-leadership-10252017>

Sent from my iPhone

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/24/2017 1:59:12 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: VA meeting with David S.

Sorry if I shared this already, could not remember. Will talk to him after you and have documents ready. I'll do my best to get all of the documents I don't have without asking too many questions.

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

From: (b) (6) <(b) (6) gmail.com>
Date: Mon, Oct 23, 2017 at 4:22 PM
Subject: Re: VA meeting with David S.
To: (b) (5) (b) (6) @mololamken.com>

Yes that works for me. You will see my office before you get to his and I'll make sure to introduce myself before you meet with him.

On Mon, Oct 23, 2017 at 2:51 PM (b) (5) (b) (6) @mololamken.com> wrote:

Hi (b) (6) – Thank you for reaching out. We're scheduled to meet with Dr. Shulkin at his office tomorrow from 1 to 2:30. Would you be able to meet afterwards? Best regards, (b) (5)

From: (b) (6) [mailto:(b) (6) gmail.com]
Sent: Monday, October 23, 2017 1:36 PM
To: (b) (5)
Subject: VA meeting with David S.

Good Afternoon (b) (5)

Dr Shulkin asked me to reach out to you to help prepare an investigation file. Would you like to meet tomorrow? I have a few documents that may be helpful to start. Or if you prefer by phone let me know. Understand you are on the schedule for Tuesday 1pm.

(b) (6)

--

Sent from Gmail Mobile

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Sent from Gmail Mobile

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Sent from Gmail Mobile

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/24/2017 3:15:22 AM
To: drshulkin@aol.com
Subject: Did you see this?

In your public box?

D--Lighthouse API Management Platform - 36C10B18Q2600 - Federal Business Opportunities: Opportunities

https://www.fbo.gov/index?s=opportunity&mode=form&id=b5a3e0c29fa78545f0556dac972bac69&tab=core&_cview=0

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/22/2017 2:34:52 PM
To: (b) (6); (b) (6) [gmail.com]
Subject: Re:

Thanks and maybe what group they have me speaking to- is it just the Deans or is it yhe main session?

Sent from my iPhone

On Oct 22, 2017, at 9:40 AM, (b) (6) <(b) (6) [gmail.com]> wrote:

For brochure promotion, your bio, picture and intro was sent to the aamc on 10/10. I'll follow up to get clarity with organizers on where they are on promoting you and if it can be updated by tomorrow.

On Sun, Oct 22, 2017 at 9:30 AM David Shulkin <drshulkin@aol.com> wrote:

(b) (6) take a look below

<http://www.cvent.com/events/learn-serve-lead-2017-the-aamc-annual-meeting/event-summary-123be9b8e9a64183bf0de06dd657f56c.aspx?RefID=Meetings.org%20Page>

Why am I not featured as a speaker? Did I get booked in some small subgroup rather than the main speaking track? What do we know about how they are promoting this? 4300 attendees

Sent from my iPad

--

Sent from Gmail Mobile

Message

From: (b) (6) (b) (6) [gmail.com]
Sent: 10/22/2017 1:40:39 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

For brochure promotion, your bio, picture and intro was sent to the aamc on 10/10. I'll follow up to get clarity with organizers on where they are on promoting you and if it can be updated by tomorrow.

On Sun, Oct 22, 2017 at 9:30 AM David Shulkin <drshulkin@aol.com> wrote:

(b) (6) take a look below

<http://www.cvent.com/events/learn-serve-lead-2017-the-aamc-annual-meeting/event-summary-123be9b8e9a64183bf0de06dd657f56c.aspx?RefID=Meetings.org%20Page>

Why am I not featured as a speaker? Did I get booked in some small subgroup rather than the main speaking track? What do we know about how they are promoting this? 4300 attendees

Sent from my iPad

--

Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/22/2017 1:30:24 PM
To: (b) (6) (b) (6) gmail.com]

(b) (6) take a look below

<http://www.cvent.com/events/learn-serve-lead-2017-the-aamc-annual-meeting/event-summary-123be9b8e9a64183bf0de06dd657f56c.aspx?RefID=Meetings.org%20Page>

Why am I not featured as a speaker? Did I get booked in some small subgroup rather than the main speaking track? What do we know about how they are promoting this? 4300 attendees

Sent from my iPad

Message

From: (b) (6) [REDACTED] (b) (6) [REDACTED]@gmail.com]
Sent: 10/22/2017 1:10:28 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Attorney Client Privileged

Ok

On Sat, Oct 21, 2017 at 6:08 PM David Shulkin <drshulkin@aol.com> wrote:

Can we discuss on monday

Sent from my iPad

Begin forwarded message:

From: "(b) (5)" [REDACTED] <(b) (5) [REDACTED]@mololamken.com>
Date: October 21, 2017 at 2:51:13 PM EDT
To: "drshulkin@aol.com" <drshulkin@aol.com>
Subject: Attorney Client Privileged

Dr. Shulkin,

It was a pleasure meeting you and your wife yesterday. Following up on our discussion, it would be helpful to schedule a time to discuss in more detail the specifics of the (b) (5) [REDACTED]

[REDACTED] As I mentioned, we're happy to meet whenever and wherever it's most convenient for you. If there is a 2-hour block this week that might work, please let me know. I look forward to talking further, and reaching a favorable resolution to this matter as quickly as possible.

Best regards,

(b) (5) [REDACTED]

(b) (6) [REDACTED]
Molo Lamken LLP
(b) (6) [REDACTED]
(b) (6) [REDACTED]
T: (b) (6) [REDACTED]
M: (b) (6) [REDACTED]
(b) (6) [REDACTED]@com
www.mololamken.com

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--
Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/27/2017 7:02:29 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: USA today interview

Ok havnt seen yet

Im with new pa health commissioner

Karen murphy left

Sent from my iPhone

On Oct 27, 2017, at 2:35 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

I think it came out really great allaying rumors- most importantly, showed your unwavering loyalty to the President- which right now is critical.

Message

From: (b) (6) (b) (6)@amida.com]
Sent: 10/22/2017 11:56:14 AM
To: David Shulkin [drshulkin@aol.com]; Jennifer Lee (b) (6) gmail.com]
Subject: physician candidate in nyc
Attachments: Monica Nogueira resume.pdf

Hi David, hi Jen,

I met this young woman in New York City on Friday; I have a collaboration with NYU and she came to dinner that night.

As I understand it she's a foreign-trained doctor with all the US certifications and boards, and is now looking for a residency in New York. She would love to do that at a VA facility.

I cannot give her a qualified professional endorsement, but she made a great impression on me as someone I would enjoy working with.

I'd be grateful if you could forward this to the right person at VA (or tell me who that is?)

Thanks and best,

(b) (6)

(b) (6), (b) (2)

Physician (M.D.)

(b) (6)

Education

(b) (6), (b) (2)

Professional Experience

(b) (6), (b) (2)

(July - September 2017)

(b) (6), (b) (2)

(b) (6), (b) (2)

(June – August 2017)

(b) (6), (b) (2)

(b) (6), (b) (2)

(April 2017)

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6)

(b) (6), (b) (2)

(July 2016 – March 2017)

(b) (6), (b) (2)

(b) (6), (b) (2)

, Brazil (January 2013 – March 2015)

(b) (6), (b) (2)

(b) (6), (b) (2)

, Brazil (January 2013 – July 2013)

(b) (6), (b) (2)

(b) (6), (b) (2)

, Brazil (April 2010 – November 2013)

(b) (6), (b) (2)

(b) (6), (b) (2)

, Brazil (April 2011 – December 2011)

(b) (6), (b) (2)

(b) (6), (b) (2)

, Brazil (March 2011 – December 2011)

(b) (6), (b) (2)

(b) (6), (b) (2), M.D. (b) (6)

Research

(b) (6), (b) (2) (b) (6), (b) (2)

February 2008 – December 2012

Clinical Research

- (b) (6), (b) (2)
-
-
-
-
-
-

(b) (6), (b) (2)

July 2007 – December 2007

Laboratory Research

- (b) (6), (b) (2)
-

Publications

(b) (6), (b) (2)

Honor and Awards

(b) (6), (b) (2)

(b) (6), (b) (2), M.D. (b) (6)

(b) (6), (b) (2)

Others

- (b) (6), (b) (2)
-
-

Courses

(b) (6), (b) (2)

Volunteer Work

(b) (6), (b) (2)

Languages

(b) (6), (b) (2)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/18/2017 2:55:53 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: HAPPY DIWALI

What an amazing experience to have had-

Sent from my iPhone

On Oct 17, 2017, at 10:23 PM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

Sent from my iPhone

Begin forwarded message:

From: "[(b) (6)]" <[(b) (6)]<[REDACTED]@gmail.com>>
To: "Poonam Alaigh" <[(b) (6)]<[REDACTED]@hotmail.com>>
Subject: HAPPY DIWALI

[(b) (6)]

<2017-10-17-VIDEO-00001216.mp4>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/18/2017 5:49:53 PM
To: Vivieca Simpson (b) (6)
Subject: Fwd: Share my in (b) (6)

atrice Prince-Wheeler

(b) (6)
@gmail.com]

For our files

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6)@hotmail.com>
Date: October 18, 2017 at 12:40:52 PM EDT
To: David <drshulkin@aol.com>
Subject: Share my invitation to london

Not even addressed as spouse



MARK LANCASTER TD VR
PARLIAMENTARY UNDER SECRETARY OF STATE AND
MINISTER FOR DEFENCE VETERANS, RESERVES AND PERSONNEL

MINISTRY OF DEFENCE
FLOOR 5, ZONE B, MAIN BUILDING
WHITEHALL, LONDON SW1A 2HB
Telephone: 020 7218 9000 (Switchboard)

MSU/4/4/2/9/sh

1 June 2017

Dear Dr Bari,

It is my privilege to be hosting this year's Ministerial Summit on Veterans' Affairs to be held in London from Tuesday 18 to Thursday 20 July 2017. The overall theme for this year's engagement will be 'Future Support to Veterans and Mental Health' and I very much hope you can attend.

(b) (6) will be my primary point of contact within the Ministry of Defence for the coordination and communication of the Summit programme. He can be contacted via email at (b) (6)@mod.uk and by phone on 0207 218 0529.

If you have any problems getting in touch via e-mail, please contact my private office on +(44) 020 7218 (b) (6).

I do hope you will be able to join us and I look forward to welcoming you in July.

MARK LANCASTER TD VR

Dr (b) (6)
C/O The Honourable David Shulkin
Secretary of Veterans Affairs
810 Vermont Ave, N.W.
Washington, D.C. 20420

AMERICAN
OVERSIGHT

VA-19-0799-H-000202

DS_00019505

(b) (6) M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/17/2017 1:39:53 AM
To: (b) (6); (b) (6) [gmail.com]
Subject: Re: Veteran's Day Event

Ok

Sent from my iPhone

On Oct 16, 2017, at 7:17 PM, (b) (6) <(b) (6) [gmail.com]> wrote:

I think you should do this.

On Thu, Oct 12, 2017 at 11:30 AM David shulkin <Drshulkin@aol.com> wrote:

Sent from my iPhone

Begin forwarded message:

From: "(b) (6)" <(b) (6) [uphs.upenn.edu]>
Date: October 12, 2017 at 8:30:30 AM EDT
To: David shulkin <Drshulkin@aol.com>
Cc: "(b) (6)" (b) (6) [uphs.upenn.edu]
Subject: Veteran's Day Event

Dear Secretary Shulkin:

I would like to formally invite you to a Veteran's Day event we are planning for Penn Medicine on November 20th at 5 PM. We were hoping that given all the events you attend around Veteran's Day, this might be easier and closer to when you might return home for the Thanksgiving holiday. If you would be able to attend, we usually have a formal program and would ask that along with the Dean Larry Jameson and Ralph Muller our CEO that you might make some remarks. Thank you for your kind consideration, I am,

Sincerely,

(b) (6), PhD
Rear Admiral, USN (ret)

--

Sent from Gmail Mobile

Message

From: (b) (6) [REDACTED] (b) (6) [REDACTED] gmail.com]
Sent: 10/16/2017 11:17:57 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Veteran's Day Event

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Subject: Veteran's Day Event

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Sincerely,

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Rear Admiral, USN (ret)

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Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/12/2017 3:30:42 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: Veteran's Day Event

Sent from my iPhone

Begin forwarded message:

From: "(b) (6)" <(b) (6)@uphs.upenn.edu>
Date: October 12, 2017 at 8:30:30 AM EDT
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Rear Admiral, USN (ret)

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/21/2017 11:26:09 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

That's a huge deal. Very nice

On Fri, Oct 20, 2017 at 11:48 PM David shulkin <Drshulkin@aol.com> wrote:
Potus called me after seeing it

Sent from my iPhone

> On Oct 20, 2017, at 8:28 PM, (b) (6) (b) (6) gmail.com> wrote:
>
> Just watched: Nice job on the interview today
> --
> Sent from Gmail Mobile

--

Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/21/2017 3:48:20 AM
To: (b) (6); (b) (6) gmail.com]
Subject: Re:

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Sent from my iPhone

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From: (b) (6) (b) (6) gmail.com]
Sent: 10/21/2017 12:28:31 AM
To: David Shulkin [drshulkin@aol.com]

Just watched: Nice job on the interview today

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Sent from Gmail Mobile

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/14/2017 12:05:38 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Shulkin Vows in Writing Not to Cut Program for Disabled Vets | Military.com

<http://www.military.com/daily-news/2017/10/13/shulkin-vows-writing-not-cut-benefit-program-disabled-vets.html>

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/14/2017 2:36:23 PM
To: David Shulkin [Secshulkin@gmail.com]
Subject: Re:

Are we talking at 11am? I never heard back from my previous email so I am not sure.

Marc Sherman
(b) (6)

On Oct 13, 2017 2:01 PM, "Marc Sherman" <mbs(b) (6) gmail.com> wrote:
My schedule has now changed and I can talk at 11am tomorrow if that still works for you.

Marc Sherman
(b) (6)

On Oct 12, 2017 10:37 PM, "David Shulkin" <secshulkin@gmail.com> wrote:
11am?

Sent from my iPhone

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Time on saturday?

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On Oct 12, 2017, at 5:58 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

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Im in nyc

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On Oct 10, 2017, at 9:13 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

How about lunch tomorrow. I just had a cancellation. Could we make that work?

On Tue, Oct 10, 2017 at 6:22 PM, David Shulkin
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Marc- when i looked at november 7 th it was wide open- now im tokd the reason why is because they have me out if town for a few days- sorry

Any days that a lunch might work?

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On Oct 9, 2017, at 6:24 PM, Marc Sherman
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How do you look for November 7 or 8?

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Its also uncertain

50/50 i need to be in ny on the 17 th - we can check in closer to then

Sent from my iPhone

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Sent: 10/13/2017 6:01:10 PM
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Sent from my
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Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/13/2017 3:16:44 AM
To: David Shulkin [Secshulkin@gmail.com]
Subject: Re:

I am in meetings until 1pm. Anytime after 1pm is good. Does a later time work for you?

Marc Sherman
(b) (6)

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Sent from my
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From: David Shulkin [secshulkin@gmail.com]
Sent: 10/13/2017 2:37:29 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re:

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Sent from my iPhone

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Sent from my
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From: David Shulkin [secshulkin@gmail.com]
Sent: 10/13/2017 2:23:39 AM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re:

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On Oct 8, 2017 12:37 PM, "David Shulkin"

<secshulkin@gmail.com> wrote:

Marc- good call and great facilitation

Maybe it would be good to think more about communication strategies (your point) and we could get dinner the week of the 16 th if you are around

Sent from my iPhone

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/11/2017 1:13:03 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re:

How about lunch tomorrow. I just had a cancellation. Could we make that work?

On Tue, Oct 10, 2017 at 6:22 PM, David Shulkin <secshulkin@gmail.com> wrote:

Marc- when i looked at november 7 th it was wide open- now im told the reason why is because they have me out if town for a few days- sorry

Any days that a lunch might work?

Sent from my iPhone

On Oct 9, 2017, at 6:24 PM, Marc Sherman <[mbs\(b\) \(6\) gmail.com](mailto:mbs(b) (6) gmail.com)> wrote:

How do you look for November 7 or 8?

Marc Sherman

(b) (6)

On Oct 9, 2017 6:13 PM, "David Shulkin" <secshulkin@gmail.com> wrote:

Looks like ill need to be in ny that evening

Sent from my iPhone

On Oct 8, 2017, at 11:11 PM, Marc Sherman <[mbs\(b\) \(6\) gmail.com](mailto:mbs(b) (6) gmail.com)> wrote:

Ok, I will hold off rearranging things until I hear a go from you. Let me know as soon as you know about your availability.

On Sun, Oct 8, 2017 at 5:28 PM, David Shulkin <secshulkin@gmail.com> wrote:

Its also uncertain

50/50 i need to be in ny on the 17 th - we can check in closer to then

Sent from my iPhone

On Oct 8, 2017, at 12:47 PM, Marc Sherman <[mbs\(b\) \(6\) gmail.com](mailto:mbs(b) (6) gmail.com)> wrote:

Thank you. I would love to do that. Unfortunately, the only day I could maybe have dinner is the 17th...and I would have to check if that is a possibility. I leave on the morning of the 18th for Canada and after that many other cities and won't be back in DC again until November 7. Before I start checking to move things around, does October 17 dinner work for you?

Marc Sherman

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Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/10/2017 10:22:01 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re:

Marc- when i looked at november 7 th it was wide open- now im tokd the reason why is because they have me out if town for a few days- sorry

Any days that a lunch might work?

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(b) (6)

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Marc- good call and great facilitation

Maybe it would be good to think more about communication strategies (your point) and we could get dinner the week of the 16 th if you are around

Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/10/2017 7:10:52 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re:

7 th works

Sent from my iPhone

On Oct 9, 2017, at 6:24 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

How do you look for November 7 or 8?

Marc Sherman

(b) (6)

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Marc Sherman

(b) (6)

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Sent from my iPhone

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/9/2017 10:24:56 PM
To: David Shulkin [Secshulkin@gmail.com]
Subject: Re:

How do you look for November 7 or 8?

Marc Sherman
(b) (6)

On Oct 9, 2017 6:13 PM, "David Shulkin" <secshulkin@gmail.com> wrote:
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Sent from my iPhone

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Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/9/2017 10:13:54 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re:

Looks like ill need to be in ny that evening

Sent from my iPhone

On Oct 8, 2017, at 11:11 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

Ok, I will hold off rearranging things until I hear a go from you. Let me know as soon as you know about your availability.

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Sent from my iPhone

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/9/2017 3:11:55 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re:

Ok, I will hold off rearranging things until I hear a go from you. Let me know as soon as you know about your availability.

On Sun, Oct 8, 2017 at 5:28 PM, David Shulkin <secshulkin@gmail.com> wrote:
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Maybe it would be good to think more about communication strategies (your point) and we could get dinner the week of the 16 th if you are around

Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/8/2017 9:28:08 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re:

Its also uncertain

50/50 i need to be in ny on the 17 th - we can check in closer to then

Sent from my iPhone

On Oct 8, 2017, at 12:47 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

Thank you. I would love to do that. Unfortunately, the only day I could maybe have dinner is the 17th...and I would have to check if that is a possibility. I leave on the morning of the 18th for Canada and after that many other cities and won't be back in DC again until November 7. Before I start checking to move things around, does October 17 dinner work for you?

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Maybe it would be good to think more about communication strategies (your point) and we could get dinner the week of the 16 th if you are around

Sent from my iPhone

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/8/2017 4:47:23 PM
To: David Shulkin [Secshulkin@gmail.com]
Subject: Re:

Thank you. I would love to do that. Unfortunately, the only day I could maybe have dinner is the 17th...and I would have to check if that is a possibility. I leave on the morning of the 18th for Canada and after that many other cities and won't be back in DC again until November 7. Before I start checking to move things around, does October 17 dinner work for you?

Marc Sherman
(b) (6)

On Oct 8, 2017 12:37 PM, "David Shulkin" <secshulkin@gmail.com> wrote:
Marc- good call and great facilitation

Maybe it would be good to think more about communication strategies (your point) and we could get dinner the week of the 16 th if you are around

Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/8/2017 4:37:51 PM
To: Marc Sherman [mbs(b) (6) gmail.com]

Marc- good call and great facilitation

Maybe it would be good to think more about communication strategies (your point) and we could get dinner the week of the 16 th if you are around

Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/15/2017 5:22:00 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
Subject: Re: CIO

Yes that would be great

His name is Phil Lajoe

Sent from my iPhone

> On Oct 14, 2017, at 2:27 PM, Marc Sherman <mbs(b) (6) mail.com> wrote:

>

> David

>

> I enjoyed our conversation earlier. Thanks for taking the time.

>

> I just talked to Ike and he did talk to the WH about the CFO (at the same time as he talked about the CIO), so he was indeed the force that got the CFO approved for you. He was not aware of the CIO status in the process and thought (as did I) that it was being held up at the WH. Ike also thinks he can be of some help in moving the CIO through the FBI clearance process faster to get you quicker relief. Is it ok with you if he proceeds on that effort? He would like to do that tomorrow so let me know today if possible.

>

>

> Marc

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/14/2017 6:27:38 PM
To: David Shulkin [Secshulkin@gmail.com]
Subject: CIO

David

I enjoyed our conversation earlier. Thanks for taking the time.

I just talked to Ike and he did talk to the WH about the CFO (at the same time as he talked about the CIO), so he was indeed the force that got the CFO approved for you. He was not aware of the CIO status in the process and thought (as did I) that it was being held up at the WH. Ike also thinks he can be of some help in moving the CIO through the FBI clearance process faster to get you quicker relief. Is it ok with you if he proceeds on that effort? He would like to do that tomorrow so let me know today if possible.

Marc

From: thomas bowman [(b) (6)]@yahoo.com]
Sent: 2/28/2018 9:51:22 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fw: VA Secretary David Shulkin's top PR aide lobbied Congress to get him fired, sources say

----- Forwarded Message -----

----- Original message -----

Dr. (b) (6)
National Treasurer
Vietnam Veterans of America
Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/15/2017 10:52:51 PM
To: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Subject: Re: White House Diwali Celebration - Tuesday, Oct. 17

Dont know

Sent from my iPhone

On Oct 15, 2017, at 4:58 PM, Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>> wrote:

Rsvped and will attend this- but how did I get the invite

Sent from my iPhone

Begin forwarded message:

From: "(b) (6)" EOP/WHO" [(b) (6)]<[redacted]@who.eop.gov>
Date: October 15, 2017 at 4:46:04 PM EDT
To: "(b) (6)" EOP/WHO" [(b) (6)]<[redacted]@who.eop.gov>
Subject: White House Diwali Celebration - Tuesday, Oct. 17

<image001.png>

Good evening,

You are cordially invited to join us for a White House celebration of Diwali with President Donald J. Trump on Tuesday, October 17th at 3:00 p.m. in the Oval Office.

[If you are able to join us, please RSVP by Monday afternoon at 2:00 p.m.](#) You will receive further instruction for your arrival after you have RSVPed.

We look forward to seeing you on Tuesday!

Sincerely,

[(b) (6)]
The White House, Office of Public Liaison
[(b) (6)]

Please note this invitation is intended solely for the recipient and is non-transferable. You will need to RSVP with using the email address at which you received this message.

Message

From: Jennifer Lee [(b) (6)]@gmail.com]
Sent: 10/13/2017 5:45:51 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Follow up

Okay, will do. That is actually what I am discovering as well.
She is the only person I can think of who is in communication with him and is also frequently on the Hill.
I will circle back with Vivieca.
Thank you,
Jen

> On Oct 13, 2017, at 12:01 PM, David shulkin <Drshulkin@aol.com> wrote:

>

> Thanks for asking- i strongly prefer you dont speak to him- he is a rumor guy himself and will take whatever you say and spin it- so please dont

>

> I think we found the source is Ash and i asked vivieca to reach put to you to tell you as i know it was an upsetting call

> Vivieca is going to talk with ash when she returns

>

>

> Sent from my iPhone

>

>> On Oct 13, 2017, at 10:50 AM, Jennifer Lee [(b) (6)]@gmail.com> wrote:

>>

>> Dr. Shulkin,

>> I have been thinking a lot about your call on Wednesday- it was quite disturbing to me. I would like to get to the bottom of this- for both our sakes. Is it okay with you if I reach out to meet 1:1 with Steve B? If so, I will get his contact info from [(b) (6)]

>> Thank you,

>> Jennifer

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/13/2017 4:01:15 PM
To: Jennifer Lee [(b) (6)]<[REDACTED]@gmail.com>
BCC: [(b) (6)]<[REDACTED]@gmail.com>
Subject: Re: Follow up

Thanks for asking- i strongly prefer you dont speak to him- he is a rumor guy himself and will take whatever you say and spin it- so please dont

I think we found the source is Ash and i asked vivieca to reach put to you to tell you as i know it was an upsetting call
Vivieca is going to talk with ash when she returns

Sent from my iPhone

> On Oct 13, 2017, at 10:50 AM, Jennifer Lee [(b) (6)]<[REDACTED]@gmail.com> wrote:
>
> Dr. shulkin,
> I have been thinking a lot about your call on Wednesday- it was quite disturbing to me. I would like to get to the bottom of this- for both our sakes. Is it okay with you if I reach out to meet 1:1 with Steve B? If so, I will get his contact info from [(b) (6)]
> Thank you,
> Jennifer

Message

From: Jennifer Lee [(b) (6)] gmail.com]
Sent: 10/13/2017 2:50:18 PM
To: drshulkin@aol.com
Subject: Follow up

Dr. Shulkin,
I have been thinking a lot about your call on Wednesday- it was quite disturbing to me. I would like to get to the bottom of this- for both our sakes. Is it okay with you if I reach out to meet 1:1 with Steve B? If so, I will get his contact info from [(b) (6)]
Thank you,
Jennifer

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 10/24/2017 10:37:16 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Its been fine, a lot of driving to Connecticut every day. I am staying here today and heading out to dinner with the CEO- (b) (6) shortly.

Hope you are preparing well for the CARE hearing and Donovan.

See article today

<https://catalyst.nejm.org/the-va-quality-leader-contrary-assumptions/>

From: David shulkin <Drshulkin@aol.com>
Sent: Tuesday, October 24, 2017 6:50 AM
To: Poonam Alaigh
Subject:

How was day 1 at remedy?

Sent from

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/24/2017 10:50:58 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>

How was day 1 at remedy?

Sent from

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/5/2017 3:15:47 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: Fwd: Update on VA activities

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6)@jhmi.edu>
Date: September 5, 2017 at 7:03:23 AM EDT
To: 'David shulkin' <Drshulkin@aol.com>
Subject: RE: Update on VA activities

David

Happy to help when I can. I am not an expert in procurement but could speak to it from the CEO position. I hope you are well

(b) (6)

(b) (6) M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine

(b) (6)

(b) (6)

(b) (6)

(b) (6) (b) (6) (fax)

(b) (6)

(b) (6)@jhmi.edu

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

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Saturday, September 2, 2017 7:20 AM
To: (b) (6) <(b) (6)@jhmi.edu>
Subject: Re: Update on VA activities

(b) (6) thanks so much- I am truly appreciative of your help in these areas.

The other thing that may be coming up is a congressional hearing where it would be helpful to hear from you about areas that VA may need legislative fixes to address systemic issues such as procurement. As we learn more details I hope we can include you. Is that something you would be open to?

Thanks again,

David

Sent from my iPhone

On Aug 29, 2017, at 1:32 PM, (b) (6) <(b) (6)@jhmi.edu> wrote:

David

We are already working with you on procurement and IT. We would be happy to also help with Graduate Medical Education and Research overview. Please let us know how

(b) (6)

(b) (6) M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine

(b) (6)

(b) (6) (b) (6)

(b) (6) (b) (6) (fax)

(b) (6)@jhmi.edu

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

From: David shulkin [mailto:Drshulkin@aol.com]

Sent: Tuesday, August 29, 2017 12:21 PM

To: Torchiana, David F., M.D. <(b) (6)@PARTNERS.ORG>; (b) (6)
(b) (6)@jhmi.edu; (b) (6) M.D.
<(b) (6)@mayo.edu>; (b) (6) <(b) (6)@ccf.org>; (b) (6)
(b) (6)@kp.org>

Cc: Ike Perlmutter <(b) (6)frenchangel59.com>; Bruce Moskowitz
<brucemc(b) (6)mac.com>; Marc Sherman <mbs(b) (6)gmail.com>;
Poonam Alaigh <(b) (6)hotmail.com>

Subject: Update on VA activities

Dear Colleagues- much has happened in this first seven months to set VA on an improved path - including a record 5 pieces of legislation that were passed with full bipartisan support.

There is still a lot to do. There are 11 areas that we could use your institutions assistance with- ill list them here hoping that some areas might be a good fit for your organization to take a lead on assisting with- and certainly if you are interested in specific ones we could discuss in more detail

1. Procurement and Logistics
2. Human Resource Reorg
3. Finance and Budgeting
4. IT
5. Public Relations
6. Cost and Utilization of the Choice Network
7. Construction and Facility Management
8. Graduate Medical Education
9. Research overview
10. Quality measurement of the Choice network
11. Cost saving opportunities

Thanks for your thoughts if any of these 11 might be something your organization would lead on and thank you for your continued support

David Shulkin

Sent from my iPhone

Message

From: Torchiana, David F., M.D. [(b) (6)]@PARTNERS.ORG]
Sent: 9/5/2017 12:51:43 PM
To: David shulkin [Drshulkin@aol.com]
Subject: RE: Update on VA activities

I will work on these issues with our folks and also with Seth Moulton's office as he is a key member of our delegation and very versed on veteran's affairs as you know. Please let me know if there are specific areas of interest/focus that you would like me to focus on, I saw the original list & it is obviously very comprehensive.

Regards, [(b) (6)]

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

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Saturday, September 02, 2017 7:24 AM
To: [(b) (6)], M.D. <[(b) (6)]@PARTNERS.ORG>
Subject: Update on VA activities

David- I hope things are well.

In the next few months there may be planning for a congressional hearing where it would be helpful to hear from you about areas that VA may need legislative fixes to address systemic issues such as procurement. We would be specific with defining areas where you have flexibilities to manage where the VA does not. As we learn more details I hope we can include you. Is that something you would be open to?

>
> Thanks so much for your continued support,
>
> David Shulkin
>
> Sent from my iPhone
>
>> On Aug 29, 2017, at 1:32 PM, [(b) (6)] <[(b) (6)]@jhmi.edu> wrote:

>> David
>>
>> We are already working with you on procurement and IT. We would be happy to also help with Graduate Medical Education and Research overview. Please let us know how

>> [(b) (6)]
>>
>> [(b) (6)] M.D.
>> Dean of the Medical Faculty
>> CEO, Johns Hopkins Medicine
>> [(b) (6)] / [(b) (6)]
>> [(b) (6)] [(b) (6)]
>> [(b) (6)] [(b) (6)] (fax)
>> [(b) (6)]@jhmi.edu
>>
>>

>> -----Original Message-----

>> From: David shulkin [mailto:Drshulkin@aol.com]
>> Sent: Tuesday, August 29, 2017 12:21 PM
>> To: [(b) (6)], M.D. <[(b) (6)]@PARTNERS.ORG>; [(b) (6)] <[(b) (6)]@jhmi.edu>; [(b) (6)] <[(b) (6)]@mayo.edu>; [(b) (6)] <[(b) (6)]@ccf.org>; [(b) (6)] <[(b) (6)]@kp.org>
>> Cc: Ike Perlmuter <[(b) (6)]@frenchangel59.com>; Bruce Moskowitz <bruce.moskowitz@mac.com>; Marc Sherman <mbs@[(b) (6)]mail.com>; Poonam Alaigh <[(b) (6)]@hotmail.com>
>> Subject: Update on VA activities
>>
>>

>>> Dear Colleagues- much has happened in this first seven months to set VA on an improved path - including a record 5 pieces of legislation that were passed with full bipartisan support.

>>> There is still a lot to do. There are 11 areas that we could use your institutions assistance with- ill list them here hoping that some areas might be a good fit for your organization to take a lead on assisting with- and certainly if you are interested in specific ones we could discuss in more detail

>>> 1. Procurement and Logistics
>>>

>>> 2. Human Resource Reorg
>>>
>>> 3. Finance and Budgeting
>>>
>>> 4. IT
>>>
>>> 5. Public Relations
>>>
>>> 6. Cost and Utilization of the Choice Network
>>>
>>> 7. Construction and Facility Management
>>>
>>> 8. Graduate Medical Education
>>>
>>> 9. Research overview
>>>
>>> 10. Quality measurement of the Choice network
>>
>> 11. Cost saving opportunities
>>
>> Thanks for your thoughts if any of these 11 might be something your organization would lead on and
thank you for your continued support
>>
>> David Shulkin
>>>
>>>
>>> Sent from my iPhone
>>
>>

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Message

From: (b) (6) [(b) (6)]@ccf.org
Sent: 9/5/2017 11:52:56 AM
To: David shulkin [Drshulkin@aol.com]
Subject: RE: Update on VA activities

I would be happy to help in any way that you would think appropriate.

(b) (6)

(b) (6) MD
CEO and President

(b) (6)
Phone: (b) (6)
Fax: (b) (6)
(b) (6)@ccf.org

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

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Friday, September 01, 2017 7:41 PM
To: (b) (6) <(b) (6)@ccf.org>
Subject: Re: Update on VA activities

(b) (6) that makes a great deal of sense and ill do that.

I also know there is interest in Congress from hearing from you on the Commission on Care recommendations and legislative changes required. Would you be open to further discussion on this?

David

Sent from my iPhone

> On Sep 1, 2017, at 3:56 PM, (b) (6) <(b) (6)@ccf.org> wrote:

>
> David:
> Congratulations on all that you have done at the VA. We worked extremely well at the VA in the past and would be delighted to help in the future. The most productive way to do this would be to assign individuals with whom we can engage with in discussions.

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> (b) (6)
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> (b) (6) MD
> CEO and President
>
> (b) (6)
>
> Phone: (b) (6)
> Fax: (b) (6)
> (b) (6)@ccf.org
>
>

> -----Original Message-----

> From: David shulkin [mailto:Drshulkin@aol.com]
> Sent: Tuesday, August 29, 2017 12:21 PM
> To: (b) (6), M.D. <(b) (6)@PARTNERS.ORG>; (b) (6) <(b) (6)@ihmi.edu>; (b) (6) <(b) (6)@ccf.org>; (b) (6) <(b) (6)@ccf.org>
> Cc: Ike Perlmuter <(b) (6)@frenchangel59.com>; Bruce Moskowitz <brucemo(b) (6)@mac.com>; Marc Sherman <mbs(b) (6)@mail.com>; Poonam Alaigh <(b) (6)@hotmail.com>
> Subject: Update on VA activities
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>> Dear Colleagues- much has happened in this first seven months to set VA on an improved path - including a record 5 pieces of legislation that were passed with full bipartisan support.
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Message

From: (b) (6) [redacted]@jhmi.edu]
Sent: 9/5/2017 11:03:23 AM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: Update on VA activities

David

Happy to help when I can. I am not an expert in procurement but could speak to it from the CEO position. I hope you are well

(b) (6)

(b) (6) M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine

(b) (6)

(b) (6) (b) (6)
(b) (6) (b) (6)

(b) (6) edu

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

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Saturday, September 2, 2017 7:20 AM
To: (b) (6) <(b) (6)@jhmi.edu>
Subject: Re: Update on VA activities

(b) (6) thanks so much- I am truly appreciative of your help in these areas.

The other thing that may be coming up is a congressional hearing where it would be helpful to hear from you about areas that VA may need legislative fixes to address systemic issues such as procurement. As we learn more details I hope we can include you. Is that something you would be open to?

Thanks again,

David

Sent from my iPhone

> On Aug 29, 2017, at 1:32 PM, (b) (6) <(b) (6)@jhmi.edu> wrote:

>

> David

>

> We are already working with you on procurement and IT. We would be happy to also help with Graduate Medical Education and Research overview. Please let us know how

>

> (b) (6)

>

> (b) (6) M.D.

> Dean of the Medical Faculty

> CEO, Johns Hopkins Medicine

> (b) (6)

> (b) (6) (b) (6)
(b) (6) (b) (6) (fax)

> (b) (6)@jhmi.edu

>

>

> -----Original Message-----

> From: David shulkin [mailto:Drshulkin@aol.com]

> Sent: Tuesday, August 29, 2017 12:21 PM

> To: (b) (6) M.D. <(b) (6)@PARTNERS.ORG>; (b) (6) <(b) (6)@jhmi.edu>; (b) (6) M.D. <(b) (6)@ccf.org>; (b) (6) <(b) (6)@ccf.org>; (b) (6) <(b) (6)@ccf.org>

> (b) (6)@jhmi.edu

> Cc: Ike Perlmuter <(b) (6)@Frenchangel59.com>; Bruce Moskowitz <brucemo(b) (6)@mac.com>; Marc Sherman

> <mbs(b) (6)@gmail.com>; Poonam Alai <(b) (6)@hotmail.com>

> Subject: Update on VA activities

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> Thanks for your thoughts if any of these 11 might be something your organization would lead on and thank you for your continued support

>

> David Shulkin

>>

>>

>> Sent from my iPhone

>

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/2/2017 11:24:10 AM
To: Torchiana, David F., M.D. (b) (6) @PARTNERS.ORG]
Subject: Update on VA activities

David- I hope things are well.

In the next few months there may be planning for a congressional hearing where it would be helpful to hear from you about areas that VA may need legislative fixes to address systemic issues such as procurement. We would be specific with defining areas where you have flexibilities to manage where the VA does not. As we learn more details I hope we can include you. Is that something you would be open to?

>
> Thanks so much for your continued support,

>
> David Shulkin

>
> Sent from my iPhone

>
>> On Aug 29, 2017, at 1:32 PM, (b) (6) <(b) (6)@jhmi.edu> wrote:

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>> (b) (6)

>> (b) (6) (b) (6)
(b) (6) (fax)

>> (b) (6)@jhmi.edu

>>
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>> Sent: Tuesday, August 29, 2017 12:21 PM

>> To: (b) (6) M.D. <(b) (6)@PARTNERS.ORG>; (b) (6) <(b) (6)@jhmi.edu>; (b) (6) M.D. <(b) (6)@ Mayo.edu>; (b) (6) <(b) (6)@ccf.org>; (b) (6) <(b) (6)@nkp.org>

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>> Subject: Update on VA activities

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>> David Shulkin
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>>> Sent from my iPhone
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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/2/2017 11:20:06 AM
To: (b) (6); (b) (6); jhmi.edu]
Subject: Re: Update on VA activities

(b) (6) thanks so much- I am truly appreciative of your help in these areas.

The other thing that may be coming up is a congressional hearing where it would be helpful to hear from you about areas that VA may need legislative fixes to address systemic issues such as procurement. As we learn more details I hope we can include you. Is that something you would be open to?

Thanks again,

David

Sent from my iPhone

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(b) (6) (fax)

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> Sent: Tuesday, August 29, 2017 12:21 PM

> To: (b) (6) M.D. <(b) (6)@PARTNERS.ORG>; (b) (6) <(b) (6)@jhmi.edu>; (b) (6) M.D. <(b) (6)@ayo.edu>; (b) (6) <(b) (6)@ccf.org>; (b) (6) <(b) (6)@p.org>

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Message

From: (b) (6) [(b) (6)]@ccf.org
Sent: 9/1/2017 11:50:17 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Update on VA activities

Yes

Sent from my iPhone

> On Sep 1, 2017, at 7:41 PM, David shulkin <Drshulkin@aol.com> wrote:

> (b) (6) that makes a great deal of sense and ill do that.

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>> (b) (6) MD
>> CEO and President

>> (b) (6)

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>> (b) (6)]@ccf.org

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>> To: (b) (6) M.D. <(b) (6)]@PARTNERS.ORG>; (b) (6) <(b) (6)]@ihmi.edu>; (b) (6) M.D. <(b) (6)]@mayo.edu>; (b) (6) <(b) (6)]@ccf.org>; (b) (6) <(b) (6)]@nkp.org>

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>> Subject: Update on VA activities

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From: David shulkin [Drshulkin@aol.com]
Sent: 9/1/2017 11:41:15 PM
To: (b) (6) (b) (6)@ccf.org
Subject: Re: Update on VA activities

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> CEO and President

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> (b) (6)
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> Fax: (b) (6)
> (b) (6)@ccf.org

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> Cc: Ike Perlmuter <(b) (6)@frenchangel59.com>; Bruce Moskowitz <brucemc(b) (6)@mac.com>; Marc Sherman <mbs(b) (6)@mail.com>; Poonam Alaigh <(b) (6)@hotmail.com>
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Message

From: (b) (6) [(b) (6)]@ccf.org]
Sent: 9/1/2017 7:56:37 PM
To: David shulkin [Drshulkin@aol.com]
Subject: RE: Update on VA activities

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(b) (6)

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(b) (6) @ccf.org

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Sent: Tuesday, August 29, 2017 12:21 PM

To: (b) (6) M.D. <(b) (6)@PARTNERS.ORG>; (b) (6) <(b) (6)@ihmi.edu>; (b) (6)

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Message

From: (b) (6) (b) (6) jhmi.edu]
Sent: 8/29/2017 5:32:29 PM
To: 'David shulkin' [Drshulkin@aol.com]; Torchiana, David F., M.D. (b) (6) @PARTNERS.ORG]; (b) (6) M.D. (b) (6) @mayo.edu; (b) (6) (b) (6) @ccf.org; (b) (6) (b) (6) @kp.org]
CC: Ike Perlmutter (b) (6) frenchangel59.com]; Bruce Moskowitz [brucemo(b) (6) mac.com]; Marc Sherman [mbs(b) (6) gmail.com]; Poonam Alaigh (b) (6) hotmail.com]
Subject: RE: Update on VA activities

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Dean of the Medical Faculty
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Sent: Tuesday, August 29, 2017 12:21 PM
To: (b) (6) M.D. (b) (6) @PARTNERS.ORG>; (b) (6) (b) (6) jhmi.edu>; (b) (6) M.D. (b) (6) @mayo.edu>; (b) (6) (b) (6) @ccf.org>; (b) (6) (b) (6) @kp.org>
Cc: Ike Perlmutter <(b) (6) frenchangel59.com>; Bruce Moskowitz <brucemo(b) (6) mac.com>; Marc Sherman <mbs(b) (6) mail.com>; Poonam Alaigh <(b) (6) hotmail.com>
Subject: Update on VA activities

>
> Dear Colleagues- much has happened in this first seven months to set VA on an improved path -
> including a record 5 pieces of legislation that were passed with full bipartisan support.
>
> There is still a lot to do. There are 11 areas that we could use your institutions assistance with-
> ill list them here hoping that some areas might be a good fit for your organization to take a lead on
> assisting with- and certainly if you are interested in specific ones we could discuss in more detail
>
> 1. Procurement and Logistics
>
> 2. Human Resource Reorg
>
> 3. Finance and Budgeting
>
> 4. IT
>
> 5. Public Relations
>
> 6. Cost and Utilization of the Choice Network
>
> 7. Construction and Facility Management
>
> 8. Graduate Medical Education
>
> 9. Research overview
>
> 10. Quality measurement of the Choice network

11. Cost saving opportunities

Thanks for your thoughts if any of these 11 might be something your organization would lead on and thank you for your continued support

David Shulkin

>
>
> Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/29/2017 4:20:45 PM
To: Torchiana, David F., M.D. [(b) (6)]@PARTNERS.ORG]; [(b) (6)] [(b) (6)]jhmi.edu]; [(b) (6)]
[(b) (6)] M.D. [(b) (6)]@mayo.edu]; [(b) (6)] [(b) (6)]@ccf.org]; [(b) (6)] [(b) (6)]@kp.org]
CC: Ike Perlmutter [(b) (6)]frenchangel59.com]; Bruce Moskowitz [brucemo(b) (6)]mac.com]; Marc Sherman
[mbs(b) (6)]gmail.com]; Poonam Alaigh [(b) (6)]hotmail.com]
Subject: Update on VA activities

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11. Cost saving opportunities

Thanks for your thoughts if any of these 11 might be something your organization would lead on and thank
you for your continued support

David shulkin

>
>
> Sent from my iPhone

Message

From: (b) (6) [(b) (6)]@gmail.com]
Sent: 10/12/2017 8:04:04 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Read this kinda funny

<http://www.cnn.com/2017/10/12/politics/john-kelly-not-quitting-not-getting-fired/index.html>

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/9/2017 10:13:07 PM
To: Marc Sherman [mbs(b) (6) gmail.com]
CC: IP (b) (6) frenchangel59.com]; Bruce Moskowitz [brucemo(b) (6) mac.com]; L Perl (b) (6) gmail.com]
Subject: Re: Medical Center Survey progress

Sounds good

Sent from my iPhone

On Oct 9, 2017, at 5:11 PM, Marc Sherman <mbs(b) (6) gmail.com> wrote:

David

Our conversation yesterday about coordination was well timed. To recap part of our conversation yesterday, while you are gathering your Medical Advisory Group for thoughts on surveying VA Medical Centers, Bruce had reached out to a leading physician expert with strong survey experience to pull together the national specialists and their program design, similar to what he had shared with you a few weeks ago and Ike had shared with Jared. We were pleased to learn today that the outreach for those specialists and their program input is well under way, calling for near-term coordination.

Marc

Message

From: Marc Sherman [mbs(b) (6) gmail.com]
Sent: 10/9/2017 9:11:45 PM
To: David Shulkin [Secshulkin@gmail.com]
CC: IP (b) (6) frenchangel59.com]; Bruce Moskowitz [brucemo(b) (6) mac.com]; L Perl (b) (6) gmail.com]
Subject: Medical Center Survey progress

David

Our conversation yesterday about coordination was well timed. To recap part of our conversation yesterday, while you are gathering your Medical Advisory Group for thoughts on surveying VA Medical Centers, Bruce had reached out to a leading physician expert with strong survey experience to pull together the national specialists and their program design, similar to what he had shared with you a few weeks ago and Ike had shared with Jared. We were pleased to learn today that the outreach for those specialists and their program input is well under way, calling for near-term coordination.

Marc

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/10/2017 2:34:36 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: CNN: Obama interior secretaries spent over \$971,000 on non-commercial air travel

Ok. Let me ask a person who can be discreet

On Mon, Oct 9, 2017 at 10:04 PM David Shulkin <drshulkin@aol.com> wrote:

Do you think it's possible to see how much mcdonald and shinsecki traveled compared to me?

Obama interior secretaries spent over \$971,000 on non-commercial air travel
CNN

Just over \$971,000 was spent on non-commercial travel for interior secretaries in the Obama administration during a seven-year period, according to records obtained by CNN. [Read the full story](#)

Shared from [Apple News](#)

Sent from my iPhone

—
Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/10/2017 2:04:22 AM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: CNN: Obama interior secretaries spent over \$971,000 on non-commercial air travel

Do you think it's possible to see how much mcdonald and shinsecki traveled compared to me?

Obama interior secretaries spent over \$971,000 on non-commercial air travel
CNN

Just over \$971,000 was spent on non-commercial travel for interior secretaries in the Obama administration during a seven-year period, according to records obtained by CNN. [Read the full story](#)

Shared from [Apple News](#)

Sent from my iPhone

Appointment

From: Marisol Garcia [(b) (6)]@frenchangel59.com]
Sent: 10/6/2017 9:50:01 PM
To: lper[(b) (6)]@gmail.com; [(b) (6)]@yahoo.com; David Shulkin [secshulkin@gmail.com];
brucem[(b) (6)]@mac.com; mbs[(b) (6)]@gmail.com; IP [(b) (6)]@frenchangel59.com]
Subject: VA UPDATE - Conference Call for Sunday, October 8th at 11:00 AM
Location: Conference Call
Start: 10/8/2017 3:00:00 PM
End: 10/8/2017 3:45:00 PM
Show Time As: Tentative
Recurrence: (none)

Sunday, October 8th

11:00 AM – 11:45 AM EST

Dial-in Information:

US: 1-866-244-[(b) (6)]

International: 719-457-[(b) (6)]

Passcode: [(b) (6)]

Participants:

Laurie Perlmutter, Secretary David Shulkin, Tom Bowman,
Dr. Bruce Moskowitz, Marc Sherman and Ike

Thank you,

Marisol Garcia

[(b) (6)] (Office)

[(b) (6)] (Cell)

[(b) (6)]@frenchangel59.com

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/15/2017 2:34:41 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: memories

They are great pictures for sure

Sent from my iPhone

On Oct 15, 2017, at 10:16 AM, Poonam Alaigh <[(b) (6)]<[REDACTED]@hotmail.com>> wrote:

As I am going through my VA stuff- these are the 2 best pics ever- one where I am truly myself with people who care and the other, bidding farewell to what will always live in my heart!

<Farewell VA pic.jpg>

<Fav pic- VA.jpg>

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/7/2017 8:01:00 AM
To: David Shulkin [drshulkin@aol.com]

<http://blog.norml.org/2017/10/06/va-secretary-shulkin-still-hasnt-responded-to-the-american-legions-call-for-marijuana-research/>

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/7/2017 12:27:59 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Found report

Yea, I'll own that from when you were onboarded. I guess I thought everyone saw it because it was so publicized.

On Sat, Oct 7, 2017 at 8:26 AM David Shulkin <drshulkin@aol.com> wrote:
Very strange I never saw this before

Sent from my iPad

> On Oct 7, 2017, at 7:53 AM, (b) (6) (b) (6) gmail.com> wrote:
>
> Here is the corrosive report from 2014 that was leaked to the press.
> <VA_Review.pdf>

—

Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/7/2017 12:26:05 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Re: Found report

Very strange I never saw this before

Sent from my iPad

> On Oct 7, 2017, at 7:53 AM, (b) (6) <(b) (6) gmail.com> wrote:
>
> Here is the corrosive report from 2014 that was leaked to the press.
> <VA_Review.pdf>

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 10/7/2017 11:53:18 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Found report
Attachments: VA_Review.pdf

Here is the corrosive report from 2014 that was leaked to the press.

June 27, 2014

ISSUES IMPACTING ACCESS TO TIMELY CARE AT VA MEDICAL FACILITIES

There is a strong sentiment among many Veterans and stakeholders that in general VA provides high quality health care “once you get in the door” and that the current system needs to be fixed, not abandoned or weakened. The vast majority of VA employees are dedicated, hardworking, and committed to the Veterans they serve. VA doctors, nurses, and staff could choose to work at other facilities, often for greater compensation. They choose to work at the VA because they believe in this Nation’s promise to its Veterans, and they work each day to realize that promise and deliver the quality care Veterans have earned and deserve. However, I also believe that it is clear that there are significant and chronic systemic failures that must be addressed by the leadership at VA.

- The 14-day scheduling standard is arbitrary, ill-defined, and misunderstood. The manner in which this unrealistic goal was developed and deployed has caused confusion in reporting and, in some cases, may have incentivized inappropriate actions. It is a poor indicator of either patient satisfaction or quality of care and should be replaced with a more insightful measure.
- The Veterans Health Administration (VHA) needs to be restructured and reformed. It currently acts with little transparency or accountability with regard to its management of the VA medical structure. The VHA Leadership structure is marked by a lack of responsiveness and an inability to effectively manage or communicate to employees or Veterans.
- A corrosive culture has led to personnel problems across the Department that are seriously impacting morale and, by extension, the timeliness of health care. The problems inherent within an agency with an extensive field structure are exacerbated by poor management and communication structures, distrust between some VA employees and management, a history of retaliation toward employees raising issues, and a lack of accountability across all grade levels.
- The Department’s failures have generated a high level of oversight. The Department must be more agile and responsive in addressing legitimate oversight inquiries.
- The technology underlying the basic scheduling system used by VA medical facilities is cumbersome and outdated. However, with regard to increasing access to care, the software underlying the scheduling system is secondary to the need for additional resources to actually schedule – doctors, nurses, and other health professionals; physical space; and appropriately trained administrative support personnel.
- Many of the resource issues VA faces are endemic to the health care field (for example, shortages of certain types of specialists, an aging patient base, or geographical shortages around the country) or to the Federal government (for example, slowness in the hiring process or an inability to compete with private sector wages). However, VA has also demonstrated an inability to clearly articulate budgetary needs and to tie budgetary needs to specific outcomes.
- VA needs to better plan and invest now for anticipated changes in the demographics of the veterans. This includes geographical changes, an increased number of female veterans, a surge in mental health needs, an increase in the special needs of younger veterans returning from Iraq and Afghanistan, and specific needs associated with a growing number of older veterans.

ASSESSMENT: ISSUES IMPACTING ACCESS TO TIMELY CARE AT VA MEDICAL FACILITIES

The 14-day scheduling standard is arbitrary, ill-defined, and misunderstood. The manner in which this unrealistic goal was developed and deployed has caused confusion in reporting and, in some cases, may have incentivized inappropriate actions. It is a poor indicator of either patient satisfaction or quality of care and should be replaced with a more insightful measure.

Background:

In 1995, the Veterans Health Administration (VHA) set a 30-day goal for scheduling primary and specialty care medical appointments. In 2011, VHA shortened that goal to 14 days. VHA includes these performance measures in the performance contracts for Veterans Integrated Service Network (VISN) and VA Medical Center (VAMC) directors. VA also includes these measures in its budget submissions and performance reports to Congress. Also from FY2005 to FY2012, the number of appointments scheduled through VHA has increased approximately 19 percent from 5.3 million to 6.3 million.

Recognizing the inherent issues associated with the 14-day scheduling goal, VA has removed it from employee performance contracts.

Observations:

- The 14-day standard creates an unrealistic comparison between VHA and the private sector. Directly comparable data is not available for the private sector, primarily because experts seem to believe that time-to-appointment is only one component of overall patient satisfaction. Further, anecdotal evidence suggests that wait times for appointments are often times equal to, if not longer, in private facilities.
- The performance goal is complicated to compute and to understand because of vagaries around which “date” is being entered. For new patients, wait times are measured from the “create date” or the date on which an appointment is made. For existing patients, the wait times are measured from the “desired date” or the date on which the patient or health care provider wants the patient to be seen. Because the “desired date” is manually entered by a scheduler, it is more susceptible to manipulation. The “create date” is computer-generated date.
- The 14-day standard was included as a measure in employee performance contracts. This may have created an incentive for employees to try to reduce a number over which they personally had very little direct control. In 2010, William Schoenhard, Deputy Under Secretary for Health for Operations and Management, authored a memo detailing a number of “gaming strategies” used to artificially make wait times look lower. Schoenhard noted, “[w]orkarounds may mask the symptoms of poor access and, although they may aid in meeting performance measures, they do not serve our Veterans. They may prevent the real work of improving our processes and design of systems.”

Solutions:

- The Department plans to establish a panel of health care experts and industry leaders to catalogue best practices for measuring timely delivery of health care to Veterans and make recommendations to the new Under Secretary for Health.
- Certain performance measures, like wait time data, should be used as management tools to help identify proper deployment of resources but not as a measure of whether high-quality health care has been delivered in an appropriate fashion.

VHA needs to be restructured and reformed. It currently acts with little transparency or accountability with regard to its management of the VA medical structure. In its most modest form, this insularity has impeded innovation and change. In its more extreme manifestations, it has impeded appropriate management, supervision, and oversight. The VHA leadership structure often is unresponsiveness and unable to effectively manage or communicate to employees or Veterans.

Background:

VHA is America's largest integrated health care system with over 1,700 sites of care, serving 8.76 million Veterans each year. In addition, VHA is the Nation's largest provider of graduate medical education and a major contributor to medical research. In 2013, VA obligated approximately \$150 billion. Approximately 98 percent of total funding went directly to Veterans in the form of monthly payments of benefits or for direct services, such as medical care. The existence of such a vast and geographically widespread field structure makes communication to and from the VA Central Office all the more critical.

Observations:

- VHA delivers quality care, but is resistant to reforms and change. Many recommendations or directives from VA Central Office or from oversight entities are minimized, slowly implemented, or ignored.
- The VHA field structure is not accountable or transparent to Veterans, the Secretary, or the Department as a whole. For example, performance data from the field is often slow to be reported and sometimes openly contested by VAMCs through the press in direct contravention of facts and established procedures.
- The VHA leadership team is not prepared to deliver effective day-to-day management or crisis management. Instead, VHA is marked by an inherent lack of responsiveness and a belief many issues raised by the public, the VA Leadership, or oversight entities are exaggerated, unimportant, or "will pass."

Solutions:

- VA needs increased transparency into the way VHA operates. VHA needs a better structure and more accountability in how to manage the field structure.
- VA Central Office needs to be much more hands on with the VHA field structure.
- The reforms needed at VHA are not political – they are structural and operational. VHA requires significant leadership and management restructuring that:
 - One, allows for increased, consistent flow of information from the VA Central Office to the regional and local field structure; and
 - Two, allows for unobstructed flow of information from the field structure to regional and National management and leadership.

A corrosive culture has led to personnel problems across the Department that are seriously impacting morale and, by extension, the timeliness of health care. The problems inherent within an agency with an extensive field structure are exacerbated by poor management and communication structures, a corrosive culture of distrust between some VA employees and management, a history of retaliation toward employees raising issues, and a lack of accountability.

Observations:

- The vast majority of VA employees are dedicated, hardworking, and committed to the Veterans they serve. VA doctors, nurses, and staff could choose to work at other facilities, often for greater compensation. They choose to work at the VA because they believe in this Nation's promise to its Veterans, and they work each day to realize that promise and deliver the quality care Veterans have earned and deserve.
- There is a culture across much of the Department that encourages discontent and backlash against employees. Whistleblower complaints suggest poor management and reflect a palpable level of frustration at the local, regional, and National levels. As an example, approximately one-fourth of all whistleblower cases OSC is currently reviewing across the Federal government come from the Department of Veterans Affairs.
- There is a tendency to transfer problems rather than solve problems. This is in part due to the difficulty of hiring and firing in the Federal government.
- There is culture that tends to minimize problems or refuse to acknowledge problems all together.

Solutions:

- The Department should strengthen management and reporting structures at the VA Central Office and throughout the VHA field structure as referenced above.
- The Department must take swift and appropriate accountability actions. There must be recognition of how true accountability works.
- The tone at the top should encourage employees to speak up about problems, but also to think of and be a part of solutions.

The Department's failures have generated a high level of oversight. The Department must be more agile and responsive in transparently addressing all legitimate oversight requirements.

Background:

There is an incredible amount of oversight on the Department's activities. The IG, OSC, GAO, and several Congressional committees have conducted investigations and reviews into the Department's provision of timely care to Veterans. Over the last 4 1/2 years, VA has provided responses to over 104,000 Congressional inquiries. Over the last 2 1/2 years, VA has responded to over 7,500 requests for policy-related information. And, in the first 6 months of this fiscal year alone, the Department has participated in 33 hearings and 213 briefings for Congress. In the last five weeks, VA has sent over 100 letters to Members of Congress and delivered over 10,000 pages of documents. Twenty-one VA witnesses have provided hours of testimony at 11 hearings. In addition, VA has conducted daily outreach and information exchange between local VA facilities and local Congressional offices. VA has endeavored to be receptive to recommendations and responsive to requests for information – but could still do more.

Observations:

- There have been a number of problems identified and recommendations made by the IG, GAO, OSC, Congress, and others. VA has not followed through on sufficiently addressing those problems or implementing those recommendations.
- The IG is currently conducting investigations at 77 VA facilities. Since at least 2005, GAO and the IG have been identifying concerns regarding scheduling practices and data reliability.
- As of June 23, the OSC had over 50 pending cases, all of which allege threats to patient health or safety. Of those, OSC has referred 29 cases to the VA for investigation. This represents over a quarter of all cases referred by OSC for investigation government-wide. Additionally, 5 U.S.C. § 2302(c) requires agencies to ensure that employees are informed of the rights and remedies available to them under the Whistleblower Protection Act and related laws. OSC has a whistleblower certification program to provide agencies with a process for meeting this requirement. VA is not certified.

Solutions:

- VA should more proactively engage with its various oversight bodies.
- VA should track oversight reports and recommendations. The Department should release quarterly metrics on recommendations made by oversight bodies and VA's response.
- The Secretary should separately meet with the IG, OSC, and the Comptroller General on a quarterly basis. The General Counsel should separately meet with representatives of the IG, OSC, and GAO on a monthly basis.
- The Department should review its process for responding to OSC whistleblower cases (underway), and should designate an official to assess the conclusions and the proposed corrective actions in OSC reports.
- VA should also complete OSC's whistleblower certification program.

The technology underlying the basic scheduling system used by VA medical facilities is cumbersome and outdated. Lack of certain functionalities cause scheduling delays and, in some cases, reporting inaccuracies. However, with regard to increasing access to care, the software underlying the scheduling system is secondary to the need for additional resource to actually schedule – doctors, nurses, and other health professionals; physical space; and appropriately trained administrative support personnel.

Background:

VA began using the VistA electronic health records system in 1985. VistA is the single integrated health information system used throughout VHA in all of its health care settings. VistA is open source and has been used in a number of civilian hospitals.

The VA's VistA system has not changed in any appreciable way since 1985. This system predates the widespread use of the internet. From an engineering or work order management perspective, VistA has many flaws. But, it is state of the art in terms of providing an integrated health record that captures all documentation associated with a patient and it enables the collaboration of the delivery of that care. A 2011 survey by the American Academy of Family Physicians and a similar 2012 Medscape poll found that VistA was better than a large majority of health IT solutions, including those offered by market leaders McKesson and Epic.

VA plans to overhaul the outdated scheduling system and bring an innovative scheduling product into the electronic health record system. VA hopes to award a contract for the new patient-scheduling system by the end of this fiscal year and have the system in place in fiscal 2015.

Observations:

- Dated scheduling systems and practices are causing significant problems for the Department of Veterans Affairs' ability to deliver timely access to quality health care. But neither the systems — nor the schedulers — are the source of extended wait times for Veterans seeking care.
- Many of the resource issues VA face are endemic to the health care field (for example, shortages of certain types of specialists or geographical shortages around the country) or to the Federal government (for example, slowness in the hiring process or an inability to compete with private sector wages). However, VA has also demonstrated an inability to clearly articulate budgetary needs and to tie budgetary needs to specific outcomes.

Solutions:

- Immediate problems with scheduling systems and practices can and are being addressed. The Department will procure new technology and will train frontline personnel on a stronger, modern system.
- VA needs additional resources to ensure adequate and appropriate health care for our Nation's Veterans. Those resources include:
 - Primary Care Physicians
 - Specialty Care Physicians
 - Administrators and Support Staff
 - Space (parking, examination, and surge space)
- VA needs to start planning and investing now for anticipated changes in the demographics of the Veterans. This includes geographical changes, an increased number of female Veterans, a surge in mental health needs, an increase in the special needs of younger Veterans returning from Iraq and Afghanistan, and specific needs associated with older Veterans.
- In the short term, VHA is working to increase the use of contract care. However, VHA must proceed with this carefully as proper oversight of the quality and timeliness of contract care is essential.

Message

From: (b) (6) [(b) (6)]@gmail.com]
Sent: 10/7/2017 11:47:37 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Culture

Here's how corrosive was described in 2014. There's like 30 articles on the same topic. I'll try to find the report itself .

<http://www.usatoday.com/story/news/nation/2014/06/27/obama-va-healthcare-delay-scandal-nabors-gibson/11529807/>

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/5/2017 2:56:47 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Tmrw

He's not riding tmrw. However they said they would let us know the next time he is riding.

On Thu, Oct 5, 2017 at 6:38 AM David Shulkin <drshulkin@aol.com> wrote:

Yes

Sent from my iPad

> On Oct 5, 2017, at 6:20 AM, (b) (6) <(b) (6) gmail.com> wrote:

>

> Do you want me to try for a bike ride tmrw morning

> --

> Sent from Gmail Mobile

--

Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/5/2017 10:37:15 AM
To: (b) (6) (b) (6) gmail.com]
Subject: Re: Tmrw

Yes

Sent from my iPad

> On Oct 5, 2017, at 6:20 AM, (b) (6) <(b) (6) gmail.com> wrote:
>
> Do you want me to try for a bike ride tmrw morning
> --
> Sent from Gmail Mobile

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/5/2017 10:20:16 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Tmrw

Do you want me to try for a bike ride tmrw morning

--

Sent from Gmail Mobile

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/6/2017 4:42:49 PM
To: drshulkin@aol.com
Subject: Newsmakers 1

Here is your predecessors newsmakers. Will send a few more.

<http://comcastnewsmakers.com/2016/11/09/sec-robert-mcdonald-part-1/>

Message

From: (b) (6) [redacted]@hotmail.com]
Sent: 10/5/2017 1:57:17 AM
To: David [drshulkin@aol.com]
Subject: Fwd: Your picture is up

Took her over 24 hours to respond. Not too prompt

(b) (6) [redacted] M.D.

Begin forwarded message:

From: Vivieca Simpson <(b) (6) [redacted]@gmail.com>
Date: October 4, 2017 at 9:25:10 PM EDT
To: (b) (6) [redacted] <(b) (6) [redacted]@hotmail.com>
Subject: Re: Your picture is up

Thanks

On Oct 2, 2017 16:18, "(b) (6) [redacted]" <(b) (6) [redacted]@hotmail.com> wrote:

Message

From: (b) (6) [REDACTED] (b) (6) [REDACTED]@gmail.com]
Sent: 10/3/2017 7:38:20 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Message from Unknown sender (360678 (b) (6) [REDACTED])

Called and no answer, left my number
On Tue, Oct 3, 2017 at 12:52 PM David shulkin <Drshulkin@aol.com> wrote:

Sent from my iPhone

Begin forwarded message:

From: " (b) (6) [REDACTED] (b) (6) [REDACTED]@atlantichhealth.org>
Date: October 3, 2017 at 12:50:40 PM EDT
To: "Drshulkin (drshulkin@aol.com)" <drshulkin@aol.com>
Subject: FW: Message from Unknown sender (360678 (b) (6) [REDACTED])

Hi David,

Please listen to message from a Dr. (b) (6) [REDACTED] spelling)

He is a retired surgeon asking for your contact info. Said he needs to speak with you.

(b) (6) [REDACTED]

(b) (6) [REDACTED] (cell)

From: Cisco Unity Connection Messaging System
[mailto:unityconnection@pdc0cuc01.ahsys.org]
Sent: Tuesday, October 03, 2017 12:45 PM
To: dbrock01@pdc0cuc01.ahsys.org
Subject: Message from Unknown sender (360678 (b) (6) [REDACTED])

The information contained in this email is intended only for the use of the person(s) identified above. This communication may contain work product which is privileged and confidential, and

may contain content which is regulated by Federal law. If you are not an intended recipient or the employee or agent responsible to deliver this to the intended recipient, you have received this message in error and any review, distribution or copying of it by you is prohibited. If you have received this message in error, please notify the sender immediately, and delete the message. E-mail and communication system messages generated by members of the Atlantic Health System workforce may not necessarily reflect the views of Atlantic Health System, its officers, directors or management.

--

Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/3/2017 4:51:54 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Fwd: Message from Unknown sender (360678 (b) (6))
Attachments: VoiceMessage.wav; Untitled attachment 84224.htm

Sent from my iPhone

Begin forwarded message:

From: (b) (6) (b) (6) @atlantichhealth.org>
Date: October 3, 2017 at 12:50:40 PM EDT
To: "Drshulkin (drshulkin@aol.com)" <drshulkin@aol.com>
Subject: FW: Message from Unknown sender (360678 (b) (6))

Hi David,

Please listen to message from a Dr. (b) (6) (spelling)

He is a retired surgeon asking for your contact info. Said he needs to speak with you.

(b) (6)
(b) (6) (cell)

From: Cisco Unity Connection Messaging System [mailto:unityconnection@pdc0cuc01.ahsys.org]
Sent: Tuesday, October 03, 2017 12:45 PM
To: dbrock01@pdc0cuc01.ahsys.org
Subject: Message from Unknown sender (360678 (b) (6))

The information contained in this email is intended only for the use of the person(s) identified above. This communication may contain work product which is privileged and confidential, and may contain content which is regulated by Federal law. If you are not an intended recipient or the employee or agent responsible to deliver this to the intended recipient, you have received this message in error and any review, distribution or copying of it by you is prohibited. If you have received this message in error, please notify the sender immediately, and delete the message. E-mail and communication system messages generated by members of the Atlantic Health System workforce may not necessarily reflect the views of Atlantic Health System, its officers, directors or management.

Appointment

From: Marisol Garcia [(b) (6)]@frenchangel59.com]
Sent: 10/5/2017 11:25:24 PM
To: lper[(b) (6)]@gmail.com; [(b) (6)]@yahoo.com; David Shulkin [secshulkin@gmail.com];
brucemo[(b) (6)]@mac.com; mbs[(b) (6)]@gmail.com; IP [(b) (6)]@frenchangel59.com]
Subject: VA UPDATE - Conference Call for Sunday, October 8th at 9:00 AM
Location: Conference Call
Start: 10/8/2017 1:00:00 PM
End: 10/8/2017 1:45:00 PM
Show Time As: Tentative
Recurrence: (none)

Sunday, October 8th

9:00 AM – 9:45 AM EST

Dial-in Information:

US: 1-866-244-[(b) (6)]

International: 719-457-[(b) (6)]

Passcode: [(b) (6)]

Participants:

Laurie Perlmutter, Secretary David Shulkin, Tom Bowman,
Dr. Bruce Moskowitz, Marc Sherman and Ike

Thank you,

Marisol Garcia

[(b) (6)] (Office)

[(b) (6)] (Cell)

[(b) (6)]@frenchangel59.com

From: (b) (6) MD, DrPH [(b) (6)]@med.unc.edu]
Sent: 10/2/2017 9:19:08 PM
To: drshulkin@aol.com
Subject: [rwjcsp_scholars] Welcome to the Clinical Scholars Program Alumni Association!



Robert Wood Johnson Foundation

Robert Wood Johnson Foundation
Clinical Scholars



The Clinical Scholars program is filled with people “who want to change the world, and they won’t be satisfied with anything less.” –Clinical Scholar alum and UCLA CSP associate director, Paul Chung.

Welcome to the Clinical Scholars Program Alumni Association! The CSPAA was formed to create and sustain relationships between Clinical Scholars, National Clinician Scholars, National Advisory Committee members, program faculty and community partners that over the years have provided some of the best cross-disciplinary collaboration to improve health and healthcare that this country has ever witnessed. As a member of the CSPAA, you will be able to:

Community

- Gain more efficient access to our vibrant community of alumni working as change agents throughout the country
- Invest in the training and career development of emerging leaders in healthcare policy and research through the National Clinician Scholars Program
- Serve as a subject matter expert in the fields of health care delivery, health systems, and health policy for medical associations, local and federal governmental agencies, and foundations that approach the CSP Alumni Association for expertise

Career

- Connect with alumni for mentorship, collaboration, career transitions, and identifying promising candidates to hire
- Network with alumni in-person at national conferences

Communication

- Receive regular communication from the CSPAA, including learning about the achievements of other members
- Share your own experiences with our alumni group

Though the RWJF Clinical Scholars program has ended, we want to ensure that alumni and future NCSP scholars continue to have the best opportunities to improve health and healthcare. We are writing to you today to ask for your help in building a strong and sustainable alumni association. **We are reliant on volunteer donations to support staff and software to ensure that we can serve all alums and continue to grow.**

Please consider making a tax-deductible donation to the CSPAA today!



For questions or to volunteer, please contact any of our board members:

CSPAA Board Members:

SreyRam Kuy, President (Yale CSP 07-09 VA) email: SreyRam@gmail.com
 Joshua Chodosh, Vice President (UCLA CSP 98-00 VA) email: Joshua.Chodosh@NYUMC.org
 Michael Knight, Treasurer (Penn CSP VA 15-17) email: knightmg@gmail.com
 Kym Gonzalez, Secretary (Penn CSP 15-17) email: kg.matamoros@gmail.com
 Dowin Boatright, Communications Chair (Yale CSP 15-17 VA) email: dowin.boatright@yale.edu
 Kristin Jensen, Membership Co-Chair (Michigan CSP 09-11) email: kristin.jensen@ucdenver.edu
 Anna Morgan, Membership Co-Chair (Penn CSP 15-17) email: aumorgan@gmail.com
 Alon Peltz, Program Activities Chair (Yale CSP 15-17) email: alonpeltz@gmail.com
 Gene Corbett, At Large (JHU CSP 73-75) email: ecc9h@virginia.edu
 Arden Morris, At Large (Washington CSP 00-02) email: ammsurg@stanford.edu
 Ben Springgate, At Large (UCLA CSP 05-08) email: benspringgate@gmail.com
 Des Runyan, Ex Officio (UNC 79-81) email: desmond.runyan@childrenscolorado.org

Mission statement: *This Alumni Association, composed of alumni and faculty of the Robert Wood Johnson Foundation Clinical Scholars program (1968-2017), National Clinician Scholars Program and their community partners past and present fosters an expanding network of Scholars committed to improving the health and wellbeing of all people; to lifelong connections to each other and to current trainees; and to creating a culture of health, leadership, mentorship and scholarship.*



Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/3/2017 1:59:03 AM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
CC: IP [(b) frenchangel59.com]; lper(b) (6) @gmail.com; mbs(b) (6) gmail.com
Subject: Re: NYTimes: Replacing Faulty Heart Devices Costs Medicare \$1.5 Billion in 10 Years

Thanks

I talk with Kurt this week

Sent from my iPhone

> On Oct 2, 2017, at 5:57 PM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:
>
> Kurt Heyssel and I have agreed that a device registry that we have proposed for the VA would be adapted in the private sector and provide a significant benefit and a revenue source. We have all the infrastructure developed to implement this.
>
> <https://www.nytimes.com/2017/10/02/health/heart-devices-medicare.html?smprod=nytcore-ipad&smid=nytcore-ipad-share>
>
> A new report says seven types of defective pacemakers or defibrillators had to be replaced from 2005 through 2014.
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 10/2/2017 9:57:31 PM
To: David Shulkin [secshulkin@gmail.com]
CC: IP [(b) (6) frenchangel59.com]; lper(b) (6) @gmail.com; mbs(b) (6) gmail.com
Subject: NYTimes: Replacing Faulty Heart Devices Costs Medicare \$1.5 Billion in 10 Years

Kurt Heyssel and I have agreed that a device registry that we have proposed for the VA would be adapted in the private sector and provide a significant benefit and a revenue source. We have all the infrastructure developed to implement this.

<https://www.nytimes.com/2017/10/02/health/heart-devices-medicare.html?smprod=nytcore-ipad&smid=nytcore-ipad-share>

A new report says seven types of defective pacemakers or defibrillators had to be replaced from 2005 through 2014.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/11/2017 1:05:36 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Going back to the simplicity of life

Wow- looks fun

Pretty miserable here- blowing bubbles sounds much better than swimming with these sharks

Sent from my iPhone

> On Oct 10, 2017, at 9:02 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:
>
> While in Krakow this weekend.....
>
>
> <image1.JPG>
>
>
> <image2.JPG>
>
>
> Making bubbles on the streets
>
> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 10/11/2017 1:02:33 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Going back to the simplicity of life
Attachments: image1.JPG; ATT00001.txt; image2.JPG; ATT00002.txt

While in Krakow this weekend.....





Making bubbles on the streets

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/6/2017 11:01:35 AM
To: Thomas Bowman (b) (6) @yahoo.com]
Subject: Fwd: Brandon's personal email

Tom- just sharing (b) (6) observations that he shared as he is leaving VA

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: October 5, 2017 at 10:55:25 PM EDT
To: Drshulkin@aol.com
Subject: Brandon's personal email

Sir,

I wanted to write you from my personal account for two reasons. First I just wanted you to have my personal email. I will always have your back and I hope you won't hesitate to contact me if there is anything you need.

Second, after speaking to you today I received a call from Rosemary about Lisa Reins from the WaPo. I'm pretty sure the Chief updated you on this.

After thinking about it I realized that when you asked me about the political guys today, what you were really asking is can you trust any of them. I don't think my answer will surprise you. No, with exception to 5. I think Tom is going to be a great Deputy and is here for all the right reasons. He has your back, and has the Chiefs back. (b) (6) from OPIA is also a keeper. Shes a true believer, but completely has your back and has been cast out of the main group of politicals. Clearly you know Suraf. I like him and I see him fighting on your behalf everyday in Modernization. Lynda Davis I don't even consider a political. She ia really on the outside from what I can see and has been a joy to work with. Finally, Melissa. What little I have worked with her, I have found her to be sharp, committed, and loyal. I think she and Suraf will make a great team.

As for the rest - setting aside the fact they tried to get me fired - I wouldn't trust them further than I could throw them. The biggest issue you have is that they don't think they work for you or Tom, they think they work for POTUS and report to Jake. They see themselves as an extension of the WH. To a degree that is understandable at the Asst. Secretary level. But not to this extent. They are focused more on turf wars, personal vendettas, and political posturing then they are about serving Veterans. That is how they came across at SLBM as well. You missed the first part of the accountability panel. It was a clown show at best. Thank God you got up there at the end or leaders would have been even more confused.

Until Jake's position is eliminated, you and Tom will always have this problem. Other agencies have been successful at getting the WH to get rid of this role, which according to the WH was simply meant to make sure the Presidents interests and agenda was secured during transition. Well now that WaPo has confirmed that political appointees in both the WH and at VA are fanning the flames on the travel story, I think you and Tom have a solid case to make to get rid

of the Senior Advisor to the WH role as a way to refocus these people on executing Presidents and your agenda. I think it carries more weight from Tom at this point, but then again, I wouldn't be surprised if they are already trying to throw him under the bus as well.

Getting rid of Jake's role will help, but I honestly believe Peter Shelby and O'Rourke, and John U. Are the most toxic. I think Brooks might be tamed without the others firing each other up, but I don't know Brooks too well.

I have no doubt they are working together to leak stories and are trying to get reporters to tear you and Vivieca down. Clearly someone in the WH is working with them. Getting rid of Jake's position would be a body blow to their whole perception of the power structure and will give you a chance to give some of them enough rope to hang themselves, or the chance to turn the tide and show you they have your back.

I hope this helpful. I hesitated before because I didn't want to appear to be whiney or unproductive. You have more than enough on your plate. But I also think its a matter of time before they tee up something that would drive a wedge between you and POTUS. Perhaps even deliberately screw with something in the CARE act. I really hope I'm wrong about that, but I wouldn't be surprised if they were helping their old buddies at CVA sneak in some more controversial policies in the final bill.

Happy to chat more in person if helpful. Let me know if there is anything I can do support.

(b) (6)

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/3/2017 10:40:30 AM
To: (b) (6) (b) (6) gmail.com]
Subject: Re: Didn't see this

Thanks I had not either

Sent from my iPad

On Oct 3, 2017, at 4:02 AM, (b) (6) <(b) (6) gmail.com> wrote:

<http://www.wcvb.com/article/va-demotes-man-for-dance-monkey-dance-comment-towards-patriots/12769333>

Message

From: (b) (6) [(b) (6)]@gmail.com]
Sent: 10/3/2017 8:02:38 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Didn't see this

<http://www.wcvb.com/article/va-demotes-man-for-dance-monkey-dance-comment-towards-patriots/12769333>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/30/2017 10:24:08 PM
To: (b) (6); (b) (6) gmail.com]
Subject: Re: Some edit suggestions

Really good edits - thanks

Sent from my iPhone

> On Sep 30, 2017, at 5:30 PM, (b) (6) <(b) (6) gmail.com> wrote:
>
>
>
>
> <shulkinwashingtonpost- track changes.docx>
> <shulkinwashingtonpost- clean.docx>

Message

From: Marisol Garcia [(b)]@frenchangel59.com]
Sent: 10/5/2017 11:13:14 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: RE: Conference Call for Sunday, October 8th at 9:00 AM

Great! Thank you so much.

From: David Shulkin [mailto:secshulkin@gmail.com]
Sent: Thursday, October 05, 2017 7:13 PM
To: Marisol Garcia
Subject: Re: Conference Call for Sunday, October 8th at 9:00 AM

I can do that

Its good to ask Tom

Sent from my iPhone

On Oct 5, 2017, at 11:20 AM, Marisol Garcia <[(b)]@frenchangel59.com> wrote:

Hi Secretary Shulkin,

Ike would like to set up a conference call with you on Sunday, October 8th and include Laurie, Marc and you.

I was asked to also invite Tom Bowman the new Deputy Secretary.

Are you available at 9:00 AM?

Thank you,
Marisol

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/5/2017 11:12:46 PM
To: Marisol Garcia [(b)]@frenchangel59.com]
Subject: Re: Conference Call for Sunday, October 8th at 9:00 AM

I can do that

Its good to ask Tom

Sent from my iPhone

On Oct 5, 2017, at 11:20 AM, Marisol Garcia <[(b)]@frenchangel59.com> wrote:

Hi Secretary Shulkin,

Ike would like to set up a conference call with you on Sunday, October 8th and include Laurie, Marc and you.

I was asked to also invite Tom Bowman the new Deputy Secretary.

Are you available at 9:00 AM?

Thank you,
Marisol

Message

From: Marisol Garcia [(b)]@frenchangel59.com]
Sent: 10/5/2017 3:20:49 PM
To: Secshulkin@gmail.com
Subject: Conference Call for Sunday, October 8th at 9:00 AM

Hi Secretary Shulkin,

Ike would like to set up a conference call with you on Sunday, October 8th and include Laurie, Marc and you.

I was asked to also invite Tom Bowman the new Deputy Secretary.

Are you available at 9:00 AM?

Thank you,
Marisol

Message

From: L Perl [(b) (6)]<[REDACTED]@gmail.com>
Sent: 9/30/2017 9:07:36 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
CC: mbs[(b) (6)]<[REDACTED]@gmail.com>; Ike Perlmuter [(b) (6)]<frenchangel59.com>; Drshulkin@aol.com; brucemo[(b) (6)]<[REDACTED]@mac.com>
Subject: Re: Thank you to this fabulous group

Dear Poonam,

We know you will be missed by everyone you have worked with as well as our group. Your tireless dedication, expertise and work ethic will be well remembered.

If we can be of assistance to you in the future, please contact us.

With warmest regards....Laurie & Ike

On Sat, Sep 30, 2017 at 9:17 AM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

I am stepping down next week and leaving the VA on October 13th. Please see below the final announcement I sent out via a newsletter communication yesterday. Thanks and all the accomplishments I have been part of, have happened in a significant way because of all of you giving us the backing, advice and support to move forward, and at a speed that no one has ever experienced in the VA before. It has been a true privilege and honor knowing all of you. Hoping our paths will cross again.

Take care,

Poonam

Sent from my iPad

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: September 29, 2017 at 6:43:21 PM EDT
To: 'Poonam Alaigh' <[(b) (6)]@hotmail.com>
Subject: FW: VHA Weekly Digest | Issue No. 8

Sent with Good (www.good.com)

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

From: VHA USH ANNOUNCEMENTS
Sent: Friday, September 29, 2017 04:36 PM Eastern Standard Time
To: VHA USH ANNOUNCEMENTS
Subject: VHA Weekly Digest | Issue No. 8

VHA | Weekly Digest

September 29, 2017 | Issue No. 8

News you need to know in the Veterans Health Administration



A Special and Sincere Thank You from our Acting USH Dr. Alaigh

I can't thank you enough for all that you do for our Veterans. Being part of such a dedicated organization is priceless.

After fulfilling my two year commitment, I have decided to move on to other endeavors. As Acting Under Secretary for Health (A/USH), I have felt privileged to work with each of you. Together, we have accomplished so much. And Dr. Clancy, who many of you know, will be carrying on this great work as the Interim Under Secretary for Health, starting on October 8th. She is ready to go. You are in great hands!

Serving in this role – leading VHA – has been the greatest honor of my life. I was able to serve our Veterans, and work with you all to be part of something special and great. And together, we

VA Priorities

- Greater Choice for Veterans
- Modernize Our Systems
- Focus Resources More Efficiently
- Improve Timeliness of Service
- Suicide Prevention

Hurricane Donations

- If you are interested in contributing to those affected by Hurricanes Harvey, Irma, or Maria, the VCS and PenFed Foundation will now be collecting donations through October 13th.
- Funds will be made available to Veterans/VA employees impacted.
- Collection jars are available near cash registers in the VCS retail, food and coffee locations.
- Donations can also be made via [PenFed Foundation](#) or send a check to PenFed Foundation, [2930 Eisenhower Ave, Alexandria, VA 22314](#).

transformed VHA for Veterans and future generations.

We improved access, reduced wait times, increased telehealth capabilities, overhauled and streamlined the Choice program, and launched a new health improvement and operations center. We also introduced innovations like the LUKE Arm and increased delivery of same day services in CBOCs. And we made a big move to modernize our systems and processes, and so much more. It seems like time has really flown; we have done so much, so quickly. And for that, I thank you.

These accomplishments will transform VHA. It was possible because of you – all of you – and all of the great work that you do.

The VA is a part of me. As you know, I trained here and I will continue to be a part of VA, serving at Lyons NJ, and I'll be here to support VHA.

I want to leave you with something to think about. What you do here; what we all continue to do for our Veterans, affects many. It is what you do that has a lasting impact, and it does not matter what role or part you may have played. We all matter. You matter. And I am grateful for all that we have done for our Veterans, together.

I wish you all the best and I hope that we will cross paths in the future. Continue to take care of Veterans; I certainly will.

Poonam Alaigh, MD

Follow me on Twitter [@ushVHA](https://twitter.com/ushVHA)

Events

Facility Updates (post Hurricane)

- San Juan VA Medical Center is now operational.
- Due to some telecommunication challenges on Puerto Rico, individuals can reach San Juan VAMC by dialing [910-475-6516](tel:910-475-6516) or [1-800-449-8729](tel:1-800-449-8729).
- Locations in Comerio, Ceiba, Guayama, and Mayaguez are open for walk-in.
- Arecibo facility will have mobile medical staff; available 9a-1p.
- Clinic locations in Ponce, Utado, Vieques, St. Croix & St. Thomas are still closed.

Program Updates

Apply TODAY for the Leadership VA (LVA) Class of 2018

- LVA is accepting applications through 11:59 PM ET October 23, 2017 for qualified applicants in grades of GS 13 (minimum 52 weeks in grade) through GS 15 and Title 38 equivalents.
- Eligible applicants must occupy a full-time position and achieve an overall performance rating of Fully Successful or above
- To submit an application for LVA 2018, [APPLY NOW](#).
- For more information: [LVA Overview](#).

VA's Suicide Prevention Month

- In partnership with the VA Center for Innovation (VACI) and NASA, the Gun Safety Matters Challenge launched.

- **Women in Medicine Month** - We pay tribute to many women in medicine, who are there and help care for patients, and help advance the field. September is Women in Medicine Month, the theme for this year is "Women in medicine: Born to lead."
- **National Service Dog Month**- September is National Service Dog Month. Service Dogs are trained partners for Veterans with substantial mobility limitations. [Learn more](#) about the service dog veterinary benefit.

Quick Update on Access

- Since February, time sensitive appointment scheduling has increased to 89% (from 69%) for appointments scheduled no later than the provider recommended date.
- Since February, the number of CBOCs with same day services in primary care and mental health has improved from 90% to 99%. That's amazing!
- Since February, Stat Consults at all levels decreased from 2.63 to 1.4 days (cut the time in half!)
- Thank you to everyone for all that you have done to make this all possible – we (and Veterans) greatly appreciate everything!

In the News...

- In the [Star Tribune](#): Vet's Phone call was inspired by strong feelings toward the VA.

Did you know...

- We are proud to join the international peer support community in recognizing Peer

The Challenge is open to the public and is expected to find innovative and comprehensive plans for the safe storage of firearms, especially during periods of distress. [Learn more](#).

- Kayla Williams, Director of the Center for Women Veterans, contributed a [#BeThere blog](#): Committing Yourself to Prevent Suicide of Women Veterans.
- Webinars were conducted that included Community Veterans Engagement Boards (CVEB), the Community Action Boards, and the Veteran Community Partnerships (VCP). The recorded webinar and toolkit are expected to be available on the CVEB website soon.
- VA convened a Twitter chat with the American Foundation for Suicide Prevention (AFSP); Substance Abuse and Mental Health Services Administration (SAMHSA); Team Red, White, and Blue; Iraq And Afghanistan Veterans Of America (IAVA); and Team Rubicon on the main VA Twitter page.
- Consider changing your signature block to:

Suicide Prevention is Everyone's Business. [#BeThere](#).



Specialists on the third anniversary of Peer Specialist Global Recognition Day.

- What began as a small number of peers at a few facilities in 2007 has grown to close 1,100 peers, with peer support now available at all medical centers.

Interagency Rotation Program

- Do you know someone with the desire, determination, and drive for growth, and able to commit to a 6-mo. interagency rotation?
- The President's Management Council (PMC) Interagency Rotation Program can assist them with developing or enhancing specific leadership competencies.
- The next application cycle for Cohort 14 of the PMC will open in October 2017.
- PMC enables emerging Federal leaders to expand management skills, broaden their organizational experience, and foster networks.
- This is an excellent opportunity to assist emerging leaders in stretching their leadership skills and providing professional development opportunities across government.
- For questions, please contact vacomc@va.gov

Special Announcement

- All VA employees who wish to volunteer in an official capacity as part of the Puerto Rico relief efforts should contact the facility emergency manager or reach out to your DEMPS coordinator.

Office of Community Care

- VA is rolling out a new community care operating model that affects how Veterans are referred to community providers.
- The new model clarifies roles and responsibilities, improves consistency of processes, strengthens partnerships, standardizes care coordination and improves customer service.
- [Watch this video](#) to learn more and hear from Orlando VAMC staff on how the new model is improving services for Veterans.

Patient Experience (PX) Office

- VA PX is delivering tools to improve the patient experience across VHA facilities.
- This week, VA PX's **Employee Badge Connection (EBC)** toolkit is being highlighted.
- VA PX will facilitate the **EBC** toolkit through virtual means, connecting to VHA facilities.
- **Employee PX** will facilitate the **EBC** toolkit through virtual means, connecting to VHA facilities.
- Visit [VA PX Pulse](#) to access the **EBC** toolkit and other toolkits or to become a pilot site.

The Offices of Nursing Services (ONS) and Workforce Management and Consulting (WMC)

- The offices of ONS and WMC are leading an effort to recruit

- Nurse Practitioners through a campaign to improve access.
- Medical facilities have agreed to participate in this campaign and provided the number of Nurse Practitioners that are being targeted for hire.
- WMC posted a national job announcement for all of the participating facilities. The national JOA closed July 19, 2017 and resulted in 1,693 nurse practitioner applications.
- Through this announcement and other recruitment sources, 1,363 qualified Nurse Practitioner applicants were referred to 78 facilities for consideration.
- All facilities participating are required to ensure the Nurse Practitioners are hired by October 1, 2017.

Do you have a special announcement or want to highlight the work of an employee, volunteer or Veteran in a facility – then please email VHAWeeklyDigest@va.gov and we will try to include the information in an upcoming VHA Weekly Digest!

VA



**U.S. Department
of Veterans Affairs**

[View as a Web Page](#)

U.S. Department of Veterans Affairs | Veterans Health Administration
[810 Vermont Ave NW, Washington, D.C. 20420](https://www.va.gov)

.....

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/30/2017 1:30:41 PM
To: Poonam Alaigh [(b) (6) hotmail.com]
CC: mbs(b) (6) gmail.com; Laurie Perlmutter [lper(b) (6) @gmail.com]; Ike Perlmutter [(b) frenchangel59.com]; Drshulkin@aol.com
Subject: Re: Thank you to this fabulous group

Without question you have accomplished an impressive amount in a very short timeframe. Your dedication and organizational skills are exceptional as is your work ethic. If I can be of any assistance in the future, feel free to contact me anytime.

Sent from my iPad
Bruce Moskowitz M.D.

On Sep 30, 2017, at 9:17 AM, Poonam Alaigh <(b) (6) hotmail.com> wrote:

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Subject: VHA Weekly Digest | Issue No. 8

<image001.png>

September 29, 2017 | Issue No. 8

News you need to know in the Veterans Health Administration

<image002.jpg>

A Special and Sincere Thank You from our Acting USH Dr. Alaigh

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After fulfilling my two year commitment, I have decided to move on to other endeavors. As Acting Under Secretary for Health (A/USH), I have felt privileged to work with each of you. Together, we have accomplished so much. And Dr. Clancy, who many of you know, will be carrying on this great work as the Interim Under Secretary for Health, starting on October 8th. She is ready to go. You are in great hands!

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Facility Updates (post Hurricane)

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These accomplishments will transform VHA. It was possible because of you – all of you – and all of the great work that you do.

The VA is a part of me. As you know, I trained here and I will continue to be a part of VA, serving at Lyons NJ, and I'll be here to support VHA.

I want to leave you with something to think about. What you do here; what we all continue to do for our Veterans, affects many. It is what you do that has a lasting impact, and it does not matter what role or part you may have played. We all matter. You matter. And I am grateful for all that we have done for our Veterans, together.

I wish you all the best and I hope that we will cross paths in the future. Continue to take care of Veterans; I certainly will.

Poonam Alaigh, MD

Follow me on Twitter [@ushVHA](https://twitter.com/ushVHA)

Events

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- We pay tribute to many women in medicine, who are there and help care for patients, and help advance the field. September is Women in Medicine Month, the theme for this year is "Women in medicine: Born to lead."
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2. Kayla Williams, Director of the Center for Women Veterans, contributed a [#BeThere blog](#): Committing Yourself to Prevent Suicide of Women Veterans.
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Interagency Rotation Program

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[image003.jpg](#)>

Office of Community Care

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2. The new model clarifies roles and responsibilities, improves consistency of processes, strengthens partnerships,

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2. The President's Management Council (PMC) Interagency Rotation Program can assist them with developing or enhancing specific leadership competencies.
3. The next application cycle for Cohort 14 of the PMC will open in October 2017.
4. PMC enables emerging Federal leaders to expand management skills, broaden their organizational experience, and foster networks.
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6. For questions, please contact vacopmc@va.gov

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qualified Nurse Practitioner applicants were referred to 78 facilities for consideration.

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Do you have a special announcement or want to highlight the work of an employee, volunteer or Veteran in a facility – then please email VHAWeeklyDigest@va.gov and we will try to include the information in an upcoming VHA Weekly Digest!

<image004.png>

[View as a Web Page](#)

U.S. Department of Veterans Affairs | Veterans Health Administration
810 Vermont Ave NW, Washington, D.C. 20420

<image005.gif>

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 9/30/2017 1:17:59 PM
To: mbs[(b) (6)]<[redacted]@gmail.com>; Laurie Perlmutter [lper[(b) (6)]@gmail.com]; Ike Perlmutter [(b) (6)]<frenchangel59.com>; Drshulkin@aol.com; brucemc[(b) (6)]<[redacted]@mac.com>
Subject: Thank you to this fabulous group

I am stepping down next week and leaving the VA on October 13th. Please see below the final announcement I sent out via a newsletter communication yesterday. Thanks and all the accomplishments I have been part of, have happened in a significant way because of all of you giving us the backing, advice and support to move forward, and at a speed that no one has ever experienced in the VA before. It has been a true privilege and honor knowing all of you. Hoping our paths will cross again.

Take care,

Poonam

Sent from my iPad

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: September 29, 2017 at 6:43:21 PM EDT
To: 'Poonam Alaigh' <[(b) (6)]<[redacted]@hotmail.com>
Subject: FW: VHA Weekly Digest | Issue No. 8

Sent with Good (www.good.com)

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

From: VHA USH ANNOUNCEMENTS
Sent: Friday, September 29, 2017 04:36 PM Eastern Standard Time
To: VHA USH ANNOUNCEMENTS
Subject: VHA Weekly Digest | Issue No. 8

VHA | Weekly Digest

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VA



**U.S. Department
of Veterans Affairs**

[View as a Web Page](#)

U.S. Department of Veterans Affairs | Veterans Health Administration
810 Vermont Ave NW, Washington, D.C. 20420

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/6/2017 12:29:36 AM
To: Ike Perlmutter [(b) frenchangel59.com]

Im having dinner with your friend peter seligman from the conservation board

Sent from my iPhone

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/6/2017 4:45:10 PM
To: drshulkin@aol.com
Subject: More va newsmakers videos

<http://comcastnewsmakers.com/tag/va/>

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 10/3/2017 2:12:32 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Choice Program

Will await your direction to get both done at no cost to system

Sent from my iPad
Bruce Moskowitz M.D.

> On Oct 3, 2017, at 10:09 AM, David Shulkin <secshulkin@gmail.com> wrote:

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> That would be amazing

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> Sent from my iPhone

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>> On Oct 3, 2017, at 7:59 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:

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From: David Shulkin [secshulkin@gmail.com]
Sent: 10/3/2017 2:09:00 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: Choice Program

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Sent: 10/3/2017 11:59:56 AM
To: David Shulkin [secshulkin@gmail.com]
CC: Ike Perlmutter [(b) frenchangel59.com]; mbs(b) (6) gmail.com; L Perl [lperl(b) (6) @gmail.com]
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Sent: 10/3/2017 2:00:28 AM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: Choice Program

Bruce- ill review

Sent from my iPhone

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From: David Shulkin [secshulkin@gmail.com]
Sent: 10/3/2017 2:00:14 AM
To: (b) (6) @va.gov
Subject: Fwd: Choice Program
Attachments: Emergent needs Letter to Sec General_DRAFT-v3.docx; Untitled attachment 84751.htm

Print

Sent from my iPhone

Begin forwarded message:

From: Bruce Moskowitz <brucemo(b) (6) mac.com>
Date: October 2, 2017 at 10:12:39 AM EDT
To: David Shulkin <secshulkin@gmail.com>
Subject: Choice Program

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**Emergent needs to be addressed:**

Opening access for Veterans to non-Administration run facilities has helped many receive the care that they need in a timely manner. However, that has also opened the door for fraud and over billing of services for those receiving care. In the end this raises the cost of care for all veterans. There is also a need to manage and monitor the prescribing of Opioids to the veteran population. Using a simple yet elegant rules engine based on care management logic and clinical relevance our tool can aid in combatting both of these areas for a fraction of the cost and have the ability to store and detect fraud. This system is available 24/7, 365 days a year without human interaction. This service level is paramount to the delivery of care and the management of funding for all veterans.

On Fraud:

TriZetto Touchless Authorization Processing (TTAP) detects abuse or fraud by analyzing the incoming prior authorization requests. The engine looks at combination of factors including the referring physician, servicing provider, procedure/drug codes, diagnosis codes and answers to any questions that the referring provider might be required to answer. Based on history and analytics the system is able to determine potential abuse or fraud, and flag the request to be further examined. One case study is home health. Home health requires multiple visits and multiple agencies at a time to be approved and managed. This creates multiple points for fraud to occur and increase costs. Our system is uniquely positioned to stop this with business rules defined by the Administration and medical necessity criteria to support the decision.

On the Technology:

TTAP is an end-to-end real-time automated solution for authorization of medical and pharmacy care that is based on the EDI 278/275 standard. The authorization engine fully automates a payers business as well as medical necessity criteria to enable touch less processing of prior authorizations. The standards based approach addresses the concern of provider adoption very effectively to offer a system that is not only able to process prior authorization request in real time and in a touch less fashion but with Fraud and Abuse analytics is able to flag any requests that are potentially suspect. Addressing both payer as well as provider sides makes this utilization management and fraud detection solution unique, efficient and easy to deploy with no resistance to provider adoption.

In Summary:

Our solution addresses the need for management and fraud prevention the is currently burdening the Veterans Administration. Having an automated solution will drive out waste and fight against abuse system wide. All of this at a fraction of the cost of hiring 100's of utilization review staff to do the same work. Attached is a pilot conducted around Prior Authorizations. As a part of that study home health and the complexity of those services are being managed in the rulesets. The return on investment of TTAP is significant and we would enjoy the opportunity to discuss more at detail with your team.

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This is an important aspect for monitoring and holding down the cost of the program.

**Emergent needs to be addressed:**

Opening access for Veterans to non-Administration run facilities has helped many receive the care that they need in a timely manner. However, that has also opened the door for fraud and over billing of services for those receiving care. In the end this raises the cost of care for all veterans. There is also a need to manage and monitor the prescribing of Opioids to the veteran population. Using a simple yet elegant rules engine based on care management logic and clinical relevance our tool can aid in combatting both of these areas for a fraction of the cost and have the ability to store and detect fraud. This system is available 24/7, 365 days a year without human interaction. This service level is paramount to the delivery of care and the management of funding for all veterans.

On Fraud:

TriZetto Touchless Authorization Processing (TTAP) detects abuse or fraud by analyzing the incoming prior authorization requests. The engine looks at combination of factors including the referring physician, servicing provider, procedure/drug codes, diagnosis codes and answers to any questions that the referring provider might be required to answer. Based on history and analytics the system is able to determine potential abuse or fraud, and flag the request to be further examined. One case study is home health. Home health requires multiple visits and multiple agencies at a time to be approved and managed. This creates multiple points for fraud to occur and increase costs. Our system is uniquely positioned to stop this with business rules defined by the Administration and medical necessity criteria to support the decision.

On the Technology:

TTAP is an end-to-end real-time automated solution for authorization of medical and pharmacy care that is based on the EDI 278/275 standard. The authorization engine fully automates a payers business as well as medical necessity criteria to enable touch less processing of prior authorizations. The standards based approach addresses the concern of provider adoption very effectively to offer a system that is not only able to process prior authorization request in real time and in a touch less fashion but with Fraud and Abuse analytics is able to flag any requests that are potentially suspect. Addressing both payer as well as provider sides makes this utilization management and fraud detection solution unique, efficient and easy to deploy with no resistance to provider adoption.

In Summary:

Our solution addresses the need for management and fraud prevention the is currently burdening the Veterans Administration. Having an automated solution will drive out waste and fight against abuse system wide. All of this at a fraction of the cost of hiring 100's of utilization review staff to do the same work. Attached is a pilot conducted around Prior Authorizations. As a part of that study home health and the complexity of those services are being managed in the rulesets. The return on investment of TTAP is significant and we would enjoy the opportunity to discuss more at detail with your team.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/29/2017 10:57:02 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

Ok

On Thu, Sep 28, 2017 at 11:21 PM David Shulkin <drshulkin@aol.com> wrote:

Can u print

http://www.huffingtonpost.com/entry/trump-terrible-10-espn-european-honeymoon-idiot-edition_us_59bbe55ee4b06b71800c3887

Sent from my iPad

--

Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/29/2017 3:21:30 AM
To: (b) (6) (b) (6) gmail.com]

Can u print

http://www.huffingtonpost.com/entry/trump-terrible-10-espn-european-honeymoon-idiot-edition_us_59bbe55ee4b06b71800c3887

Sent from my iPad

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 10/3/2017 11:23:06 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: Suicide prevention

Thanks for sharing

Very relevant

Sent from my iPhone

> On Oct 3, 2017, at 7:29 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:
>
> This is from Chief at PENN
>
> <Penn Veteran Suicide Prevention Program 09 25 2017.docx>
>
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [brucemo^{(b) (6)} mac.com]
Sent: 10/3/2017 11:29:48 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Suicide prevention
Attachments: Penn Veteran Suicide Prevention Program 09 25 2017.docx; Untitled attachment 85122.txt

This is from Chief at PENN

Implementing Suicide Prevention and Improving Veteran Access to Care in the Community

Perelman School of Medicine, University of Pennsylvania (Penn)

A stunning, but little known, fact is that most Veteran suicides occur among those not receiving health care at the VA. In fact, because about 60% of Veterans receive their healthcare in the community, the Secretary's strategic goals of improving access to high quality mental health (MH) care and suicide prevention within the VA may fall short in reducing suicide risk. Penn has a long-standing commitment to Veterans' health and has conducted ground-breaking research on the newest and best clinical and neurobiological methods to identify and treat individuals and populations at risk. To increase Veteran access to MH care and enhance suicide prevention efforts in the community, we propose three inter-related, yet independent projects. If successful, the resulting advances could be implemented on widely to reduce the rate of suicide among Veterans.

Project 1: Improving Access to MH Care and Lethal Means (LM) Reduction. We propose to implement and evaluate a program to improve access to Veteran MH care in tandem with a public health initiative to promote firearm safety. The University of Pennsylvania Hospital System (UPHS), which covers most of Southeastern Pennsylvania, parts of Delaware, and much of New Jersey, is in a unique position to reduce Veteran suicide risk in the community. UPHS conducts nearly 4 million outpatient visits a year and many of our patients are Veterans who would benefit from this initiative. To improve access, we would target MH care to Veterans seen within UPHS using a shared electronic health record to deliver evidence-based practices such as collaborative care, medication-assisted management of addiction, access to the Cohen Veterans Military Family Clinic for short-term, intensive psychotherapy, care management services, and enhanced Safety Planning with Lethal Means (LM) counseling. What makes this feasible is our experience in providing care virtually (via video and telephone), which substantially reduces the number of staff required to deliver services across a broad geographic area. Virtual care also improves the quality of services by increasing fidelity to treatment algorithms and standardizing provider competencies, including military cultural competencies. Because about 67% of Veteran suicides occur using firearms, we will work with key stakeholders to develop and evaluate an LM counseling approach. We will combine LM with a targeted public health messaging campaign to improve access and will evaluate the effectiveness and scalability of these two approaches. We anticipate that this program will take 6-18 months to rollout across the system and we will evaluate outcomes across 6 years. The total cost of this project is estimated at \$3 million per year for 7 years.

Project 2: Pain, Opioid Use Disorder (OUD) and Suicide Risk in Veterans. The burgeoning rate of opioid abuse and opioid-related deaths parallels an epidemic of suicide deaths in Veterans with OUD. This relationship is compounded by chronic non-cancer pain (CNCP), which doubles suicide risk. Emerging evidence shows that buprenorphine (BUP), in addition to its value in treating OUD, has antidepressant effects. Low-dose BUP can decrease and in some cases completely relieve acute suicidal ideation (SI). Importantly, the antidepressant and anti-suicidal effects of BUP may be most useful in patients with both OUD and CNCP. We propose to assess the efficacy of BUP in combination with Cognitive Therapy for Suicide Prevention (CT-SP) in reducing the frequency and severity of suicidal ideation and reducing suicide attempts in 400 Veterans with OUD. The cost of this project will be \$800,000 per year for 5 years.

Project 3: Improving Outcomes in Depressed Patients at Extremely High Risk for Suicide: Sequential Intravenous Ketamine and Cognitive Therapy for Suicide Prevention (CT-SP). Veterans hospitalized with suicidal ideation or following suicide attempts constitute one of the highest risk groups for subsequent suicidal behavior and suicide, with the first 6 months after hospitalization being the time of highest risk. Two therapies have been shown to significantly reduce suicidal ideations and behaviors during this time period – intravenous ketamine and CT-SP. As preclinical evidence suggests that ketamine restores neuronal connectivity, we predict that sequential delivery of these interventions will have additive or synergistic effects. We propose to conduct a pilot study to assess the feasibility and potential clinical utility of such a program. Over two years, we will identify 20 veterans, ages 21-75, hospitalized because of a suicidal crisis through the emergency services at one of the UPHS hospitals. Within 48 hours of admission, participants will receive the first of 6 intravenous ketamine infusions; subsequent infusions will be administered every 3-4 days. On alternating days, a qualified CT-SP therapist will begin treatment (delivering up to 20 individual sessions over 6 months). Outcomes of interest will include the duration of the index hospitalization, measures of suicidal ideation and depressive symptoms, and the incidence of subsequent suicidal behaviors or re-hospitalization. Our aim is to demonstrate the rapid resolution of suicidal ideation and we will examine the persistence of beneficial effects for 6 months post-hospitalization (i.e., aiming for a readmission rate of <10%). The total cost of this program will be \$700,000 per year for two years. Should this pilot project achieve its goals, a large-scale, randomized, controlled trial using either placebo infusions or a treatment as usual control condition will be proposed.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: (b) (6) @aol.com [(b) (6) @aol.com]
Sent: 9/28/2017 1:25:01 PM
To: DJS [drshulkin@aol.com]
Subject: Poonam reception

I know you will be coming to Poonam's reception today. If you could help us keep it light that would be helpful. Funny story ? Thanks

Sent from my iPhone

Message

From: (b) (6) @aol.com [(b) (6) @aol.com]
Sent: 9/27/2017 11:47:47 PM
To: Bruce Moskowitz [brucemc(b) (6) mac.com]
CC: David Shulkin [secshulkin@gmail.com]
Subject: Re: Apple

Understood.

Sent from my iPhone

> On Sep 27, 2017, at 7:37 PM, Bruce Moskowitz <brucemc(b) (6) mac.com> wrote:
>
> Aware of all my only role is to make sure that my group is pleased with the outcome. Geotagging needs to be dynamic not static. Feedback if appointments can not be accessed.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Sep 27, 2017, at 7:01 PM, (b) (6) @aol.com wrote:
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>> Hi Dr Moskowitz, There has been progress on the EHR elements and the team is due to provide an update which I will forward by Friday. The geotagging project specs are making progress but need additional work by a data engineer which will take a bit more time (within 10 days)(time is based on engineer availability, not his actual work time to do his part). Alternately, we could forward your specs to the Apple team to move things along. As I am sure you know, both Dr Alaigh and Rob Thomas are leaving the organization. (b) (6)
>>
>> Sent from my iPhone
>>
>>> On Sep 27, 2017, at 12:52 PM, Bruce Moskowitz <brucemc(b) (6) mac.com> wrote:
>>>
>>> Any update?
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.
>>

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/27/2017 11:37:49 PM
To: (b) (6) @aol.com
CC: David Shulkin [secshulkin@gmail.com]
Subject: Re: Apple

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>> Any update?

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

>

Message

From: Alaigh, Poonam, M.D. [Poonam.Alaigh@va.gov]
Sent: 9/27/2017 11:36:09 AM
To: (b) (6)@hotmail.com; drshulkin@aol.com
Subject: FW: AQ06(P) Telehealth Rule

Its strange how the folks that you expect the least from give you so much

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

From: Lapuz, Miguel H.
Sent: Wednesday, September 27, 2017 7:33 AM
To: Alaigh, Poonam, M.D.
Subject: FW: AQ06(P) Telehealth Rule

Just another example of how VA will be different in the future due to your vision. Feel very good about it.

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

From: Clancy, Carolyn
Sent: Tuesday, September 26, 2017 8:31 PM
To: (b) (6) Alaigh, Poonam, M.D.; Pape, Lisa M.; Lapuz, Miguel H.; Hyduke, Barbara
Cc: VHA 10B
Subject: RE: AQ06(P) Telehealth Rule

Yahoo!

Sent with Good (www.good.com)

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

From: (b) (6)
Sent: Tuesday, September 26, 2017 03:14 PM Eastern Standard Time
To: Alaigh, Poonam, M.D.; Clancy, Carolyn; Pape, Lisa M.; Lapuz, Miguel H.; Hyduke, Barbara
Cc: VHA 10B
Subject: FW: AQ06(P) Telehealth Rule

For awareness: OMB has cleared the telehealth regulation, which proposes to protect from adverse State licensure action all VA telehealth providers under the Supremacy Clause of the U.S. Constitution, and should publish no later than Monday 10/2.

It's been a long, hard slog!

(b) (6)

From: (b) (6) (OGC)
Sent: Tuesday, September 26, 2017 2:08 PM
To: (b) (6) (b) (6) MD
Cc: (b) (6) (VACO) (OGC); (b) (6) (b) (6) Lee, Jennifer S. (VACO); Cordeiro, Hansel (OGC); (b) (6) (OCLA); (b) (6)
Subject: AQ06(P) Telehealth Rule

Team,

Drum roll.....OMB has concluded their review of the AQ06(P) - Authority of Health Care Providers to Practice Telehealth proposed regulation (attached).

It was successfully submitted to the Federal Register (FR) for publication today. Since I submitted it right on the cusp of 2:00pm, I'm not sure if it will publish on Friday or Monday, but I'm confident it will publish before Tuesday (SECVA's presentation), depending on the FR's edits.

NOTE: We will notify you of a confirmed publication date this week, so please don't release a publication date(s) until we confirm with the FR.

Thanks to everyone for all your hard work and attention to this priority regulation. Thanks

From: noreply@fedreg.gov [mailto:noreply@fedreg.gov]
Sent: Tuesday, September 26, 2017 1:55 PM
To: (b) (6) (OGC)
Subject: [EXTERNAL] Office of the federal Register:Submission Status: ID:W9262017135417494

Submission ID: W9262017135417494

File Name

Validation Result

Handling File

Validation Result

Upload Status

Remarks

AQ06(P) -Reg to FR (9-26-17)VHA-Telehealth.docx.p7m

PASSED

PASSED

Message

From: IP [(b) frenchangel59.com]
Sent: 10/12/2017 1:09:31 PM
To: David Shulkin [drshulkin@aol.com]
Subject: RE:
Attachments: WhatSoftwareMixIsBest.pdf

David,

Thank you for the update.

We worked with her yesterday and shared the attachment.

Also thank you for bringing the issue with Tom Hanks to my attention. We figured how to correct this and now the finish product is beautiful.

I will call you later this morning to discuss a few other things.

Best,
Ike

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

From: David Shulkin [mailto:drshulkin@aol.com]
Sent: Wednesday, October 11, 2017 10:59 PM
To: IP
Subject:

Ike- Our group has now connected with Ms [(b) (6)] at Wilmer Hale

I'll let you know when I hear more

David

Sent from my iPad

What Software Mix Is Best for the VA

What are the products:

Inpatient Care: Inpatient EHR, ICU, Operating Room, Anesthesia, Infection Control, Pharmacy

Ambulatory Care: Ambulatory EHR, Patient Portal, Population Health, Home Health, Behavioral Health, Community and Social Care, Telehealth

Patient Administration: Scheduling, Patient Access, Referrals, Registration, Billing, Health Plan, Claims

There are two choices:

1. Cerner do Inpatient Care; Epic do Ambulatory Care and Patient Administration

Epic has a slightly larger inpatient market share than Cerner. However, Epic has a much larger share of the ambulatory market. Cerner has not had much success in ambulatory care and has a small market share. Most organizations that use Cerner for inpatient care use a different vendor for ambulatory. With about 66% of patients in the U.S. having a record in Epic, as compared to only about 13% in Cerner, using Epic at the VA for ambulatory care would dramatically improve interoperability (the lifetime patient care story) for veterans. Epic's extensive history and success in ambulatory care will also provide clinicians a much more usable EHR solution, which is important as we combat physician burnout.

Both Cerner and Epic can pull data from DoD into the VA via an interface. Interoperability between DoD and Epic would work well because it would be a one-time interface between two well-defined systems.

Most of the interoperability demands will not be DoD to VA. The veteran may go to another healthcare organization by choice. Or, by contract the VA may refer the veteran to other well-respected health care organizations in the U.S. Most will be using Epic. If the VA uses Epic for ambulatory care, then interoperability to another Epic site will be quick, easy, and in-depth. If the recipient site does not use Epic, the VA can interoperate if it knows the digital address of the other site. Otherwise, the veterans can, by themselves, make their information available to the recipient site, at no cost, via Epic's patient controlled interoperability.

If the desire is to give some parts of the VA to Cerner and some parts to Epic, then it makes most sense to give inpatient parts to Cerner and ambulatory care parts to Epic. Patient Administration should go to Epic because Epic is strong in all the components but Cerner is not (see lawsuits).

2. Epic do both Ambulatory and Inpatient Care and Patient Administration

Many organizations have used Cerner for inpatient and Epic for ambulatory care. This does work. However, almost all organizations over time have de-installed Cerner and became all Epic. (Note: none have become all Cerner.) Having one natively integrated system, built by the same vendor, all modules sharing the data, brings clinical and economic benefits to the organization if the system is strong in both inpatient and ambulatory care.

This alternative is best for the patient/veteran and the caregivers if it's politically acceptable.

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/12/2017 2:58:44 AM
To: Ike Perlmutter [(b) frenchangel59.com]

Ike- Our group has now connected with Ms (b) (6) at Wilmer Hale
I'll let you know when I hear more

David

Sent from my iPad

Message

From: Marisol Garcia [(b) (6)]@frenchangel59.com]
Sent: 10/7/2017 9:27:27 PM
To: lper[(b) (6)]@gmail.com; [(b) (6)]@yahoo.com; David Shulkin [secshulkin@gmail.com];
brucemo[(b) (6)]@mac.com; mbs[(b) (6)]@gmail.com; IP [(b) (6)]@frenchangel59.com]
Subject: REMINDER --- VA UPDATE - Conference Call for Sunday, October 8th at 11:00 AM

Sunday, October 8th

11:00 AM – 11:45 AM EST

Dial-in Information:

US: 1-866-244-[(b) (6)]

International: 719-457-[(b) (6)]

Passcode: [(b) (6)]

Participants:

Laurie Perlmutter, Secretary David Shulkin, Tom Bowman,
Dr. Bruce Moskowitz, Marc Sherman and Ike

Thank you,

Marisol Garcia

[(b) (6)] (Office)

[(b) (6)] (Cell)

[(b) (6)]@frenchangel59.com

Message

From: IP [(b)] frenchangel59.com]
Sent: 9/26/2017 4:06:38 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: RE:

Agree. The opening Bell is the best time. Thank you

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

From: David Shulkin [mailto:secshulkin@gmail.com]
Sent: Tuesday, September 26, 2017 11:57 AM
To: IP
Subject:

Ike- the morning on wall street on nov 7 th would work best

Thanks

Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/26/2017 3:57:18 PM
To: Ike Perlmutter [(b) frenchangel59.com]

Ike- the morning on wall street on nov 7 th would work best

Thanks

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 9/26/2017 8:51:40 AM
To: David Shulkin [drshulkin@aol.com]

Will we have no time together before I leave - I guess it's best that it ends this way

Sent from my iPhone

Message

From: (b) (6) [REDACTED]@hotmail.com]
Sent: 9/26/2017 2:55:01 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Trip Draft

Ugh ☹

(b) (6) M.D.

On Sep 25, 2017, at 10:53 PM, David shulkin <Drshulkin@aol.com> wrote:

Your in government now- of course not

Sent from my iPhone

On Sep 25, 2017, at 10:51 PM, (b) (6) <(b) (6)@hotmail.com> wrote:

Is there any free time to see areas?

(b) (6) M.D.

On Sep 25, 2017, at 10:47 PM, David shulkin <Drshulkin@aol.com> wrote:

Looks really good

Sent from my iPhone

Begin forwarded message:

From: (b) (6) [REDACTED]
<(b) (6)@gmail.com>
Date: September 25, 2017 at 3:54:02 PM EDT
To: David Shulkin <drshulkin@aol.com>
Subject: Trip Draft

This is only a draft of the trip coming up in October overseas. The congressional reps staff shared with me over the phone, and I quickly jotted down the notes. I'll have to research the names tmrw bc I'm sure I spelled it wrong.

Fly 10/14 Saturday
10/15 Sunday arrive in Brussels
(2hours executive time upon arrival)
Visit Flanders field in Belgium
Evening dinner

10/16 Monday
3 hours of meetings with NATO an Belgium
Lunch

Depart for Henry Chapel Cemetery
2hours at cemetery
Depart back to Brussels
Travel from Brussels to Paris via train or mil air
Arrive Paris evening

10/17 Tuesday
8am NATO meetings in French
Mid morning depart for chateau Paris American
monument 2hours east (stay 30 minutes)
Depart for arisen-Marne American cemetery
Depart for blue wood American cemetery
Return to Paris evening
Delegation dinner at pershising hall

10/18 Wednesday
Visit Lafayette escadrall cemetery
TBD follow up to meetings from TBD
(antiTerrorism updates)
TBD tour Paris

10/19 Thursday
Travel To Normandy by Bus
Omaha Beach
Do an Audio tour (meals on bus)
Depart carpitquite (air flight to Naples)

10/20 Friday
Visit naval air station in Naples
Breakfast with Troops (transitioning troops to VA
services)
Early afternoon flight back to DC

Don't know any of the hotels right now, house
liaison sent this rough sketch to state department
for hotel recommendations.

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Message

From: (b) (6) [redacted]@hotmail.com]
Sent: 9/26/2017 2:51:58 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Trip Draft

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To: (b) (6) [redacted]@hotmail.com
Subject: Fwd: Trip Draft

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Don't know any of the hotels right now, house liaison sent this rough sketch to state department for hotel recommendations.

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/25/2017 7:54:41 PM
To: David Shulkin [drshulkin@aol.com]; (b) (6) (b) (6) hotmail.com]
Subject: Re: Trip Draft

Sorry adding (b) (6) to the draft.

On Sep 25, 2017 3:54 PM, "(b) (6)" <(b) (6) gmail.com> wrote:

This is only a draft of the trip coming up in October overseas. The congressional reps staff shared with me over the phone, and I quickly jotted down the notes. I'll have to research the names tmrw bc I'm sure I spelled it wrong.

Fly 10/14 Saturday

10/15 Sunday arrive in Brussels
(2hours executive time upon arrival)
Visit Flanders field in Belgium
Evening dinner

10/16 Monday

3 hours of meetings with NATO an Belgium
Lunch
Depart for Henry Chapel Cemetery
2hours at cemetery
Depart back to Brussels
Travel from Brussels to Paris via train or mil air
Arrive Paris evening

10/17 Tuesday

8am NATO meetings in French
Mid morning depart for chateau Paris American monument 2hours east (stay 30 minutes)
Depart for arisen-Marne American cemetery
Depart for blue wood American cemetery
Return to Paris evening
Delegation dinner at pershising hall

10/18 Wednesday

Visit Lafayette escadrall cemetery
TBD follow up to meetings from TBD (antiTerrorism updates)
TBD tour Paris

10/19 Thursday

Travel To Normandy by Bus
Omaha Beach
Do an Audio tour (meals on bus)
Depart carpitquite (air flight to Naples)

10/20 Friday

Visit naval air station in Naples
Breakfast with Troops (transitioning troops to VA services)

Early afternoon flight back to DC

Don't know any of the hotels right now, house liaison sent this rough sketch to state department for hotel recommendations.

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/25/2017 7:54:02 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Trip Draft

This is only a draft of the trip coming up in October overseas. The congressional reps staff shared with me over the phone, and I quickly jotted down the notes. I'll have to research the names tmrw bc I'm sure I spelled it wrong.

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Visit naval air station in Naples
Breakfast with Troops (transitioning troops to VA services)
Early afternoon flight back to DC

Don't know any of the hotels right now, house liaison sent this rough sketch to state department for hotel recommendations.

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/26/2017 12:50:01 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: (b) (6) MD

Ok shoot me her email and I will arrange

Sent from my iPad
Bruce Moskowitz M.D.

> On Sep 25, 2017, at 11:01 PM, David Shulkin <secshulkin@gmail.com> wrote:
>
> Thats great
>
> The other person who i spoke to today is dr kita franklin who heads the did suicide office and oct 1 is coming to VA to run our office- id like to put them together
>
> Sent from my iPhone
>
>> On Sep 25, 2017, at 10:49 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:
>>
>> DR. (b) (6) is able to mobilize enough resources to assist the VA and the DOD for implanting further action to reduce suicide and opioid dependence. I have spoken to her several times and arranged a call with (b) (6)
>>
>> <https://www.pennmedicine.org/news/news-releases/2016/march/penn-medicine-announces-appoin>
>>
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/26/2017 3:01:54 AM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: (b) (6) MD

Thats great

The other person who i spoke to today is dr kita franklin who heads the did suicide office and oct 1 is coming to VA to run our office- id like to put them together

Sent from my iPhone

> On Sep 25, 2017, at 10:49 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:

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>
> <https://www.pennmedicine.org/news/news-releases/2016/march/penn-medicine-announces-appoin>

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

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/25/2017 2:49:42 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: (b) (6) MD

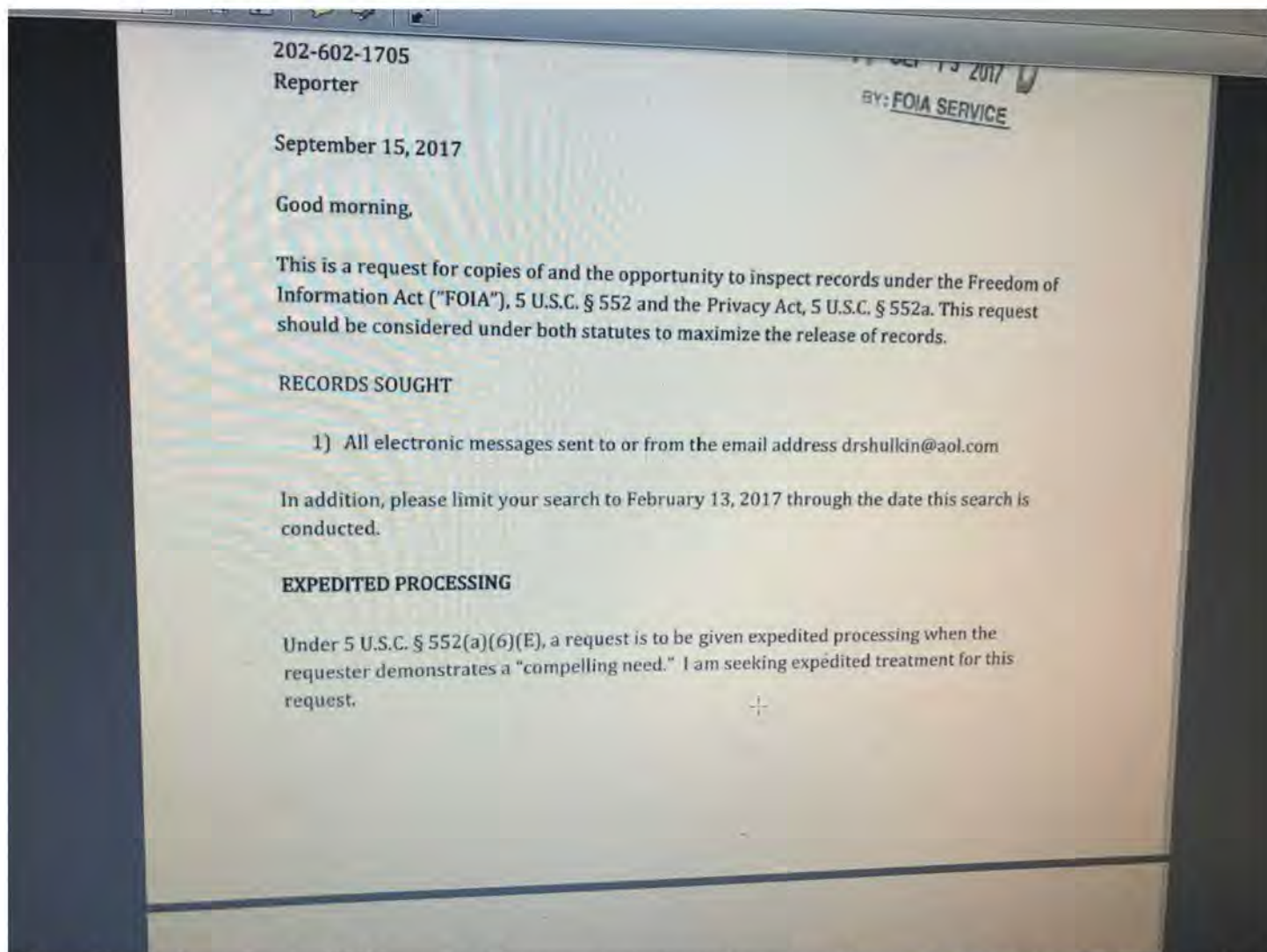
DR. (b) (6) is able to mobilize enough resources to assist the VA and the DOD for implanting further action to reduce suicide and opioid dependence. I have spoken to her several times and arranged a call with (b) (6)

<https://www.pennmedicine.org/news/news-releases/2016/march/penn-medicine-announces-appoin>

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/25/2017 4:34:47 PM
To: drshulkin@aol.com
Subject: Read this picture



We can't trust these people. Will have to talk to you tomorrow about the other emails too. No one is sitting the information, they are just forwarding and this is why we get stuff like this.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/25/2017 11:22:17 AM
To: (b) (6) (b) (6) gmail.com]
Subject: Re: Call at 3:30 today

ok

Sent from my iPhone

> On Sep 25, 2017, at 6:28 AM, (b) (6) <(b) (6) gmail.com> wrote:
>
> Call with Keita Franklin is at 3:30, will send to your phone and email (calendar)z
> --
> Sent from Gmail Mobile

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 9/25/2017 10:28:40 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Call at 3:30 today

Call with Keita Franklin is at 3:30, will send to your phone and email (calendar)z

--

Sent from Gmail Mobile

Message

From: SreyRam Kuy [(b) (6)]@gmail.com]
Sent: 9/25/2017 2:04:13 PM
To: David shulkin [drshulkin@aol.com]; vacodjs1@va.gov
Subject: Re:

Secretary Shulkin,

Thank you so much for all you do every day to build a VA system that truly serves our nation's heroes. It's an honor to serve under a inspiring leader like you. Thank you.

As you consider candidates for permanent appointment as your VA Under Secretary for Health, I'd like to respectfully say that I am passionate about serving our nation's heroes, deeply committed to supporting your mission and goals of making the VA the leading standard in healthcare, have more than 15 years of experience in the VA from ground up, and have experience in running complex, large health care systems. I'm nonpartisan, and garnered support & praise for my work from two former presidents from both sides of the aisle, and received bipartisan support from leadership at their respective institute and foundations, who would be willing to speak on my behalf. I hope you'll consider me among the many names you're reviewing.

I'm going to be in DC Monday and Tuesday Oct 2-3 next week, for an award received from the Points of Lights Foundation, and will be donating the \$10,000 prize to veteran service organizations. I would love any opportunity to have a few minutes to say hello and catch up, at your convenience, if at all possible. Regardless, I wanted to say thank you so much for all you do for our veterans.

You truly inspire me.

-SreyRam

[(b) (6)]@gmail.com

[(b) (6)]

SreyRam Kuy, MD, MHS, FACS

Associate Chief of Staff

Michael E DeBakey Houston VA

On Aug 31, 2017, at 6:07 AM, DJS <vacodjs1@va.gov> wrote:

Thanks so much

It may be a good time

My team will be in touch soon

Thanks again

Sent with Good (www.good.com)

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

From: SreyRam Kuy [(b) (6) @gmail.com]

Sent: Wednesday, August 30, 2017 11:25 PM Eastern Standard Time

To: David shulkin; DJS

Subject: [EXTERNAL] Re:

Secretary Shulkin,

Thank you so much for all your support and concern for the Houston veterans and VA staff going through Harvey. It means a great deal. Thank you. And thanks for so graciously tweeting out my blog post about the heroic efforts of the Houston VA frontline staff. Your support means so much. It's an honor to care for our veterans, and a privilege to serve under you.

I did want to say that if an opportunity opens up to serve our veterans on a national level, please do keep me in mind. My sentiments still hold true and are still the same. Whether in a formal role or as an advisor or some other capacity, I would love the opportunity to use my experiences and training to help, when the right role opens up at the right time.

Again, thank you for all you do for our nation's heroes! You are an inspiration to us all.

Respectfully,

SreyRam

RWJ CSP Class of 2009

SreyRam Kuy, MD, MHS, FACS

Associate Chief of Staff

Michael E DeBakey Houston VA

> On Jul 30, 2017, at 2:45 PM, David shulkin <Drshulkin@aol.com> wrote:

>

> Thanks for your note - it was much appreciated

>

> I love your attitude and persistence

>

> I am looking for the right way you can help

>

> Sent from my iPhone

Message

From: SreyRam Kuy [(b) (6)]@gmail.com]
Sent: 8/31/2017 3:25:22 AM
To: David shulkin [Drshulkin@aol.com]; vacodjs1@va.gov
Subject: Re:

Secretary Shulkin,

Thank you so much for all your support and concern for the Houston veterans and VA staff going through Harvey. It means a great deal. Thank you. And thanks for so graciously tweeting out my blog post about the heroic efforts of the Houston VA frontline staff. Your support means so much. It's an honor to care for our veterans, and a privilege to serve under you.

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Again, thank you for all you do for our nation's heroes! You are an inspiration to us all.

Respectfully,
SreyRam
RWJ CSP Class of 2009

SreyRam Kuy, MD, MHS, FACS
Associate Chief of Staff
Michael E DeBakey Houston VA
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>
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> Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/30/2017 7:45:46 PM
To: SreyRam Kuy [(b) (6)]@gmail.com]

Thanks for your note - it was much appreciated

I love your attitude and persistence

I am looking for the right way you can help

Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/25/2017 1:02:15 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: Kushner email

Ok that would help for sure

Sent from my iPhone

> On Sep 25, 2017, at 7:46 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:
>
> The metrics that either Mayo, CC, or Kaiser use to asses their affiliated hospitals should suffice.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Sep 25, 2017, at 7:44 AM, David Shulkin <secshulkin@gmail.com> wrote:
>>
>> Bruce- how would we be able to get private sector comparisons?
>>
>> Sent from my iPhone
>>
>>> On Sep 25, 2017, at 6:52 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:
>>>
>>> The only format that I believe will accurately provide information to asses the individual VA Hospitals is a team that I originally proposed:
>>> Emergency room physician
>>> Vascular surgeon
>>> ICU specialist
>>> Cardiologist
>>> Infectious disease Specialist
>>> Nursing Supervisor
>>> Hospital Administrator
>>> All should have the criteria that they have served on the executive committee of a hospital and participated in the inspection process.
>>> The evaluations should be random and unannounced
>>>
>>>
>>> Sent from my iPad
>>> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/25/2017 11:46:22 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Kushner email

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Sent from my iPad
Bruce Moskowitz M.D.

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>> The evaluations should be random and unannounced

>>

>>

>> Sent from my iPad

>> Bruce Moskowitz M.D.

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/25/2017 11:44:25 AM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: Kushner email

Bruce- how would we be able to get private sector comparisons?

Sent from my iPhone

> On Sep 25, 2017, at 6:52 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:
>
> The only format that I believe will accurately provide information to asses the individual VA Hospitals is a team that I originally proposed:
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> All should have the criteria that they have served on the executive committee of a hospital and participated in the inspection process.
> The evaluations should be random and unannounced
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/25/2017 10:52:38 AM
To: David Shulkin [secshulkin@gmail.com]
CC: IP [(b) (6) Frenchangel59.com]; L Perl [(b) (6) gmail.com]; mbs(b) (6) gmail.com
Subject: Kushner email

The only format that I believe will accurately provide information to asses the individual VA Hospitals is a team that I originally proposed:

Emergency room physician

Vascular surgeon

ICU specialist

Cardiologist

Infectious disease Specialist

Nursing Supervisor

Hospital Administrator

All should have the criteria that they have served on the executive committee of a hospital and participated in the inspection process.

The evaluations should be random and unannounced

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/23/2017 1:27:17 AM
To: Ike Perlmutter [(b) frenchangel59.com]

Ike- i saw you called earlier- i was tied up
All day - Im up till 11 am and then around from 8-10 am in the morning

Melania and I are traveling to Canada tomorrow at 10 am and then im around all Sunday

Shanah Tova

Sent from my iPhone

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/21/2017 6:01:47 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: prostate cancer

Yes, Ed sent you the analysis from what I gave him.

You speak twice. It is better to speak from slides for the retreat and use cards for the reception

On Sep 21, 2017 1:47 PM, "David Shulkin" <drshulkin@aol.com> wrote:

(b) (6) I think I had sent you some earlier thoughts on the prostate cancer foundation talk (20 minutes) such as we need to talk about how many patients we have with prostate cancer in the VA, etc. - I also think we need to talk about the work that PCF plans to do with us and having the speechwriters reach out again to Dr. Jonathon Simmons if they need to----- would be fine

But here are some additional slides with content that they may want to incorporate.

I don't know whether we think its best to use slides or not - either way this might be helpful.

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/21/2017 5:47:55 PM
To: (b) (6) gmail.com
Subject: prostate cancer
Attachments: prostatecancer.pptx

(b) (6) I think I had sent you some earlier thoughts on the prostate cancer foundation talk (20 minutes) such as we need to talk about how many patients we have with prostate cancer in the VA, etc. - I also think we need to talk about the work that PCF plans to do with us and having the speechwriters reach out again to Dr. Jonathon Simmons if they need to----- would be fine

But here are some additional slides with content that they may want to incorporate.

I don't know whether we think its best to use slides or not - either way this might be helpful.

VA Prostate Cancer

VA



U.S. Department
of Veterans Affairs

The VA National Precision Oncology Program

- Tumor tissue is molecularly profiled using standard panel
- Cancer treatment guided by results of the profile
- Molecular Oncology Consultation- 80 Genetic Counselors work with VA Clinicians to Determine Treatments
- New drugs made available through research partnerships
- NCI/VA partnership supports 5 research fellows at 6 sites, expanding to 12



U.S. Department
of Veterans Affairs

Extensive research, planning and development has occurred to clarify and prioritize VHA audience needs, key messages, and other strategic communications considerations.

The Segmented Audience Study & Analysis, which I will explain further on the next slide, together with two Veteran focus groups, has provided the foundation for strategic VHA Communications planning and the development of two separate communications plans (and supplemental materials).

The VHA Integrated Strategic Communications Plan provides a path to build a comprehensive infrastructure and functional capacity to execute the VHA Communications program. The VHA Brand Identity & Style Guide will provide the framework for all communications materials to be produced under the VHA brand.

The VHA Health & Healing Communications Plan was developed as a sub-strategy of the overarching communications plan, and seeks to deliver messages that encourage Veterans to be actively engaged in their own health, healing and health care. The plan places particular emphasis on messages regarding healthy living, disease prevention, and chronic disease management. This effort aims to reach Veterans at every stage of health and promote healthy behavioral choices. A Health & Healing Brand Identity & Style Guide is currently in development.



myVA

VA



U.S. Department
of Veterans Affairs

3

MVP and PMI Summary Objectives:

MVP participation
available to all
Veterans and DoD

State-of-the-art computational
environment

Data access leading to
scientific discoveries and
publications

Veterans

MVP
Participants

DoD

Survey
Responses

Genomic
Data

Medical
Records

VA
Investigators

Non-VA
Investigators

- Current enrollment 470,000 Veterans (500,000 by Summer)
- Enroll at least 1 Million by 2020
- Expand secure computational capacity to serve >1000 simultaneous VA and non-VA researchers by 2020
- Safe/secure, CLIA-compliant biorepository with back-up
- Establish mechanisms to return results responsibly to: Providers, EHR and Participants

myVA

VA



U.S. Department
of Veterans Affairs

4

IBM Watson Health



myVA

VA



U.S. Department
of Veterans Affairs

5

The VA National Precision Oncology Program

- Tumor tissue is molecularly profiled using standard panel
- Cancer treatment guided by results of the profile
- Molecular Oncology Consultation- 80 Genetic Counselors work with VA Clinicians to Determine Treatments
- New drugs made available through research partnerships
- NCI/VA partnership supports 5 research fellows at 6 sites, expanding to 12



U.S. Department
of Veterans Affairs

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Precision Medicine Initiative: NIH/DOD

NIH

- Collaboration with the NIH to enroll Veterans in the PMI Cohort Program (PMI-CP)
 - Draft interagency agreement (IAA) and proposal submitted to NIH on March 15, 2016
 - Goal to have signed IAA by end of June

DOD

- Development of IAA with DoD underway under the President's PMI:
 - Collaboration with DoD to enroll active duty members from Millennium Cohort Study into MVP beginning in FY16
 - Awaiting sign-off at DoD



U.S. Department of
Veterans Affairs

Partnership with DOE: MVP-CHAMPION

- Leverage DOE's computing capabilities and VA's genomic expertise to unlock to develop better ways to prevent, detect, treat, and cure disease
- VA and DOE sign Interagency Agreement (IAA) to establish governance throughout the 5 year relationship
- Pilot launch June 1, 2017
- Joint Program Named MVP Champion
- Requires \$3.5 Million OIT Funding FY16 to Launch
- Requires sustainment funding annually over lifetime



U.S. Department
of Veterans Affairs

8

VA Collaborations NCI and FDA

NCI

- Met with NCI SPORE (Specialized Programs of Research Excellence) to improve predictive models for progression of prostate cancer
- VA-DOE collaboration would work with NCI to take advantage of big data from VA EMR and genomics
- Goal: Develop improved risk model and prediction algorithm for cancer screening and predictions of progression of prostate cancer

FDA

- FDA "INFORMED" initiative launched in 2015 in Office of Hematology and Oncology Products
 - Standardize clinical trial data to support research and regulatory science
 - Integrate EHR data to reflect real world experience with approved drugs
- VHA and DOD medical and administrative records are highly valuable sources of evidence reflecting patient outcomes in the real world
- Initial FDA-VA discussion on pilot project in lung cancer or hematological malignancy



U.S. Department
of Veterans Affairs

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 9/25/2017 7:32:35 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: [EXTERNAL] Re: [Non-DoD Source] AMSUS Quarterly Policy and Strategy Forums Discussion

I always said I could deal with anything as long as I had you to support me- but I didn't have you and hence the consequence

Sent from my iPhone

On Sep 24, 2017, at 10:47 PM, David Shulkin <drshulkin@aol.com> wrote:

You've made a lasting impact and have your well deserved reputation

Look at tom price now

Sent from my iPad

On Sep 24, 2017, at 6:01 PM, Poonam Alaigh <[(b) (6)]<[redacted]@hotmail.com>> wrote:

You are not alone- a growing club that has already written me off and for whom I have already disappeared

Sent from my iPad

On Sep 24, 2017, at 5:57 PM, Alaigh, Poonam, M.D. <Poonam.Alaigh@va.gov> wrote:

Sent with Good (www.good.com)

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

From: [(b) (6)]<[redacted]>
Sent: Sunday, September 24, 2017 05:51 PM Eastern Standard Time
To: 'Bono, Raquel C VADM USN DHA (US)'; [(b) (6)]<[redacted]>
Cc: 'Smith, David J SES OSD OUSD P-R (US)'; Alaigh, Poonam, M.D.; 'Ediger, Mark A Lt Gen USAF AF-SG (US)'; 'West, Nadja Y LTG USARMY HQDA OTSG (US)'; Lapuz, Miguel H.; 'Thomas, Richard W (Tom) SES (US)'; [(b) (6)]<[redacted]>
'Faison, C Forrest (Forrest) VADM USN BUMED FCH VA (US)'; 'Chinn, Colin G RADM USN JS OCJCS (US)'; 'Adams, Jerome M VADM USPHS (US)'; [(b) (6)]<[redacted]> Clancy, Carolyn
Subject: RE: [EXTERNAL] Re: [Non-DoD Source] AMSUS Quarterly Policy and Strategy Forums Discussion

Adding Dr Carolyn Clancy , VHA acting USH to this string!

Thanks, [(b) (6)]<[redacted]>

Sent with Good (www.good.com)

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

From: Bono, Raquel C VADM USN DHA (US)

(b) (6) [\[REDACTED\]@mail.mil](mailto:[REDACTED]@mail.mil)

Sent: Sunday, September 24, 2017 05:27 PM Eastern Standard Time

To: (b) (6)

Cc: Smith, David J SES OSD OUSD P-R (US); Alaigh, Poonam, M.D.; (b) (6) Ediger, Mark A Lt Gen USAF AF-SG (US); West, Nadja Y LTG USARMY HQDA OTSG (US); Lapuz, Miguel H.; Thomas, Richard W (Tom) SES (US); Sylvia Trent-Adams; Faison, C Forrest (Forrest) VADM USN BUMED FCH VA (US); Chinn, Colin G RADM USN JS OCJCS (US); Adams, Jerome M VADM USPHS (US); (b) (6)

Subject: [EXTERNAL] Re: [Non-DoD Source] AMSUS Quarterly Policy and Strategy Forums Discussion

Mike,

Thank you for making these quarterly fora available. The topics and attendees have created some dynamic conversations. If you are looking for topics that have direct medical/health care relevance, I would suggest looking at the current state of value-based care and value-based purchasing. There are evolving efforts in both CMS and private health plans towards value-based care in the that are yielding a range of practices (capitation, bundling, IPU, waste management, etc) with similar ranges of savings and efficiencies. Some of these are taking significant hold (BCBS Massachusetts, to name one) and will likely influence our contracting for care and delivery of care in our MTFs.

A broader topic, but one that will have definite impact on the MHS is how DoD is being pressurized in other ways - e.g. SecDef's Reform and Rebuild initiatives (that include health care); or the reorganization of DCMO and the reform efforts they will undertake, to include health care management.

Finally, the recent DHITS and MHSRS symposia were well attended and provided a venue for exploring potential solution sets for emerging or anticipated challenges - i.e. interoperability of our medical devices, prolonged field care in austere environments. There may be some interest in bringing some of those topics for discussion with the EAB as they may have insight and influence on the solutions sets we pursue.

Thanks for asking.

Best,
Rocky

VADM Raquel Cruz Bono, MD, MBA, FACS
Director, Defense Health Agency
o/ (b) (6)

On Sep 22, 2017, at 2:52 PM, (b) (6)
(b) (6) <[amsus.org](mailto:(b) (6)@amsus.org)> wrote:

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Greetings Members of the EAC,

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(b) (6)

(b) (6)

MD, VADM USN (Ret)

AMSUS Executive Director

(b) (6)

Office: (b) (6) Cell: (b) (6)

(b) (6) [amsus.org](mailto:(b) (6)@amsus.org) < Caution-
[mailto:\(b\) \(6\)@amsus.org](mailto:(b) (6)@amsus.org) >

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 9/25/2017 7:31:04 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: [EXTERNAL] Re: [Non-DoD Source] AMSUS Quarterly Policy and Strategy Forums Discussion

Tom price did something- I didn't

Sent from my iPhone

On Sep 24, 2017, at 10:47 PM, David Shulkin <drshulkin@aol.com> wrote:

You've made a lasting impact and have your well deserved reputation

Look at tom price now

Sent from my iPad

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Sent from my iPad

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Sent with Good (www.good.com)

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From: [(b) (6)]
Sent: Sunday, September 24, 2017 05:51 PM Eastern Standard Time
To: 'Bono, Raquel C VADM USN DHA (US)'; [(b) (6)]
Cc: 'Smith, David J SES OSD OUSD P-R (US)'; Alaigh, Poonam, M.D.; 'Ediger, Mark A Lt Gen USAF AF-SG (US)'; 'West, Nadja Y LTG USARMY HQDA OTSG (US)'; Lapuz, Miguel H.; 'Thomas, Richard W (Tom) SES (US)'; [(b) (6)]
'Faison, C Forrest (Forrest) VADM USN BUMED FCH VA (US)'; 'Chinn, Colin G RADM USN JS OCJCS (US)'; 'Adams, Jerome M VADM USPHS (US)'; [(b) (6)] Clancy, Carolyn
Subject: RE: [EXTERNAL] Re: [Non-DoD Source] AMSUS Quarterly Policy and Strategy Forums Discussion

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Thanks, [(b) (6)]

Sent with Good (www.good.com)

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

From: Bono, Raquel C VADM USN DHA (US)

(b) (6) @mail.mil]

Sent: Sunday, September 24, 2017 05:27 PM Eastern Standard Time

To: (b) (6)

Cc: Smith, David J SES OSD OUSD P-R (US); Alaigh, Poonam, M.D.; (b) (6) Ediger, Mark A Lt Gen USAF AF-SG (US); West, Nadja Y LTG USARMY HQDA OTSG (US); Lapuz, Miguel H.; Thomas, Richard W (Tom) SES (US); Sylvia Trent-Adams; Faison, C Forrest (Forrest) VADM USN BUMED FCH VA (US); Chinn, Colin G RADM USN JS OCJCS (US); Adams, Jerome M VADM USPHS (US); (b) (6)

Subject: [EXTERNAL] Re: [Non-DoD Source] AMSUS Quarterly Policy and Strategy Forums Discussion

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Thanks for asking.

Best,

Rocky

VADM Raquel Cruz Bono, MD, MBA, FACS
Director, Defense Health Agency
o/ (b) (6)

On Sep 22, 2017, at 2:52 PM, (b) (6)
(b) (6) <[amsus.org](mailto:(b) (6)@amsus.org)> wrote:

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(b) (6)

(b) (6) MD, VADM USN (Ret)

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(b) (6)

Office: (b) (6) | Cell: (b) (6)

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[mailto:\(b\) \(6\)@amsus.org](mailto:(b) (6)@amsus.org) >

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/25/2017 2:47:53 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: [EXTERNAL] Re: [Non-DoD Source] AMSUS Quarterly Policy and Strategy Forums Discussion

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Sent: Sunday, September 24, 2017 05:51 PM Eastern Standard Time
To: 'Bono, Raquel C VADM USN DHA (US)'; [(b) (6)]<[REDACTED]>
Cc: 'Smith, David J SES OSD OUSD P-R (US)'; Alaigh, Poonam, M.D.; 'Ediger, Mark A Lt Gen USAF AF-SG (US)'; 'West, Nadja Y LTG USARMY HQDA OTSG (US)'; Lapuz, Miguel H.; 'Thomas, Richard W (Tom) SES (US)'; [(b) (6)]<[REDACTED]> 'Faison, C Forrest (Forrest) VADM USN BUMED FCH VA (US)'; 'Chinn, Colin G RADM USN JS OCJCS (US)'; 'Adams, Jerome M VADM USPHS (US)'; [(b) (6)]<[REDACTED]> Clancy, Carolyn
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(b) (6) [amsus.org](mailto:(b) (6)@amsus.org) < Caution-mailto:(b) (6)@amsus.org >

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From: Poonam Alaigh [(b) (6)]<[REDACTED]@gmail.com>
Sent: 9/24/2017 10:01:19 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: [EXTERNAL] Re: [Non-DoD Source] AMSUS Quarterly Policy and Strategy Forums Discussion

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(b) (6) [amsus.org](mailto:(b) (6)@amsus.org) <Caution-mailto:(b) (6)@amsus.org>

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/23/2017 2:18:38 AM
To: Ike Perlmutter [(b) frenchangel59.com]
Subject: US Digital Service

Ike- here is a link about two groups of private sector people the government brought in to help transform government

The US Digital Service now works closely with Jared (remember Haley- she headed it until she left)

https://www.washingtonpost.com/news/the-switch/wp/2014/08/11/white-house-launches-u-s-digital-service-with-healthcare-gov-fixer-at-the-helm/?utm_term=.ef80bcbfda38

The idea would be to use Jared's group to bring in 50 people from the private sector to fix VA- think about a VA Corps

IT, Human Resources, Procurement and logistics, Facilities, Finance, Capital Assets, Research, and General Operations

Sent from my iPad

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/22/2017 5:01:49 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: RFP Community Care

Ok first i am hearing about it as well

Sent from my iPhone

> On Sep 22, 2017, at 12:05 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> Baligh has all along committed to us awarding the contract first in Sept, then Oct and now Nov. He has been on this timeline all along, and today frantically calls me for the first time in a very long time that there is another delay and the timeline now is February and is blaming the contracting and legal folks for this. He will be presenting this to you on Tuesday- and is the first time he has escalated this issue, so we are missing the mark again, which has implications to our Choice spend as there will be no UM in place for 3/4th of the next fiscal year at least. This is a problem with not only missing deadlines repeatedly, but also downstream ramifications.

>

> He has never discussed anything related to community care with me for months and feels he is accountable to you directly and now that he is in a hole and he is coming to me.

>

> Regardless of his mismanagement and inability to deliver, you need to rescue this as a priority and get the team to dedicate all its resources to meeting our deadline, otherwise there is a domino negative impact on the entire Community Care program- wanted to give you a heads up. Maybe even get a discussion going today if you can.

>

> Sent from my iPad

Message

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Sent: 9/22/2017 4:05:04 PM
To: David shulkin [Drshulkin@aol.com]
Subject: RFP Community Care

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Sent from my iPad

Message

From: (b) (6) [(b) (6) hopeunseen.com]
Sent: 9/22/2017 5:22:58 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: (b) (6) and (b) (6)

Sounds great! Look forward to connecting

Sent from my iPhone

> On Sep 21, 2017, at 9:55 AM, David shulkin <Drshulkin@aol.com> wrote:

>

> Terrific- my office will reach out to you

>

> Sent from my iPhone

>

>> On Sep 21, 2017, at 11:23 AM, (b) (6) <(b) (6) hopeunseen.com> wrote:

>>

>> David,

>> (b) (6) and I will be attending the Veteran Care Summit next week. We will be at the luncheon on Wednesday September 27th, we look forward to hearing your remarks. We would love to connect either after the luncheon, or at VA HQ 's later if you have availability. We will be in DC 27th-29th.

>>

>> Thank you for all your tireless efforts, you are making a huge impact and unprecedented change. (b) (6) and his fellow Combat Veterans are beyond grateful for your direct action for change.

>>

>> We look forward to connecting.

>>

>> All our best,

>>

>> (b) (6) and (b) (6)

>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/21/2017 4:55:29 PM
To: (b) (6) (b) (6) hopeunseen.com]
Subject: Re: (b) (6) and (b) (6)

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/21/2017 4:54:50 PM
To: (b) (6) va.gov
Subject: Fwd: (b) (6) and (b) (6)

Does she mean the cohen network meeting? Not sure if we can grab a few minutes with them

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) hopeunseen.com>
Date: September 21, 2017 at 11:23:59 AM EDT
To: David shulkin <drshulkin@aol.com>
Subject: (b) (6) and (b) (6)

David,

(b) (6) and I will be attending the Veteran Care Summit next week. We will be at the luncheon on Wednesday September 27th, we look forward to hearing your remarks. We would love to connect either after the luncheon, or at VA HQ 's later if you have availability. We will be in DC 27th-29th.

Thank you for all your tireless efforts, you are making a huge impact and unprecedented change. (b) (6) and his fellow Combat Veterans are beyond grateful for your direct action for change.

We look forward to connecting.

All our best,

(b) (6) and (b) (6)

Message

From: (b) (6) [(b) (6)] hopeunseen.com]
Sent: 9/21/2017 3:23:59 PM
To: David shulkin [drshulkin@aol.com]
Subject: (b) (6) and (b) (6)

David,

(b) (6) and I will be attending the Veteran Care Summit next week. We will be at the luncheon on Wednesday September 27th, we look forward to hearing your remarks. We would love to connect either after the luncheon, or at VA HQ 's later if you have availability. We will be in DC 27th-29th.

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We look forward to connecting.

All our best,

(b) (6) and (b) (6)

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/21/2017 1:53:31 AM
To: Poonam Alaigh <(b) (6)@hotmail.com>
Subject: Re: Miguel

Yes i agree -thanks

Sent from my iPhone

> On Sep 20, 2017, at 9:41 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:
>
> work

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com
Sent: 9/21/2017 1:41:50 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Miguel

Had a 2.5 hour dinner with Miguel. He was completely devastated and shattered after the announcement and in a way felt betrayed by me since I never gave him a heads up. He was all set to stay with me and was 100% certain I was going to be in this role.

After a heart to heart, he finally opened up. Although Vivieca thinks we should replace him, I strongly believe that he should stay. He understands where we were heading with the different initiatives, your urgency to change/act and most importantly, he has your back. I was thinking about this all evening- and more than anything else, I need someone who is going to be loyal to you. It's not about an offensive strategy right now, its a defensive strategy with all the vulnerabilities you have thanks to the pin heads. He also doesn't take anything personally when you get upset at him. Anyone else including [(b) (6)] (who you cannot trust and knows that you are not fond of him) or another would not know your style, the dangerous players and likely not be trustworthy since not groomed by me. Given the ineffectiveness of Carolyn, you need Miguel and Steve to be loyal to you so that VHA doesn't become a liability. Most importantly, they have been groomed by me and understand the dynamics.

If you agree- I will work Steve the same way when he is back in town. We can discuss more, but I feel very strongly that Miguel is key to the continuity, stability and your protection.

Sent from my iPad

Message

From: (b) (6) [(b) (6)]gmail.com]
Sent: 9/24/2017 2:57:43 PM
To: David Shulkin [drshulkin@aol.com]
Subject: True?

<http://jezebel.com/conspiracy-prince-harry-meets-melania-makes-the-sign-1818693372>

Did you take it this way?

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/20/2017 8:19:06 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: VA and EHR New England Journal article

Yes she is excellent

Sent from my iPhone

> On Sep 20, 2017, at 3:49 PM, David Shulkin <secshulkin@gmail.com> wrote:

>

> Terry is now on board and i agree this is a necessary path

>

> I am drowning though and now thst Poonam is going its really tough

>

> I hope you think (b) (b) (6) can help as she is one of the few i trust to do this

>

> Sent from my iPhone

>

>> On Sep 18, 2017, at 9:07 AM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:

>>

>> The lead article today in our most respected journal called on the VA and the DOD to "be the model of innovations that promote the seamless flow of information for care delivery". I know the authors of the article and agree with them that this will not get done if the VA does not do more partnering with the academic centers.

>> Unless the VA is willing to put together a working group with myself and the 5 academic partners (along with Terry Fadem insure from the beginning, VA intellectual capital is protected) the VA will loose the opportunity.

>>

>> Sent from my iPad

>> Bruce Moskowitz M.D.

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/20/2017 7:49:48 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: VA and EHR New England Journal article

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> Sent from my iPad

> Bruce Moskowitz M.D.

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/18/2017 1:07:32 PM
To: David Shulkin [secshulkin@gmail.com]; IP [(b) (6) frenchangel59.com]; L Perl [(b) (6) gmail.com]; mbs(b) (6) gmail.com
Subject: VA and EHR New England Journal article

The lead article today in our most respected journal called on the VA and the DOD to "be the model of innovations that promote the seamless flow of information for care delivery". I know the authors of the article and agree with them that this will not get done if the VA does not do more partnering with the academic centers. Unless the VA is willing to put together a working group with myself and the 5 academic partners (along with Terry Fadem insure from the beginning, VA intellectual capital is protected) the VA will loose the opportunity.

Sent from my iPad
Bruce Moskowitz M.D.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/22/2017 11:43:19 AM
To: David Shulkin [drshulkin@aol.com]
BCC: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: CEO search

Knox - i hope all is well and I know these are busy times as you are preparing for your transition over the next few months. I know you have alot of things you want to do once we get some time

Sue told me you've got a number of internal candidates and that you asked her to reach out to me- as you know the timing isnt right for me but i do have a recommendation. My closest colleague, Dr Poonam Alaigh, may be interested and if so would be a perfect fit for leading your organization and in working with you on a successful transition. ive worked very closely with Poonam for over five years and she is an extraordinary leader who has vision, opEratioNal strength, and pAssion for excellence. She recently was the acting undersecretary for VA and did an outstanding job. You couldn't do better than her and she has my strongest recommendation possible. If you are serious about external candidates your team should meet her- Her direct email is [(b) (6)]<[REDACTED]@hotmail.com>

Let me know if i can help in any other way

Best Regards

David shulkin

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/21/2017 12:04:02 PM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Exit date

I want you to do everything by the books- its imperative to transition cleanly

Did you decide to delay your vacation- if so thats fine - if not my advice start using your vacation on the 6 th

Are you still planning on working virtually next week or are you planning now being in the office? Either way its fine but you had said virtual in our last conversation

Sent from my iPhone

> On Sep 21, 2017, at 4:34 AM, Poonam Alaigh <[(b) (6)]> wrote:

>
> And this?

>
> Sent from my iPhone

>
>> On Sep 20, 2017, at 9:29 PM, Poonam Alaigh <[(b) (6)]> wrote:

>>
>> I want my last day in the office to be October 5th with Carolyn taking over as of October 6th. I will then finish the pay period and work remotely the week of October 9th and use this as a transition week for the team. Starting October 16th I will have transitioned out of VACO. Does that work- if so, will send it to you on the va email and copy Vivieca so we are all on the same page.

>>
>> Sent from my iPad

Message

From: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Sent: 9/21/2017 8:34:32 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Exit date

And this?

Sent from my iPhone

> On Sep 20, 2017, at 9:29 PM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

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Sent from my iPad

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/19/2017 1:13:07 AM
To: (b) (6) [redacted]@hotmail.com]; (b) (6) [redacted] [redacted]@gmail.com]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: (b) (6) [redacted] <(b) (6) [redacted]@gmail.com>
Date: September 18, 2017 at 8:09:14 PM EDT
To: David Shulkin <drshulkin@aol.com>

<http://theweek.com/articles/724870/steven-mnuchin-window-into-most-corrupt-white-house-history>

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/19/2017 12:09:14 AM
To: David Shulkin [drshulkin@aol.com]

<http://theweek.com/articles/724870/steven-mnuchin-window-into-most-corrupt-white-house-history>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/21/2017 7:00:33 PM
To: (b) (6) (b) (6) va.gov]
Subject: Re: [EXTERNAL] Fwd: (b) (6) and (b) (6)

K -

Sent from my iPhone

On Sep 21, 2017, at 1:44 PM, (b) (6) (b) (6) R. <(b) (6) va.gov> wrote:

I think we can work something out, may not be on the 27th unless it's well into the afternoon, it is such a demanding day for you. However, I'll look at another day to connect with them after the talk .

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

From: David shulkin [Drshulkin@aol.com]
Sent: Thursday, September 21, 2017 12:55 PM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] Fwd: (b) (6) and (b) (6)

Does she mean the cohen network meeting? Not sure if we can grab a few minutes with them

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) hopeunseen.com>
Date: September 21, 2017 at 11:23:59 AM EDT
To: David shulkin <drshulkin@aol.com>
Subject: (b) (6) and (b) (6)

David,
(b) (6) and I will be attending the Veteran Care Summit next week. We will be at the luncheon on Wednesday September 27th, we look forward to hearing your remarks. We would love to connect either after the luncheon, or at VA HQ 's later if you have availability. We will be in DC 27th-29th.

Thank you for all your tireless efforts, you are making a huge impact and unprecedented change. (b) (6) and his fellow Combat Veterans are beyond grateful for your direct action for change.

We look forward to connecting.

All our best,

(b) (6) and (b) (6)

Message

From: (b) (6) (b) (6) [va.gov]
Sent: 9/21/2017 5:44:44 PM
To: 'David shulkin' [Drshulkin@aol.com]
Subject: RE: [EXTERNAL] Fwd: (b) (6) and (b) (6)

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

From: David shulkin [Drshulkin@aol.com]
Sent: Thursday, September 21, 2017 12:55 PM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] Fwd: (b) (6) and (b) (6)

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Sent from my iPhone

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Date: September 21, 2017 at 11:23:59 AM EDT
To: David shulkin <drshulkin@aol.com>
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We look forward to connecting.

All our best,

(b) (6) and (b) (6)

Message

From: (b) (6) [REDACTED] (b) (6) [REDACTED]@gmail.com]
Sent: 9/29/2017 8:28:33 PM
To: David Shulkin [drshulkin@aol.com]

These are the questions you will be asked on sunday by the Johnson and Johnson people. Make sure you look at them

60 minute interview time.

They want to discuss the partnership on veteran suicide prevention, which began back when President Trump and Sec. Shulkin asked J&J CEO and West Point grad Alex Gorsky to lead this public-private partnership and identify three major work streams:

1. Integrated marketing campaign (the Hanks PSA)
2. Clinical trial collaboration
3. Precision medicine efforts to identify through analytics those most at risk

Questions

- The VA has deemed suicide prevention its highest clinical priority, can you explain why suicide prevention is such an important issue to tackle?
- How is the VA working with public and private organizations to address the health issues that disproportionately affect Veterans and Service members?
- What is the significance of private and public partnerships when trying to address an issue of this magnitude?
- Why is the VA partnering with Johnson & Johnson on this initiative?
- What role do you believe stigma plays in deterring Veterans and Service members from seeking care for mental illness?
- How can greater awareness of this issue help encourage Veterans and Service members seek care for mental illness? How can encouraging treatment seeking ultimately reduce the rate of Veteran suicide?
- What can the community do to support Veterans and Service members?
- What does it mean to “Be There” for a veteran? How are ways the VA is fostering connectivity with veterans?
- How can someone reach out to a Veteran or Service member in their neighborhood, workplace or family?

- For those who feel they don't have a direct connection to a Veteran or Service member, how can they make a difference?
- What does "No Veteran Left Behind" mean? How can the community take this pledge?

Message

From: Jared Kushner [(b) (6)]
Sent: 9/18/2017 11:46:54 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: From David Shulkin

We entering a new phase!

Sent from my iPhone

On Sep 17, 2017, at 11:04 PM, David Shulkin <drshulkin@aol.com> wrote:

In case you did not see- the video clip is incredible

<http://m.jpost.com/middle-east/bahrain-king-denounces-arab-boycott-of-israel-says-countrymen-may-visit-505308>

Sent from my iPad

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/18/2017 3:03:55 AM
To: Jared Kushner (b) (6)
Subject: From David Shulkin

In case you did not see- the video clip is incredible

<http://m.jpost.com/middle-east/bahrain-king-denounces-arab-boycott-of-israel-says-countrymen-may-visit-505308>

Sent from my iPad

Message

From: Darin Selnick [(b) (6)]@gmail.com]
Sent: 9/17/2017 3:21:13 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: va-only-filling-half-of-its-medical-appointments-while-veterans-wait-for-weeks

Great choice

Darin

On Sun, Sep 17, 2017 at 8:10 AM, David shulkin <Drshulkin@aol.com> wrote:
Jen Lee is going to be working on this

Sent from my iPhone

On Sep 17, 2017, at 9:56 AM, Darin Selnick <[(b) (6)]@gmail.com> wrote:

great, it would be helpful if someone from VHA could brief me on it.

Thanks

Darin

On Sun, Sep 17, 2017 at 6:39 AM, David Shulkin <drshulkin@aol.com> wrote:
I've got a big project working to fill unused spots (and no shows)

Sent from my iPad

On Sep 17, 2017, at 8:53 AM, Darin Selnick [(b) (6)]@gmail.com> wrote:

I thought you would want to see this from the Washington Examiner.

<http://www.washingtonexaminer.com/va-only-filling-half-of-its-medical-appointments-while-veterans-wait-for-weeks/article/2634652>

Darin

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/17/2017 3:10:18 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: va-only-filling-half-of-its-medical-appointments-while-veterans-wait-for-weeks

Jen Lee is going to be working on this

Sent from my iPhone

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From: Darin Selnick (b) (6) [REDACTED]@gmail.com]
Sent: 9/17/2017 1:56:06 PM
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Darin

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/17/2017 1:39:22 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: va-only-filling-half-of-its-medical-appointments-while-veterans-wait-for-weeks

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Sent from my iPad

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Darin

Message

From: Darin Selnick (b) (6) [REDACTED]@gmail.com]
Sent: 9/17/2017 12:53:23 PM
To: David shulkin [Drshulkin@aol.com]
Subject: va-only-filling-half-of-its-medical-appointments-while-veterans-wait-for-weeks

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<http://www.washingtonexaminer.com/va-only-filling-half-of-its-medical-appointments-while-veterans-wait-for-weeks/article/2634652>

Darin

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/25/2017 4:28:25 PM
To: drshulkin@aol.com
Subject: Dog article

Full story, being printed by front office staff in NYC

<http://amp.usatoday.com/story/690684001/>

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/19/2017 11:03:33 AM
To: Carolyn Clancy [(b) (6)]@gmail.com
Subject: Re:

Ok lets catch up

Sent from my iPhone

> On Sep 19, 2017, at 5:43 AM, Carolyn Clancy <[(b) (6)]@gmail.com> wrote:
>
> Yes -- I was in Manchester testifying at the field hearing.
>
> Will be there today
>
>> On Sep 18, 2017, at 9:21 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Carolyn- i missed you at the senior leaders meeting today- is everything ok?
>>
>> David
>>
>> Sent from my iPhone

Message

From: Carolyn Clancy [(b) (6)]@gmail.com]
Sent: 9/19/2017 9:43:38 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Yes -- I was in Manchester testifying at the field hearing.

Will be there today

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>
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> David
>
> Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/19/2017 1:21:03 AM
To: Carolyn Clancy [(b) (6)]@gmail.com]

Carolyn- i missed you at the senior leaders meeting today- is everything ok?

David

Sent from my iPhone

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/16/2017 5:58:00 PM
To: (b) (6) gmail.com
Subject: zeetma slides
Attachments: zeetma.pptx

(b) (6) this is my slide deck for my talk on Tuesday. I need to have you or the speechwriters plug in slides from the senior leaders slide deck where I have put placeholders in the above attached document. Then we should be set.

Thanks

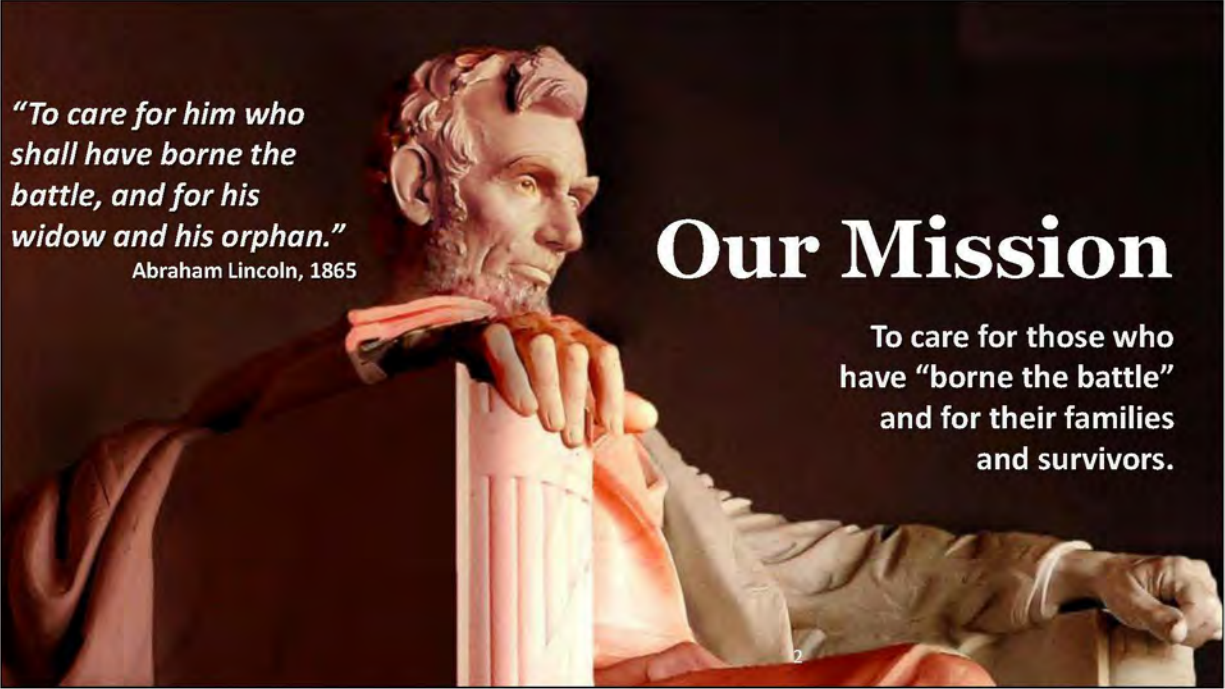


VA | U.S. Department
of Veterans Affairs

U.S. Department of Veterans Affairs

David J. Shulkin, MD
Secretary of Veterans Affairs

April 19, 2017



*"To care for him who
shall have borne the
battle, and for his
widow and his orphan."*

Abraham Lincoln, 1865

Our Mission

To care for those who
have "borne the battle"
and for their families
and survivors.

Largest Educator of Health Professionals

- Over 1,800 academic and institutional partners
- 120,000 healthcare workers trained each year:
 - ~ 60,000 medical students and residents
 - ~ 30,000 nursing students
 - ~ 30,000 students in other health fields
- An estimated 70% of all U.S. doctors have trained with VA.



VA Innovation



Barcoding of Medications



Nicotine Patches



First Liver Transplant



8 Lasker Awards



Cardiac Pacemaker



3 Nobel Prizes



Artificial Kidney



CT Scanner

Important Contributions to Society



My Board



36

VA  U.S. Department
of Veterans Affairs

'Final Salute' honors Holocaust survivor, Veteran



Learn Medicine on the Ski Slopes



8

VA

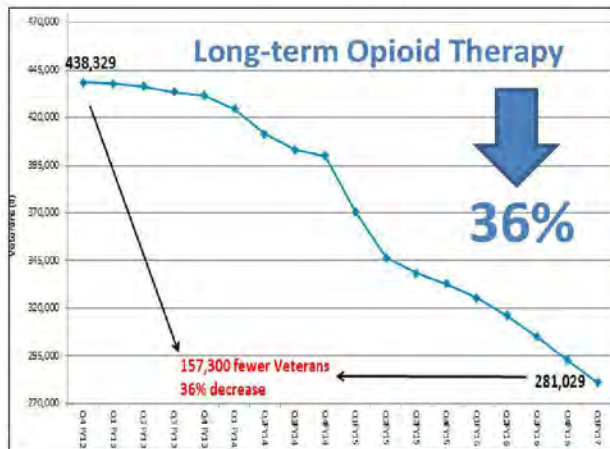


U.S. Department
of Veterans Affairs

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

Reduction in Opioid Use



Overall opioid use:

31%

Benzo co-prescribing:

56%

High dose:

44%

Annual drug screening: 86%

Decline in Veterans on long-term opioid therapy, 4Q FY 2012 to 1Q FY 2017. Overall opioid use down 31% in the same period.

Population-based Hepatitis C treatment



>100,000 Veterans treated

90% cure rate

2,500 treated each month

Poised to eliminate Hep C among Veterans

11

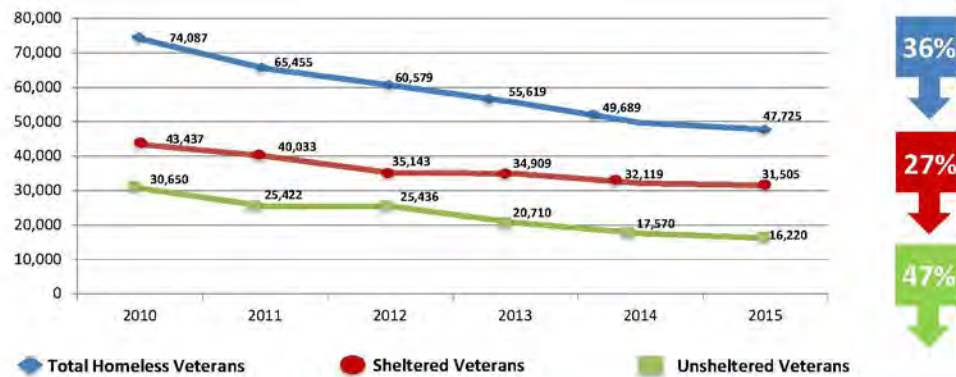
VA



U.S. Department
of Veterans Affairs

Decline in Veterans on long-term opioid therapy, 4Q FY 2012 to 1Q FY 2017. Overall opioid use down 31% in the same period.

Decline in Homelessness



Not the Best of Times

“VA is a vast dehumanized, embedded in mountains of red tape, ingrown with entrenched mediocrity, undemocratically operated under autocratic control centered in Washington DC, and rigidly resistant to proposed reforms”

- New York Magazine



The Current State of VA



VA: The Most Transparent Organization in Government

VA



U.S. Department
of Veterans Affairs

14

13 Risks

1. Access to Care
2. Paying Providers
3. Community Care
4. Quality of VA Care
5. Disability Claims & Appeals
6. Information Technology
7. Capital Assets
8. Construction
9. Accountability
10. Staffing
11. Bureaucracy
12. Fraud, Waste & Abuse
13. Veteran Suicides

VA



U.S. Department
of Veterans Affairs

15

The Secretary's 5 Priorities

1. Greater Choice for Veterans
2. Modernize our Systems
3. Focus Resources More Efficiently
4. Improve Timeliness of Services
5. Suicide Prevention



1. Greater Choice: Veteran CARE Program

Clinically based decisions on when and where Veterans receive care



VA



U.S. Department
of Veterans Affairs

17

Competition Slide

18

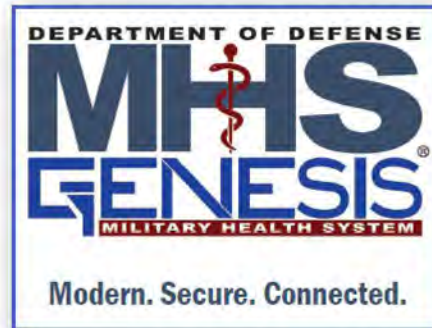
VA



U.S. Department
of Veterans Affairs

2. Modernize Our Systems

- EMR interoperability and IT modernization



VA



U.S. Department
of Veterans Affairs

19

Improving our Infrastructure Slide

Draft / Pre-decisional / For Internal VA Use Only

20

VA



U.S. Department
of Veterans Affairs

3. Improving Timeliness Same Day Services Slide

Draft / Pre-decisional / For Internal VA Use Only

21

VA



U.S. Department
of Veterans Affairs

Transparency of Access

Wait times at local facilities



What Veterans are saying about access



VA Telehealth



- **9 Million episodes of Telehealth**
- **717,000 Veterans using Telehealth**
- **336,000 Telemental health visits**
- **Over 5000 Tele-ICU patients**

VA



U.S. Department
of Veterans Affairs

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4. Focus our Resources



VA



U.S. Department of Veterans Affairs

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Transparency of Quality

25

VA



U.S. Department
of Veterans Affairs

VA Whistleblower and Accountability Act Slide

26

VA



U.S. Department
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Transparency of Accountability

Office of Accountability and Whistleblower Protection

← <http://www.va.gov/accountability>

VA



U.S. Department
of Veterans Affairs

RESOURCES

WHAT IS THE OFFICE OF ACCOUNTABILITY AND WHISTLEBLOWER PROTECTION

The Office Of Accountability and Whistleblower Protection (OAWP) is a created office within the Department of Veterans Affairs dedicated to the needs of Veterans across the United States.

OAWP provides investigative internal affairs services necessary to protect the benefits and cemetery needs for each and every veteran.

Headquartered in Washington DC, the office has satellite resources in additional VA facilities across the United States.

REPORTS

- Adverse Actions Report - 7/3/2017

VHA VISN: 22	Housekeeping Aide	Removal	05/17/2017
VHA VISN: 22	Physician	Suspension > 14 Days	02/01/2017
VHA VISN: 22	Medical Supply Technician	Suspension > 14 Days	01/22/2017
VHA VISN: 22	Health Technician	Suspension > 14 Days	02/19/2017
VHA VISN: 22	Secretary	Removal	04/10/2017
VHA VISN: 22	IT Specialist	Removal	05/12/2017
VHA VISN: 22	Senior Leader	Removal	05/06/2017
VHA VISN: 22	Physician	Removal	05/05/2017
VHA VISN: 23	LPN	Suspension > 14 Days	06/23/2017
VHA VISN: 23	Physician	Removal	02/10/2017
VHA VISN: 23	Certified Nursing Assistant	Removal	07/05/2017
VHA VISN: 23	Health Technician	Suspension > 14 Days	02/24/2017
VHA VISN: 23	Senior Leader	Demotion	06/19/2017

VA



U.S. Department
of Veterans Affairs

27

Caregiver Moonshot Slide

Draft / Pre-decisional / For Internal VA Use Only

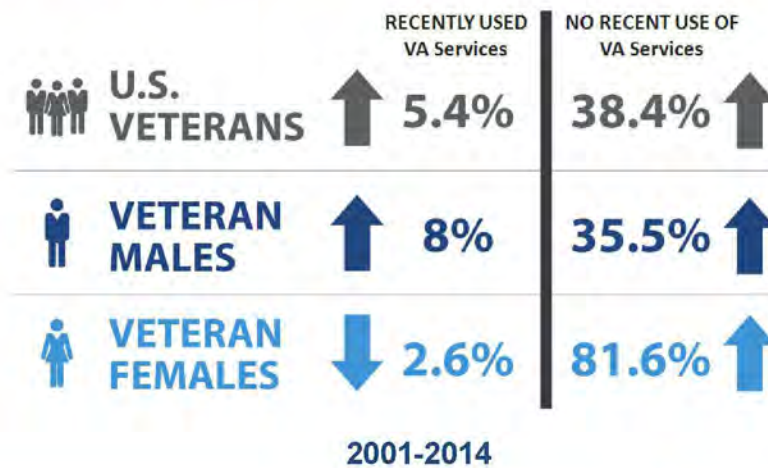
28

VA



U.S. Department
of Veterans Affairs

Impact of VA Care on Suicide Rates



**First
100 Days**

REACH VET Predictive Modeling



VA



U.S. Department
of Veterans Affairs

30

**First
100 Days**

Veterans Crisis Line

**Blocked calls down from
over 30% in January to
less than 1% today**



VA

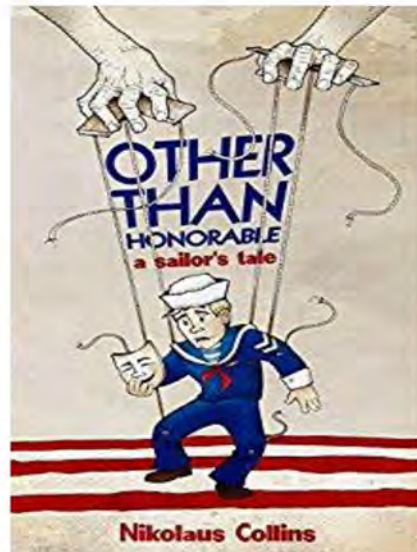


U.S. Department
of Veterans Affairs

31

First
100 Days

Other Than Honorable



VA



U.S. Department
of Veterans Affairs

32

Suicide Prevention



33

VA



U.S. Department
of Veterans Affairs

The video will play as soon as you cue the next slide.

Thank You



Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/16/2017 9:27:16 PM
To: (b) (6) gmail.com
Subject: able award comments to print out
Attachments: PVAableawards.docx

(b) (6) thank you for the kind introduction

Everyone- thank you for that warm welcome
Governor McAuliffe- thank you for your support of Veterans, PVA, and Mission Able.

I used to thin that being Governor would be a cush job- but after watching Terry he has taken it to a new level- including jumping our of airplanes and even doing some matchmaking on the side- I think he is a very special person

I want to recognize (b) (6) the new National President of PVA

(b) (6) –Thank you for your ongoing service to Veterans. (b) (6) is an Air Force Combat Veteran of Desert Storm. (b) (6) the combat experience should come in Handy in working with (b) (6)

To (b) (6) and the entire leadership team and their staff – thank you for fighting hard every day.

Nobody is tougher and more Tenacious than (b) (6) (b) (6) is that guy who is in the crowd and everyone sees something that is wrong but no one wants to say something. Well (b) (6) raises his hand and speaks out. (b) (6) than you for your courage and your passion to do what is right.

Earlier Today I was with the leaders of VA facilities from all around the country and I had a chance to address them. I started by reading them a description of VA from the Press. Somedays its just hard to pick up a newspaper or turn on the TV the press is so brutal. What I read was one of those days.

It said “The VA is a vast dehumanized beaurcrazy, embedded in mountains of red

tape, ingrown with entrenched mediocrity, undemocratically operated under autocratic control centered in Washington DC, and rigidly resistant to proposed reforms”- This was written in 1940

But it shows that the problems that we face in VA are not new and many have been entrenched for decades.

Tackling these problems that have been kicked down the road is exactly what we are doing in this administration.

A few weeks ago, President Trump signed legislation modernizing VA’s appeals processes – bringing them into the 21st century. It thoroughly overhauls and modernizes our claims appeals and (b) (6) was right there in Reno to sign this with the President. The law

had last been updated in the 1930s. Without PVA's contributions at the very beginning, veterans wouldn't have this legislation.

We also counted on PVA's support to get accountability legislation that we have needed for decades. We now have the ability to fire people that have lost the right to the privilege to serve veterans.

It was PVA's feedback and input that helped me establish our priorities for fixing VA. One of these priorities is to focus our resources on those services that are critical to veterans- such as spinal cord injury or treatment of PTS.

We're moving tens of millions of dollars into these services. We're divesting of vacant and underutilized buildings to reinvest in facilities that veterans use.

The President signed a new GI Bill with expanded benefits and PVA was there to support this.

We've authorized mental health care to those veterans with OTH discharges address the veteran suicide rate. We've begun to remove unnecessary regulations to help us build facilities faster and cheaper and we have reduced regulations that have been barriers to needed technology like telehealth. We've reduced opioid use among veterans by 25%, we've reduce veteran homelessness by cllost to 50%, and we're made dramatic progress in curing hepatitis C from veterans using VA

Our most important job this fall will be to get our CHOICE legislation fixed. I know PVA shares our goal to get veterans care in a less complex and streamlined way. Our current system is driven by administrative rules and far too

confusing so we are going to dramatically change how veterans access care. Its called CARE- coordinated Access and Rewarding experiences.

And so while there remains so much to do, lets not forget that there is so much that goes on in VA that is incredible. If you have never been to the Wheelchair games you are missing something. Now in their 37th year these games are changing the lives of hundreds of veterans- and PVA of course is one of the key supporters.

PVA also providers scholarships to VA clinicians to attend essential continuing medical education events and they bring their experts to our 24 spinal cord injury centers to help us get better and stronger.

VA's research is bringing new prosthetics to the market, that is finding new ways to help people with spinal cord injury function- like our Braingate work- and our partnerships that gave veterans the exoskeleton so they could walk again.

But If we are truly going to fix VA- and we are- we're going to need strong partners like PVA. VA couldn't have a better partner than PVA - so (b) (6) and (b) (6) thank you for your leadership and thank you all again for your time and support.

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/21/2017 7:15:41 PM
To: (b) (6) gmail.com
Subject: telehealth slides for a start
Attachments: telehealthpresentation.pptx

VA



U.S. Department
of Veterans Affairs

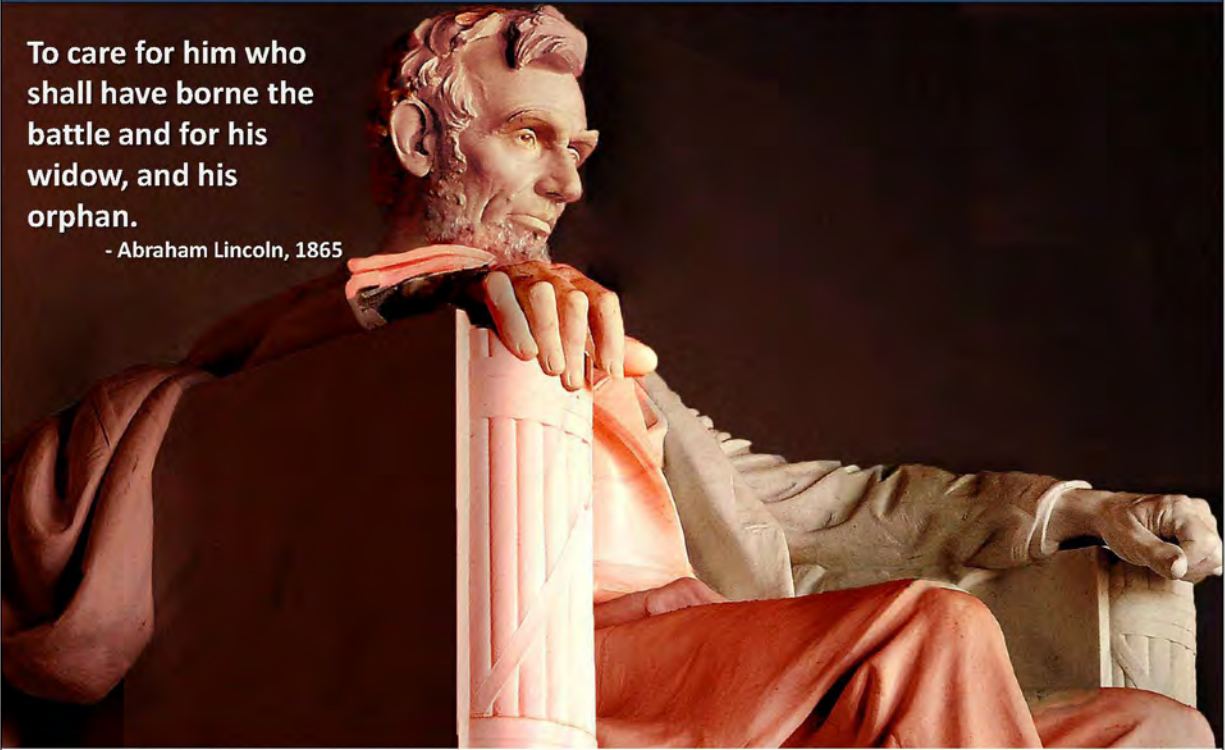
Presentation at American Telemedicine Association

David Shulkin, MD
Secretary
Veterans Health Administration

Fulfilling our Mission

To care for him who
shall have borne the
battle and for his
widow, and his
orphan.

- Abraham Lincoln, 1865



Fulfilling Our Mission

Clinical Care

Benefits and Services

Cemeteries and Legacy

Education

Research

Emergency Preparedness

Telehealth's Role in Delivering on Our Mission



[DateTime]

Working Draft, Information Only, Decision
Making-No Funding Impact

4



U.S. Department
of Veterans Affairs

Connected Care

Telemedicine
Telehealth
Virtual Care
mHealth (mobile)
Patient Portals
eHealth
Digital Health

Largest Educator of Health Professionals

- Over 1,800 academic and institutional partners
- 120,000 healthcare workers trained each year:
 - ~ 60,000 medical students and residents
 - ~ 30,000 nursing students
 - ~ 30,000 students in other health fields
- An estimated 70% of all U.S. doctors have trained with VA.



Emergency Preparedness and Telehealth - Florida Keys

Not the Best of Times

“VA is a vast dehumanized, embedded in mountains of red tape, ingrown with entrenched mediocrity, undemocratically operated under autocratic control centered in Washington DC, and rigidly resistant to proposed reforms”

- New York Magazine

The Current State of VA



Using Telehealth to Address Our Biggest Vulnerabilities

13 Risks

1. Access to Care
2. Paying Providers
3. Community Care
4. Quality of VA Care
5. Disability Claims & Appeals
6. Information Technology
7. Capital Assets
8. Construction
9. Accountability
10. Staffing
11. Bureaucracy
12. Fraud, Waste & Abuse
13. Veteran Suicides

VA will be the Most Transparent Organization in Government



The Secretary's 5 Priorities



Greater Choice



Modernize Systems



Focus Resources



Improve Timeliness



Suicide Prevention

12

Best Practices Everywhere (Get Picture of Book Cover)

13

1. Greater Choice

COMPETITION



Quality and Service Will Drive Choice



VA Telehealth Services

2.14 Million Episodes to 677,000 Veterans (12%)



Home Telehealth
156,000 Veterans



Video Telehealth
282,000 Veterans



Store & Forward
298,000 Veterans

45% of our Telehealth Services are for Rural Veterans

336,000 Telemental health visits

15

Clinical Video Telehealth (CVT) – Real-time video consultation that covers over 45 clinical specialties including:

TeleIntensive Care, TeleMental Health, TeleCardiology, TeleNeurology, TeleSurgery, Women's Telehealth, Tele-Primary Care, TeleSCI/D, TeleAmputation, TeleAudiology, TeleSpeech, Remote Nursing Home Consultation, TelePathology, etc.

Home Telehealth (HT) – Care and case management of chronic conditions and provision of non-institutional care support to patients. Uses in-home and mobile technologies to manage diabetes, chronic heart failure, hypertension, obesity, traumatic brain injury, depression, etc.

Store-and-Forward Telehealth (SFT) – TeleRetinal Imaging, TeleDermatology, TeleWound Care, TeleSpirometry, Tele-Sleep Studies

VA Telehealth



- Healthcare Anywhere to Anywhere
- 11 Tele-mental Health Hubs
- Teleprimary Care
- 50 Specialty Programs

17

Video Connect — Mobile to Mobile



Text Messaging



Annie – a mobile messaging system that promotes self-care for Veterans. Annie sends regular, automated text message reminders to Veterans to help them track health information their VA care teams have requested. Annie can also send Veterans reminders and messages from their local VA facility.

Learn More:

<https://www.youtube.com/watch?v=zkekNr6DeQY&feature=youtu.be>

2. Modernize Our Systems

- EMR interoperability and IT modernization



Improving Our Infrastructure Putting Money into Telehealth



VA pledges action on 1,200 vacant, underused buildings

BY ELLEN BRICKELL - @BRICKELLPRESS

12 COMMENTS

113 SHARES

Facebook

Twitter

LinkedIn

Reddit

Just In...

Nikki Haley shows blinders may finally be off on U.S.-Iran policy

CONGRESSIONAL POLICY - JUL 18, 2018

Kiev's ObamaCare insurers 'have to make a profit like anyone else'

HEALTH CARE - JUL 17, 2018

Extending rules that protect competition and startups

CONGRESSIONAL POLICY - JUL 18, 2018

Trump to hold fourth Cabinet meeting Saturday during Irma landfall

ADMINISTRATION - JUL 18, 2018



Veterans Affairs Secretary David Shulkin pledged on Tuesday that the department will demolish, hand off or properly assess more than 1,200 vacant or underused VA buildings within two years.

The Wall Street Journal - Official Site. \$1 for 2 Months Labor Day Sale. Offer Ends Soon. View Membership Options.

Start July 2017



Tele-ICU Hubs

VHA Tele-ICU Fact Sheet

VISN 10 Tele-ICU program (Cincinnati)
Connects to other facilities Intensive Care Units



VISN 23 Tele-ICU Program (Minneapolis)
Connects to other Facilities' Intensive Care Units



22

Tele-ICU is the delivery of Critical Care Services across a geographic distance through the use of electronic interfaces and videoconferencing

A typical Tele-ICU workstation has connections into each facility's electronic medical record (CPRS/VistA), lab reports, radiology viewing system (to pull diagnostic images), and the real-time vital signs waveforms from the patient monitors. A high-resolution camera installed over the patient's bed can be controlled in the Tele-ICU to allow close-up examination of the patient or equipment in the room.

Video from the Tele-ICU is NEVER recorded.

Tele-ICU does not replace the bedside team, but augments care with instantaneously available experienced critical care practitioners and proactive rounding to identify patients at risk of complications.

Tele-ICU is staffed by experienced, credentialed ICU nurses and intensivist physicians with subspecialty training in critical care medicine.

In many critical access, rural facilities intensivist physicians were not available to ICU patients prior to Tele-ICU.

In 2017, Tele-ICU will be expanding to:

- Kansas City
- Columbia, MO
- White River Junction, VT
- Fort Wayne, IN
- Wilmington, DE
- Muskogee, OK
- Mountain Home, TN
- Maine VA Health Care System

Nellis Air Force Base (DoD JIF Funding)
Langley Air Force Base (DoD JIF Funding)
Keesler Air Force Base (DoD JIF Funding)
Wright Patterson Air Force Base (DoD JIF Funding)
Elmendorf Air Force Base (DoD JIF Funding)



U.S. Department
of Veterans Affairs

VA Mobile

Your **Life**
Your **Health**
Your **Schedule**

**Veteran Appointment
Request App**



Veteran's Portal- MyHealtheVet



My HealtheVet Statistics
Registrants: 3.6 million

Secure Messaging users: 1.7 million

Rx Refill Requests: 81 million

VA Blue Button Downloads: 1.4 Million

Change in Appointment Viewers from December 2014 to December 2015: 32% Increase

*Statistics as of March 2016

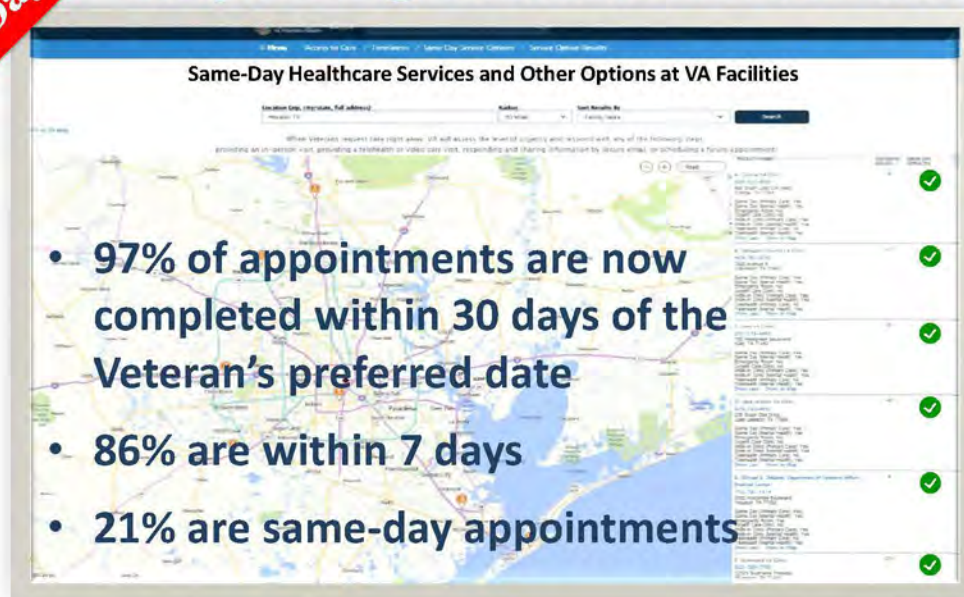
24

3. Timeliness



**First
100 Days**

Improving Timeliness of Services



**First
100 Days**

Transparency of Access

Wait times at local facilities



What Veterans are saying about access





Self-Service Healthcare Kiosks: Embedding primary care in rural communities



Improving Veteran access to primary care providers by embedding healthcare stations within rural communities, e.g. post offices, VSOs, etc.



Top Sources of Value

 Veteran Value	• Make primary and outpatient care more accessible to Veterans in rural and highly rural areas by reducing travel time and related expenses • Reduce travel and related expenses by delivering care closer to home for Veterans living in rural areas • Improved continuity of care for Veterans by giving them a mechanism to receive care from VA providers versus community-based providers
 Clinical Value	• Easier access to care will lead to more visits and better outcomes with chronic disease management • Better outpatient care will reduce hospital readmissions and reduce inappropriate utilization of the ER by making primary care more accessible

Innovation Coordinator: Kristopher Teague | Lead Innovator: Matthew Rogers | Location: Four sites within VISN 20

TeleRadiology Program (TRP)

Host Facility: VA Palo Alto Health Care System

Provides remote diagnostic radiology interpretations, with final reports uploaded directly into the patient electronic health record



- Serves 88 VA facilities across all VA service networks
- Operates from multiple reading centers to ensure 24/7 operation

4. Focus our Resources



30

Telehealth- Clinical Genomics

Hub in Salt Lake City:

- Centralized Genomic Medicine and Counseling service started in 2012
- Reaches areas of the country where genetic services are generally unavailable
- Provides direct patient counseling and support to local clinicians
- Care delivered through CBOCs as well as VAMCs to reach Veterans in their communities

Now reaches 80 VAMCs



Mobile Distance Hearing Aid Fitting App

A distance hearing aid fitting application that runs on a smartphone and allows audiologists to perform hearing aid adjustments remotely on hearing aids.





Remote Veteran Apnea Management Portal (REVAMP) – designed to improve access to care for Veterans with obstructive sleep apnea by allowing them to be evaluated without traveling to a VA sleep center by connecting a patients continuous positive airway pressure (CPAP) modem to a web portal

CAREGIVER

MOON SHOT



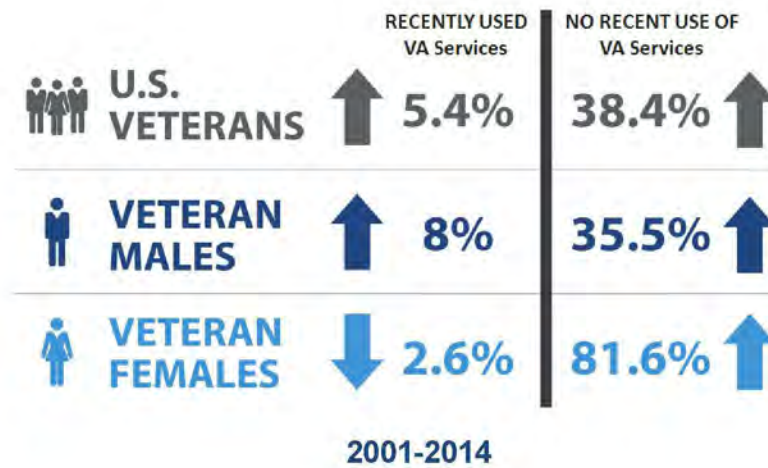
We care for those who served for us.

Lifeline HOME CARE
Corporate Headquarters
P.O. Box 429
Somerset, KY 40507
1-844-LIFELINE (1-844-543-7546)
www.veteranshomecare.com

Lifeline HOME CARE
Veterans Homecare Services

ACCREDITED
HOMECARE
BBB Rating: A+

5. Preventing Veteran Suicides



35

Tom Hanks PSA Here

36

Thank You



Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/17/2017 12:11:48 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Article

<https://www.vanityfair.com/news/2017/09/jared-kushner-data-operation-russia-facebook>

Camilo ran data operations for the campaign

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/16/2017 3:42:32 PM
To: (b) (6) (b) (6) @gmail.com]
Subject: Fwd: Article

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: September 16, 2017 at 11:36:03 AM EDT
To: David Shulkin <drshulkin@aol.com>
Subject: Article

<http://www.politico.com/story/2017/09/15/kelly-looks-at-shaking-up-white-house-political-operation-242788>

Background as you read:

Office of political affairs is the office that sends us requests for you to host these listening sessions

Office of the public liaison, is where (b) (6) is out of.

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/16/2017 3:36:03 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Article

<http://www.politico.com/story/2017/09/15/kelly-looks-at-shaking-up-white-house-political-operation-242788>

Background as you read:

Office of political affairs is the office that sends us requests for you to host these listening sessions

Office of the public liaison, is where (b) (6) is out of.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/21/2017 11:59:24 AM
To: Poonam Alaigh [(b) (6)]<[REDACTED]@hotmail.com>
Subject: Re: Veterans Day

I know

Sent from my iPhone

> On Sep 21, 2017, at 6:21 AM, Poonam Alaigh <[(b) (6)]@hotmail.com> wrote:

>

> It's a bad day again today- just realizing I am going to miss Veterans Day celebrations and so much-
feeling down

>

> Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]@hotmail.com]
Sent: 9/21/2017 10:21:10 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Veterans Day

It's a bad day again today- just realizing I am going to miss Veterans Day celebrations and so much-
feeling down

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/24/2017 3:25:43 PM
To: Vivieca Simpson [(b) (6)]@gmail.com]

Vivieca- the security detail issues continues to be unresolved- i dont know if you want to handle- if you want me to meet with Don and Kevin or if you want to pull in Tom bowman

There are two issues now

1) Tim has now capped out till January on his hours and 3-4 others will soon do the same. This has never happened before but since we have been down jerry Brown, joe B, mark, and schmidy retired this has occurred.

This is directly impacting on my protection- i no longer have a chase car with me and when you look at what happened to Steve Scalise its clear they needed two agents.

Since noone is doing anything i have to intervene

I had suggested that mark come and help the deputy

Until we figure this out i am recommending that we pull the advance from the deputy - which will free up agents time

I would also like to see if it is within our authority to approve an authorized absence on Monday for the agents that are not traveling with me or the deputy to acknowledge the hard work they have been doing- if thats not within our authority then lets not do it.

Thanks

Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/14/2017 6:00:41 PM
To: Bruce Moskowitz [brucemd (b) (6) mac.com]
Subject: Re: (b) (6) buffalo

ok thanks

Sent from my iPhone

> On Sep 13, 2017, at 5:00 PM, Bruce Moskowitz <brucemd (b) (6) mac.com> wrote:
>
> He is head of board Jacobs institute worth a visit while there to see how that handle acute stroke and
MI
>
> <(b) (6) vcf>
>
>
>
>
> Sent from my iPhone

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/13/2017 9:00:06 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: (b) (6) buffalo
Attachments: (b) (6) vcf; Untitled attachment 87345.txt

He is head of board Jacobs institute worth a visit while there to see how that handle acute stroke and MI

Contact

Full Name: (b) (6)

Last Name: (b) (6)

First Name: (b) (6)

E-mail: (b) (6)@immco.com

Sent from my iPhone

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/13/2017 8:53:11 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: (b) (6) buffalo
Attachments: (b) (6) vcf; Untitled attachment 87351.txt

Contact

Full Name: (b) (6)

Last Name: (b) (6)

First Name: (b) (6)

E-mail: (b) (6)@jacobsinstitute.com

Sent from my iPhone

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/16/2017 7:31:11 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Cleveland

:-) ok got it.

I really hope you go and develop even better relationships with the committee. Such a great opportunity for you and va.

On Sat, Sep 16, 2017 at 3:19 PM (b) (6) (b) (6) gmail.com> wrote:

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

From: David Shulkin <drshulkin@aol.com>
Date: Sat, Sep 16, 2017 at 3:18 PM
Subject: Cleveland
To: (b) (6) gmail.com>

No its not a request for more peach pie- but rather I want to get on top of my presentations- particularly if I go on the CodeI

This is the framework for the Cleveland Clinic Presentation- I need to fill in the slides that are space holders attached

We need a picture of Best Care Everywhere book and we need a better picture of the HIC and then find the other slides from past presentations that you have.

Thanks

--

Sent from Gmail Mobile

--

Sent from Gmail Mobile

--

Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/16/2017 7:18:50 PM
To: (b) (6) gmail.com
Subject: Cleveland
Attachments: clevelandinnovation.pptx

No its not a request for more peach pie- but rather I want to get on top of my presentations- particularly if I go on the Codel

This is the framework for the Cleveland Clinic Presentation- I need to fill in the slides that are space holders attached

We need a picture of Best Care Everywhere book and we need a better picture of the HIC and then find the other slides from past presentations that you have.

Thanks

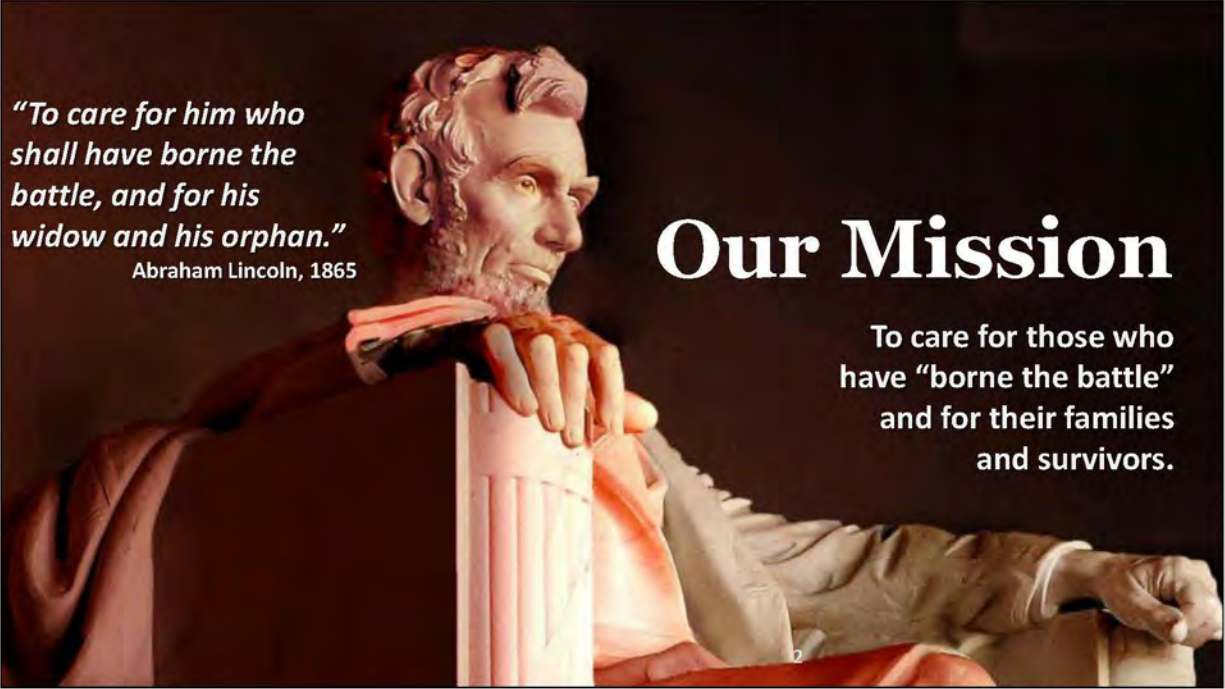


VA | U.S. Department
of Veterans Affairs

U.S. Department of Veterans Affairs Innovations Summit

David J. Shulkin, MD
Secretary of Veterans Affairs

April 19, 2017



*"To care for him who
shall have borne the
battle, and for his
widow and his orphan."*

Abraham Lincoln, 1865

Our Mission

To care for those who
have "borne the battle"
and for their families
and survivors.

Watching the Mission in Action

'Final Salute' honors Holocaust survivor, Veteran



3

Marines stand at attention as the medical transport plane at Dover Air Force Base, Delaware, is loaded with the remains of a fallen Marine. The plane is being loaded with the remains of a fallen Marine. The plane is being loaded with the remains of a fallen Marine.



U.S. Department
of Veterans Affairs

Learning About VA On the Ski Slopes



4

VA Innovation



Barcoding of Medications



Nicotine Patches



First Liver Transplant



8 Lasker Awards



Cardiac Pacemaker



3 Nobel Prizes



Artificial Kidney



CT Scanner

Important Contributions to Society



My Board



36

VA  U.S. Department
of Veterans Affairs

Not the Best of Times

“VA is a vast dehumanized, embedded in mountains of red tape, ingrown with entrenched mediocrity, undemocratically operated under autocratic control centered in Washington DC, and rigidly resistant to proposed reforms”

- New York Magazine



The Current State of VA



VA: The Most Transparent Organization in Government

VA



U.S. Department
of Veterans Affairs

9

13 Risks

1. Access to Care
2. Paying Providers
3. Community Care
4. Quality of VA Care
5. Disability Claims & Appeals
6. Information Technology
7. Capital Assets
8. Construction
9. Accountability
10. Staffing
11. Bureaucracy
12. Fraud, Waste & Abuse
13. Veteran Suicides

VA



U.S. Department
of Veterans Affairs

10

The Secretary's 5 Priorities for Innovation

1. Greater Choice for Veterans
2. Modernize our Systems
3. Focus Resources More Efficiently
4. Improve Timeliness of Services
5. Suicide Prevention



Best Practices Everywhere (Get Picture of Book Cover)



1. Greater Choice (Put Competition Slide Here)

13

VA



U.S. Department
of Veterans Affairs

Transparency of Quality

14

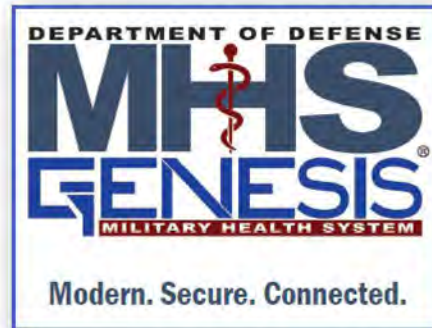
VA



U.S. Department
of Veterans Affairs

2. Modernize Our Systems

- EMR interoperability and IT modernization



VA



U.S. Department
of Veterans Affairs

15

Robotics



Draft / Pre-decisional / For Internal VA Use Only

16

VA



U.S. Department
of Veterans Affairs

Whole Health Model of Care

Draft / Pre-decisional / For Internal VA Use Only

17

VA



U.S. Department
of Veterans Affairs

3. Improving Timeliness Same Day Services Slide

Draft / Pre-decisional / For Internal VA Use Only

18

VA



U.S. Department
of Veterans Affairs

Transparency of Access

Wait times at local facilities



What Veterans are saying about access



VA Telehealth



- **9 Million episodes of Telehealth**
- **717,000 Veterans using Telehealth**
- **336,000 Telemental health visits**
- **Over 5000 Tele-ICU patients**

VA



U.S. Department
of Veterans Affairs

20

4. Focus our Resources



VA



U.S. Department of Veterans Affairs

21

Get Professional Photo of the Healthcare Operations Center

22

VA



U.S. Department
of Veterans Affairs

Precision Medicine and MVP

23

VA



U.S. Department
of Veterans Affairs

Caregiver Moonshot Slide

Draft / Pre-decisional / For Internal VA Use Only

24

VA



U.S. Department
of Veterans Affairs

5. Suicide Prevention



25

VA U.S. Department of Veterans Affairs

The video will play as soon as you cue the next slide.

Tom Hanks PSA Here

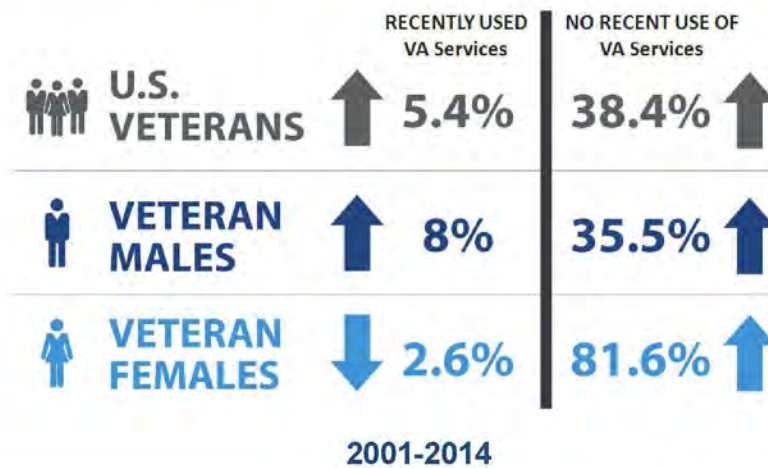
26

VA



U.S. Department
of Veterans Affairs

Impact of VA Care on Suicide Rates



VA



U.S. Department
of Veterans Affairs

27

**First
100 Days**

REACH VET Predictive Modeling



VA



U.S. Department
of Veterans Affairs

28

Thank You



Message

From: Ecard from AmericanGreetings.com [ecards@americangreetings.com]
Sent: 9/22/2017 4:30:40 AM
To: secshulkin@gmail.com
Subject: Reminder: Your ecard from Laura is waiting for you at AmericanGreetings.com

We noticed that you haven't picked up your greeting that Laura ((b) (6))@gmail.com) sent to you on 09/17/2017.

To view your ecard, click on the link below:
https://www.americangreetings.com/ecards/view/rf04646b4f29b4db582a8f4a7b2f9cae5?source=ag994&utm_medium=internal_email&utm_source=pickup&utm_campaign=rmdreceiver4

For your security, if you'd prefer not to click on links within this email:

1. Type: <https://www.americangreetings.com/ecards/findit?source=ag994&email=secshulkin@gmail.com> into your web browser
2. Enter your email address and the following code: f04646b4

Please do not reply to this email. To help resolve your issue or question, go to:
https://www.americangreetings.com/help/index.pd?source=ag994&utm_medium=internal_email&utm_source=pickup&utm_campaign=rmdreceiver4
We have an extensive help center that may answer your questions, or you can choose to email us from there.

To read about email protection, type <https://www.americangreetings.com/emailprotection> into your web browser.

UNSUBSCRIBE INSTRUCTIONS

If you prefer not to receive ecard pick-up reminder emails, simply click below to unsubscribe:
https://www.americangreetings.com/unsubscribe.pd?email=secshulkin@gmail.com&type=pickupreminder&utm_medium=internal_email&utm_source=pickup&utm_campaign=rmdreceiver4

Thank you!
Your friends at AmericanGreetings.com

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/9/2017 3:36:09 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Press Club Talk

Sure, will have this scheduled this for 10/16.

On Oct 9, 2017 11:27 AM, "David Shulkin" <drshulkin@aol.com> wrote:

(b) (6) I want to try to work up a policy talk on benefits reform for the national press club address on November 6th
I am attaching some initial slides.

Were going to have to meet with both VBA and the speechwriters to get this where we need it to be.

The real substance starts about slide 28 and we need help with the data and the next steps.

Can we meet with then in the next 10 days so they can begin work on this?

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 10/9/2017 3:27:33 PM
To: (b) (6) gmail.com
Subject: Press Club Talk
Attachments: nationalpressclubhistory.pptx

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IS IT TIME TO RE-THINK VA BENEFITS?

National Press Club

David Shulkin, M.D.

Secretary, US Department of Veteran Affairs

November, 2017



ROMANS – LAND TO RETIRED SOLDIERS

Romans were the first to provide benefits for veterans



PILGRIMS OF PLYMOUTH COLONY — 1636

Our roots really go back to 1636, when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. The Pilgrims passed a law that stated that disabled soldiers would be supported by the colony. Virginia followed in 1644 and Maryland next in 1661



CONTINENTAL CONGRESS — 1776

In 1776, the Continental Congress provided pensions to disabled soldiers.

But the paper money was worthless and many soldiers were destitute

In 1778 officers were offered one half of their pay for life during peacetime but again

The treasury has not money so it was issued in IOUs.



FIRST VETERANS HOME – 1812

The first home for veterans was the naval home in Philadelphia in 1812.



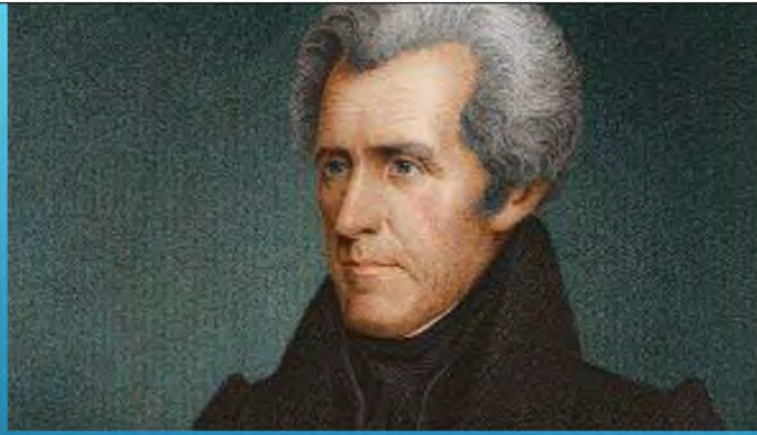
JAMES MONROE- PROPOSED PENSION 1818

President Monroe introduced a veteran pension benefit- it was \$20/month for life for officer and \$8/month for enlisted soldiers.

Congress had believed the total cost would be \$500,000 since they believed few would apply. But the actual cost was much higher

As more than 6 times as many veterans applied as expected.

In 1820, Congress then amended the pension to include only those that were indigent



PRESIDENT ANDREW JACKSON- 1829

In 1829 President Jackson tried to increase the pensions to veterans but Congress defeated it.

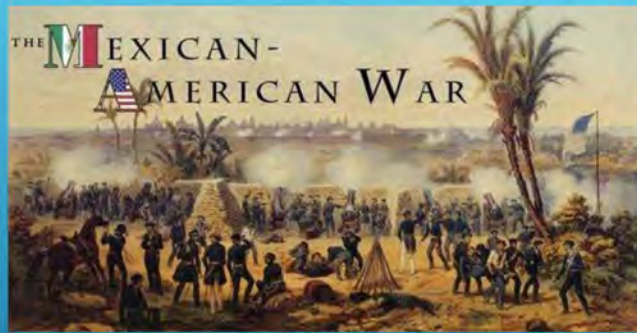


CONGRESSIONAL OVERSIGHT COMMITTEE- 1834

A congressional committee in 1834 found that there were 32,900 veterans from the Revolutionary war receiving pensions And concluded that there was extensive fraud and abuse in the system.

“BASIC” ELIGIBILITY FACTORS	
Veteran Non-Service Connected Pension	Widow Survivors Pension
Age: 65 and older Under 65 if deemed P/T Disabled	Age: No age requirement
Service: Active duty wartime service	Service: Active duty wartime service
Income: Adjusted Income must be less than Maximum Annual Pension Rate	Income: Adjusted Income must be less than Maximum Annual Pension Rate
Net Worth: To be discussed on next slide	Net Worth: To be discussed on next slide
Widow - Dependency and Indemnity Compensation (DIC)	
Widow of: Service member who died while on active duty Veteran who was 100% SCD for 10 yrs. or longer Veteran who died of SCD (or should have been SCD)	

1836- PENSIONS FOR WIDOWS OF VETERANS



RETURNING SOLDIERS- 1849

In 1849 veterans from the Mexican American war begin to require extensive services and in 1851 soldiers homes Began to be constructed.



"To care for him who shall
have borne the battle,
and for his widow
and his orphan."

ABRAHAM LINCOLN — MARCH 4, 1865

On March 3, 1865, President Lincoln, a month before the end of the Civil War, signed into law a bill to establish a national soldiers and sailors asylum. Following the decade after the civil war
Pensions for veterans were increased 10 times



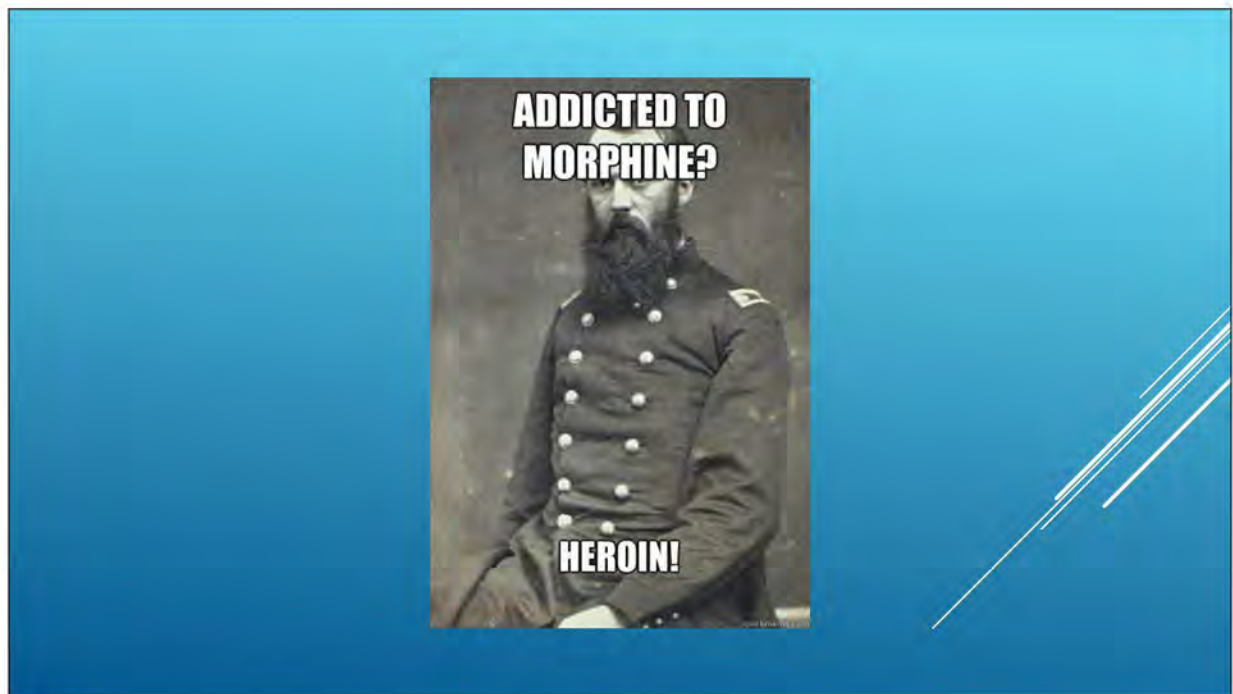
\$75/LOST LEG

\$50/LOST ARM

If the veteran decide to forgo payment they would be given an artificial limb with a replacement every 3 years



VSO's were formed at this time to lobby congress for more help for veterans and to build more soliders homes



Morphine was developed in 1865 as was the hypodermic needle and drug abuse among veterans became a big issue affecting more than 45,000 veterans. Veterans with drug and alcohol abuse or mental issues were not reviewed as wounded in war but as criminals or weak and were shunned by families and society.



RUTHERFORD B HAYES – 1878
138,195 CLAIMS FILED IN 1880

In 1878 the Secretary of the Treasury John Sherman established that claims from veterans could be as much as \$150 million

President Rutherford expanded benefits by signing the Arrears act which extended disability claims beyond 5 years
In 1878 there were 25,904 claims for pensions filed.. By 1880, this had gone up to 138,195 claims filed.



GROVER CLEVELAND SIGNED 1453 VETERAN BENEFITS BILLS-
BECOMING LARGEST PART OF GOVERNMENT BUDGET

In 1895 when Grover Cleveland took office pensions for soldiers were the single largest item in the US budget
He signed an additional 1453 veteran benefit bills

In 1887 however he vetoed the Dependent Pension Bill to grant benefits whether veterans were service connected or not and

This was singled as the major reason he was defeated in the election the next year.

Dependent and Disability Pension Act

1890- PENSIONS PROVIDED
REGARDLESS OF FINANCIAL STATUS

In 1890 Congress passed the Dependent pension act so that any veteran who served more than 90 days would receive a pension

Regardless of financial status

In 1907 and again in 1912 Congress graduated payments by age and length of service



1917- WORLD WAR I —300,000 WOUNDED
ONLY 47,000 CLAIMS APPROVED

In 1917, as the US entered World War I, Congress established a new system of disability compensation and vocational rehabilitation for the disabled.

More than 300,000 soldiers were wounded but most claims denied- with only 47K being approved.



Charles Forbes

VETERANS BUREAU ESTABLISHED 1921
BUDGET OF 477 MILLION

The first consolidation of federal veterans programs took place August 9, 1921, when Congress combined all veterans programs to create the Veterans Bureau.

The budget at the time was 477 million

Colonel Forbes was put in charge of the bureau and in 1922 set about a large construction program of VA hospitals to address the needs of World War I veterans by expanding our long-term care capacity to deal with tuberculosis and psychiatric disorders.



WOMEN VETERANS — 1928

Admission to the national homes for veterans were extended to women in 1928.



The second consolidation of veterans programs took place on July 21, 1930, when President Hoover elevated the Veterans Bureau to the Veterans Administration.

At that time 32,000 veterans were in VA hospitals and 23,000 veterans were in solidershomes.



BOARD OF VETERAN APPEALS- 1933

In 1931 President Hoover vetoed the War Compensation act which was to allow veterans to borrow up to 50% of their life insurance value but congress overrode the veto and more than 3 million veterans took the advance on their policies

In 1935, President Franklin vetoed a bonus bill for veterans to give an additional 2.5 billion to veterans but the veto was overturned by Congress

1943, Vocational Rehabilitation Act

- Public Law 78-16
- Provided assistance to **disabled veterans** returning home from WW II



VOCATIONAL REHABILITATION- 1943
60,000 WWII VETERANS

The vocational rehabilitation act of 1943 was passed for service connected veterans. More than 60000 vets from WWII took advantage



The GI Bill was signed on June 22, 1944, and represented a major commitment to veterans benefits. The GI bill also included unemployment benefits for veterans.

Compensation for unemployed veterans was \$20/wk.

7.8 million world war II veterans took advantage of educational benefits at a cost of 14.5 billion.



HOME LOAN GUARANTY — 1944

The VA home-loan guaranty program helped build one fifth of all single family residences between 1944 through 1993.



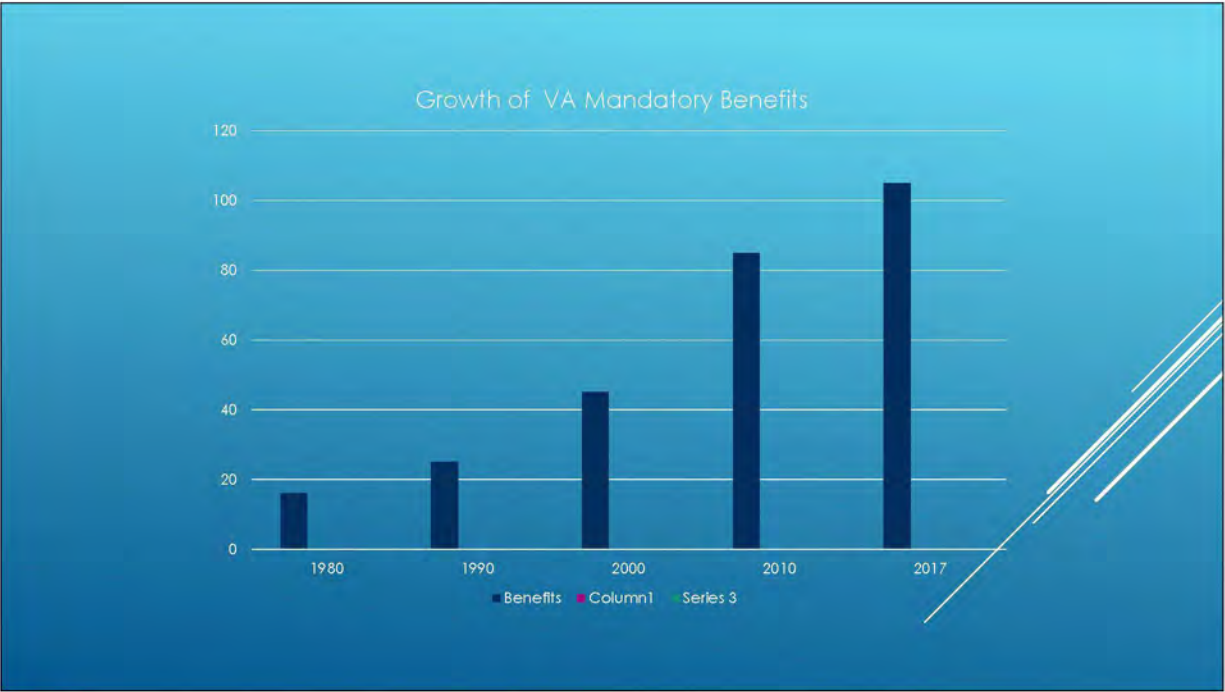
SECOND HOOVER COMMISSION — 1955

In 1955, the Second Hoover Commission found widespread waste and poor care in the VA — and recommended closing or selling many VA hospitals and making Veterans pay for non-service-connected care and some benefits.



PRESIDENT REAGAN — 1988

In 1988, President Reagan elevated the VA to a cabinet-level department.



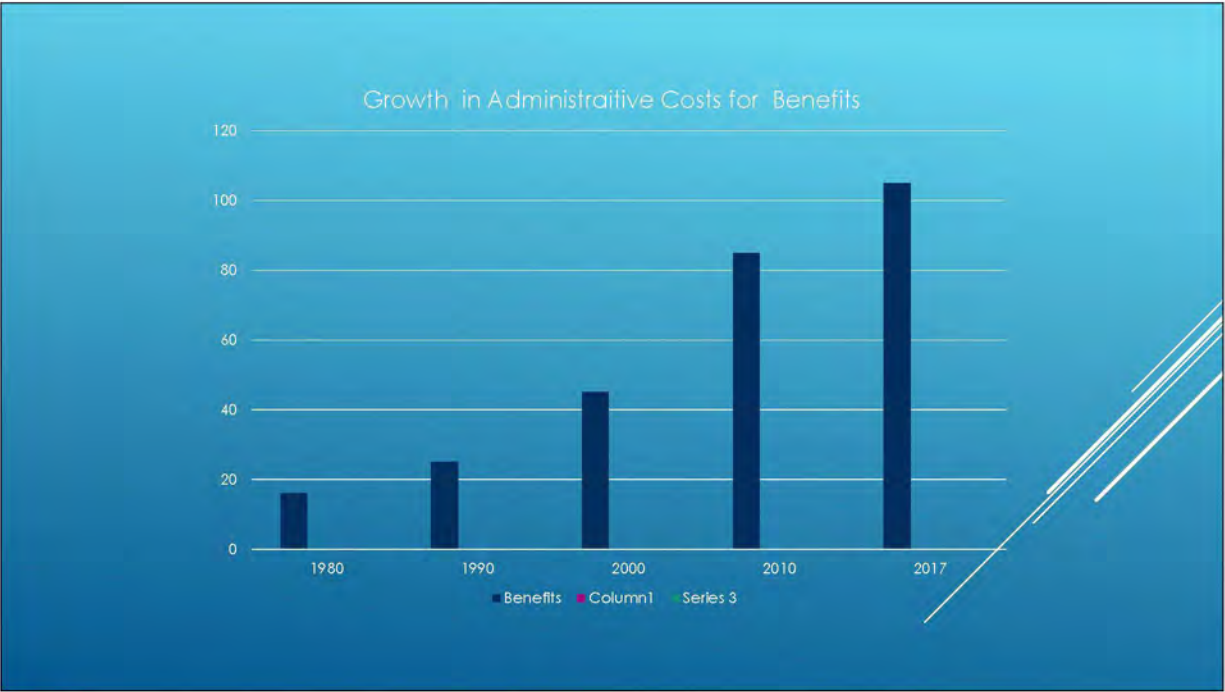
COMPLEX SYSTEM OF BENEFITS

C AND P EXAMINATIONS AND
DETERMINATIONS

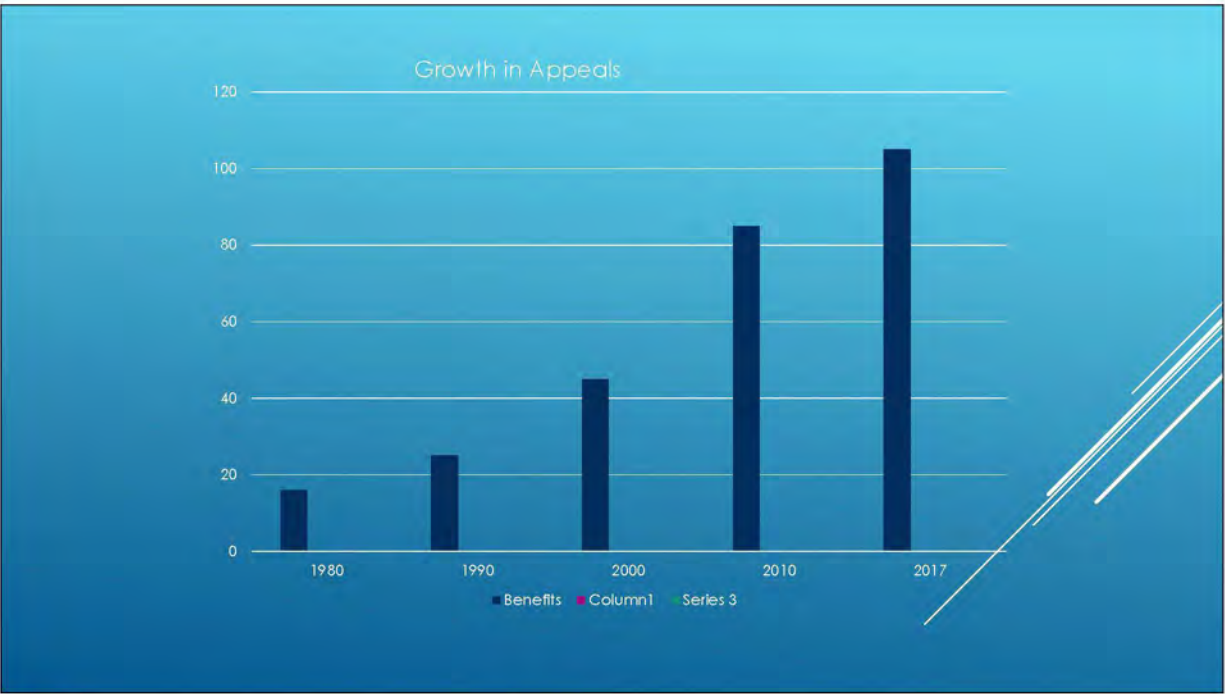
PRIORITY GROUPINGS 1-8

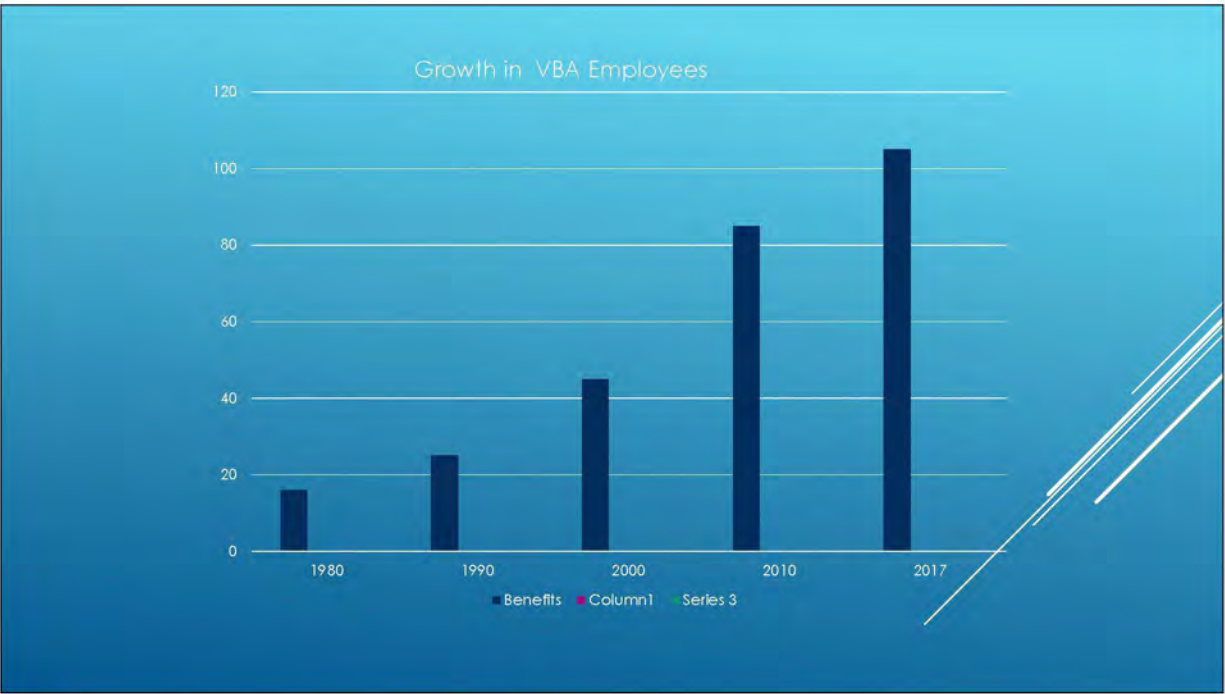
SYSTEM OF RATINGS AND RE-RATINGS

APPEALS PROCESSES









IS IT POSSIBLE TO SHOW GROWTH OF
VA BUDGET FROM 2010-2017 VS
GROWTH OF THE TOTAL BUDGET TO
MAKE A PROJECTION OF WHAT VA
BUDGET WOULD BE IN 2030
COMPARED TO REST OF US BUDGET



What We've Learned from History
US NEVER FULLY PREPARED FOR IMPACT OF RETURNING
VETERANS

BENEFITS TIED TO GENERAL ECONOMIC CONDITIONS

BENEFITS EXPANSION MUST BE VIEWED IN A POLITICAL CONTEXT

NO CLEAR STRATEGIC OUTCOME FOR BENEFITS- SOME ENABLERS – OTHERS LESS SO

INCREMENTAL CHANGES AND NOT AN OVERALL STRATEGIC APPROACH TO BENEFITS

SOME DISABILITY BENEFITS REQUIRE THAT THE VETERAN REMAIN DISABLED

STRUCTURE CAN PUT VA IN ADVERSARIAL RELATIONSHIP WITH VETERANS

COSTS OF BENEFITS CAN BE UNSUSTAINABLE

MOST SUCCESSFUL PROGRAMS HAVE BEEN ENABLERS

GI BILL

Home Loans

Vocational Rehab

Support for Service Connected Conditions

BENEFITS PROGRAMS SHOULD
FACILITATE SECURITY, WELL BEING,
AND IMPROVED FUNCTIONING

Policy Implications for Benefits Reform

SIMPLIFY BENEFITS DETERMINATIONS

SERVICE CONNECTNESS SHOULD BE MAINTAINED

ELIMINATE POLICY OF RE-RATINGS TO PROVIDE GREATER
CONTINUITY

AUTOMATE DETERMINATIONS

BENEFITS SHOULD BE ENABLERS OF INDEPENDENCE

GRANDFATHERING

POTENTIAL SOLUTIONS

DAY OF DISCHARGE DETERMINATIONS

INSTANT ADJUDICATIONS

WELLNESS AND INDEPENDENCE BENEFIT
DESIGN

VA STAFF AS ADVOCATES AND
FACILITATORS NOT GATEKEEPERS





DEPARTMENT OF VETERANS AFFAIRS 2017- 2030

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/25/2017 4:14:03 PM
To: David Shulkin [drshulkin@aol.com]
Subject: FYI

Hey, we have to stop using drshulkin@aol.com for va business. We just got a foia request from a reporter asking for all the emails sent from that email to our va accounts. People forward your messages.

--

Sent from Gmail Mobile

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/16/2017 7:37:34 PM
To: (b) (6) gmail.com
Subject: use this as my competition slide in the presentations I sent
Attachments: competition.pptx

**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.

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/30/2017 1:03:42 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Re:

We will need to reset unfortunately

Sent from my iPhone

On Oct 29, 2017, at 12:09 PM, (b) (6) <(b) (6) gmail.com> wrote:

Hi,

Sure. Iron key I thought was your wedding date 9-8-1987, if that doesn't work, I'll have it changed tomorrow.

Re: (b) (6) I will tell them he will be with you. However, I don't believe that should be shared in the office.

On Sun, Oct 29, 2017 at 12:06 PM David shulkin <Drshulkin@aol.com> wrote:
Hope you enjoying a soggy sunday

Two things

Can you send me the full password for the iron key- i did not understand the clues

Second can we ask if (b) (6) can come with me on nov 6 th to the comedy event at madison square garden in ny next week?

Sent from my iPhone

--

Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/29/2017 4:28:30 PM
To: (b) (6) (b) (6) gmail.com]
Subject: Re:

Ok

Sent from my iPhone

On Oct 29, 2017, at 12:09 PM, (b) (6) <(b) (6) gmail.com> wrote:

Hi,

Sure. Iron key I thought was your wedding date 9-8-1987, if that doesn't work, I'll have it changed tomorrow.

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Sent from my iPhone

--

Sent from Gmail Mobile

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 10/29/2017 4:09:18 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Hi,

Sure. Iron key I thought was your wedding date 9-8-1987, if that doesn't work, I'll have it changed tomorrow.

Re: (b) (6) I will tell them he will be with you. However, I don't believe that should be shared in the office.

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Sent from my iPhone

--

Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 10/29/2017 4:06:35 PM
To: (b) (6) [(b) (6) gmail.com]

Hope you enjoying a soggy sunday

Two things

Can you send me the full password for the iron key- i did not understand the clues

Second can we ask if (b) (6) can come with me on nov 6 th to the comedy event at madison square garden in ny next week?

Sent from my iPhone

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/17/2017 8:41:25 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: The Lessons of Kizer on Bold VA Health care Reform

This was "same page"

I no longer can guarantee being sane

Sent from my iPhone

On Sep 17, 2017, at 3:55 PM, David shulkin <Drshulkin@aol.com> wrote:

I am completely on the sane page with the bold moves

First we have to plug the dike- but that wont last long unless we act boldly

I also agree it must be on the eligibility and funding side.

Lets plan on a lunch as dinner times are scarce for me

Give (b) (6) some dates

Sent from my iPhone

On Sep 17, 2017, at 2:59 PM, Darin Selnick (b) (6) @gmail.com> wrote:

As we work with the Hill and VSOs on making bold VA healthcare reform, and keeping POTUS commitment to Choice. I provide this reminder of the fixes and flaws from Kizer and Congress from over 20 years ago, and a couple of suggestions as some food for thought.

Commission on Care Pages 213

1994-1999 - During a 5-year period, Kizer dramatically **changed almost every major VHA management system and improved operational performance** through the use of performance measures and contracts. He **closed nearly 29,000 acute care beds, merged 52 medical centers into 25 multi-campus facilities, reduced staffing by almost 26,000, opened more than 300 community-based outpatient clinics, and treated 24 percent more patients.** In addition to bringing measurable quality into VA health care, **Kizer achieved marked reductions in waiting times and medical errors.**

Note: This is how we pay for Choice: But where is the plan to do this type of bold VHA healthcare reforms? Our CARE Plan is good, but not very bold. Kizer was much bolder in reform than we are being today, and he spelled it out in his vision paper and then did it. We need for VHA a vision paper like Kizer produced in 1995,

<https://www.va.gov/HEALTHPOLICYPLANNING/VISION/2CHAP1.pdf>

Commission on Care Pages 214

The law's priority-based enrollment system was intended to **give VA a tool to align demand for care with its funding level**. The law instead unleashed political pressure to expand enrollment, **opening the door to an influx of veterans who historically had not been VA health care users and many of whom were already covered under military retirement benefits, private insurance, or Medicare**.

Note: This is why we should get Medicare and TRICARE reimbursement and fix eligibility: This is what the Eligibility and Benefit Taskforce would fix!

Historical VA budget

1995 - start of VHA reforms - 36.7B

1998 - reforms being carried out - 41.7 B - VHA 17.5 B, a decrease from FY 97 of 54M.

<https://fas.org/sgp/crs/misc/RS22897.pdf>

VHA Funding - Page 10

The president's budget request of \$17.5 billion for FY 1998, although presented as an increase over FY 1997 levels, actually represented a **decrease of more than \$54 million**.

http://nhpf.modernsignal.net/library/issue-briefs/IB716_VA_3-25-98.pdf

Although I am over at DPC, I am always available to assist and advise you on the bold reforms and fixes you want for VA, just let me know what you need. Perhaps a private conversation over lunch or dinner on both what is going on in VA and with WH/OMB, if that is something you would like to do in the future.

Darin

Message

From: Darin Selnick [(b) (6)]@gmail.com]
Sent: 9/17/2017 8:19:33 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: The Lessons of Kizer on Bold VA Health care Reform

OK, thanks

Darin

On Sun, Sep 17, 2017 at 12:55 PM, David shulkin <Drshulkin@aol.com> wrote:
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From: David shulkin [Drshulkin@aol.com]
Sent: 9/17/2017 7:55:45 PM
To: Darin Selnick [(b) (6)]@gmail.com]
Subject: Re: The Lessons of Kizer on Bold VA Health care Reform

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Commission on Care Pages 214

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Note: This is why we should get Medicare and TRICARE reimbursement and fix eligibility: This is what the Eligibility and Benefit Taskforce would fix!

Historical VA budget

1995 - start of VHA reforms - 36.7B

1998 - reforms being carried out - 41.7 B - VHA 17.5 B, a decrease from FY 97 of 54M.

<https://fas.org/sgp/crs/misc/RS22897.pdf>

VHA Funding - Page 10

The president's budget request of \$17.5 billion for FY 1998, although presented as an increase over FY 1997 levels, actually represented a **decrease of more than \$54 million**.

http://nhpf.modernsignal.net/library/issue-briefs/IB716_VA_3-25-98.pdf

Although I am over at DPC, I am always available to assist and advise you on the bold reforms and fixes you want for VA, just let me know what you need. Perhaps a private conversation over lunch or dinner on both what is going on in VA and with WH/OMB, if that is something you would like to do in the future.

Darin

From: Darin Selnick (b) (6) [REDACTED]@gmail.com]
Sent: 9/17/2017 6:59:00 PM
To: David shulkin [Drshulkin@aol.com]
Subject: The Lessons of Kizer on Bold VA Health care Reform

As we work with the Hill and VSOs on making bold VA healthcare reform, and keeping POTUS commitment to Choice. I provide this reminder of the fixes and flaws from Kizer and Congress from over 20 years ago, and a couple of suggestions as some food for thought.

Commission on Care Pages 213

1994-1999 - During a 5-year period, Kizer dramatically **changed almost every major VHA management system and improved operational performance** through the use of performance measures and contracts. He **closed nearly 29,000 acute care beds, merged 52 medical centers into 25 multi-campus facilities, reduced staffing by almost 26,000, opened more than 300 community-based outpatient clinics, and treated 24 percent more patients.** In addition to bringing measurable quality into VA health care, **Kizer achieved marked reductions in waiting times and medical errors.**

Note: This is how we pay for Choice: But where is the plan to do this type of bold VHA healthcare reforms? Our CARE Plan is good, but not very bold. Kizer was much bolder in reform than we are being today, and he spelled it out in his vision paper and then did it. We need for VHA a vision paper like Kizer produced in 1995, <https://www.va.gov/HEALTHPOLICYPLANNING/VISION/2CHAP1.pdf>

Commission on Care Pages 214

The law's priority-based enrollment system was intended to **give VA a tool to align demand for care with its funding level.** The law instead unleashed political pressure to expand enrollment, **opening the door to an influx of veterans who historically had not been VA health care users and many of whom were already covered under military retirement benefits, private insurance, or Medicare.**

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Darin

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/14/2017 6:11:26 PM
To: David Shulkin [secshulkin@gmail.com]
CC: Ike Perlmutter [(b) frenchangel59.com]
Subject: Re:

Yes it is phenomenal and indeed the only chance for health care improvement would be by expanding partnerships.

Sent from my iPad
Bruce Moskowitz M.D.

> On Sep 14, 2017, at 1:02 PM, David Shulkin <secshulkin@gmail.com> wrote:
>
> Just spent some time with (b) and his team at the Cleveland Clinic visiting their innovation center-
i think we can partner with them
>
> Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/14/2017 6:02:27 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]; Ike Perlmutter [(b) frenchangel59.com]

Just spent some time with (b) and his team at the Cleveland Clinic visiting their innovation center- i think we can partner with them

Sent from my iPhone

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/13/2017 2:50:46 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Choice Program

Perfect thanks

Sent from my iPhone

> On Sep 12, 2017, at 6:50 PM, David Shulkin <secshulkin@gmail.com> wrote:

>
> Is your home ok in fla?

>
> Sent from my iPhone

>
>> On Sep 12, 2017, at 8:18 PM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:

>>
>> Flying on Thursday tomorrow ok

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

>>
>>> On Sep 12, 2017, at 3:55 PM, David Shulkin <secshulkin@gmail.com> wrote:

>>>
>>> Bruce- sounds like i should get more involved to help- can i call you tommorow afternoon or thursday?

>>>
>>> Sent from my iPhone

>>>
>>>> On Sep 11, 2017, at 10:13 PM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:

>>>>
>>>> I need an update of who is in charge since if the following pathway is not completed soon the quality of care, prolonged waiting time and cost will be critical factors going forward.

>>>> The group we have access to fix this is not going to wait indefinitely nor is the group assisting Apple.

>>>> Thank you

>>>> Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/13/2017 1:50:19 AM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: Choice Program

Is your home ok in fla?

Sent from my iPhone

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>>> Sent from my iPhone

Message

From: Bruce Moskowitz [brucemc(b) (6) mac.com]
Sent: 9/13/2017 12:18:39 AM
To: David Shulkin [secshulkin@gmail.com]
Subject: Re: Choice Program

Flying on Thursday tomorrow ok

Sent from my iPad
Bruce Moskowitz M.D.

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>> The group we have access to fix this is not going to wait indefinitely nor is the group assisting Apple.
>> Thank you
>> Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/12/2017 10:55:08 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]
Subject: Re: Choice Program

Bruce- sounds like i should get more involved to help- can i call you tommorow afternoon or thursday?

Sent from my iPhone

> On Sep 11, 2017, at 10:13 PM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:

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> The group we have access to fix this is not going to wait indefinitely nor is the group assisting Apple.

> Thank you

> Sent from my iPhone

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/12/2017 2:13:20 AM
To: David Shulkin [secshulkin@gmail.com]
CC: IP [(b) frenchangel59.com]; L Perl [(b) (6) gmail.com]; mbs(b) (6) gmail.com
Subject: Choice Program

I need an update of who is in charge since if the following pathway is not completed soon the quality of care, prolonged waiting time and cost will be critical factors going forward.
The group we have access to fix this is not going to wait indefinitely nor is the group assisting Apple.
Thank you
Sent from my iPhone

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/17/2017 3:00:24 PM
To: (b) (6) gmail.com
Subject: slides for cohen vetrans network
Attachments: cohen2017.pptx

There are a few placeholders to fill in for this presentation



VA

U.S. Department
of Veterans Affairs

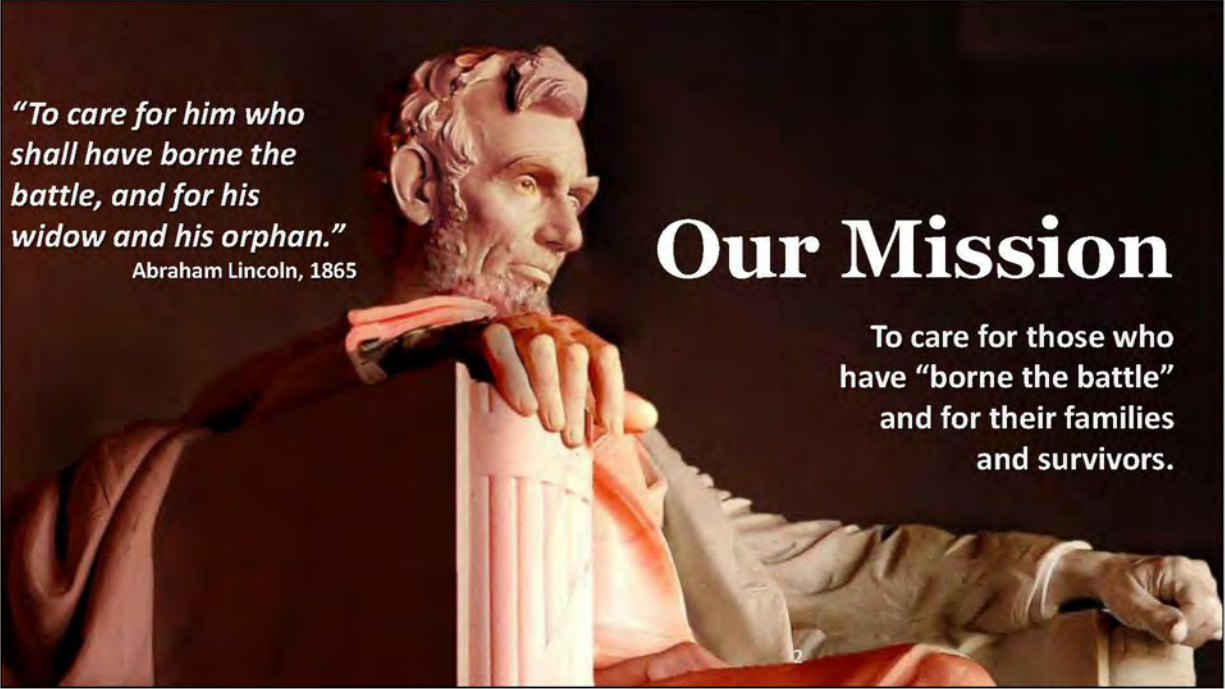


Cohen Veterans
Care Summit

U.S. Department of Veterans Affairs

David J. Shulkin, MD
Secretary of Veterans Affairs

April 19, 2017



*"To care for him who
shall have borne the
battle, and for his
widow and his orphan."*

Abraham Lincoln, 1865

Our Mission

To care for those who
have "borne the battle"
and for their families
and survivors.

'Final Salute' honors Holocaust survivor, Veteran



Much of What I Learned About VA Was 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

VA Innovation



Barcoding of Medications



Nicotine Patches



First Liver Transplant



8 Lasker Awards



Cardiac Pacemaker



3 Nobel Prizes



Artificial Kidney



CT Scanner

Important Contributions to Society



Not the Best of Times

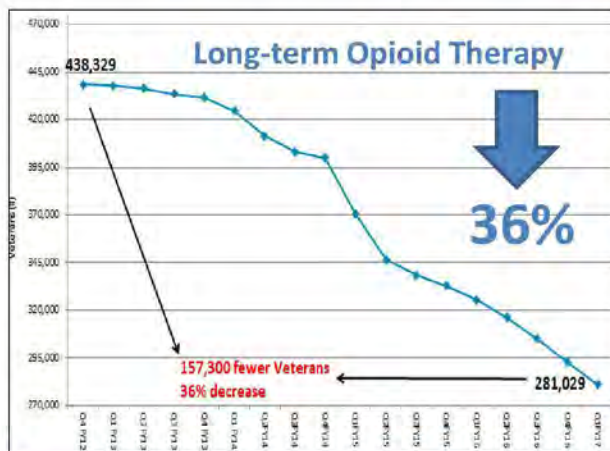
“VA is a vast dehumanized beaurcrazy, embedded in mountains of red tape, ingrown with entrenched mediocrity, undemocratically operated under autocratic control centered in Washington DC, and rigidly resistant to proposed reforms”

- New York Magazine





Reduction in Opioid Use



Overall opioid use:

31%

Benzo co-prescribing:

56%

High dose:

44%

Annual drug screening: 86%

Decline in Veterans on long-term opioid therapy, 4Q FY 2012 to 1Q FY 2017. Overall opioid use down 31% in the same period.

Population-based Hepatitis C treatment



>100,000 Veterans treated

90% cure rate

2,500 treated each month

Poised to eliminate Hep C among Veterans

11

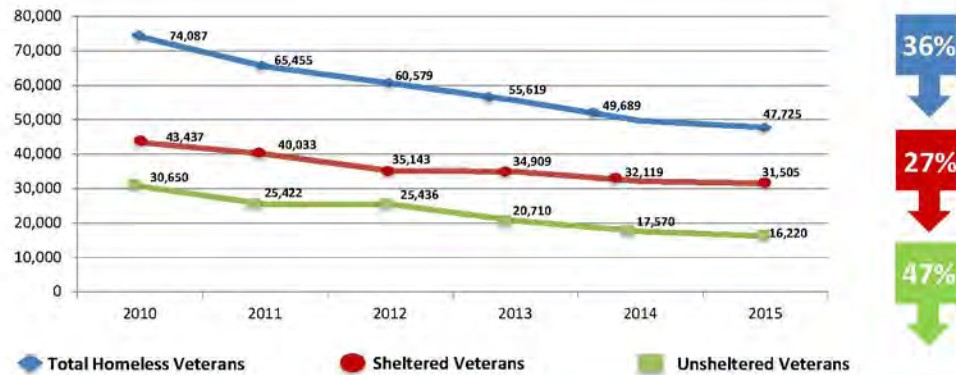
VA



U.S. Department
of Veterans Affairs

Decline in Veterans on long-term opioid therapy, 4Q FY 2012 to 1Q FY 2017. Overall opioid use down 31% in the same period.

Decline in Homelessness



The Current State of VA



VA: The Most Transparent Organization in Government

VA



U.S. Department
of Veterans Affairs

13

Progress at VA

- Choice Bill Extension
- Accountability Bill
- Appeals Modernization
- GI Bill Expansion
- Telehealth De-Regulation
- Emergency Mental Health-Other Than Honorable Discharge
- Vacant and Underutilized Buildings
- 28 New Facilities and Public Private Partnerships (Omaha), Easing Federal Requirements for States
- Veterans Crisis Line Expansion
- Publishing Wait Times, Quality, and Satisfaction Data
- EMR Selection to Integrate with DOD and Community Partners
- Increased Support for Foundational Services
- Revision of Caregiver Program
- Expansion of Community Partnerships

Draft / Pre-decisional / For Internal VA Use Only

14

VA



U.S. Department
of Veterans Affairs

The Secretary's 5 Priorities

1. Greater Choice for Veterans
2. Modernize our Systems
3. Focus Resources More Efficiently
4. Improve Timeliness of Services
5. Suicide Prevention



1. Greater Choice: Veteran CARE Program

Clinically based decisions on when and where Veterans receive care



Competition Slide

17

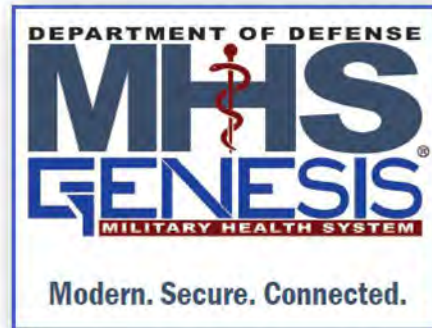
VA



U.S. Department
of Veterans Affairs

2. Modernize Our Systems

- EMR interoperability
 - and IT modernization
- will help with the
transition from Service



VA



U.S. Department
of Veterans Affairs

18

3. Improving Timeliness Same Day Services Slide

Draft / Pre-decisional / For Internal VA Use Only

19

VA



U.S. Department
of Veterans Affairs

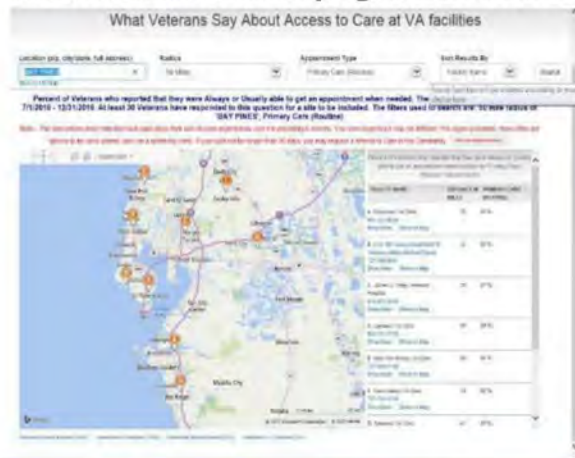
**First
100 Days**

Transparency of Access

Wait times at local facilities



What Veterans are saying about access



4. Focus our Resources



VA



U.S. Department of Veterans Affairs

21

5. Suicide Prevention Tom Hanks PSA

22

VA

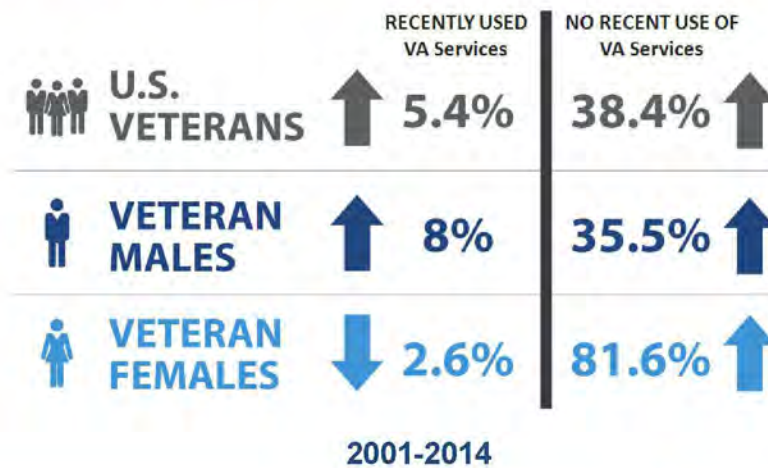


U.S. Department
of Veterans Affairs

Add other suicide slide from
senior leaders slide deck



Impact of VA Care on Suicide Rates



**First
100 Days**

REACH VET Predictive Modeling



VA



U.S. Department
of Veterans Affairs

25

Be There Commitments

Autoenrollment with DOD

SAFE training

Dial 7 Expansion

No Wrong Door

Buddy Systems

Doubling Reach Vet

WHOLE Health

**First
100 Days**

Veterans Crisis Line

**Blocked calls down from
over 30% in January to
less than 1% today**



VA



U.S. Department
of Veterans Affairs

27

Partnerships

HEROIC
HONORABLE
DEDICATED
DUTY
SERVICE
BRAVE
READY
COMMITMENT
COURAGEOUS
SELFLESS
INTEGRITY
VALIANT

MISSION
PATRIOTIC
RESPECT
ALWAYS
COUNTRY
SEMPER
DEFEND

Cohen Veterans
Network

Draft / Pre-decisional / For Internal VA Use Only

28

VA



U.S. Department
of Veterans Affairs

Thank You



Suicide Prevention



30

VA



U.S. Department
of Veterans Affairs

The video will play as soon as you cue the next slide.

Message

From: (b) (6) (b) (6) gmail.com]
Sent: 9/13/2017 12:37:11 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

I sent it to your djs, yes can attend.

On Tue, Sep 12, 2017 at 6:22 PM David shulkin <Drshulkin@aol.com> wrote:

Did we hear anything on clearance about the ford theatre event (same night as sammies)

Sent from my iPhone

--

Sent from Gmail Mobile

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/12/2017 10:22:55 PM
To: (b) (6) (b) (6) gmail.com]

Did we hear anything on clearance about the ford theatre event (same night as sammies)

Sent from my iPhone

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 9/12/2017 10:53:31 PM
To: IP [(b) frenchangel59.com]
Subject: Re: Article out today

Ike- no data has been sent to J and J yet- they are still working through an agreement

Sent from my iPhone

On Sep 8, 2017, at 1:55 PM, IP <[(b) frenchangel59.com]> wrote:

I agree 100% with Laurie and Bruce. This is a huge loss.

Poonam, I would love to speak to you. I will give you a call tomorrow.

From: Bruce Moskowitz [mailto:brucemo(b) (6) mac.com]
Sent: Friday, September 08, 2017 12:23 PM
To: L Perl
Cc: David Shulkin; IP; Poonam Alaigh; Marc Sherman
Subject: Re: Article out today

On a plane just saw this, a loss that will be hard if not impossible to replace with someone of the same dedication and perseverance to get the job done.

Sent from my iPad
Bruce Moskowitz M.D.

On Sep 8, 2017, at 12:15 PM, L Perl <[(b) (6) gmail.com]> wrote:

A tremendous loss of a person with integrity, expertise and dedication. L

Sent from my iPhone

On Sep 8, 2017, at 11:56 AM, David Shulkin <secshulkin@gmail.com> wrote:

http://roi-nj.com/?utm_medium=Social&utm_source=Twitter-ROI&utm_campaign=BreakingNews1&utm_content=Content1&utm_term=Term1

Sent from my iPhone

On Sep 1, 2017, at 1:11 PM, IP <[(b) frenchangel59.com]> wrote:

I

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

From:

Sent from my iPhone

Message

From: Poonam Alaigh [(b) (6)]<[redacted]@hotmail.com>
Sent: 9/8/2017 6:47:03 PM
To: IP [(b) (6)]<[redacted]@frenchangel59.com>
CC: Bruce Moskowitz [brucemo[(b) (6)]@mac.com]; L Perl [(b) (6)]<[redacted]@gmail.com>; David Shulkin [secshulkin@gmail.com]; Marc Sherman [mbs[(b) (6)]@gmail.com]
Subject: Re: Article out today

Would be nice to speak to you tomorrow. Thanks to everyone for your overwhelming confidence in me- truly means so much- have no words to express what I am going through right now.

Sent from my iPhone

On Sep 8, 2017, at 1:55 PM, IP <[(b) (6)]@frenchangel59.com> wrote:

I agree 100% with Laurie and Bruce. This is a huge loss.

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Sent from my iPhone

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I

-----Original Message-----
From:

Sent from my iPhone

Message

From: IP [(b) frenchangel59.com]
Sent: 9/8/2017 5:55:40 PM
To: Bruce Moskowitz [brucemo(b) (6) mac.com]; L Perl [(b) (6) gmail.com]
CC: David Shulkin [secshulkin@gmail.com]; Poonam Alaigh [(b) (6) hotmail.com]; Marc Sherman [mbs(b) (6) gmail.com]
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Sent from my iPhone

On Sep 1, 2017, at 1:11 PM, IP <(b) frenchangel59.com> wrote:

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

From:

Sent from my iPhone

Message

From: Bruce Moskowitz [brucemo(b) (6) mac.com]
Sent: 9/8/2017 4:22:59 PM
To: L Perl [(b) (6) gmail.com]
CC: David Shulkin [secshulkin@gmail.com]; IP [(b) frenchangel59.com]; Poonam Alaigh [(b) (6) hotmail.com]; Marc Sherman [mbs(b) (6) gmail.com]
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From:

Sent from my iPhone